

Better Healthcare Programme Board

held in public

Date: Tuesday 29 March 2011
Coffee and informal discussions 0930 - 1000
Time: Meeting 1000 - 1200
Location: The Council Chambers, Bodicote House, Banbury, OX15 4AA

Minutes

Present

Sumit Biswas	Oxfordshire PCT, Non-Executive Director, Chair
Alan Webb	Executive Lead, Oxfordshire PCT
Julia Cartwright	Chair of the Community Partnership Forum
Dr Hugh Gillies	General Practitioner, North Oxfordshire PBC Consortia
Ian Davies	Acting Chief Executive, Cherwell District Council
Ken Hawtin	Local Improvement Networks (LINKs)
Ally Green	Programme Director, Oxfordshire PCT
Dr John Walton	Clinical Executive Clinician, Oxfordshire PCT
Andrew Stevens	Director of Planning, Oxford Radcliffe Hospitals NHS Trust
Simon Kearey	Head of Strategy and Transformation, Oxfordshire County Council

1 Welcome

1.1 Chairs Welcome

The chair welcomed and reminded the Board that the meeting was being broadcast via webcam and that the public were more than welcome to ask questions relating to agenda items.

1.2 Apologies

Debbie Haynes, Michael Bannon, Calvin Bell

1.3 Questions from the Public

Jenny Jones extended thanks to JC for exceeding all expectations – JC will be a hard act to follow. Jenny also requested that the successor body continues with public involvement as has been the case with the CPF and Programme Board.

2 Minutes of Last Meeting

The minutes of the meeting held on 25 January 2011 were agreed as a correct record.

2.1 Matters Arising

There were no matters arising.

3 Update on Current Situation

All but one position in paediatrics has been appointed to. The remaining vacancy will be covered on a locum basis. An advertisement will be placed later in year to recruit to the substantive position. Interaction with the community has been positive and is being developed further as part of the induction process. Possibility is being explored of having a 'community buddy' for each new consultant. This model will be developed for other services.

Position in anaesthetics is stable. Obstetrics is also stable as it currently stands.

4 Obstetrics Update and Way Forward

Horton Obstetrics Group (HOG) has now met twice with involvement of CPF and local GPs. Remit of group is to undertake an options appraisal around options that are available now and do detailed implementation plan. It is anticipated this will be completed by June to coincide with the vision workshop. The Group will also seek to clarify the training position and also undertake contingency planning and propose an option should the training posts be removed.

JC shared concerns raised by Peter Fisher following the HOG meeting as some of the options identified, should the training posts be removed, was for midwife led or no maternity provision to be provided at the Horton. AS confirmed that it was right that the group were not constrained at the beginning but that it should now focus on the options that can be taken forward and implemented in line with the IRP recommendations. AS further confirmed that the group are implementing through options appraisals the decisions agreed by ORH and PCT Boards but some variation to agreement may be necessary to come up with a sustainable option.

JC confirmed that Peter Fisher has shared with Tony McDonald the initial feasibility work around obstetrics and gynaecology around consultant rotas. All members of the Programme Board will try and ensure that work undertaken is shared and built upon. Email exchange suggested MB had something that could be reported on but that he couldn't be here today. AS will ensure this information is circulated.

Options identified at the HOG meeting were as follows:

- Maintain current arrangements
- Develop similar model to paediatrics of 12 resident on call consultants replacing all middle grade doctors
- Increase number of resident consultants above 12 to 16
- Integrated consultant led antenatal elective caesarean section and gynaecology service midwifery led unit
- Midwifery led unit
- No maternity service at the Horton.

If additional costs are identified once agreed option is known this will be picked up through contract management mechanisms. It was agreed that minutes and agenda from HOG meetings will be circulated to members of the CPF.

Vision Workshop

The workshop in January identified 7 themes:

- Keeping hospital safe 24/7 – helpful meetings have taken place with clinicians. Approach from bottom upwards from individual patient's needs. Core tier of staff which will provide the core care to patient with specialty input provided when necessary. This will be used as a way to re-organise acute / medical surgery service at both Horton and John Radcliffe.
- Primary secondary and health and social care interface – using paediatric work as basis for this.
- Tertiary Services – looking at what other services can be provided in Banbury. There are some capacity constraints in out-patients which need to be worked through.
- Intermediate care services – looking at possibility of setting up imbedded community hospital at the Horton as provided at JR in Oxford. Also looking at how a link can be forged to mental health services.
- Education training research and development – looking at how the amount of training at the Horton site can be increased.
- PPI –Using the discussion about the CPF to meet some of the items identified here.

Progress on all of these areas will be presented to the workshop in June.

5 Report from Community Partnership Forum

A further meeting is taking place on 18 April 2011 with CDC, OCC, ORH and the GP locality lead to discuss the successor body to the CPF and the appointment of a new chair. It is anticipated that the chair will be appointed by September with ID chairing the June meeting. Lots of support has been expressed to continue meetings with public involvement as is the case now. The successor body will need to adapt to change as things progress and will require a remit beyond the current set up. Membership of the group will need to be reviewed to ensure relevant people are involved.

KH raised the following points. The situation in health is changing and we don't know what the future will be like. There have been changes to the local NHS since the start of the programme including Community Health Oxfordshire moving to the mental healthcare trust (now known as Oxford Health Foundation NHS Trust). We need to think about older adult and the disabled in the shape of the future organisation. Whatever is put in place as far as public participation is concerned, it is not sufficient that public involvement in meetings is only permitted by the Chairman with members of the public speaking only from the side-lines. Oxford Health needs to be

included in the membership of the successor body. They do have a membership body already as they are a Foundation Trust.

KH reported that he had recently received a newsletter from HIEC and not sure if the programme has investigated if we should use them or not. PCT embarking on project at moment dealing with equality and diversity which highlights the need for not just restricting to mums and children but including older people Not had any details about meeting on 18 April and if the public are be invited. ID confirmed that this was a preparatory meeting which will be fed back to the public at the June meeting.

Robert Jones asked for more information about the new Health and Well Being Board . SK confirmed that Oxfordshire already has a Health and Well Being Board but a new one will be established which will also include children's services and potentially the Children's Trust. The new board will need to take account of all changes taking place in health. A smaller board is envisaged with sub-boards picking up much of the work. The aim is to have the model agreed in the summer. This model will be implemented as a gradual process to be fully completed by 2013.

AW confirmed that Healthwatch is a replacement of LINKS and that The Health Commission (CQC) will continue with extended responsibilities. KH reported that Age UK Oxfordshire has a representative on the current Health and Well Being Board.

6 Confirming Next Steps

It was agreed at the last meeting that the Paediatrics and anaesthetics elements of work were completed and could be closed down. These areas will continue to be monitored by ORH through established contract management mechanisms.

The ORH Trust is working to implement the agreement reached for obstetrics and gynaecology through the HOG group. A progress report will be presented through the CPF meeting in June. The detail of this will be managed through contract between PCT and ORH. Any issues around financial implications of implementing current agreement will be handled through contract mechanisms. If any problems arise in 18 months a structure will need to be implemented at that stage. Group agreed to close this element of the programme.

A further meeting in June will further develop the vision for the Horton. This will inform CPF / future structures. Work of GPC and in particular the north Oxfordshire locality will be integral to this taking into account comments raised by KH. Group agreed to close this element of the programme.

Thanks were extended to all members of the CPF and in particular to JC. There has been helpful discussion around the future and the role of CPF and CDC will be critical going forward. The remit of this new organisation will be up to relevant parties to develop and the Board would like to recommend that

All papers are available on the PCT's website: www.oxfordshirepct.nhs.uk

public involvement is continued. The Group agreed to close this element of the programme.

AW extended thanks on behalf of the PCT to Sumit for chairing, members of the PCT team, members of the public and Programme Board members. He further formally requested that the successor body continues with the public involvement model developed for the programme. The group agreed to the formal closure of the Programme Board. The PCT Board will formally acknowledge the closure of the programme.

9 Any Other Business

ID confirmed that a date for June Vision Workshop is not yet agreed and this will be circulated to all CPF members when finalised. Group were asked to remove all future meeting dates of the Programme Board from their calendars.

ID suggested that in light of the success of the programme a formal review should be undertaken by the PCT which is shared with the Group. The group agreed and a report will be produced by the PCT.

KH requested information from the PCT on the Independent Sector Treatment Centre (ISTC). AW confirmed that ensuring plurality of choice will be continuing as part of the government policy. Re-procurement of the ISTC is currently in progress and this is an area the GP Consortium will need to pick up as we go through the process of handover.

SB passed on his personal thanks to all members of the Board and the public for supporting the programme to a successful completion. He passed on best wishes from Olga Senior on behalf of the SHA.

GP thanked everybody on behalf of the people from Banburyshire.