

**Oxfordshire Joint Health  
Overview and Scrutiny Committee - 19 April 2018**

**Response to the Secretary of State and Independent  
Reconfiguration Panel (IRP) recommendations**

**Report of the Director of Law & Governance**

**1.0 Purpose**

1.1 This report outlines the suggested response for Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) to respond to the Secretary of State and Independent Reconfiguration Panel (IRP) recommendations in relation to the closure of consultant-led maternity services at the Horton General Hospital.

**2.0 Introduction**

2.1 In response to the Committee's referral of Oxfordshire Clinical Commissioning Group's decision to permanently close consultant-led maternity services at the Horton General Hospital, the Secretary of State passed the matter to the IRP for initial assessment.

2.2 The Secretary of State wrote to Oxfordshire JHOSC on the 7 March 2018 to state that "*The Panel considers each referral on its merits and concludes that further action is required locally before a final decision is made about the future of maternity services in Oxfordshire*". The Secretary of State confirmed his support of the following recommendations:

1. A further, more detailed appraisal of the options, including those put forward through consultation, is required and needs to be reviewed with stakeholders before a final decision is made. Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future.
2. The further detailed work on obstetric options at the Horton, advised above, is required. In parallel, the dependency that exists between those options and other services can be taken into account. Both pieces of work would benefit from a further external review from a clinical senate to provide assurance and confidence to stakeholders.
3. It is important that consultation about the future of services, on whatever scale, takes account of patient flows and is not constrained by administrative boundaries.
4. It is self-evidently in the interests of the health service locally that all stakeholders should feel they have been involved in the development of proposals for change. If this was not true of the past, the CCG must ensure that it is so moving forward.

5. The experience of the Phase 1 consultation provides cause for some reflection and the need to learn from the experience for the NHS, the JHOSC and other interested parties. This requires renewing a joint commitment to learn from recent experience, work together better and create a vision of the future that sustains confidence amongst local people and users of services. It is in everyone's interest that the next phase is commenced as soon as is practicable.
6. HOSC and the CCG to work together to invite stakeholders from surrounding areas that are impacted by these proposals to participate in this debate going forward. This should include the consideration of forming a joint oversight and scrutiny committee covering a wider area (for example all of the local authorities that took part in the consultation) which would help meet the concerns expressed in the IRP's report of their review.
7. Where the CCG consults more than one local authority about a proposal, they must appoint a joint overview and scrutiny committee for the purposes of the consultation.
8. HOSC and CCG to develop a joint proposal for tackling the issues.

### 3.0 Oxfordshire HOSC response

- 3.1 In regard to recommendations listed above and on the basis that the CCG proposes to consult on proposals impacting on residents beyond the Oxfordshire border, and in line with the statutory provisions, Oxfordshire is obliged to set up a joint oversight and scrutiny committee. We therefore need to set up a joint committee for this specific issue, covering areas of patient flow for the Horton General Hospital obstetric services.
- 3.2 The area of patient flow for obstetric services at the Horton General Hospital is from Oxfordshire, Northamptonshire and Warwickshire. According to 2015/16 figures, of the 1466 births at the Horton General Hospital, 4% came from women with Warwickshire post codes and 14% from Northamptonshire post codes<sup>1</sup>.
- 3.3 The authorities holding health scrutiny powers for this patient flow geography are the upper-tier authorities of Oxfordshire County Council, Warwickshire County Council and Northamptonshire County Council. The health scrutiny powers are:
  - Respond to proposals in a consultation
  - Require the provision of information about a proposal
  - Require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation
  - The power to refer to the Secretary of State.

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<sup>1</sup> Figures contained within OUH Board report from 31<sup>st</sup> August 2016: <http://www.ouh.nhs.uk/about/trust-board/2016/august/documents/ContingencyPlanforMaternityandNeonatalServicesv19Final.pdf>

3.4 Areas of patient flow are likely to be those which border Oxfordshire and covered by the district authorities of South Northamptonshire District Council and Stratford-Upon-Avon District Council. These authorities do not hold health scrutiny powers and it would be a matter for respective upper tier authorities as to whether they wish to delegate to the district authorities concerned.

3.5 This proposal requires Oxfordshire County Council and its counterpart authorities in Warwickshire and Northamptonshire to delegate powers of health scrutiny of this specific issue to be delegated to a new joint committee. Scrutiny of all other issues would remain with the respective, established health scrutiny committees. The powers of the new joint committee would therefore be in regard to the proposals and consultation of consultant-led obstetric services at the Horton General Hospital and means:

- Only the new joint committee may respond to the consultation;
- Only the new joint committee may exercise the power to require the provision of information;
- Only the new joint committee may exercise the power to require attendance; and
- The new joint committee would hold the power to refer to the Secretary of State only on the consultation of consultant-led obstetric services at the Horton General Hospital.

3.6 The specific Terms of Reference for the new committee would need to be discussed, negotiated and agreed with Oxfordshire, Northamptonshire and Warwickshire County Councils. The following principles will be proposed to the relevant authorities regarding the governance of the new joint committee:

- a) The new committee would have ten members having regard to the levels of patient flow. This is likely to mean there would be eight members from Oxfordshire and one member from Northamptonshire and one from Warwickshire.
- b) Membership would be appointed from the respective authorities from the membership of their scrutiny committees.
- c) The Chairman of the new committee would be appointed by its Members. The Chairman is likely to reflect the proportionate membership of the committee.
- d) The administrative support in terms of coordination, setting up and clerking of meetings and associated costs would be borne by Oxfordshire County Council.

3.7 The joint committee would need to be agreed by the full Council of each of the respective authorities and Members appointed before it could formally operate.

#### 4.0 Recommendations

Oxfordshire HOSC is therefore **RECOMMENDED**: to

- (a) note the IRP recommendations;
- (b) note the requirements to form a new joint health scrutiny committee in response to the IRP recommendations, to be focused on consultant-led maternity services at the Horton General Hospital;
- (c) request Oxfordshire County Council's Director of Law & Governance, in consultation with the Chairman and Deputy Chairman, to seek to negotiate the terms of reference for a new joint committee to be focused on consultant-led maternity services at the Horton General Hospital, to include a membership that is agreeable to all three Councils, for approval by the respective full Councils.

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