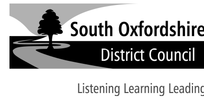
Notice of Meeting Public Document Pack



Oxfordshire Joint Health Overview & Scrutiny Committee

Monday, 7 August 2017 at 10.00 am

Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Membership

Chairman - Councillor Arash Fatemian
Deputy Chairman - District Councillor Monica Lovatt

Councillors:	Kevin Bulmer	Dr Simon Clarke	Laura Price
	Mark Cherry	Mike Fox-Davies	Alison Rooke
District Councillors:	Jane Doughty	Andrew McHugh	Susanna Pressel
Co-optees:	Dr Keith Ruddle	Mrs A. Wilkinson	Vacancy

Notes: ***Date of next meeting:*** *14 September 2017*

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Email: *@oxfordshire.gov.uk*
Policy & Performance Officer	-	*Katie Read Tel: 07584 909530* *Email: Katie.read@oxfordshire.gov.uk*
Committee Officer	-	*Julie Dean Tel: 07393 001089* *Email: julie.dean@oxfordshire.gov.uk*

Peter G. Clark
Chief Executive

July 2017

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Welcome by Chairman

2. Apologies for Absence and Temporary Appointments

3. Declarations of Interest - see guidance note on the back page

4. Oxfordshire Big Health and Care Transformation - Phase 1

MORNING SESSION

David Smith, Chief Executive, and Catherine Mountford, Director of Governance, Oxfordshire Clinical Commissioning Group (OCCG) will present final proposals for Phase 1 of the Oxfordshire Big Health & Care Transformation Programme that will go forward for discussion and decision at an extraordinary meeting of the OCCG Board on 10 August 2017.

The final proposals will make recommendations in relation to:

- The use of acute hospital beds across Oxfordshire;
- Planned care services at the Horton General Hospital, Banbury;
- Stroke services across Oxfordshire
- Critical (intensive) care services at the Horton General Hospital, Banbury; and
- Maternity services, including obstetrics, the special care baby unit and emergency gynaecology services at the Horton General Hospital, Banbury.

On 22 June the OCCG presented feedback from the public consultation (held between January and April) to the Committee and outlined further work being undertaken to inform their final decisions. The Committee requested to meet again with the OCCG to scrutinise and comment on the final proposals before they are discussed by the OCCG Board in August.

The OCCG's Board papers for the 10 August meeting will be available from 3 August 2017 and the following OCCG papers will be published as part of an Addenda going to this Committee as soon as it is possible to do so:

- The decision-making business case outlining the final proposals for Phase 1 of the Big Health and Care Transformation Programme;
- The draft Minutes of the OCCG Board meeting held on 20 June 2017 at which the Phase 1 consultation outcomes were examined;
- The results of the OCCG commissioned Integrated Impact Assessment for Phase 1, including a travel and access analysis;

recycled paper

- The results of an OCCG commissioned parking survey at the John Radcliffe and Horton General Hospital sites undertaken by Mott McDonald; and
- The results of an OCCG commissioned qualitative survey undertaken by Healthwatch Oxfordshire capturing patient experiences of travelling and parking at Oxford University Hospitals NHS Trust sites hospital sites.

For ease of reference, the following background papers are attached for information:

- Minutes of the 7 March 2017 HOSC meeting to scrutinise the Oxfordshire Big Health and Care Consultation – Phase 1;
- HOSC's formal response and recommendations in relation to the Oxfordshire Big Health and Care Consultation - Phase 1; and
- Oxfordshire Clinical Commissioning Group's reply to HOSC's response and recommendations
- Draft unconfirmed Minute of the 22 June 2017 HOSC meeting – Item 9 'Oxfordshire Transformation Plan – Phase 1 consultation outcomes'

OCCG representatives will attend to explain the reasons behind the commissioning of additional work in a number of areas following the consultation; and also how this information will be used to inform the Board's final decisions on 10 August.

Committee members are requested to ask questions for clarification only at this point.

Speakers or petitioners to the Committee

LUNCH

AFTERNOON SESSION

Questions from the Committee

OCCG representatives will be invited to respond to the comments and concerns about the impact of the final proposals on patients, the public and the local health service raised by the speakers during the morning; and from members of the Committee.

BREAK

Committee comments and recommendations

The Committee will then consider whether the final proposals are in the best interests of the health service in Oxfordshire and to make comments on the recommendations to inform the OCCG Board's discussion on 10 August 2017.

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes"*any employment, office, trade, profession or vocation carried on for profit or gain*".), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 7 March 2017 commencing at 10.00 am and finishing at 4.07 pm

Present:

Voting Members: Councillor Yvonne Constance OBE – in the Chair

Councillor Kevin Bulmer
Councillor Surinder Dhesi
Councillor Tim Hallchurch MBE
Councillor Laura Price
Councillor Les Sibley
District Councillor Nigel Champken-Woods (Deputy Chairman)
District Councillor Jane Doughty
District Councillor Monica Lovatt
District Councillor Susanna Pressel
Councillor Jenny Hannaby (In place of Councillor Alison Rooke)
Councillor Ian Corkin (In place of Cllr Andrew McHugh)

Co-opted Members: Moira Logie, Dr Keith Ruddle and Mrs Anne Wilkinson

Officers:

Whole of meeting: Julie Dean and Katie Read (Resources Directorate)

Part of meeting: Strategic Director for People & Director of Public Health; Director of Law & Governance

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 and agreed as set out below. Copies of the agenda, reports and schedule are attached to the signed Minutes.

13/17 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Cllr Ian Corkin attended for Cllr Andrew McMcHugh and Cllr Jenny Hannaby for Cllr Alison Rooke.

14/17 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

There were no declarations of interest.

15/17 THE OXFORDSHIRE BIG HEALTH & CARE CONSULTATION: PHASE 1
(Agenda No. 3)

The Chairman introduced the item stating that Phase 1 of the Big Health & Care consultation was only the start of the consultation process. She outlined the order of business for the day which comprised the following:

- Dr Joe Mcmanners, Clinical Chair, OCCG, together with David Smith, Chief Executive of the Oxfordshire Clinical Commissioning Group (OCCG), to present the proposals;
- Members of the public to speak to the Committee;
- Representatives from Healthwatch Oxfordshire, Berkshire, Buckinghamshire & Oxfordshire Local Medical Committee, Oxfordshire County Council, Vale of White Horse District Council and West Oxfordshire District Council to address the Committee;
- The above Health Executives , together with those from the Oxford University Hospitals NHS Foundation Trust (OUH) to answer specific questions from the Committee on the content of the proposals and their impact on patients, the public and the local health service;
- Committee members to consider their views and feedback on the consultation proposals.

The Committee's discussion and feedback on the proposal; and the outcome of the meeting would formulate the Committee's formal response to the consultation which would be submitted prior to the close of the consultation on 9 April 2017.

The consultation document was attached to the Agenda at JHO3 together with a web link to the supporting documents, including the pre-consultation business case and travel analysis.

Written submissions from the following organisations and Members of Parliament had been received and were attached to the Agenda and to the Addenda for the meeting:

- Oxfordshire County Council Cabinet
- A joint submission from Cherwell District Council and South Northamptonshire Council
- West Oxfordshire District Council
- Oxford City Council
- Northamptonshire County Council's Health Adult Care & Wellbeing Scrutiny Committee
- A joint response from Warwickshire County Council's Adult Social Care & Health Overview & Scrutiny Committee, South Warwickshire CCG & South Warwickshire Foundation Trust
- Victoria Prentis, MP for North Oxfordshire
- Andrea Leadsom, MP for South Northamptonshire
- Robert Courts MP for Witney & West Oxfordshire
- Healthwatch Oxfordshire

The Chairman stated that there had been complaints from local MP's and from action groups about the two phase consultation despite it being made clear that the Committee had required a consultation by January this year. She reminded all that the consultant-led obstetric service at the Horton had been temporarily withdrawn and bed closures at the John Radcliffe Hospital had occurred prior to the Oxfordshire Transformation Plan (OTP) consultation being ready. The Committee had deemed it unacceptable that these substantial changes should go for a year or more without consultation. She added that it was already clear that the success of the proposals depended upon the impact on community services, home care and GP provision, but a date for the Phase 2 of the consultation was not yet known and not likely to be until the Autumn. By then, it was her view that the OCCG would have experience of managing change and perhaps a fuller picture would be more apparent. This, she added, could be a positive advantage.

Prior to their presentation, Stuart Bell (OH) pointed out that the Oxfordshire Transformation Board (OTB) comprised representation from Health, Oxfordshire County Council, Healthwatch Oxfordshire and the Local Medical Council. He emphasised that it was not a statutory body but was a group which facilitated the coming together of key local partners for the purpose of developing ideas and planning services. It predated the Sustainability & Transformation Plan (STP), which again, had no statutory powers, but would likely become a means by which NHS England could channel resources. Consultation needed to be undertaken by a statutory body which was why the OCCG were leading on the consultation. Dr McWilliam added that the OTB acted in an advisory capacity and it was not leading on the consultation. Thus its proceedings did not represent the views of Oxfordshire County Council, Healthwatch Oxfordshire, or the views of the Local Medical Council. Oxfordshire County Council had produced its responses to the consultation on a separate basis.

The Committee were then given a presentation by Dr Joe McManners, Clinical Chair, OCCG and David Smith on the proposals. It was confirmed that feedback from the Phase 1 consultation would be considered by the OCCG Board on 25 May, and the final decision on a way forward made no earlier than June 2017.

The Chairman thanked Dr McManners and David Smith for the presentation and invited the following members of public to make their address to the Committee:

Mrs Ginette Camps – Walsh, speaking as a member of the public informed the Committee that she had received no response from the OCCG with regard to her complaint about being given no choice of hospital or consultant when referred for surgery by her GP. She felt it was OCCG's deliberate policy not to allow patient choice for referrals for some clinical specialities. This required further investigation as it affected a significant number of patients, and may have detrimental effect on health outcomes - it may even contravene NICE guidelines. Mrs Camps-Walsh concluded that there was, in her view, a danger that more centralised commissioning across Buckinghamshire, Oxfordshire and West Berkshire, as part of the STP process, may lead to a reduction in variation, which would in turn lower standards.

Keith Strangwood, speaking on behalf of 'Keep the Horton General' campaign urged the Committee to reject the split consultation as it would render consultation with the public 'worthless'. He added that the huge public concern regarding patient safety, together with the letters received from local MPs had not had any effect on the OCCG.

Clive Hill, speaking on behalf of the Chipping Norton Action Group spoke about the 'illogical' nature of the two-stage consultation and the confusion it has caused to members of the public. He cited the example that Phase 1 was looking at the Horton Maternity Unit, yet midwife-led units elsewhere would be considered in Phase 2. He expressed concern that the OCCG claimed to have listened before finalising options in the consultation, but they did not listen to the concerns of the Chipping Norton Action Group, and, in fact, no conversation event had been held in Chipping Norton. He expressed the Group's fear that community care would be down-graded, and the service would disappear, with patient safety being compromised by the use of care from unqualified family and friends, due to the closure of community hospital beds. He urged the Committee to use its power and responsibility to ensure that the proposals were safe and workable and not to 'let communities sleepwalk to a disaster'. As part of the consultation he called for a full and open investigation into the outcomes of the changes made at Chipping Norton Hospital to NHS staffing and management.

Mark Ladbrooke, speaking on behalf of 'Keep our NHS Public' highlighted a number of problems in pushing the proposals forward, principally, the risk involved in not running old services in parallel with new proposals / pilots. He stated that Simon Stevens, Chief Executive Officer, NHS England, had recently announced new criteria for proposed NHS changes. He called for the planning of services to demonstrate sufficient alternative provision, including GP provision, to be in place alongside or even ahead of bed closures, together with a new workforce in place to deliver. He urged the Committee to ensure the application of some clear tests to ensure safe delivery of this process given that OCC was projecting a shortfall of staff and in light of the recruitment and retention problems currently being experienced in primary care. He pointed out that the workforce as a whole would need to grow by 7.5k and 29% of workers change jobs at any one time.

Chris John Whitburn speaking on behalf of the retired members of Unite urged the Committee not to accept the proposals contained within the consultation. It was his view that care at home would be a 'minefield' for frail older people. He used the case of his elderly relative to demonstrate that domiciliary care visits are not long enough to deliver the care required and do not factor in travel time for care workers.

Councillor Hilary Hibbert-Biles, speaking as local member for Chipping Norton spoke of her 'proud moment' when she attended the opening of the new hospital unit at Chipping Norton in 2011, adding that this was a hospital that 'worked well'. She expressed the concern felt by the surrounding villages about the possible closure of the hospital. Residents looked to the hospital for their care, adding that it did not make sense to close beds when more would be needed under the plans, not fewer, and Chipping Norton and Banbury were both growth areas She also expressed concern at the possible loss of the Midwife - Led Unit (MLU) at

Chipping Norton, particularly in light of the possible proposal to downgrade the Horton to a MLU, plans for which would be contained in Phase 2 of the OTP. Councillor Biles called for more paramedics and ambulances for transporting mothers and babies to the John Radcliffe hospital, highlighting the anxiety felt by the mothers who were not aware that there were problems beforehand. She concluded by emphasising the need for a consultation that was not split, that contains more options and alternatives and the need for the OCCG to heed the impact of the proposals on GP surgeries when it was already difficult for patients to obtain an appointment..

The Committee then heard statements from the following representatives on behalf of their organisations:

Dr Paul Roblin - Chief Executive, Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee

Dr Roblin declared that he was a Governor on the Oxford University Hospitals NHS Foundation Trust (OUH) Board, acting in a 'critical friend' capacity. He agreed with the perception that the case for change was powerful, however it was his view that inadequate detail had been given regarding what would substitute for the bed closures. The two-stage process presented a problem in that the solutions were not well developed or articulated, either from a financial or operational point of view, despite having theoretical support. These needed to be in place before any closures took place. He stated his personal support for the principle of 'the best bed is your own bed', but the concept of 'when beds are short, cut them' was counter intuitive and if deemed inadequate could generate criticism or even legal action. He viewed the development of care outside hospital as risky, but accepted that funding needs to be released from the acute sector and an element of faith is needed. He endorsed the view that alternative services should be in place before other services are stopped. He added his recognition that the OUH had tried to obtain an obstetric workforce for the Horton, but it was for the Committee to decide if the efforts made were enough.

Eddie Duller, OBE, speaking on behalf of Healthwatch Oxfordshire (HWO), commented that it was not reasonable to make a decision until both consultations had concluded. HWO had an idea of the sorts of questions being generated from members of the public - they appeared puzzled and not to understand the broad statements coming from the clinicians, some of which were contradictory. He stated that more detail was required on how the overall staffing levels were going to be projected, as splitting could result in rises of administrative and technical support costs. He added also that the public wanted an explanation of how the proposals related to them individually. He raised the problem of travel for patients transferring to Oxford from the Horton and about the parking situation worsening at the John Radcliffe site. Mr Duller also questioned what specialist services would be available at the Horton and to what extent certain procedures would be made available at the Horton. The meaning of 'ambulatory emergency care' was queried and the hours this care would be available? He concluded by asking if Health had developed a detailed plan and if they had, would they make it public?

Diane Shelton speaking on behalf of Cllr Jeanette Baker, Cabinet Member for Leisure & Health, West Oxfordshire District Council (WODC), stated that WODC supported the aspirations of OCCG to transform services, recognising the increase in demand for services. The Council understood that the proposals were based on clinical realities which mitigated access to high standards of care. However, it was believed that without the information contained in Phase 2 it was difficult to understand the specifics of the proposals. She highlighted the current difficulties with patient parking at the John Radcliffe Hospital which would be likely to increase if more patients were to be transferred to Oxford from the north of the county. Furthermore, in view of the forthcoming growth in population of West Oxfordshire, WODC strongly supported the continued provision of the Midwife-Led Unit at Chipping Norton Hospital and its First Aid Unit, both of which patients could reach relatively close to home. She added that representatives from WODC had attended the consultation events but had not felt part of the proposals, despite the provision of a large amount of local evidence for inclusion. WODC wanted to be part of the development of proposals and would devote time for this involvement. She asked the OCCG not to exclude the district councils, particularly as they held membership in the Health & Wellbeing Board and its sub group, the Health Improvement Board.

Cllr Roger Cox, speaking on behalf of Vale of White Horse District Council, pointed out the importance of liaison with neighbouring areas because residents in the western part of the Vale relied on Swindon Hospital for their care. He highlighted how important it was for funding lines and responsibilities to be clarified before decisions were made. His view was that existing provision does not keep pace with Local Plans and the proposals for change need to be checked against projected increases. Cllr Cox stated that whilst he understood the rationale behind the Health proposals to centralise specialist services back to Oxford, the Committee should not lose sight of the excellence of Abingdon Hospital, adding that it was essential for residents and should be maintained. He called for a more joined up approach with district councils on health and wellbeing, particularly as local councils have a focus on health and leisure.

Following this address there was a short question and answer session with Dr Roblin and Eddie Duller OBE. Questions and comments from Members of the Committee were:

- Request for more information regarding estates and property;
- Concern with regard to the ‘silence’ on primary care, despite reassurances by OUH that increased care outside hospital would not fall on the GPs. There appeared to be some hope of investment, via the STP, in new models of care, but it would be difficult to find the funding in large amounts;
- Concerns about GPs being overworked and many taking retirement. Also patients unable to get a GP appointment;
- Concern voiced by Eddie Duller OBE that members of the public were uncertain about the content of the consultation because the language used was not easily understood;
- OCC should be more actively involved in evaluating of the impact of the proposals on care services. It was suggested that the second phase consultation should be jointly led by OCC and the OCCG;

- If hospital care at home should fail, would the burden fall on the GPs?
- It was difficult to see how recruitment and retention issues could be overcome in an area with high rates of employment;
- The impact of the plans on areas of high deprivation such as parts of Banbury.
- None of the plans appear to respond to the issues relating to growth areas;

Responses received from Dr Roblin and Eddie Duller OBE to the questions and comments above were as follows:

- There were many theoretical concepts around GP working at federal level, and uncertainty around the buildings they will occupy. In the past the NHS had raided its estates budget for revenue purposes. In reality extra money from the Government was easy to apply for, but not easy to acquire;
- It was Dr Roblin's view that decisions relating to change in primary care needed to be a matter for national decision/policy -making;
- Dr Roblin would be nervous to agree to bed closures and other facilities when it was unknown what the solutions entailed;
- Hospital care at home is bed-based care, which differs from the ambulatory care described in the proposals. GPs would not want to see this new type of care outside hospital delivered at a slower rate than necessary – it could increase the burden on GPs;
- Eddie Duller OBE was concerned about the impact on all parts of the county where there were pockets of deprivation. An update on responses to the Health Inequalities review report would be discussed at the next meeting of the Health & Wellbeing Board on 23 March. This was a report of great importance and must not be shelved;

Cllr Jo Barker, a member for Shipton South, Stratford District Council, spoke on behalf of Stratford's Health Overview & Scrutiny Committee, who was very concerned about the split consultation, which it felt was giving a disjointed, and even a flawed effect as a result. The Committee had invited the OCCG to come along to answer questions on the consultation, but, to date, no response had been received. The Committee were concerned that the Horton's MLU would not be available to Stratford's residents (approximated to 40 births a year) due to the downgrading of maternity services. She pointed out that it was often not known if a birth would become an emergency. The quality of care would become questionable and babies could be born damaged. She asked why, in light of the obstetric shortage, doctors and nurses could not be rotated around the Trust, as midwives were. By removing obstetric care, the Trust was making the service unworkable. Cllr Barker expressed concern that this had not been discussed across the borders. She concluded by recommending that the Trust takes a look at the Warwickshire's community nursing service as an example of good practice.

Cllr Ian Corkin gave his support to the submission made by Cherwell District Council who were, he said, committed to doing whatever was necessary to expose the inadequacy in the process. He added that what concerned him the most was the deterioration in outcomes for residents and their lives. His view was that the video contained within the presentation was 'slick, but lacked balance'. Mr Smith spoke of

60k patients using the Horton, per annum, under the new proposals, but Cherwell District Council believed the figure to be 90k (60k outpatients, and 30k day patients). The Horton estate would need to take 350 more cars per day when it currently runs to capacity. Furthermore, the pre-consultation business case made no mention of car parking, nor did it deal with the current situation at the Horton. He called for one unified proposal, so that decisions could be taken in full knowledge of the implications.

Cllr Susanne Pressel, speaking on behalf of Oxford City Council, stated that there were many good components contained within the proposals, but, in her view, the NHS generally needed more funding. She also called for more to be done to reduce health inequalities. She asked for information about where the new sites would be located for the new, larger premises required at the John Radcliffe. Cllr Pressel also recorded her concerns about the future of Accident & Emergency, mental health services and public health services. She referred to page 47 of the Addenda that gave a summary of what Oxford City was calling for, which was a sustained focus on delayed transfers of care which 'did not appear to be working', and improved, integrated health and social care services. Cllr Pressel called for improved Health Centres which were fit for purpose and investment in key housing to help the recruitment and retention problems.

Councillor Mrs Judith Heathcoat, Cabinet Member for Adult Social Services, who was accompanied by Kate Terroni, Director for Adult Services, Susan Halliwell, Director for Planning & Place (interim) and Hannah Farncombe, Deputy Director, Children's Social Care, made the following statement to the meeting:

'On 21st February Cabinet received a paper title "Response to Oxfordshire Clinical Commissioning Groups Consultation on the Oxfordshire Transformation Programme for NHS Services.

I wonder, if you'll bear with me whilst I make an introduction which will allow me to give not only Cabinet's view and therefore a political view on the Oxfordshire Big Health and Care Consultation: Phase 1but also put in context where we are today.

As you are all aware, our officers have attended general meetings with OCCG and I have sat with the Leader and senior officers on the Transformation Board – a non-decision making body. Our officers have been able to present specialist advice when any one single proposal would have implications for us within Adult Social Care, Public Health and Children's services. By law we must work with the NHS. It must be remembered that this authority is a consultee and we've been able to examine proposals thoroughly and importantly take account of the views of the public and the impact the proposals will have on our services. I can fully understand as can the Cabinet the public's grave concerns on this consultation.

The report received at Cabinet was an assessment by the Council's Leadership Team and detailed the impact the proposals may have on our services and on the public.

Cabinet members made many comments and the points raised were:-

The disturbing situation of knowing that this is only the beginning of the process – this is of course Phase 1 of plans and there is to be a Phase 2 later this year. It is proving impossible to separate and understand the total impact of plans - Phase 1 on Phase 2 and vice versa. Reference was made to the less than transparent proposals for communities and the public especially for the public in the North of the County. It was recognised that the interplay between a BOB STP and an Oxfordshire consultation remained unclear and confusing for everyone – professionals and public. With the splitting of the consultation into the 2 Phases there is no coherence to allow for a full picture to be drawn on the future of maternity and children's services.

Cabinet members continued to comment on the fact that there will be a "domino effect" on other services. If there is a diminution in one service this tends to lead to a diminution in related services. Changing maternity services, intensive care services and the bed stock at the Horton will have effects on other medical services – anaesthetics, paediatrics, accident and emergency and these impacts are not covered by the consultation.

By reducing hospital bed numbers across the County I should also like to state that to a have a truly sustainable transformation plan for the future, consequences from Phase 1 need to be examined. Beds can't just be cut and shifted – there needs to be investment in other aligned services to support the impact that these proposals will have.

As the Cabinet Member for Adult Social Care the proposals are very concerning as they do not contain detail for us to understand the full impact on adult social care – no modelling has been done that reflects the assumptions have been made with regard to patients' length of stay, or their acuity – so there is no ability to translate bed numbers into estimates of patient flow.

Equally, the expected housing development across the county, the changes to travel plans for patients, staff and visitors shows a lack of understanding that there will automatically be an effect not only on traffic flows but also on the already congested hospital car parks. More and more patients will either arrive late or will miss appointments!

I seconded a proposal by Councillor Hibbert-Biles at Cabinet to amend the recommendations before us to read:

- Welcome the opportunity to comment on this consultation, acknowledge the difficulties faced by NHS services locally as present in the OCCGs case for change, but on balance not to support the proposals based on the lack of information on the impact on council services "and that of the public" '.

Questions for Councillor Mrs Heathcoat and associates covered the following areas:

- Whether OCC was condemning the consultation proposals as 'unsafe' and expressing a preference for them to the deferred until they could be joined up with Phase 2 of the proposals.

- The added pressure on council services, particularly when OCC are facing issues with recruitment and care at home, with contracts having been given back and providers having gone out of business.
- OCC's a consultee role and the need for the Council to take a key role in the consultation.
- Whether the Government should be asked for money to pay for transitional funding for Adult Social Care.
- The recruitment and retention issues in the care workforce and the influence OCC has over private providers. Is it a question of the timing of implementation? What can be done when employment rates are so high in the county?
- The Committee has for two years tried to raise awareness of the need to include Health & Social Care into development plans. How are you dealing with this?
- None of the existing processes are being triggered to identify need, but now is the time to be planning for that growth. Cherwell District Council and the Vale of White Horse District Council have already raised concerns that none of the plans flag up future growth;
- Whether there is sufficient information available in the split consultation for the impact on care services to be known;
- The number of intermediate beds in care homes available to be able to move people out of hospital;
- Are there problems being caused by district councils not adapting homes quickly enough to support discharge from hospital;
- The recent rise in delayed transfers of care and its link to a lack beds and a lack of reablement services.

Responses given were as follows:

- The proposals are not unsafe, but consideration should be given to the impact of the proposals on adjoining services that make up the whole system;
- The whole market support for care services is very fragile. Social Care services could not be cut without having an effect on all services;
- OCC has invested £400k into Social Care and 15 minute home care visits have been abolished the Cabinet was asked if it would support Social Care becoming a consultee so that it could become unfettered in its deliberations;
- Workforce issues were a real challenge and viewed as very important. In fact OCC pay the highest wages in the country for home care. Despite OCC's investment in the home care market to make it sustainable, providers were often leaving at short notice. By utilising initiatives such as value-based recruitment and assured provider cost contracts, a 10% increase in home care had been achieved. It had plateaued now and it was hard to say if this was sufficient to meet the need;
- The Government had allowed more money for Adult Social Services by allowing Councils to raise their precept by 2-3%. OCC had chosen to raise it by 3% over a period of 2 years which would allow more investment into services;
- Oxfordshire strongly aligns itself to the principle of care in one's own home, but, for this to happen successfully there needs to be a number of ingredients

to fulfil it: the right workforce, the ability of GPs to become involved etc. Employment is very high in the county and OCC is open to suggestions and ideas about how to tackle it further;
- It has been difficult to get future medical needs in development plans and more could be done. OCC is beginning to get engagement via, for example, place reviews. Health have been invited to attend the next meeting of the Growth Board and it is hoped to strengthen their role via the Board;
- As far as the sufficiency of intermediate beds was concerned, this was a very complex subject and carried out with a multiplicity of agencies. There are peaks and troughs in delayed transfers of care, but there has been much closer working between Health and Social Care and statistically the delays have decreased in Oxfordshire;
- Health cannot expect to put plans into place without the impact being felt by Adult Social Care and care homes. It was therefore important for Health care and care homes to work closely together to ensure the right care is being put in place;
- Timely adaption of homes can be a problem. There was only a small number of people waiting for adaptions to their property, but they tended to be long waits. Detailed discussion was currently taking place on a pilot scheme which could provide holding places in extra care housing for people waiting for adaptions;
- The reablement service had been taken over by the Acute Trust on 1 October 2016.

Dr McWilliam clarified that OCC has a statutory duty to work in partnership and co-operate with Health and does so through various strategic boards (e.g. the Health & Wellbeing Board), by having joint budgets with Health and by commissioning services from Oxfordshire's Healthcare Trusts. Health and OCC had worked to integrate services as best as they could and had a good record of working in the best interests of the residents. What could not be known was how this translated into a second consultation. He reminded the Committee also that there was a forthcoming election and it would be a matter for the next Council to consider how it wished to work with Health.

The Chairman summed up the concerns expressed by speakers and via questions so far for the OCCG and OUH to answer during the afternoon session. These were:

- Concerns regarding the split consultation;
- Concerns about the impact on other services;
- The importance of dealing with health inequalities known about in areas of the county, notably in Banbury and Oxford which have been flagged up by the Committee and in MPs letters;
- The lack of consultation with neighbouring counties and districts;
- Complaints about the timing and location of consultation meetings, e.g. in Chipping Norton;
- The impact of car parking at the Horton Hospital and the Oxford hospitals;
- Uncertainty about the level of care and impact on the public of the changes to maternity services at the Horton if the downgrade to a MLU is made permanent in Phase 1; and

- The plea from the MPs that Phase 2 should be a joint Social Care and Health consultation.

Stuart Bell, Chief Executive of Oxford Health NHS Foundation Trust and Chairman of the Transformation Board; David Smith, Chief Executive of the Oxfordshire Clinical Commissioning Group; and the following Health representatives ;

- Bruno Holthof – Chief Executive, Oxford University Hospitals Trust
- Dr Tony Berendt - Medical Director, Oxford University Hospitals Trust
- Catherine Stoddart – Chief Nurse, Oxford University Hospitals Trust
- Dr Joe McManners – Clinical Chair, Oxfordshire Clinical Commissioning Group
- Dr Paul Park – Deputy Clinical Chair, Oxfordshire Clinical Commissioning Group
- Dr Kerin Collison - Deputy Lead for West Oxfordshire Locality, Oxfordshire Clinical Commissioning Group
- Ally Green, Head of Communications and Engagement, Oxfordshire Clinical Commissioning Group

attended to answer specific questions from the Committee on the content of the proposals and their impact on patients, the public, and the local health service.

Before responding to questions Dr Joe McManners responded to comments made earlier in the meeting noting that they were part way through the consultation period. The OCCG had noted down the views expressed and they would prove useful in their deliberations. They had been asked why it was not a joint consultation with Oxfordshire County Council and he made it clear that they would welcome this in Phase 2. They would offer that to OCC and welcomed the opportunity to take a proper look at health and social care integration.

The OCCG had been advised in advance of questions collated from the Committee which provided a framework for the session. Responses were received based around the following headings.

Proposed bed closures

Health representatives were asked to explain the rationale/wisdom of closing beds at the JR, in the context of 95% occupancy this winter, where people were left lying on trollies not being cared for or treated. Tony Berendt referred to the delayed transfers of care where people were trapped in hospital because of the failure to put care packages in place or to have domiciliary care available in a safe place. He pointed out that the elderly particularly those with dementia are easily distressed by change and there is constant change in acute hospitals. It is better to move them to a more friendly, homely environment. The number of beds corresponded to the numbers of delayed transfers of care. Asked about ambulance service waiting times at hospitals he advised that he was unable to provide information for another service, but was not aware of any particular issue. The Chairman indicated that this data should be provided to the Committee.

When asked about the impact of bed availability for planned surgery the Committee was advised that the availability of beds was not the major factor determining

planned surgery. Of more importance was the referral for treatment and availability of doctors and surgery time. Medical developments meant that fewer beds were required. Responding to a suggestion that the freed up beds be used to provide more services it was explained that it was not simply a case of having as many beds as possible. Those beds needed to be staffed appropriately and it was not the right response to use beds simply to hold patients. They referred to the brief suspension of elective surgery which had been a nationally imposed requirement. It had not been implemented at the Churchill or the NOC as neither of these two were set up to deal with acute illness.

Asked about the impact of bed availability on 4 hour waiting targets in A&E Catherine Stoddart advised that the target had been mixed over the winter, but had not been adversely affected by the changes in the way patients are managed. The walk in clinic for the frail elderly was far less traumatic than A&E. In the first week in February they had seen 159 patients who would otherwise have gone to A&E. They had also supported 31 people through Acute Hospital at Home and 221 through the Home Assessment and Reablement Team (HART). They had replaced acute inpatient beds with other provision.

Dr Paul Park, representing Banbury GPs, advised that the transfer of care into the community had been remarkably painless. The changes had been very effective at keeping people at home and in his experience had not increased GP workloads.

Responding to concerns that the level of recruitment would undermine efforts to reduce delayed transfers of care Catherine Stoddart acknowledged that recruitment was a challenge. Following recent efforts the HART team was now at 72 staff when 100 were needed in total. A group recruitment exercise had been very positive at the weekend. The HART service was able to flex up or down as required.

Dr Bruno Holthof responding to a challenge that beds should not be closed if alternative community provision was not in place, explained that last year beds had been released and OUH had invested £5m in out of hospital services such as the HART team. However the delayed transfer of care figures had gone back up to 180. There were too many patients in the system and the system should be releasing more acute beds to invest in out of hospital services Dr McManners added that it was about the flow of patients through the system and the system failing to have enough care at home provision.

Health representatives were asked about the justification for closing 146 beds based on two pilots yet to be fully analysed and in the context of releasing money for community services and in the face of a requirement to find £200m by 2020/21. Dr McManners replied that the numbers in hospital could only be reduced by investing in social care. A joint Health and Social Car consultation in Phase 2 could facilitate the necessary modelling. Working together it was possible to work out the gap in community provision, then it was about finding the money. The only way to do this was to save it from beds in hospitals and to reinvest in community provision. Without additional government money there was a fixed sum and currently this was being spent in the wrong place.

In response to concerns about parking problems at the JR and Horton hospitals Dr Bruno Holthof detailed work underway to develop a Master Plan for the Headington site. Proposals included Park & Ride facilities outside the ring road with links to the sites and plans for 5 multi-storey car parks, two at the JR, two at the Churchill and one at the NOC. OUH is engaging with local planning authorities to make these plans a reality. In addition the shift of some treatment and diagnostics to Banbury for people local to Banbury would save on number of journeys and free up parking spaces, as would the use of technology to reduce repeat visits, for example to receive results.

Committee members raised concerns about the effect of multi-storey car parks on the traffic congestion at the JR site and how the Master Plans would address inequalities in access. David Smith replied that the recent Health Inequalities report commissioned by the Health and Wellbeing Board made a number of recommendations that will need resourcing jointly with OCC.

Asked about parking at Banbury Dr Holthof advised that it was likely that any Master Plan would not be finalised until after a decision on the consultation proposals in June.

Proposals for redevelopment of the Horton

In response to questions concerning the impact of the Horton redevelopment on the JR, Dr Berendt commented that it had always been clear that staff could work at any site. The JR had coped well with the additional births since the Horton became a midwife-led unit (MLU). Asked about the safety concerns of consultants having to travel between sites, possibly when tired from long hours, the Committee was advised that there were no plans that doctors would work even longer hours.

Asked about consultation with workers and staff on the recent changes to maternity services at the Horton, Dr Berendt stated that as they were emergency changes they did not need to consult. Ally Green referred to public meetings organised in Oxfordshire and South Northamptonshire. The OCCG had also tried to respond positively to requests from Groups to attend their meetings and had varied the times of meetings and days of the week for the consultation events, which mostly were well attended. However meetings were not the only method of engagement.

Responding to a question about where the £14m - £15m funding for the redevelopment of the Horton Hospital would come from, Dr Holthof advised that there would be a 3-5 year capital plan for this. Asked how the Committee could be reassured that the redevelopment would happen, Dr Holthof added that they had already invested at the Horton in terms of chemotherapy and dialysis treatments. Following the consultation, OCCG would need to produce a Master Plan for Banbury. The plans would need to be realistic and funded. Timing would depend on obtaining the necessary planning approvals. It was felt that if the plans for the Horton were sufficiently ambitious, for example, they included key worker housing, the local planning authority should look favourably on the planning application.

Maternity services at the Horton

David Smith, Chief Executive of the Oxfordshire Clinical Commissioning Group commented that the temporary closure of the obstetric unit had been a result of judgements taken on clinical issues.

When asking about the implications for the maternity service changes the Committee was advised that the MLU was backed by community midwives. Of the 1284 maternity cases last year the great proportion had gone to the John Radcliffe. A significant amount of women went to the alongside MLU at the JR and some give birth at home or went outside the County. In response to a concern that epidurals were not available at the MLU, the Committee was advised that they were available at the alongside unit.

In response to questions about the MLU Chipping Norton Hospital, it was noted that this would be contained in Phase 2 of the consultation.

The Committee asked whether the 24/7 ambulance service stationed at the Horton for maternity transfers would be a permanent service following the consultation. Health representatives advised that it had been provided as part of the emergency closure. They would need to treat it as a pilot, and evaluate the data before making a final decision, which would be part of Phase 2. Committee members commented that it was difficult to support a proposal to permanently remove consultant-led service without knowing whether an ambulance would continue to be based at the Horton to transfer mothers to the JR.

In response to a suggestion that mothers had been denied the opportunity to choose to give birth at the Horton, Dr Berendt explained that he was happy to look at specific instances, but it may have been that it was not appropriate for them to go to the MLU.

Asked about the splitting of consultant-led maternity services and midwife-led services between the two phases of consultation, David Smith indicated that it had been based on the NHS's 4 tests for service reconfiguration. The OCCG's legal advice had been that the inclusion of MLUs in Phase 1 would not meet the public engagement test.

Responding to concerns that the impact of the proposals was not clear to lay people Tony Berendt explained that there were a number of fairly straightforward videos that explained what the changes meant. The Committee thought that more examples of the impact of proposals on individuals and communities could be used in the consultation.

The Committee questioned what modelling had been carried out on the impact of the maternity proposals at the Horton on maternity units in Warwick, Coventry, Northampton and others. Dr Berendt stated that this had been explained to mothers at the time. From Northampton and Warwick approx. 300 mothers were booking into the Horton, mostly because this had been an equivalent service closer to them than their own hospital.

Detailing how things had changed since 2008 Dr Berendt commented that there had been a loss of recognition for training in obstetrics at the Horton due the low volumes of births there. In 2011 there had been a lot of effort put in to ensure that it was possible to station people there on the basis of the training experience. A scheme was in place that had withered over time as the national workforce picture deteriorated. It was not true that the numbers of births there had been consciously down sized. In order to keep mothers safe, mothers with a higher risk pregnancy were recommended to give birth in Oxford.

Asked how secure they were in assessing a mother as low risk and therefore suitable to be seen at the MLU, the Committee was advised that risk was assessed throughout the pregnancy. It was not possible to ever say there was no risk. On average about half were low risk, a fifth high risk, with the remaining mothers a block in the middle where it was not known. Pregnancies were continually assessed. There would always be some in the low risk category that ended up being high risk. The key was how they were assessed when they went into labour. The thresholds for transfer to an obstetric unit were lower for those further away. In response to a question about transfers, the Committee was advised that there had been 73 deliveries to the end of February, of which 15 were transferred by ambulance and of those 4 had already given birth. Transfers were in line with national data. Transfers from Wallingford were also consistent with national data.

Responding to concerns about the lack of patient choice over maternity provision Tony Berendt stated that the service was configured against NICE guidance, but one solution did not fit all.

Asked what other Units around the country were doing, the Committee learned that there was a challenge nationwide. They heard that the maternity services at Redditch hospital had been closed for a year, and two others were discussing a merger.

Acute Stroke Services

Asked to clarify the relationship between the new rehabilitation wards and the Oxford Centre for Enablement, the Committee was advised that Reading did provide some acute stroke services, therefore there was a choice.

Care in the Community

In response to a question about care in the community provision Dr Holthof stated that they had been talking with other agencies to try and ensure there was capacity. There was visibility in the Discharge Liaison Hub about the numbers of beds and hours in the community for packages of care. There was HART and the ability to commission extra care home beds and extra resources for care in the community.

In response to questions about the balance of spending on care, Dr McManners explained that work was ongoing. Partners were working together to move funding from acute beds into support in the community. He added that there was still a gap and it needed all partners to be honest about what was needed and then to look at how that might be funded. David Smith highlighted the pooled budget and the need to engage around the health and social care interface. Responding to comments that

despite closing 146 beds the delayed transfer of care position was no better, Dr Berendt stated that without the action taken we would have seen a continuing and relentless rise in the numbers involved.

Responding to comments about Phase 2 David Smith suggested that there needed to be a joint piece of work with the County Council and engagement with the District Councils.

Stuart Bell, Chief Executive of Oxford Health NHS Foundation Trust and Chairman of the Transformation Board refuted concerns as expressed in the Cabinet report and comments that the impact of the proposals on Council services could not be modelled. He cited evidence of the impact from the temporary closure of acute beds in the 'Rebalancing the System' pilot. Jonathan McWilliam, Director of Public Health, commented that the report from County Council Cabinet considered the impact on their services serving the community. They were concerned about building a picture of the totality of services and without knowing the changes in Phase 2 it was hard to gauge the impact on those community based services. He agreed that all partners worked together to improve services. The response was about the strengths and weaknesses of this consultation.

District Councillor Ian Corkin commented that there was much to be positive about in the consultation and he appreciated the challenges being faced. However he believed that residents were being disadvantaged by the split consultation process, as it failed to address the interdependencies between health and social care. He suggested that the Committee should be asking OCCG to go away and come back with a proposal that rectifies that problem.

Councillor Constance referred to the areas of concern summarised by herself earlier in the meeting and added to during the afternoon session.

The Chairman then referred to the suggestion from Councillor Corkin and proposed that an appropriate response may be to adjourn at this stage for the issues discussed to be considered by the OCCG. Councillor Corkin reiterated his view that there were significant flaws in the process that disadvantaged residents in Cherwell and unless these issues were properly addressed the matter should be referred to the Secretary of State.

Nick Graham, Director of Law & Governance, advised that an adjournment would give an opportunity for the Committee to formally respond to the consultation, clarifying its concerns, and to give OCCG an opportunity to respond. If there was still dissatisfaction it would be open to the Committee to refer the matter at that point. There was some discussion about when the Committee could meet again and Nick Graham advised that it would be preferable to meet outside the purdah period. For clarity David Smith outlined the process following the end of consultation on 9 April.

The Chairman concluded that there was agreement for a special meeting of the Health Overview & Scrutiny Committee with OCCG once they had received the concerns of this meeting and the OCCG had an opportunity to respond.

OXFORDSHIRE COUNTY COUNCIL

Oxfordshire Joint Health Overview and Scrutiny Committee
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Date: 13 March 2017

David Smith, Chief Executive &
Dr Joe McManners, Clinical Chair
Oxfordshire Clinical Commissioning Group

[sent by email]

Dear David and Joe,

Re: OJHOSC's recommendations on the Phase 1 Big Health and Care Transformation proposals

At its meeting on 7 March the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) formally scrutinised the content of proposals in the Phase 1 Big Health and Care Consultation and considered their impact on patients and the public. In accordance with Regulation 23(4) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 this letter outlines the specific concerns raised by OJHOSC on 7 March and the Committee's subsequent recommendations.

Whilst acknowledging that Oxfordshire's health system needs to change significantly as part of the national transformation programme, the Committee was concerned by the lack of support for the proposals from key stakeholders at this stage. In particular, the Committee would like the OCCG to address the following areas of concern:

a) **The credibility of a two phase consultation.** The Committee noted concern that splitting the Big Health and Care Consultation into two phases, with community services and general practice in Phase 2, does not enable the public and key stakeholders to understand OCCG's overall vision for Oxfordshire's health services or assess the impact on them. Moreover, the lack of any options in the consultation has led to a perception that the OCCG has already decided on a way forward and members of the public are not able to influence the outcome.

b) **The confusing nature of the consultation.** Committee members noted concerns that the technical language used in consultation documents is confusing for the public and there is a lack of knowledge about what services are currently available and how these will change. Members noted that the consultation lacks sufficient explanation about how the proposals will impact individual patients and communities.

   The Committee recommends that the OCCG considers amending the consultation to:

- Ensure that all future public consultation events and online information is amended to remove technical language to express explanations in layman's terms;
- Include case studies and patient stories to demonstrate what impact the proposals could have on patients individually and on their communities; and
- Include an overview of current services (particularly at the Horton General Hospital ('the Horton'), and how these would change if the proposals were implemented.

c) **The unknown effect of the proposals on partner services.** The Committee is concerned that key partners are unable to assess the impact of the proposals in Phase 1 without knowing proposals in Phase 2. In particular, OJHOSC is concerned that Oxfordshire County Council has not been able to model the impact of the proposal to permanently close 194 acute beds on Adult Social Care. The OCCG has not demonstrated to the Committee that sufficient alternative community provision is available alongside or ahead of the proposal to close beds, or that there is the workforce to deliver this. As proposals for community hospitals are expected in the Phase 2 consultation, the Committee questions whether the temporary closure of 146 of these beds has contributed to recent increases in delayed transfers of care, and added to any pressures experienced in Emergency Departments during this winter period.

   The Committee expects to see the results of further work with Oxfordshire County Council to establish what effect the proposal to permanently close 194 beds will have on adult social care resources.

d) **An ambiguous picture for the future of maternity services, particularly in the north of the county.** The Committee has concerns that the overall picture for maternity services in the north of the county is not understood whilst the proposal to permanently downgrade obstetric services at the Horton in Phase 1 is separated from proposals for midwifery-led units (MLUs) across the county in Phase 2. In particular, the inclusion of example options for Chipping Norton MLU in the Phase 1 consultation document has led to confusion and uncertainty about the future of this service and caused unnecessary public anxiety.

   OJHOSC has noted the weight of opposition from elected representatives to the proposed permanent removal of consultant-led provision at the Horton and the continued challenge over transport times and ambulance support affecting public safety, access and choice.

   The effect of the Committee's decision to refer the temporary downgrade of obstetric services at the Horton to the Secretary of State in February is not yet known.

   The Committee recommends that the OCCG:

   - Takes immediate action to clarify the proposals for maternity services in the north of the county as a whole in the Phase 1 consultation, or develops an alternative approach to consulting on these proposals;

- Presents a comprehensive appraisal of options for maintaining obstetric services at the Horton, including the potential for an obstetrics rota between the JR and the Horton;
- Provides specific answers to:
    - the numbers of mothers transferred from the Horton to the JR during the temporary closure,
    - travel times from the Horton to the JR for these mothers, and
    - the future of ambulance support at the Horton for mothers needing to be transferred.

e) **The interdependencies between Phase 1 and Phase 2.** The Committee is concerned that decisions on Phase 1 proposals will pre-determine the outcome of a Phase 2 consultation because of inherent interdependencies. The removal of consultant-led maternity services at the Horton affects the sustainability of other services, including the Special Care Baby Unit, paediatrics, gynaecology and anaesthetics.

The Committee expects to see proposals to remove or reduce the risk of pre-determination. (In Phase 2 it will be necessary for the OCCG and Oxford Health to clarify the role of community hospitals in relation to the proposal to further develop the Early Supported Discharge Service.)

f) **Plans for investment at the Horton General Hospital.** The Committee is concerned that there is no commitment to invest in redevelopment of services at the Horton. OJHOSC understands why residents do not trust the proposals for a major diagnostic/ day treatment centre at the Horton to transfer more than 60,000 appointments from the John Radcliffe.

The Committee asks that the OCCG and Oxford University Hospitals Trust demonstrate how they intend to make the planned investments at the Horton should the proposals in Phase 1 be approved.

g) **Chronic parking and access issues at Oxford University Hospitals Trust hospital sites.** The Committee is concerned about the lack of detail in the business case on planned investments in parking and access across hospital sites to manage the volume of additional patients expected at the John Radcliffe and the Horton as a result of the proposals. The evidence given on 7 March suggested that success required planning permission and construction of a number of multi-storey car parks on hospital land in Oxford and Banbury. If, as in the past, this permission is not forthcoming, this would to render the proposals void.

The Committee asks that more information is shared on the masterplans for the Horton, John Radcliffe, Churchill and Nuffield Orthopaedic Centre including:

- the impact modelling of Phase 1 proposals on parking and access across hospital sites,
- how investment for these plans is being secured, and
- any feasibility study completed,
- the timeframe and process for obtaining the required sites and planning permissions.

h) **A lack of focus on health inequalities.** The Committee is concerned that there is a lack of evidence about how the Phase 1 proposals will impact health inequalities and how any adverse effects on vulnerable groups will be mitigated. There is particular concern that the proposal to downgrade maternity services at the Horton will disadvantage residents in Banbury, parts of which are among the 20% most deprived nationally.

   The Committee requests evidence of how Phase 1 proposals tackle health inequalities and what measures will be taken to mitigate any adverse effects on the health of residents in the most deprived areas of north Oxfordshire.

i) **Limited engagement with neighbouring areas.** The Committee is concerned that there has been insufficient engagement with, or understanding of the impact on, bordering health systems, particularly in Warwickshire and Northamptonshire in relation to the proposals at the Horton.

   The Committee recommends that OCCG consults further with residents and health scrutiny committees in Warwickshire, Northamptonshire and other neighbouring areas affected by the proposals in Berkshire, Buckinghamshire and Swindon.

The Committee invites you and representatives from Oxfordshire's Healthcare Trusts, to a further, formal meeting with OJHOSC (on a date to be arranged) to respond to these concerns and present proposals for how they might be addressed.

In the event that it is not possible to hold a meeting prior to the end of the consultation period, the Committee would seek a commitment from the OCCG that any recommendations or comments made by OJHOSC (in addition to those above) would be considered in the OCCG Board's deliberations about a way forward.

Furthermore, it would be helpful if you could clarify, in accordance with Regulation 23(1)(b)(i) of the 2013 Regulations, the proposed date by which you intend to make a decision to proceed with the proposals.

I look forward to your response.

Yours Sincerely

Cllr Yvonne Constance OBE
Chairman Oxfordshire Joint Health Overview & Scrutiny Committee

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23 March 2017

Dear Yvonne

Re: Phase 1 - Big Health and Care Consultation

Thank you for your letter of 13 March 2017 and we look forward to discussing these matters further with the Joint Health Overview and Scrutiny Committee (JHOSC) in due course. Naturally, we think it imperative that health and social care bodies work together to deliver the integrated services which our communities need, although we are mindful of the care we need to take not to prejudice other processes you have started. Specifically, your decision to refer Oxford University Hospitals NHS Foundation Trust's (OUHFT) decision to temporarily close consultant led maternity services at the Horton, see more below.

In specifically responding to each point raised using your lettering system and on which we will expand at the next meeting, our comments are:

a) We set out the reasons for moving to a two phase approach in our note prepared for the JHOSC meeting on 17 November 2016 and discussed this during the actual meeting. Specifically you will recall that we thought it important to move forward with '*those areas where there are the most pressing concerns about workforce, patient safety and healthcare*'. However, we were '*clear that our proposals for community based care would benefit from continued development with a wide range of stakeholders prior to us launching a public consultation on any service change*'.

   In response to this paper recorded in the minutes of the JHOSC meeting on 17 November 2016 *'Members of the Committee then, in discussion with Diane Hedges and Andrew Stevens AGREED to approve the consultation Plan as presented and to AGREE that the OCCG should proceed with Phase 1 of the consultation in January and requested that:*

- *With regard to options relating to obstetric/midwife-led units in the north of the county – if any proposal impacts on any surrounding services, then information on this should be included in the consultation;*
- *Options around the closure of any other service at the Horton Hospital be included and considered together, for example emergency abdominal, viability of paediatric care, Accident & Emergency – and if they are not included in the first phase, then nothing in the first phase would prejudice the second phase;*
- *Proposed delivery of planned care at the Horton would be included in the consultation paper and the impact of changes in GP delivery would be made clear;*
- *That the geographical detail be easily identifiable so that the public can be clear about proposed changes to be made to services in their locality; and*
- *Clarity on the meaning of 'ambulatory care'.*

Given the information provided, which includes the paper provided to the JHOSC for the 17 November 2016 meeting and other documents provided for public consideration during the Phase 1 Consultation, which includes the PCBC, then we do think we have set out the overall vision for the provision of health services in Oxfordshire. However, we do think more needs to be done to explain the integrated health and social care provision on community based care for Phase 2.

In the Phase 1 Consultation document we clearly seek views on proposed changes with regard to:

- How we use hospital beds
- Planned care at the Horton General Hospital
- Acute stroke services
- Critical care at the Horton General Hospital
- Maternity services at the Horton General Hospital

In consulting the public we are mindful of the need to put forward realistic options which we believe, on the basis of the process undertaken to date, are viable to implement. Further, we will consider alternative solutions and options which are put forward during the process we are undertaking, which includes the public consultation.

b) We have provided a 'Glossary of Definitions' with the Consultation document and will look at that again, but think technical language has been avoided as far as possible.

As to case studies, you will note that the consultation document concentrates on giving the public the information we believe they need to understand what we are proposing. Where possible during events and conversations with consultees we have used case studies of patients and how the proposals will affect them. However listening to the feedback from consultees we will, for Phase 2 provide case studies to illustrate the proposals / options.

Not all current services at the Horton Hospital are impacted on by these proposals. Therefore the consultation document concentrates on those on which we want the public's view.

c) As you are aware we are working with the County Council through the STP process. Further, NHS England has recently announced an assurance process to address prior to closing beds. This will be worked into our implementation programme and no beds will close until we are assured it is safe to do so.

   In addition OCCG is considering establishing an independent advisory assurance panel to support implementation of all the decisions we make following this consultation which we hope will provide both the JHOSC and the public with additional confidence. We would welcome your views on this and will be happy to expand on the role of that Panel when we meet.

d) Given the decision of the JHOSC to refer temporary maternity decisions taken by OUHFT to the Secretary of State then we think we need to be careful not to prejudice that on-going process. Naturally, we will carefully consider the views of the Secretary of State and IRP in due course. Further, we are very aware of the views expressed by MPs and fully appreciate the emotive nature of changes to maternity services. However, you will appreciate that the safety and welfare of patients and staff are of paramount importance to the CCG in commissioning services. To support our understanding on these issues we also have an independent view from the Clinical Senate, and the view of local clinicians to develop the options on which we are consulting.

   - The current proposals on maternity are clearly set out in the Big Consultation document, see pages 33 to 41, and will be further expanded on across Oxfordshire during Phase 2. However, as you will appreciate, we must keep an open mind as to realistic options which could be viable and consider the views of the Secretary of State and IRP in due course.
   - As requested:
     - At the end of January 2017, which is the current point we have validated data for, 25 mothers transferred from the Horton General Hospital to John Radcliffe
     - The travel time, as set out in the validation session with the Community Partnership Network on the 28 November was defined as being thirty nine minutes (Off Peak) between the Horton General Hospital and the John Radcliffe
     - Future ambulance provision is currently a static ambulance stationed outside of the maternity unit, but cannot be finally modelled till a decision is taken.

e) We are clear on the need to maintain an open mind and not predetermine decisions, given the two phases of consultation we are undertaking. This, in our opinion, is evident from our approach. This approach will be overseen by your Committee and our regulator, NHS England.

f) As to plans on investment, I hope you will appreciate that we must make a clear decision first and then a Full Business Case will be prepared by the provider.

g) It is OUHFT's intention to develop multi-story car parks across all its sites. This will reduce the overall footprint of the car parks across the sites, and improve traffic flow within the site and allow new technologies to be implemented. Further discussions will be required with the local planning departments in scoping these proposals.

h) We do fully appreciate our statutory obligations, which clearly require us to assess equalities and inequalities, as is set out in:
    - s.149 Equality Act 2010 – which relates to the public sector equality duty
    - s.14T NHS Act – the duty to reduce inequalities of access and outcomes.

    These are on-going duties and we have undertaken analysis throughout this process to inform our views. Following analysis of the responses to the consultation then we will further consider how these views inform the decisions which we have to take. Naturally the CCG Board will be provided with detailed information on the equality and inequality issues and will also consider what further actions need to be taken as we move to implementation of decisions made.

i) We have appropriately engaged with our neighbouring areas.

The CCG intends to make a decision on the options set out in Phase 1 early summer 2017.

Yours sincerely

David Smith
Chief Executive

Dr Joe McManners
Clinical Chair

UNCONFIRMED DRAFT MINUTE FROM 22 JUNE 2017 MEETING

35/17 OXFORDSHIRE TRANSFORMATION PLAN (OTP) - PHASE 1 - CONSULTATION OUTCOMES

(Agenda No. 9)

Prior to the consideration of this item the Committee was addressed by the following members of the public:

Joan Stewart – 'Keep our NHS public'

Joan Stewart was of the view that there were many more questions that the Committee needed answers to before the OCCG meeting to make their decision on the Oxfordshire Transformation Plan – Phase 1 proposal. She listed her reasons for this as follows:

- The OCCG's response to this Committee's letter was 'evasive, disingenuous and high-handed'. They had ignored the Committee's misgivings about the 'domino effect' that phase 1 decisions would have on phase 2, particularly on services in the north of the county. Also, why 146 acute bed losses formed part of phase 1, but proposals to shift care into the community would not be seen until Phase 2, when the beds would be gone;
- Despite being the statutory, accountable body for the consultation, OCCG had attempted to 'shift responsibility' onto the Oxford University Hospitals NHS Foundation Trust (OUH) for solving access and car parking problems and for investment in the Horton Hospital. How this would be financed was in question;
- OCCG had also 'side stepped the fundamental question of whether proposals were workable and sustainable given the severe underfunding of health and social care, shrinking care home capacity, and chronic workforce shortages' in Oxfordshire;
- The OCCG's response to concerns voiced by this Committee about how inequalities would be tackled was 'the feeblest in their whole response';
- The findings in the full consultation report revealed a catalogue of 'concerns, misgivings and reservations' about the proposals. The findings also include 'strong criticism of the consultation process, not least of which was the decision to split the consultation in the way it was; the lack of options; and the leading nature of many of the questions'.

She concluded by stating that there were many more questions that this Committee required answers to before the OCCG decision – making meeting in August. She asked when this Committee would:

- be able to scrutinise the re-evaluation of the options for Obstetric services at the Horton?
- be able to evaluate the criteria and results of the integrated Impact Assessment, the conclusions of which would be 'critical' to the proposals?

- be able to assess the methodologies and quantitative and qualitative data being collected by Healthwatch and Mott McDonald on travel and parking: and
- how would the revision of these consultation proposals reverse the crisis in health and social care?

'Keep our NHS Public' wished to urge the Committee to schedule a further public meeting with OCCG prior to 10 August when the final decision would be made - or to refer to the Secretary of State for Health that day if it was not satisfied with OCCG's response to its concerns.

Cllr Mark Ladbrooke – Oxford City Council

Cllr Ladbrooke highlighted his concern that the health inequality issues in certain areas of Oxford were not being considered in sufficient proportion by the OCCG. He asked that the whole of Oxfordshire be considered in addition to the north of the county. He explained that he had recently met with people belonging to the Barton Community Association who told him that 36% of people living within that area were living below the poverty line and that fuel poverty was also prevalent in this area. Many were living in cold, damp and overcrowded homes without access to safe and reliable facilities. He expressed his concern that the proposed changes would have an unfavourable impact on people who had the least levels of resilience. Cllr Ladbrooke particularly highlighted the proposal to permanently close 194 beds without testing its impact on patients beforehand. He urged the CCG to do an impact assessment in order for the consequences of the proposals on health outcomes and health inequalities to be thought through, and, where appropriate, plans for mitigation to be proposed and scrutinised by this Committee. He brought the attention of the Committee to the proposal made by Simon Stephens that NHS units should apply a patient care test which would demonstrate sufficient alternative provision. He concluded that there was no evidence of such a test to date and that, on the basis of this, the Oxfordshire Transformation Plan should not be accepted.

In November 2016 the Committee reviewed and approved the Clinical Commissioning Group's (OCCG's) plans for consultation, and requested that:

- Information on any proposals relating to obstetric/midwife-led units in the north of the county that impact on surrounding services is included in Phase 1.
- Any proposals relating to the closure of other services at the Horton Hospital are included and considered together, and if they are not, then nothing in Phase 1 should prejudice Phase 2 proposals.
- Proposed delivery of planned care at the Horton would be included in the consultation and the impact of changes in GP delivery would be made clear;
- That the geographical detail be easily identifiable so that the public can be clear about proposed changes to be made to services in their locality; and
- There is clarity on the meaning of 'ambulatory' care.

This Committee scrutinised the detailed proposals in Phase 1 of the Oxfordshire Transformation Plan at a dedicated meeting on 7 March 2017 and its formal response and recommendations had been submitted to the OCCG before the end of the consultation period. David Smith, Chief Executive, OCCG and Catherine Mountford, Director of Governance, OCCG now attended to present the feedback from the consultation. The report was attached at JHO9.

David Smith stated that the CCG would be pleased to attend another meeting of this Committee prior to their decision-making Board meeting on 10 August. With regard to the points made by Cllr Ladbrooke, it was the responsibility of the Clinical Senate of NHS England to highlight the Patient Care Test. An integrated Impact Assessment was taking place on Phases 1 and 2 of the proposals and added to any of the options as required. Once complete, it would be looked at with the clinicians and then placed in the public domain. They added that if there were any other areas the Committee wanted the CCG to look at, then this would be welcomed. They then proceeded to introduce the paper.

Members of the Committee welcomed the opportunity to have another dedicated meeting to look at and discuss the impact assessments in detail, in order to conduct a meaningful intervention and do service to any issues that had crystalised with regard to, for example, the bed closures.

The Committee also expressed its concern to the OCCG that a number of significant changes had been made to services on a temporary basis and once the decisions were made on 10 August, all would be irreversible. David Smith reminded Members that the CCG had gone out to consultation on Phase 1 of the proposals with the agreement of this Committee, in the light of so much uncertainty around patient safety, as a result of, for example, problems with regard to the recruitment of doctors. He added that the CCG had also sought to make a decision on these issues of great concern as early as it could.

During a lengthy question and answer session, the Committee established the following:

- with regard to maternity services at the John Radcliffe Hospital, the issues highlighted would be addressed when the options for decision were documented. Some were currently undergoing analysis on how to utilise the funding allocations available. Moreover, the CCG’s Quality Committee was regularly reviewing the impact on services. In relation to access to car parking, the CCG would continue to work with the local authorities on the transfer of people to the site, either via their own cars or via the Park & Ride services. All options were being looked at;
- The Committee would be provided with a copy of the specification on the Impact Assessments;
- Oxfordshire had a very substantial pooled budget process with the County Council and this meant that solutions to a whole range of issues could be considered on a joint basis. These included issues around health inequalities. It was pointed out that the CCG could not use this consultation as a means of dealing with everything. The Oxfordshire Health &Wellbeing Board also had a role in addressing some issues such as health inequalities and its Strategy

was the mechanism with which to do this. The mantra of the pooled budget arrangement with the CCG was to pool money where it could be demonstrated that the best outcomes could be achieved, such as in relation to the re-design of the reablement service, the purchase of care beds, spending on care homes and equipment;

- The CCG Board would be seeking a level of clarity on decisions, such as the proposal to close the Obstetric Unit at the Horton Hospital. It would be asking for assessment of the knock on effects;
- The importance of hearing what the clinicians had to say about the proposals and what their advice was. This would be shared with the Committee. All responses received from the CCG Board and from the various organisations and the public would be made public;
- The consultation contained a number of ‘confusing’ comments and references that made some of the proposals unclear, such as mention of ‘high risk’ births, when 40% of births would take place in an acute hospital because anaesthetics could not be administered at a midwife-led unit;
- What had to be delivered would be delivered at local level. However commissioning of some services, such as cancer care, would be undertaken at a higher, regional level. The Committee was concerned that Oxfordshire’s very effective joint working and savings delivered, via pooled budgets, would be derailed by the Sustainability and Transformation Plan (STP) across multi-authorities, all of whom had differing financial profiles. David Smith gave his assurances that the STP was about trying to achieve the right level for some services;
- In answer to a question that if all failed due to outside influences, such as Brexit, who would be liable, David Smith responded that the biggest challenge across the whole of the system was the workforce. He added that collective action would be required across Oxfordshire with other organisations to resolve this issue, for example, looking at low-cost housing for the workforce.

In his summing up, the Chairman raised a concern that there was a substantial amount of work to be completed in a very short space of time which could give rise to the danger of a ‘box-ticking’ exercise that would show all bases had been covered, rather than exploring alternative options. He further commented that the decision to split the consultation meant that it lacked clarity. It was recognised however that partly this was due to concerns that the Committee had over the Horton Hospital. He referred to a number of points raised during the discussion which the Committee were keen to see addressed within the final CCG report. These were:

- The outcomes of the patient care test;
- Options for the future of the obstetrics service at the Horton Hospital;
- The outcomes of the Mott MacDonald parking analysis and Healthwatch Oxfordshire qualitative travel and parking survey at the Oxford University Hospitals sites. Officers to seek advice as to whether the County Council could assist with this work and the CCG to share information which they had commissioned;
- Inclusion of the outcomes of the Integrated Impact Assessment; and

- Addressing of the points raised by Professor Smith, Chair of Healthwatch Oxfordshire in Agenda Item 8 regarding population growth and a consequential rise in the number of births.

The Committee **AGREED** to request the Officers to seek the specifications for each of the further analyses commissioned by the OCCG to understand their remit; also a timetable from the CCG to ascertain when the final reports would be available; and then to hold a special meeting of the Committee to scrutinise the final proposals before the CCG Board meets to make its final decisions.

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