

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.