

Health Overview and Scrutiny Committee – 20 April 2017

Chairman's Report

Liaison meetings

The Chairman attended the following briefings with representatives from health and social care organisations between February 2017 and April 2017:

- 8 February – Oxford University Hospitals Trust
A visit with other members of the Committee to the Discharge Liaison Hub at the John Radcliffe Hospital.
- 13 March – 'BOB' Scrutiny Chairmen and Oxfordshire Clinical Commissioning Group
An informal meeting with the scrutiny chairmen from Buckinghamshire, Reading, West Berkshire and Wokingham to exchange views, concerns and questions about the 'BOB' Sustainability and Transformation Plan.

Oxfordshire County Council

- 21 March – Council debate on the County Council's response to Phase 1 of the Big Health and Care Consultation
The Chairman spoke to make clear that the 2 Phase consultation was the result of HOSC requiring consultation by January 2017 on the temporary closure of the obstetric service at the Horton General Hospital and the acute bed closures across hospital sites. The resulting 2-phased consultation was agreed by HOSC at its meeting in November 2016. The Chairman also stated that the remit of HOSC as a county-wide scrutiny committee is to examine proposals on the strength of the evidence and their merits. In the debate councillors focused primarily on the phasing of the consultation. The Council voted to object to Phase 1 of the consultation. A summary of the Council's response will be attached as an addendum.

Visit to the Discharge Liaison Hub

On 8 February the Chairman and five Committee members visited the Discharge Liaison Hub at the John Radcliffe Hospital to see first-hand how the discharge of patients, many of whom are frail with complex needs, is coordinated and managed by a multi-disciplinary team.

Lily O'Connor, Divisional Head of Nursing and Governance - Medicine, Rehabilitation and Cardiac Nurse Division and Dr James Price, Divisional Director – Geratology, Oxford University Hospitals Trust (OUHT) provided an overview of the functions of the Liaison Hub and the key barriers to discharge.

Liaison Hub beds

Patients in Hub beds, based in care homes across Oxfordshire, are usually a) waiting for therapy in a community hospital, b) being assessed for continuing healthcare, or c) people with large care packages / complex needs who are in a Hub

bed for their safety to be assessed. Not every patient who is discharged goes into a Hub bed. In particular people who have severe cognitive impairment and challenging behaviour, or patients who would be likely to decline are not supported in Hub beds.

There were a reported 102 beds in use at the time of the visit, which represented an increase since December 2016. It was explained that this is linked to seasonal variability.

Barriers to discharge

OUHT cited the key barriers to discharging patients as the ongoing intensive care and support needs of a small number of patients, and workforce challenges within domiciliary care. In particular, the availability of home care in South Oxfordshire compared with the needs of patients there was viewed as an issue, particularly as a large care provider in South Oxfordshire left the market in September. Committee members acknowledged that there was a strong correlation between higher funding and the availability and flexibility of home care. The complexity of the regulatory framework and expected standards within home care also add pressure to this market.

Members asked about approaches to tackling workforce challenges in health and social care. Whilst opportunities for professional progression are available within OUHT, Health colleagues felt that more defined career pathways could be developed. In particular, programmes that help young people access the healthcare system, e.g. volunteer schemes and apprenticeships. It was agreed that more work needs to be done in this area. Members were reminded that there is a work stream focused on workforce in the Transformation programme.

Before ending the visit members were given a tour of the Acute Ambulatory Unit where people whose needs escalate are seen as outpatients, and the Clinical Coordination Centre where GPs can receive immediate advice from a consultant physician about assessing a patient. These are both initiatives used to prevent unnecessary hospital admission.

OUHT colleagues were thanked for facilitating the visit, which provided greater insight into and understanding of the Liaison Hub and informed the Committee's forward plan.

Feedback on 'BOB' scrutiny chairmen's meeting

On 13 March the Chairman met with the chairmen of the health scrutiny committees from Buckinghamshire, West Berkshire, Reading and Woking to share views, concerns and questions about the Sustainability and Transformation Plan (STP) across the 'BOB' footprint. Ann Donkin, STP programme manager and David Smith, footprint lead and Chief Executive of Oxfordshire Clinical Commissioning Group attended to answer questions.

The scrutiny chairmen from other areas shared similar concerns to Oxfordshire's HOSC, i.e. concern about the level of stakeholder and patient engagement on the STP, financial risk management across the footprint, and governance arrangements for the STP that clearly demonstrate where accountabilities lie.

It was emphasised that the 'BOB' STP is an amalgam of local delivery plans (e.g. the Oxfordshire Transformation Plan), therefore councils should engage with the process through their CCGs and Healthcare Trusts at a local level. There are however, a small number of footprint-wide initiatives where services can be managed more effectively at scale.

It was revealed that if there was a funding gap in the STP, each local health system would have to meet this. David Smith gave assurances that he is working in partnership with leaders of the local health systems and if he did not agree with local proposals, he would work collaboratively with them to find a joint way forward.

It was reported that Rachael Shimmin, Chief Executive of Buckinghamshire County Council has recently joined the STP Executive Board to facilitate better communication with local authorities across the footprint. The STP commissioning executive is still in its formative stages and aims to provide a formal structure for CCGs across 'BOB' to meet – the exact governance arrangements need to be agreed.

The group agreed that the meeting had been useful and it would be worth meeting again in 6 months' time to inform the scrutiny of delivery plans at a local level, as well as having an overarching view of progress at a footprint-wide level.

Letters sent on behalf of the Committee

1. HOSC's response to the Phase 1 Big Health and Care Consultation

A letter was sent to the CCG stating the specific concerns raised by HOSC on 7 March in response to the consultation and the Committee's subsequent recommendations in accordance with the 2013 health scrutiny regulations. The Committee's letter and the reply from the CCG are below:

Date: 13 March 2017



**Oxfordshire Joint Health Overview
and Scrutiny Committee
County Hall
New Road
Oxford
OX1 1ND**

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

Contact: Katie Read, Policy Officer
Tel: **01865 792422**
Direct Line: 07584 909530
Email: katie.read@oxfordshire.gov.uk

[sent by email]

Dear David and Joe,

23 January 2017

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 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

Cllr Yvonne Constance OBE
Chairman
Oxfordshire Joint Health Overview &
Scrutiny Committee
County Hall
New Road
Oxford OX1 1ND


Oxfordshire
Clinical Commissioning Group
Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford OX4 2LH
Telephone: 01865 336795
Email: david.smith@oxfordshireccg.nhs.uk

23 January 2017

By email:
yvonne.constance@oxfordshire.gov.uk

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 2017 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 2017 *'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

2. Referral to the Secretary of State for Health - Deer Park Medical Centre

On 2 February HOSC unanimously agreed to refer the CCG's decision not to re-procure services at Deer Park Medical Centre, Witney to the Secretary of State for Health. The Committee's referral letter and the response from the Secretary of State are below:

Date: 8 February 2017
Our Ref: OJHOSC/SoS/DPMC

Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS



**OXFORDSHIRE
COUNTY COUNCIL**

**Oxfordshire Joint Health Overview
and Scrutiny Committee
County Hall
New Road
Oxford
OX1 1ND**

Contact: Katie Read, Policy Officer
Tel: **01865 792422**
Direct Line: 07584 909530 11
Email: katie.read@oxfordshire.gov.uk

Dear Secretary of State,

Re: Referral of Oxfordshire Clinical Commissioning Group's decision not to re-procure services at Deer Park Medical Centre, Witney

On 2 February 2017 the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) unanimously agreed to refer the Oxfordshire Clinical Commissioning Group's (OCCG) decision not to re-procure services at Deer Park Medical Centre (DPMC), Witney to the Secretary of State for Health. This referral is made pursuant to Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The primary care services provided by Virgin Care at DPMC are due to end on 31 March, after which the surgery will close, unless you act in your capacity as the Secretary of State to prevent this.

The Committee and the OCCG have been unable to reach agreement on whether the OCCG's actions regarding DPMC constitute a substantial change in service and no satisfactory local resolution has been found. This referral is therefore made, pursuant to Regulation 23(9)(a) and (c) of the 2013 Regulations, on the basis that consultation with the public and patients at DPMC was inadequate and the closure of the surgery would not be in the interests of residents and patients in the Witney area.

Background

The sustainability of primary care services and OCCG's actions to support vulnerable GP practices has been an ongoing area of scrutiny for the OJHOSC.

Earlier in 2016 the Chairman of OJHOSC was briefed on the re-procurement of services at DPMC and the OCCG was asked to complete a 'substantial change assessment'. This assessment provides an overview of the proposed change, the people it will affect and the impact it is likely to have, as well as any planned or past engagement and consultation activity. It is the start of a process used by the Committee and local NHS organisations to identify whether a proposal constitutes a substantial change in service. This is known locally as the 'toolkit'.

In response to patient concerns and those of Committee members, the OJHOSC had a strategic discussion about the OCCG's approach to managing the current pressures on general practice in November 2016. An overview of the changes at DPMC was presented as part of this and the Committee agreed to hold an informal 'toolkit meeting' to examine the completed substantial change assessment.

An informal toolkit meeting was held on 12 December 2016. At this meeting the OCCG maintained that its action in respect of DPMC was *not* a substantial change in service, but the majority of OJHOSC members present concluded that it *was*. The Committee requested more information on a number of areas, which has only

been provided in part. The OCCG's completed assessment and outcome of the toolkit meeting are enclosed for your information.

The matter was then formally considered by OJHOSC on 2 February 2017. Agreement could not be reached with the OCCG on whether its decision not to re-procure services at DPMC constituted a substantial change. Furthermore, no satisfactory local resolution to the issue was presented.

The Committee was also made aware that a patient at DPMC had submitted an application for judicial review proceedings on whether the OCCG had met its statutory duties to involve and consult the public under s.242 NHS Act 2006. Although OJHOSC was initially advised to delay its consideration of the issue until the litigation had concluded, the permission hearing was held on 1 February and the Committee was informed that permission had not been granted at its formal meeting the next day. As such, the question of substantial change was dealt with at this meeting.

Reasons for referral

The OJHOSC resolved to refer the matter to the Secretary of State on the grounds that inadequate consultation had taken place with the public and patients at DPMC before a decision not to re-procure services was made, and this decision was not in the interests of residents and patients in the Witney area.

The Committee's key areas of concern were that:

- Deer Park patients would experience some reduction in service, such as longer waiting times for routine appointments at other surgeries and the loss of a twice weekly walk in clinic.
- The closure would present travel and access issues for patients, for which the OCCG did not provide adequate mitigations.
- The proposed mitigations would introduce elements of a new operating model for general practice that should be the subject of public consultation.
- The views of local stakeholders, including West Oxfordshire District Council, Witney Town Council and the Deer Park Patient Participation Group, were that patients at the surgery would be detrimentally affected by the closure.

Members were also concerned to learn that the OCCG had sent letters to patients about registering with other practices before formal consultation with the Scrutiny Committee on the question of substantial change had taken place on 2 February. It is understood that the OCCG had done this following the conclusion of the litigation the previous day.

In light of services ending at DPMC on 31 March and the OCCG's actions, the Committee requests that you expedite your review of this matter and consider instructing the OCCG to halt the dispersal of patients at DPMC until the outcome of your review is known.

Yours Sincerely



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

Enc:

1. DPMC substantial change assessment, as completed by the OCCG, 12 December 2016
 2. Record of the informal Committee meeting to discuss the OCCG's assessment, 12 December 2016
 3. OCCG Presentation for HOSC toolkit meeting on DPMC, 12 December 2016
 4. Email from the OCCG – Availability of appointments at DPMC, 13 December 2016
 5. OCCG Impact Assessment - DPMC closure, 18 October 2016
 6. Questions put to the OCCG Board on DPMC, 29 November 2016
 7. OCCG report – 'Primary Care in Oxfordshire', presented to OJHOSC on 17 November 2016
 8. OJHOSC minutes, 17 November 2016
 9. West Oxfordshire District Council DPMC Working Party minutes, 9 November 2016 & 26 October 2016
 10. West Oxfordshire District Council Economic and Social Overview and Scrutiny Committee minutes, 19 January 2017, 24 November 2016 & 6 October 2016
- DPMC Patient Participation Group report for West Oxfordshire District Council Economic and Social Overview and Scrutiny Committee, 25 October 2016
(appendices available on request)
-



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

020 7210 4850

POC_1073014

Councillor Yvonne Constance
Oxfordshire Joint Health Overview and Scrutiny Committee,
County Hall,
New Road,
Oxford,
OX1 1ND

14 MAR 2017

Dear Mrs Constance,

RECONFIGURATION -: Oxfordshire Clinical Commissioning Group's decision not to reprocure services at Deer Park Medical Centre, Witney. Formal referral under Regulation 23(9) of the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Thank you for your letter of 8th February 2017 referring to me the proposal not to reprocure services at Deer Park Medical Centre, Witney. I am today writing to the Independent Reconfiguration Panel (IRP) asking them to undertake an initial assessment of your referral.

The option to look again at what services should be provided at or in the immediate vicinity of Deer Park Medical Centre is one to be considered by the IRP. I am, however, satisfied that, based on the evidence presented to me, the option to continue the existing service expired some months ago, and that it is not now a safe or practical option. I have decided not to make any directions at this time, having regard in particular to the potential risk to patient safety, to unpick the current arrangements for handling the inevitable consequences of the ending of the existing contract.

I have also asked the CCG to consider (bearing in mind also the requirements of safety and efficiency) taking no further actions, pending the outcome of the IRP review, that would preclude a future resumption (or re-commissioning) of services at/on/near the existing site.

I wish to take this opportunity to reiterate that patient safety is my first and foremost priority and the priority of the NHS. It is therefore vital that all Deer Park Medical Centre patients should register with another surgery nearby, in line with the arrangements made by the CCG, to ensure that, whatever the outcome of the IRP review, they have continued access to the services they need.

Should the IRP advise me that a full review is necessary, you will have the chance to present your case to them in full.

I have asked the Panel to report to me no later than Tuesday 11th April 2017.

I am copying this letter to The Lord Ribeiro, Chair of the IRP.

I have written in similar terms to Oxfordshire CCG.

Yours sincerely
Jeremy Hunt

JEREMY HUNT

3. Referral to the Secretary of State for Health – temporary closure of consultant-led maternity services at the Horton General Hospital

On 2 February HOSC unanimously agreed to refer Oxford University Hospitals Trust's (OUHT) temporary closure of consultant-led maternity services at the Horton General Hospital to the Secretary of State for Health. The Committee's referral letter is below. To-date there has been no response from the Secretary of State regarding this referral.

Date: 14 February 2017
Our Ref: OJHOSC/SoS/HortonMat

Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
LONDON SW1A 2NS



**OXFORDSHIRE
COUNTY COUNCIL**

**Oxfordshire Joint Health Overview
and Scrutiny Committee**
County Hall
New Road
Oxford
OX1 1ND

Contact: Katie Read, Policy Officer
Tel: **01865 792422**
Direct Line: 07584 909530
Email: katie.read@oxfordshire.gov.uk

Dear Secretary of State,

Re: Referral of the temporary closure of consultant-led maternity services at the Horton General Hospital

On 2nd February 2017 the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) unanimously agreed to refer Oxford University Hospitals Trust's (OUHT) temporary closure of consultant-led maternity services at the Horton General Hospital ('the Horton') to the Secretary of State for Health. This

referral is made pursuant to Regulation 23(9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Background

In 2006 the then Oxford Radcliffe Hospitals NHS Trust (ORH) proposed moving inpatient paediatric and gynaecology services, consultant-led maternity services and the Special Care Baby Unit from the Horton in Banbury to the John Radcliffe Hospital (JR) in Oxford. The Committee believed that the changes were not in the interests of people in the north of the county and referred the matter to the Secretary of State, who supported this view.

The Independent Reconfiguration Panel advised that the Trust and the Oxfordshire Primary Care Trust were to invest in, retain and develop services at the Horton, as it considered the Hospital to have an important future role in providing local care to people in north Oxfordshire and the surrounding areas.

ORH maintained consultant-led maternity services at the Horton supported by a training programme for junior doctors working in obstetrics. However, in 2012 post graduate obstetric training accreditation at the Horton was withdrawn. This was predominantly due to the low numbers of births at the Hospital, which meant limited exposure to complex cases, and the difficulties experienced in recruiting sufficient numbers of middle grade doctors.

The Trust then developed a Clinical Research Fellow programme to support consultant-led provision, but they reported that national recruitment shortages in obstetric posts led to a reduction in applications which made it unviable. The programme closed in December 2015 and a rotational middle grade rota was created to staff the obstetrics unit.

In September 2016 the Committee was informed that OUHT were intending to temporarily close consultant-led maternity services at the Horton from 3rd October 2016, as they were unable to adequately staff the unit in a safe and sustainable manner.

OJHOSC held a further meeting in September to scrutinise OUHT's contingency plan for continuing Maternity and Neonatal services at the Horton. This included evidence of the Trust's efforts to maintain consultant-led maternity services and a discussion about the impact of temporarily closing the obstetrics unit and the associated risks.

At the meeting the Committee agreed that the Trust had provided satisfactory reasons for invoking an urgent temporary closure of consultant-led maternity services at the Horton General Hospital without consultation. It was agreed that the matter should not be referred to the Secretary of State at this stage on the following basis:

- A reduction in consultants at the unit was imminent,
- The Trust's recruitment drive had so far failed, although the Trust had not ceased its recruitment efforts and appointees were being offered contract extensions as an incentive,

- Alternative options for staffing the unit had been considered, e.g. the rotation of doctors with the John Radcliffe (JR) in Oxford,
- The question of travel times from the Horton to the JR had been thoroughly explored and a dedicated ambulance would be available 24 hours a day at the Horton to transfer complex cases to the JR,
- A decline in the numbers of births at the Horton was explained as the result of an increase in risk factors during delivery and more people being advised to go to the JR,
- High risk patients would be advised to go to the JR before they entered labour, so there was less need to transfer complex cases during labour, reducing risk.
- The majority of outcomes from other free-standing midwife-led units in Oxfordshire were reported to be safer because of a reduced risk of medical intervention.
- Provision of extra facilities and staff at the JR would be available to cope with the additional births from the north of the county and the equipment moved there could be moved back to the Horton.
- **Assurances were given by the Trust that they planned to reopen the unit by March 2017 on the strength of an action plan to recruit more consultants.**

To monitor the situation carefully the Committee requested regular updates on the status of consultant-led maternity services at the Horton, the number of women transferred to the JR in labour, and the recruitment of obstetricians.

The Committee was also keen to establish that a decision to temporarily close consultant-led maternity services at the Horton General Hospital would not pre-determine the outcome of the Oxfordshire Health and Care Transformation (OTP) Phase 1 consultation.

Phase 1 of the OTP consultation, which launched on 16 January 2017, includes a proposal to move obstetric services, the Special Care Baby Unit and emergency gynaecology inpatient services permanently to the JR, whilst maintaining midwife-led maternity services at the Horton.

Since the summer of 2016 the Committee has heard many passionate appeals from campaign groups, residents and MPs in the north of the county for consultant-led maternity services at the Horton to continue, as this would otherwise mean a downgrading of the Hospital.

OJHOSC plans to scrutinise proposals for permanent changes to maternity services in Phase 1 of the OTP at a special meeting on 7 March 2017 and provide its formal response to the consultation thereafter.

Reason for referral

The Committee chose not to refer this matter to the Secretary of State in September having agreed a local resolution with the Trust, namely that the closure would be temporary and a recruitment plan was in place to increase staffing levels by March at the latest, if not before.

The Trust's update on performance of maternity services at the Horton, dated 23 December 2016, stated that they would not have enough experienced and skilled medical staff in post to reopen the unit in March 2017 as planned.

OJHOSC believes that the material grounds for not referring the matter have therefore changed, i.e. the Trust's recruitment plan has failed and the closure will now be longer than envisaged.

The Committee considers nothing further can be gained by discussions at a local level. OJHOSC has provided effective challenge to the temporary changes in provision of maternity care, but it will not agree that ongoing material service changes should take place without consultation.

Therefore, at its meeting on 2 February, the Committee resolved to refer the matter to the Secretary of State under Regulation 23(9)(b) of the 2013 Regulations and to ask that you refer the issue of provision of maternity services at the Horton General Hospital to the Independent Reconfiguration Panel.

I look forward to your response.

Yours Sincerely

A handwritten signature in blue ink that reads "Yvonne Constance". The signature is fluid and cursive, with the first name "Yvonne" written in a larger, more prominent script than the surname "Constance".

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

Enc:

1. OUHT report to OJHOSC 'Contingency Plan for Maternity and Neonatal Services', September 2016
2. OUHT updates on maternity at the Horton General Hospital, 10 November, 5 December and 23 December 2016
3. OJHOSC meeting minutes, 15 September and 30 September 2016
4. Oxfordshire Health and Care Transformation Phase 1 consultation document