OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 17 September 2015 commencing at 10.00 am and finishing at 1.20 pm

Present:

Voting Members:	Councillor Yvonne Constance OBE – in the Chair District Councillor Martin Barrett (Deputy Chairman) Councillor Kevin Bulmer Councillor Surinder Dhesi Councillor Tim Hallchurch MBE Councillor Laura Price Councillor Les Sibley District Councillor Nigel Randall Councillor Jenny Hannaby (In place of Councillor Alison Rooke)
Co-opted Members:	Moira Logie, Dr Keith Ruddle and Anne Wilkinson
Officers:	
Whole of meeting	Claire Phillips and Julie Dean (Chief Executive's Office); Director of Public Health

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting together with a schedule of addenda tabled at the meeting and agreed as set out below. Copies of the agenda, reports and schedule are attached to the signed Minutes.

96/15 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Jenny Hannaby attended for Councillor Alison Rooke, City Councillor Mark Lygo attended for City Councillor Susanna Pressel and an apology was received from District Councillor Monica Lovatt.

97/15 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

There were no declarations of interest submitted.

98/15 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 2 July 2015 (JHO3) were approved and signed as a correct record.

99/15 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chairman had agreed to the following members of the public addressing the Committee:

- Local Councillor James Mills – Agenda Item 5 'Chairman's Report'.
- Local Councillor David Nimmo-Smith – Agenda Item 6 'Townlands Hospital Henley – Proposals for future services.'
- Clive Hill, on behalf of Chipping Norton Hospital Action Group – Agenda Item 7 'Chipping Norton – Intermediate Care Beds.'

All speakers addressed the meeting prior to discussion on the relevant item.

100/15 CHAIRMAN'S REPORT

(Agenda No. 5)

Councillor James Mills, a member for Witney, addressed the Committee in relation to item 1 of the Chairman's Report 'Witney Community Hospital – temporary closure of Wenrisc Ward. He queried the process that was followed, making the following points:

- Should there have been a written account of the proposals in order for attendees to digest them fully, and should this have been made public?
- Was an informal meeting the right place to take a decision of such importance?
- A record should have been taken of the discussion?
- Should local Members for Witney have been informed about the meeting and their input requested: and should substitutes be permitted to attend in case local members are unable to attend?

The Chairman thanked Cllr Mills for raising these points, noted that most of the points raised had been carried out and informed the meeting that she had referred the matter back to the Legal & Democratic Services Teams, the outcomes of which would be reported to the next meeting of the Committee in November.

Members noted the Chairman's report (JHO5) on meetings attended by the Chairman and visits undertaken.

101/15 TOWNLANDS HOSPITAL, HENLEY - PROPOSALS FOR FUTURE SERVICES

(Agenda No. 6)

Councillor Nimmo-Smith addressed the meeting emphasising that despite a number of meetings since the July 2015 meeting of this Committee, the Townlands Steering

Group (TSG) was still not fully convinced that the intermediate care proposed was in the best long-term interests of the communities served by Townlands Hospital. He commented that he had joined the Committee visit to the Isis Care Home in Oxford and had seen the manner in which intermediate care, or recuperation, was delivered. However, whilst he was pleased by what he saw and with the discussions with staff, he was aware that the Henley model differed slightly.

Moreover, he wished to emphasise that the TSG wished to continue to work with OCCG in order to achieve the best possible medical pathway and provision for the Oxfordshire residents in the Townlands catchment area. He added that to this end members of the Committee had been sent a dossier containing the TSG proposals for combining an Emergency Multidisciplinary Unit (EMU)with a bedded service. He added also that the key question was the manner in which the new model would be deployed and whether it would be successful for not; and that the TSG would like to assist in any way it could with this process in order to reassure the community that the new arrangements were at least as good as the existing ones. He stated also the TSG's hope that the OCCG would continue to involve them in the process.

Cllr Nimmo-Smith also commented that TSG were pleased that the Royal Berkshire NHS Foundation Trust, Reading were working with the service commissioners to assess the impact of the bed model. However, the TSG had been informed that until that was concluded they remained concerned about the impact of the proposals on them.

He concluded by stating that the issues were about whether the change in the location of the beds would improve health outcomes for patients. Furthermore it was about whether it was possible to implement the change safely in the very short time which was left available.

The Committee had before them a paper by the OCCG (JHO6), the purpose of which was to provide the Committee with an update on progress on the proposals for the future services at Townlands Hospital, following the OCCG's Governing Body meeting on 30 July 2015.

David Smith and Andrew Burnett of the OCCG were invited to introduce the report.
A member of the Committee asked if there had been attention given to acquiring the correct performance indicators that would inform on factors such as actual length of stay and readmissions, for example. Andrew Burnett responded that statistics would be evidence based and would be based on reablement beds and short-stay beds for patients assessed in the Rapid Access Care Unit (RACU).

Andrew Burnett was asked why it was proposed that care at Townlands Hospital be based on the RACU model rather than a combination of the RACU and EMU models. He explained that the RACU was based on a catchment area of 40 – 45k patients, in contrast to an EMU which would be based on 100k patients. However, many of the good elements of EMU care had been tuned into the provision at the RACU. Moreover, the RACU would not be just for older people's care but would assist and provide medical advice for younger people also in terms of step up and step down care. He added that what was established would not be set in stone and would continue to be 'tweaked' in line with the commitment to improve the service.

Mr Burnett was asked about the costings and whether there would be savings made from the proposed changes. He responded that the proposal was to provide better value care for more patients together with more appropriate care.

With regard to issues raised about the quality of Orders of St. John (OSJ) versus NHS nursing care, Mr Burnett explained that this was a matter for OSJ but that the CCG would commission a certain level of care, adding that there were no grounds to say that there would be a lower standard of nurses working at Townlands.

A member of the Committee asked about the wider issue of delays for patients relying on community health care packages and how this would work in this context. David Smith informed the Committee that a resilience group comprising all organisations were meeting together to try to fix it. He added that he had agreed with the Chairman of this Committee that he would bring a report to the next meeting which would cover the issues around community care that are seen in Oxfordshire, together with a process to go forward with.

A member asked if there would be sufficient home care commissioned to support patients. Andrew Burnett commented that it would be a challenge, and John Jackson had given his assurance that OCC would provide more packages. He added that one of the strengths of the RACU was that Social Care would be working much more closely with Health providers which would lead to a much more efficient system. John Jackson, Director of Adult Social Services was invited up to the table to respond. He explained that Oxfordshire was very much a victim of its own economic success which meant that there was a constant funding issue linked to recruitment as there was very little unemployment in Oxfordshire. OCC's workforce strategy allowed employers to pay above minimum time and travel time.

A member asked if the move to OSJ would require a change to the current commissioning arrangements for intermediate care beds. David Smith replied that a pooled budget between OCC and the OCCG was in operation, adding that OCC had a contract with OSJ. Contractual discussions were ongoing, with efforts being made to get the right arrangements with OSJ. In response to a query about whether there were incentive payments to move patients out quickly, David Smith explained that there was a block contract in place and payment was not made on the basis of episodes of care, but on outcomes. He added that, in general, successful outcomes depended upon how the provider worked with the GPs and clinicians at the point of making the decisions around the patient. Therefore, it was clinical performance that provided the motivation for the movement of patients out of hospital – the driver being dictated by the conscious need for beds for other patients coming in. John Jackson added that there was a key emphasis on quality of care provided and the monitoring of this was being undertaken by expert therapists and by local GPs.

John Jackson and Jonathan McWilliam explained that Oxfordshire's situation was challenging, complex and sometimes very confusing in terms of how to navigate the commissioners, providers and contract cycles. Members agreed that as a scrutiny committee there was a need to understand more fully expected outcomes of the monitoring and to have a clearer outlook on how relations between organisations was working, and future directions of travel, in order that the Committee could challenge

the many issues which were prevalent in the communities in a more productive manner. David Smith offered to hold a workshop/seminar to take Committee members through all of the above.

In light of the above, it was **AGREED** to:

(a) thank David Smith and Andrew Burnett for the report on proposals for future services at Townlands Hospital and to wish Townlands success; and

(b) accept David Smith's offer of a workshop/seminar encompassing the issues discussed above.

102/15 CHIPPING NORTON - INTERMEDIATE CARE BEDS

(Agenda No. 7)

Clive Hill of Chipping Norton Hospital Action Group urged the Committee to advise the Cabinet to suspend its plans for changes at Chipping Norton Hospital and not to make any changes until a review of whole community hospital healthcare in Oxfordshire has been conducted, which would include a properly costed and integrated plan. His view was that the OCC proposal would make the Delayed Transfers of Care (DTOC) situation worse because patient lengths of stay under OSJ was an average of 40 days compared to NHS of 27 days, at an extra cost to the NHS of £750k per annum. David Cameron had confirmed that beds were 'sub-acute', meaning that they should be used for a higher standard of care than planned by OCC.

It was the view of the Action Group that John Jackson had made an intimidating 'threat' at the last meeting - and that the proposed consultation, giving only two options, was fatally flawed. They believed that a judicial review of the process would find it in their favour.

He stated that it was the view of the Action Group that the OCC plan under OSJ would significantly downgrade the current service provided by Oxford Health. He cited a recent Care Quality Commission report on the ISIS Centre which revealed that of the five key areas evaluated at ISIS, three were rated 'requires Improvement' and 'there was insufficient staff on duty to support people and meet their needs.'

Mr Hill added that the Action Group was aware that OCC had to make budget savings, but ISIS could not be the model just because it was the cheapest. They advocated instead that OCC return the commissioning of the beds to the CCG so that commissioning could fully take into account the overall impact on Oxfordshire healthcare. He added that apart from Banbury, Chipping Norton and the surrounding villages were the largest centres of population in the north of the county and that a fully functioning Community Hospital in this rural area was essential.

Mr Hill commented that the Committee could not have an overview because the wider impact of the OCC plan had not been properly evaluated and there was no integrated approach to Oxfordshire's hospital healthcare in this proposal. He therefore urged the Committee to take a further reflection and realise that a fair and open consultation could not now take place.

David Smith, Chief Executive, OCCG, Cllr Mrs Judith Heathcoat, Cabinet Member for Adult Social Care, and John Jackson, Director for Adult Social Services (OCC) & Director of Strategy & Transformation (OCCG) attended for this item. Mr Jackson explained that meetings had been held with key organisations, ie OCC, OCCG, Oxford Health (OH), Oxford University Hospitals NHS Foundation Trust (OUHFT), Healthwatch Oxfordshire (HWO) and the Chipping Norton Action Group, adding that OUHT and OH had made it clear at their meetings that it would not be possible to continue the current arrangement for Intermediate Care to be provided through a bed-based service at Chipping Norton. Thus there was no alternative but to proceed to a public consultation setting out an affordable representation on the way Intermediate Care was provided in North Oxfordshire in the future, as set out in the report to OCC's Cabinet.

Cllr Mrs Heathcoat referred to an email that she and all Cabinet Members had received from Mark Taylor, a director from a Nursing Home in Banbury and the response which she had given to him about the consultation. Within the response she had explained that intermediate care was about keeping people out of hospital and returning people to independent living following a spell in hospital. When referring to the facilities and management arrangements in relation to Chipping Norton Hospital, she stressed that the status quo was not an option and therefore could not be supported. She added that there was no reason for care in Chipping Norton to cost any more than in the rest of the county. Thus there had to be an equality of service provision and options had to be both affordable and sustainable in the long-term.

In response to a question from a Committee member, Mr Jackson clarified that Chipping Norton was not defined as a community hospital, and, since 2011, had not provided sub- acute beds. David Smith affirmed this, saying that Chipping Norton did not have the resources to provide acute care. The model for the provision of Intermediate Care, which was in line with the County Council's specification, had been implemented by Oxford Health since October last year.

Members of the Committee felt it was essential that the fine line between intermediate care and home care and sub- acute care at Community Hospitals be made clear within the consultation. John Jackson commented that was very helpful and that he would attempt to address the issue that sub- acute and intermediate care had very different processes within the consultation. He added that also that there would be a map of the county showing where people requiring intermediate care beds would be going and the same for those people requiring sub -acute care.

The Chairman thanked Cllr Mrs Heathcoat, Mr Jackson and Mr Smith for their attendance.

In light of the above, it was **AGREED** that the results of the consultation and the recommended/agreed course of action be discussed at the next meeting of this Committee in February 2016.

103/15 UPDATE ON THE HORTON HOSPITAL, BANBURY

(Agenda No. 8)

In February 2014 the Committee had requested that a progress report on services at the Horton General Hospital, Banbury be provided to the Committee during this year. A report was now before the Committee (JHO8).

The Committee were advised that the report JHO8 had been considered by the County Council's Locality meeting in July, 2015 and it had commented as follows:

'Members were pleased to have been informed and consulted and pleased that the issues had been set out so transparently. They expressed a wish that this level of communication should continue. They were generally supportive of the strategy, but recognised that there would be a continuing demand to keep a 24/7 accident and emergency and the CT scanner.'

Andrew Stevens, OUHFT, introduced the report.

In relation to paragraph 2.6 (page 29 in the Agenda) of the report, Mr Stevens reported that Steve Candler, elected public governor for the Northamptonshire and Warwickshire catchment area served by the Horton General had stepped down and Blake Stimpson had been newly elected in his place.

In response to comments from a local member from the Committee about concerns expressed by members of the public with regard to changes in staffing at the Day Centre, Mr Stevens commented that the community had been fully involved in development plans and that the Trust were in the process of perfecting when was the right time to let people know of any changes as they occurred.

Another local member for Banbury commended the Trust for its engagement with the community and asked that progress in this area be maintained.

The Committee **AGREED** to welcome the report and expressed a hope that other changes proposed for the County would be developed in a similar fashion.

104/15 HEALTHWATCH OXFORDSHIRE - UPDATE

(Agenda No. 9)

Rachel Coney and Eddie Duller OBE, Chief Executive and Chairman, respectively, of Healthwatch Oxfordshire (HWO) attended to give an update on recent projects (JHO9). This included a report entitled 'Improving Discharges from Hospital in Oxfordshire.'

The Committee took the 'Improving Discharges from Hospital in Oxfordshire' report first, commenting that it was a 'sound' piece of work and welcoming the fact that 80% of those interviewed were satisfied with their discharge. Eddie Duller introduced the report and handed over to Rachel Coney to respond to questions from the Committee. Rachel Coney explained that there was a sample size of respondents, though they had exceeded their target for the number of people they had spoken to

and HWO were delighted with the level of co-operation from the communities and from providers. Agreement to the methodology had been sought from the start.

A Committee member commented that he had been involved in a scrutiny review about DTOC (Delayed Transfers of Care) 9 years ago and one of the recommendations was that Social Care should have equal access to patient notes alongside the medical practitioners. Rachel Coney responded that great strides had since been made with the interaction between both parties, and clear plans and policies were now in place. There were only a few glitches in the system remaining and the report recommended some small changes which would assist with patient experience and care as they proceed through the discharge process.

Members asked if problems with the transport system had been raised and whether respondents had felt reticent about complaining in case there were consequences in relation to their care. Rachel Coney responded that these issues did not feature much in this particular project and the question of timing and manner of transport home and of complaints, were far more the subject of concern in the dignity report.

With reference to the question of whether GP's were told of the imminent discharge of their patients, Rachel Coney responded that GPs did like to be informed as they were responsible, alongside nursing staff, for the coordination of their patient's care. She added that this was an issue to be taken up with the OCCG in due course.

Rachel Coney was asked why so many of the respondents wished to discuss their discharge from the JR Hospital, to which she replied that the majority of people who responded online wished to cite the OUHT facilities. She added that volunteers had talked also to patients in other hospitals and in the community hospitals.

The Chairman then invited Paul Brennan, (speaking on behalf of OUHFT, OCCG and OCC) and Yvonne Taylor, Oxford Health, up to the table for their comments in relation to the report. In respect of Committee members' queries, Paul Brennan made the following observations:

- The electronic patient record could be operated online and was backed up every 30 minutes. Business continuity arrangements were in place should the system go down;

- The hospital and social care were fully integrated, both parties had access to patient notes; and

- Patients were not sent home without all parties knowing about it. Community Hospital Managers come into hospital to assess patients prior to their discharge;

In respect of the report itself, Mr Brennan commented that the representative organisations had some concerns about the way in which the report was structured, its use of data and about some of the recommendations relating to DTOC. He added that whilst they could not respond to the report recommendations at this stage they had agreed with Rachel Coney that they would sit down at a later date to go through the report in more detail and link the data analysis with the recommendations. He added that this could have been done earlier if organisations had had the opportunity for discussion prior

to the report being published. There would have been no intention of influencing its findings.

Yvonne Taylor concurred with Paul Brennan's comments. She added, in response to a member's view that it was important to see the findings in the paper in a positive way, that OUHT spent a lot of time seeking information on patient views and their experience via feedback from the 'Friends and Family' test in order that necessary changes could be made across the whole system. Paul Brennan added that patient experience information was sought from all on discharge via a national patient questionnaire and this was was published annually.

Despite the report not relating to patient discharge delay, Paul Brennan informed the Committee that a piece of work had been completed which followed patient's day to day causes of delay. Moreover, a detailed report was about to be produced on the findings and the issues involved. The Committee asked that it be brought to the next meeting in November.

A member of the Committee was of the view that a third party's view on patient discharge experience had strength and therefore had value. She urged that the response to HWO's report be made as speedily as possible. Paul Brennan responded that the organisations had only received the report three weeks ago, but would make the response as speedily as possible.

Members of the Committee were very supportive of the idea of the poster which linked up the responsibilities of the hospital, the pharmacy, GPs etc being reproduced in the form of a letter to be given to patients, friends and family at the point of admission. Paul Brennan was asked if equal attention could be given to the clinical end also. He responded that the NHS was in the process of transitioning to electronic patient's records which could also contain an electronic information link to all parties.

Mr Brennan was also asked if there was a procedure in place so that patients were asked on admission what arrangement would be in place on discharge. He reported that there was work underway across social services and the communities looking at an ambulatory pathway. He added that it was not practical for all patients admitted to have an estimated date of discharge at the outset, as this would use a lot of hospital resource. Mr Brennan agreed however that there was a need to learn from HWO's report and to focus on the areas in the report and recommendations that could make the biggest impact.

The Chairman thanked all for their attendance and, on behalf of the Committee looked forward to seeing the response to the report from all organisations at the next meeting.

The Committee then considered the HWO report JHO9 which, aside from their project on Hospital Discharges, included information on community hospitals, the Big Plan and feedback from the OCCG locality forum Chairs.

In respect of the Big Plan, which had been approved by OCC Cabinet on 17 March 2015 and by the OCCG on 27 March 2015, the Committee heard that since it had been approved, commissioners had been working through a number of suggestions and comments from people with learning disabilities, (both directly, and via Healthwatch Oxfordshire), their families, GPs and providers. The HWO report included a brief resume of the concerns raised with them.

Kate Terroni, Deputy Director of Joint Commissioning, then read out an agreed statement between OCC, OCCG, Southern Health and Oxford Health (a copy of which will be included with the signed papers) informing the Committee that the questions that had been raised were concerned with the pace of change and how the changes, as set out in the Big Plan, could be made in a safe and effective way. She added that this would need to work both for service users and the organisations and staff who provided them.

Kate Terroni announced that in light of the feedback received, it had been decided to review both the timetable and approach to the implementation of the Big Plan. She reported that:

1. Oxfordshire Clinical Commissioning Group was in discussion with Oxford Health NHSFT with a view to becoming the preferred provider of future mainstreamed health services for people with learning disability.

2. Oxfordshire Clinical Commissioning Group proposed to take over the contract with Southern Health NHSFT for the provision of health services for people with learning disability. Subject to further current negotiations this would be achieved by 1 February 2016 and earlier if possible. The benefit of this change was that it would allow one commissioner to manage both the outgoing and future provider of health services for people with learning disability. In the short-term the people supported by the Southern Health service will be supported by the same teams who support them now and in the longer term this arrangement will help all parties manage the transition. The contract would be extended with Southern Health FT through until December 2017.

3. Oxfordshire County Council has extended the Southern Health NHSFT contract to ensure that there was time for the clinical commissioning group and Southern Health to carry out their negotiations.

4. Both Southern Health and Oxford Health had supported these discussions and had indicated their wish to support the safe, effective transition of health services for people with learning disability.

5. Oxfordshire Clinical Commissioning Group and the County Council were setting up a Transition Board to oversee this process. This Board would have an independent chair from outside of Oxfordshire, dedicated programme support and an independent clinical adviser. The Board would have representatives from commissioners in the clinical commissioning group, the County Council and NHS England, together with Southern Health and Oxford Health and representatives would be invited from the Oxfordshire Learning Disability Partnership Board.

6. The Board would report into Oxfordshire Clinical Commissioning Group's Governing Body. The first meeting of the Board would approve its term of reference and the transition plan. This first meeting would take place in September 2015.

Rachel Coney welcomed the fact that the system had listened carefully to concerns and that focus had been between safety of transition and timeliness. She asked if there would be representation from 'My Life, My Choice' on the Board, to which Kate Terroni replied that there would be representation from voluntary organisations on the Board.

Members commented that this was a good example of a well-run, well - attended consultation that had effectively listened to public opinion, and which had led to a good set of recommendations.

The Committee were asked by Rachel Coney to address the motion submitted by Cllr Laura Price and agreed at the County Council, which had asked that:

'in their role as commissioner, the OCCG lead on a full public consultation on the future shape of Oxfordshire's Community Hospitals and that OCC fully engage with the process before further incremental changes damage the public's relationship with these vital services.'

The Committee considered the view of HWO that it did not see how a consultation on sub-acute care could be carried out effectively without including intermediate care into the picture.

John Jackson commented that everybody agreed with the principle that the overall position should be considered, but it was important to look at the breadth of provision which is currently provided within the context of community hospital care and also acute hospital care. He added that the intention was that there should be an overall piece of work to try to map it all out. He warned against a fixation on bed - based care rather than the outcome, pointing out that bed - based care was often not the best care for people.

Following a discussion the Committee **AGREED** to:

(a) note the report and recommendations by HWO;

(b) consider the HWO Dignity Report (including transportation issues) at the next meeting of this Committee; and

(c) with regard to the motion approved by Council on 8 September to request OCCG to conduct a full consultation on the future of community hospitals, to **RECOMMEND** that the consultation includes the future provision of community care services more broadly.

105/15 BETTER CARE FUND - UPDATE

(Agenda No. 10)

John Jackson was invited to introduce a progress report on the Better Care Fund programme (JHO10).

Mr Jackson was asked if there would be more detailed discussions on primary care going forward at the end of the process. He responded that a five year forward view on primary care had been circulated which gave a number of options and possible models going forward, one of which was the idea of whether the acute sector could enter into an alliance contract with Oxford Health and OUHT for older people's services in the communities. Practical issues around processes were also to be considered with the user in mind, such as the use of the NHS number.

Members thanked Mr Jackson for his attendance and **AGREED** to note the report and looked forward to further reports on proposals for primary care coming forward to the Committee for scrutiny.

106/15 FORWARD PLAN

(Agenda No. 11)

Members of the Committee reviewed the current Forward Plan (JHO11) for the coming year.

..... in the Chair

Date of signing