

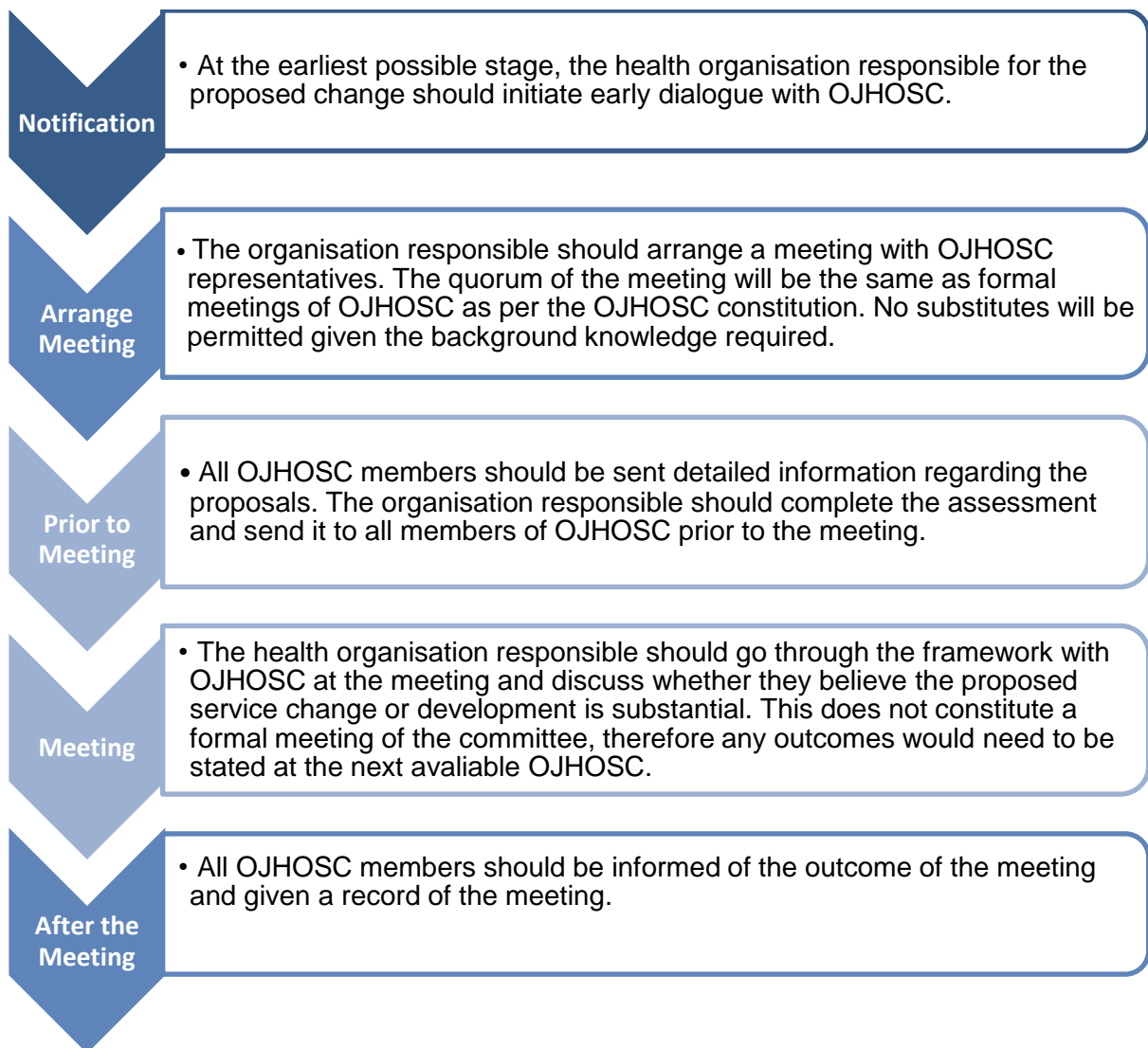
Oxfordshire Joint Health Overview and Scrutiny Committee Substantial Change Assessment

1. Purpose:

NHS bodies and health service providers have a duty to consult health scrutiny bodies on substantial variations and developments of health services. This document sets out a framework for assessing substantial change in Oxfordshire and has been created in line with the Department of Health's (DH) Local Authority Scrutiny Guidance (2014) and the Centre for Public Scrutiny health scrutiny guidance (2005).

Under Section 7 of the Health and Social Care Act (2001) the NHS is required to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. A '*substantial variation or development*' of health services is not defined in regulations. This assessment is designed to help Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) identify whether proposed variations or developments in services are 'substantial'.

2. Process:



3. Assessment Framework

A. Background Information	
1. Name of responsible (lead) health organisation:	Oxford Health NHS Foundation Trust (OHFT) – Community Services NHS Foundation Trust in Oxfordshire BOB Integrated Care Board – NHS Commissioning Body for Oxfordshire
2. Brief description of the proposal (please include information about timelines and whether the proposed change is temporary or permanent):	<p>Over the past two years, the Oxfordshire system partners have been working together to develop a structured programme of work to improve urgent care and community services across Oxfordshire, known as the Oxfordshire Integrated Improvement Programme. This builds on strategy development, engagement and other work previously undertaken by Oxfordshire CCG, Oxfordshire County Council, the NHS Trusts and stakeholders over a longer period.</p> <p>As a key part of the programme, it is proposed to develop the intensive community care and community inpatient rehabilitation pathways in Oxfordshire. This will deliver a new model of care to provide more care closer to home, reduce unnecessary hospital stays and reduce the need for admission to an acute hospital. Although available to all adults, these changes will particularly benefit older people, people living with long-term health conditions or frailty, and their carers.</p> <p>Specifically, the clinical and operational improvement model proposed for these pathways includes:</p> <ul style="list-style-type: none">• Development of virtual ward and Same Day Emergency Care services to increase the care available within the community• Review and enhancement of community hospital inpatient pathways and resources• Better alignment of our community services with population need, to reduce delays and improve patient experience <p>Please see the January 2023 Update Report to JHOSC for more detailed information.</p>
3. Why is this change being proposed? What is the rationale behind it?	<p>This proposal forms part of the integrated improvement programme ambition to deliver a joined-up programme of change across Oxfordshire which will support the development of more sustainable health and care services which better meet patient needs moving forward.</p> <p>Please see the January 2023 Update Report to JHOSC for detailed analysis and rationale.</p>
4. What are the main factors driving the change? Please indicate whether they are clinical factors, national policy initiatives, financial or staffing factors.	<p>This work builds on national priorities to deliver priorities, including the development of virtual wards and care closer to home.</p> <p>The Oxfordshire Joint Strategic Needs Assessment and census data (2021) shows that there has been a significant increase in the number of older adults in the county, particularly in rural areas, as well as an increase in life expectancy which means that people need more support from community health and social care services.</p>

Locally and nationally, the NHS continues to face high levels of demand that exceeds available capacity, meaning that current service models are not meeting the needs of many people. Some existing community services are not sustainable as they are currently delivered, in terms of their workforce, quality and financial indicators. We need to rethink how these services are delivered, including the opportunities to improve coordination of care, patient flow and reduce duplication between services, while ensuring the care interventions provided enable people to remain independent and healthy for as long as possible.

5. How does the change fit in with the wider strategic direction of healthcare in Oxfordshire and the Health and Wellbeing Board?

This proposal aligns with the ambitions of both the wider health and social care system and the Health and Wellbeing Board. The Oxfordshire Integrated Improvement Programme encompasses the Oxfordshire Way developed with Adult Social Care and voluntary sector colleagues and supports delivery of the Health and Wellbeing Board's ambition to:

- Agree a coordinated approach to prevention and healthy place-shaping.
- Improve the resident's journey through the health and social care system (as set out in the Care Quality Commission action plan).
- Agree an approach to working with the public so as to re-shape and transform services locality by locality.
- Agree plans to tackle critical workforce shortages.

6. Description of population affected:

This proposal particularly affects the older adult population within Oxfordshire who require community-based health and care services. As mentioned above, the recent census shows that this is a growing proportion of the population within Oxfordshire and longer life expectancy is resulting in increased demand for health care services from this population group. Although this is a county-wide programme to improve community services, options for specific sites may affect local populations, due to the historical variation in existing service provision and the location of community healthcare buildings and resources.

7. Date by which final decision is expected to be taken:

To be confirmed following further engagement.

8. Confirmation that HOSC have been contacted regarding change - including date and nature of contact made:

There have been regular updates and discussions held with HOSC over the past few years with regard to the approach to be taken to community services and the development of the integrated improvement programme within Oxfordshire.

Since 2016, there have been regular reports to HOSC and discussions at HOSC meetings about the ongoing closure of the inpatient unit at Wantage CH, leading to the OX12 project in 2019. Information related to the OX12 project has been published on the dedicated section of the OCCG website and in several public reports by HOSC.

Most recently, in January 2023 there were meetings between the HOSC Chair and Vice Chair with Dr Ben Riley (Exec Managing Director for Primary, Community and Dental Care

at Oxford Health NHS Foundation Trust) and Kerry Rogers (Director of Corporate Affairs and Company Secretary, Oxford Health NHS Foundation Trust) and between the HOSC Chair and Dan Leveson (Place Director for Oxfordshire at the BOB ICS). These meetings were to request and plan an update on the work for the February HOSC meeting.

B. Assessment Criteria

1. Legal Obligations: Have the legal obligations set out under Section 242 of the consolidated NHS Act 2004 to 'involve and consult' been fully complied with?

In process - not yet completed

Local communities and stakeholders will be involved in developing the strategic options and plans. Where appropriate, formal public consultation will be undertaken. Now that the BOB ICB has been established, superseding Oxfordshire CCG, it holds the commissioners' statutory responsibility to lead public engagement on these matters; an engagement plan with timelines will be developed by system partners to set out this work in detail.

2. Stakeholder Engagement: Have initial responses from service users (or their advocates) and other stakeholders such as Healthwatch indicated whether the impact of the proposed change is substantial?

Yes

Engagement to date with stakeholders has supported the view that an effective communication and engagement plan will be essential to ensure the views of local communities and groups are fully considered in developing new proposals, given the potential impacts of the changes being considered. To date, Oxfordshire Healthwatch have been involved in this engagement in relation to both the principles to shape the programme and the development of the clinical model for community beds.

3. Stakeholder Engagement: Does the service to be changed receive financial or 'in kind' support from the local community?

Yes.

These proposals will impact a range of services, of which some receive financial or 'in kind' support from the local community. Community Hospitals, for example, benefit from the activity of League of Friends organisations which are supported by volunteers from the local community. These organisations raise funds to support the work of the Hospital.

4. Stakeholder Engagement: Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?

This is not yet identified with regard to the future proposals as these are in development (although the temporary closure of the inpatient unit at Wantage has been strongly contested by some residents and elected representatives).

The proposal to deliver the integrated improvement programme for Oxfordshire, to ensure decisions are taken in the context of the whole county population, has been broadly supported by the range of stakeholders who have engaged to date (including residents and their representatives).

These proposals include a model for improving the community rehabilitation and urgent care pathways, parts of which are currently provided through a combination of community hospital inpatient wards, hospital at home teams, visiting teams of professionals and ambulatory care units (e.g. EMUs, RACU).

We anticipate from stakeholder feedback that plans that relate to the future Community Hospital inpatient pathways will be of particular interest to local residents and groups that are determined to ensure a long-term, thriving future for their local Community Hospital. This will include proposals for the future services provided at and supported by Wantage Community Hospital, where the inpatient unit remains temporarily closed and a number of outpatient service pilots are underway.

5. Staff Engagement: Have staff delivering the service been fully involved and consulted during the preparation of the proposals?

Yes (on work to date).

OHFT have already begun engaging with community staff regarding the development of these proposals. Where proposals impact directly on specific staff groups, the appropriate HR processes will be completed with the affected staff.

OHFT staff who previously worked in the Wantage Community hospital inpatient unit were redeployed to other services in 2016. Many of these staff remain with the Trust and are regularly involved in discussions relating to the hospital inpatient unit.

6. Staff Engagement: Do staff support the proposal?

Yes, to date.

The initial response to the proposed integrated improvement programme has been positive, however further engagement on detailed proposals will need to be completed before this can be fully assessed. Staff will be involved in the development of detailed service-level plans as part of the next phase of work.

7. Patient Impact: Does the proposed change of service have a differential impact that could widen health inequalities (geographical, social or otherwise)?

Not yet determined.

This work takes a population health approach (where the needs of the whole community are considered in the round and there is more emphasis on prevention and recovery). This means the focus is on ensuring that each population group receives the appropriate level of care to meet their needs within the total resources made available, as well as implementing a consistent approach to service delivery across the county.

By taking a countywide approach we will be able to ensure that all changes are seen in the wider context of all community services within Oxfordshire and so any differential impacts for specific patient groups can be identified and minimised. However, to assess this fully, equality impact assessments will be completed as appropriate for proposed service changes to ensure that consideration has been given to any disproportionate impacts on specific patient groups.

8. Patient Impact: How many people are likely to be affected?

This proposal will impact on older adults who use community services within Oxfordshire.

9. Patient Impact: Will the proposed change affect patient access? If so how?

Yes

Reviewing our approach to delivering community services as a whole provides the opportunity to identify how best to provide services to all patient groups in the context of improving outcomes across the population. Access will be one of the key outcomes considered.

10. Patient Impact: How will the proposed change affect the quality and quantity of patient service?
This proposal will deliver improved consistency and quality across the whole county and ensure that we are able to deliver the best services within the available budget and to align with the ambitions of the NHS long term plan.
11. Patient Impact: Does the proposal appear as one of a series of small incremental changes that when viewed cumulatively could be regarded as substantial?
The integrated improvement programme encompasses a wide programme of work which seeks to bring together the changes which have been explored across the county over several years, to ensure that there is a consistent approach to delivering both the NHS long term plan and the local Health and Wellbeing Board objectives.
12. Patient Impact: How will the change improve the health and wellbeing of the population affected?
This change will improve patient health and wellbeing in line with the Health and Wellbeing Board and Growth Board proposals outlined above.
13. Wider Impact: Will the proposed changes affect: a) services elsewhere in the NHS b) services provided by the local authorities, c) services provided by the voluntary sector?
Yes. Taking a system wide approach ensures that we are able to consider the whole impact of proposals and identify how we can work with all other providers to deliver the best possible service.
14. Standards: How does the proposed change relate to the National Service Framework Standards?
National Service Framework Standards were 10-year frameworks setting out quality standards for health and social care. These have been superseded by the NHS Long-Term Plan. The proposed strategic framework aligns with the targets in the Long-Term Plan to improve quality of life for those with long term conditions by providing services to support independent living and supportive community networks wherever appropriate.
15. Risk: What could the possible negative impacts of the change be? What mitigations are in place to reduce any potential negative impacts of the proposed change?
A central part of the proposed programme will involve engagement with local communities and stakeholders to ensure that all views are considered, and stakeholders are able to contribute to the development of proposals and the criteria against which they will be assessed. A robust governance process will be put in place to ensure all proposed changes are reviewed in the context of county wide impacts.

C. Outcome/Decision

1. Is this considered to be a significant change by provider?
Yes - likely
Oxford Health NHS FT, the largest community services provider in Oxfordshire, takes the view that delivery of the integrated improvement programme, a system-wide initiative, will likely result in significant change to some community services. In general, to meet patient need and improve access, the operating times of some community services may need to increase from the originally commissioned Mon-Fri model to a 7-day service with extended operating capacity overnight. At the same time, the locations of some services may need

to be reviewed to enable extended operating hours to be delivered sustainably and to ensure services are resiliently staffed, have up-to-date diagnostic and treatment facilities and provide high quality standards of care to residents.

The Trust fully supports the need to work with partners and stakeholders to complete appropriate engagement and any required consultation. This will be a central part of developing future proposals.

2. Is this considered to be a significant change by HOSC?

Yes/No (please delete as appropriate)

To be completed by HOSC

Possible Outcomes:

Consultation is Required

- If the health organisation and OJHOSC representatives agree that the proposal does represent a substantial service change or development, the formal consultation with OJHOSC should commence.
- *HOSC must be provided with:* The date by which the responsible organisation intends to decide whether to take the proposal forward.
- The date by which the responsible organisation requires the health scrutiny committee to provide any comments. **N.B.** *It is expected that any formal consultation would be undertaken by the commissioner of the service.*

Consultation is Not Required:

- If the health organisation and OJHOSC representatives agree that the proposal does not represent a substantial service change or development, then formal consultation with OJHOSC is not required.
- Best practice is that the health organisation should continue to engage scrutiny and the public in the development of the proposal and onwards to public consultation in accordance with Section 242 requirements.

Agreement Cannot Be Reached:

- If agreement cannot be reached between the health organisation and OJHOSC representatives, then all reasonable, practicable steps should be taken towards local resolution.
- Further meetings may be conducted with wider OJHOSC members or other stakeholders such as Healthwatch, carer/user groups, the voluntary sector.
- If it continues to be impossible to reach agreement both sides may jointly or independently pursue the options open to them under their respective statutory instruments, such as escalation to the Secretary of State or to the provider's Board.

N.B. *The OJHOSC representatives may prefer not to make a final decision about whether formal consultation is required at the meeting and choose to notify the organisations involved once a decision is made.*

Note on Consultation Processes

The Department of Health's (DH) Local Authority Scrutiny Guidance (2014) states the following in relation to consultation processes:

“The duty on relevant NHS bodies and health service providers to consult health scrutiny bodies on substantial reconfiguration proposals should be seen in the context of NHS duties to involve and consult the public. Focusing solely on consultation with health scrutiny bodies will not be sufficient to meet the NHS’s public involvement and consultation duties as these are separate. The NHS should therefore ensure that there is meaningful and on-going engagement with service users in developing the case for change and in planning and developing proposals. There should be engagement with the local community from an early stage on the options that are developed.”

- It is therefore understood that the process of assessing substantial change should take place as part of broader meaningful engagement with local communities
- The relevant health organisation is responsible for engaging and consulting all relevant local people. It is expected that this will include locally elected representatives where the service change will have an impact (parish, district, county and MPs).