

Notice of Meeting Public Document Pack



Oxfordshire Joint Health Overview & Scrutiny Committee

Friday, 31 May 2019 at 2.00 pm

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

Membership

Chairman -

Deputy Chairman -

<i>Councillors:</i>	Mark Cherry	Hilary Hibbert-Biles	Laura Price
	Mike Fox-Davies	Jeannette Matelot	Alison Rooke
			Arash Fatemian

<i>District Councillors:</i>	Paul Barrow	vacancy	Neil Owen
	Nadine Bely-Summers	Sean Gaul	

<i>Co-optees:</i>	Dr Alan Cohen	Dr Keith Ruddle	Barbara Shaw
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Notes: *Date of next meeting: 20 June 2019*

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	-	Email:
Policy & Performance Officer	-	<i>Samantha Shepherd Tel: 07789 088173</i>
		<i>Email: Samantha.shepherd@oxfordshire.gov.uk</i>
Committee Officer	-	<i>Julie Dean Tel: 07393 001089</i>
		<i>Email: julie.dean@oxfordshire.gov.uk</i>

Yvonne Rees
Chief Executive

May 2019

County Hall, New Road, Oxford, OX1 1ND

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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. Election of Chairman for the Municipal Year 2019/20

To elect a Chairman for the 2019/20 Council year. Members are advised that the Constitution for the Committee stipulates that the Chairman is to be drawn from the Oxfordshire County Council members of the Joint Committee.

2. Election of Deputy Chairman for the Municipal Year 2019/20

To elect a Deputy Chairman for the 2019/20 Council year. Members are advised that the Constitution stipulates that the Deputy Chairman is to be drawn from the District Councillors serving on the Joint Committee.

3. Apologies for Absence and Temporary Appointments

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

5. Speaking to or Petitioning the Committee

6. Oxford City Community Hospital (Pages 1 - 6)

To consider the temporary closure of the 12 bed, Oxford City Community Ward in the Fulbrook Centre on the Churchill Hospital site (JHO6).

This Committee's Substantial Change Assessment is attached at JHO6, duly completed, for consideration.

7. Chairman's Report (Pages 7 - 10)

The purpose of this report (JHO7) is to set out the background to this emergency meeting of the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) today and to propose a recommendation for the Committee to consider.

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.

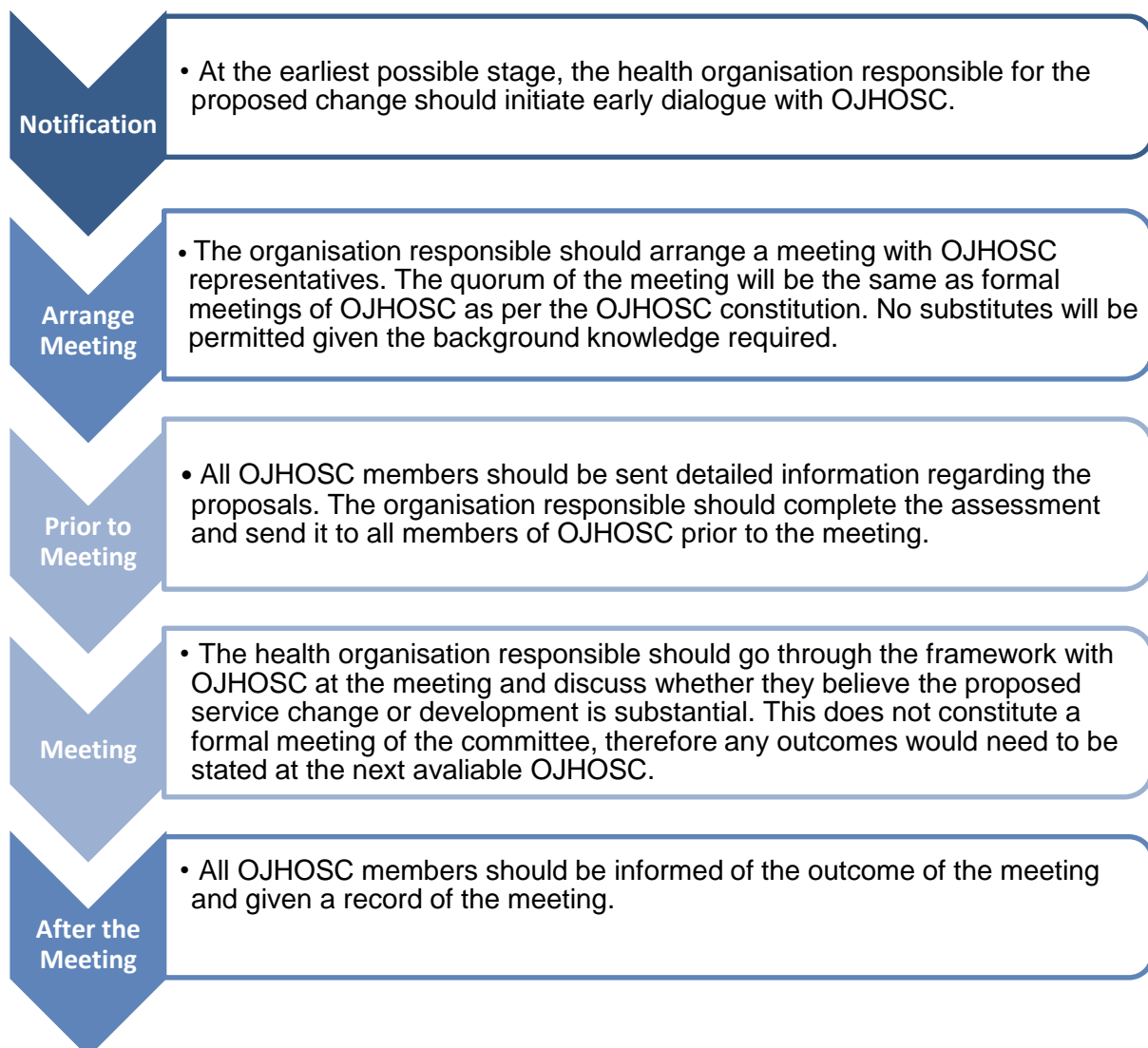
Oxfordshire Joint Health Overview and Scrutiny Committee Substantial Change Assessment

1. Purpose:

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

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

2. Process:



3. Assessment Framework

A. Background Information	
1. Name of responsible (lead) health organisation:	
	Oxford Health NHS Foundation Trust.
2. Brief description of the proposal (please include information about timelines and whether the proposed change is temporary or permanent):	
	<p>Temporary closure of the City Community Ward in the Fulbrook Centre (which also houses Cherwell and Sandford Wards for Older People's Mental Health services) on the Churchill Hospital site. This is a ward currently operating 12 rehabilitation beds.</p> <p>In order to mitigate the impact of this temporary closure 8 of the 12 beds will be re-provided at other community hospital sites: 4 at Abingdon (at the Oxfordshire Stroke Rehabilitation Unit) and 4 at Witney.</p> <p>This is a temporary closure due to staffing issues, specifically the availability of registered nursing staff. The plan is to review this position at end of September taking account winter plans for the system and workforce availability across the community hospital service.</p>
3. Why is this change being proposed? What is the rationale behind it?	
	<p>By the end of May we will not have enough substantive qualified nursing staff to ensure even one substantive qualified nurse covering each shift meaning that we would be operating a unit that is predominantly reliant on agency and temporary staff.</p> <p>This gives rise to significant concerns about the potential impact on patient care, in particular the resultant lack of continuity for frail older people for whom subtle changes in clinical presentation might go unnoticed by staff who are unfamiliar with individual patients.</p> <p>The impact on remaining staff is not tenable with staff regularly being asked to work long days to cover gaps, which is not a sustainable position. In addition, it has for some months proved difficult to obtain agency and bank staff to cover shifts temporarily on this ward, so there is a heightened risk that no qualified nursing staff will be available at short notice.</p>
4. What are the main factors driving the change? Please indicate whether they are clinical factors, national policy initiatives, financial or staffing factors.	
	Staffing factors resulting in the inability to deliver safe patient care.
5. How does the change fit in with the wider strategic direction of healthcare in Oxfordshire and the Health and Wellbeing Board?	
	Community hospital bed numbers are flexed over the year to match demand. At this point in the year Oxford Health would ordinarily be stepping down our bed numbers after the winter period. In this case we plan to do this at one site rather than across our sites, which will afford us the opportunity to strengthen the workforce across sites by redeploying remaining workforce.
6. Description of population affected:	

Patients affected are subject to individual care planning to ensure they are either repatriated to the most appropriate bed, or discharged home, or onto further care, whichever is the appropriate clinical option for them. Patients cared for within the ward are admitted from both the city and beyond the city postcode areas, usually on a 50/50 population split.

The affected 27 staff, (who include admin, un-registered, registered, therapy staff and students) will be supported to take their individual needs into account to identify the best possible alternative workplace for them. This will include discussion with the OUH if the staff member wishes to remain on the Churchill site.

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

By 31st May.

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

Initial contact to HOSC was made on 8th May. Prior contact was made last August when it looked as if we may have to close during the winter – in fact due to the significant efforts of key staff we have managed to keep the ward open through winter, but this situation can no longer continue.

B. Assessment Criteria

1. **Legal Obligations:** Have the legal obligations set out under Section 242 of the consolidated NHS Act 2006 to 'involve and consult' been fully complied with?

N/A

This is a temporary closure made on patient safety grounds.

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

N/A

This is a temporary closure made on patient safety grounds.

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

No.

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

No, although we recognise that the system would ideally not have had to effect this change.

5. Staff Engagement: Have staff delivering the service been fully involved and consulted during the preparation of the proposals?
Yes
The community hospital senior management team have been fully involved in our plans and are generally supportive of the planned temporary closure.
6. Staff Engagement: Do staff support the proposal?
Yes
Staff are understandably upset by this news, however they are also relieved that their anxieties about safe staffing have been listened to. They are anxious to confirm their future locations for work; Oxford Health is working collaboratively with them to resolve this, taking into account their preferences where possible. Some staff have contacted managers and clinical leads directly to express their relief as they had been extremely worried about the longer term safe staffing of the ward.
7. Patient Impact: Does the proposed change of service has a differential impact that could widen health inequalities (geographical, social or otherwise)?
No
Not materially due to the small number of patients affected.
8. Patient Impact: How many people are likely to be affected?
8 immediately, since 4 of the 12 will be discharged in the normal course of their care. Typically the ward would admit 8-12 patients per month of whom typically half would come from Oxford City.
9. Patient Impact: Will the proposed change affect patient access? If so how?
Yes
Patient impact will be that temporarily beds will no longer operate on the City site. However access to a community hospital bed will continue to be based on clinical need. Other beds at the Fulbrook Centre for older peoples' mental health services will continue to operate as usual.
10. Patient Impact: How will the proposed change affect the quality and quantity of patient service?
Change in a reduction of sites available. Minimal disruption to bed numbers available. Quality of care not affected.
11. Patient Impact: Does the proposal appear as one of a series of small incremental changes that when viewed cumulatively could be regarded as substantial?
Some may view this in the context of the wider community hospital estate across Oxfordshire. The concern over the temporary closure of Wantage Community Hospital because of the risk of legionella is a different safety consideration, as the issue there is the need for a clear view of the long term use of the hospital so that the necessary building works can be done accordingly. Oxfordshire CCG has commenced a consultation

around the future of locality-based services. We also temporarily closed Wenrisc Ward at Witney Community Hospital over the summer period in 2015 and reopened it that winter.

12. Patient Impact: How will the change improve the health and wellbeing of the population affected?

Patients cared for by substantive staff members, not reliant on agency staff as the affected staff are re-deployed across other sites.

Staff wellbeing increased due to unsustainable nature of current demand on them to operate the beds safely.

13. Wider Impact: Will the proposed changes affect: a) services elsewhere in the NHS, b) services provided by the local authorities, c) services provided by the voluntary sector?

No

14. Standards: How does the proposed change relate to the National Service Framework Standards?

N/A

15. Risk: What could the possible negative impacts of the change be? What mitigations are in place to reduce any potential negative impacts of the proposed change?

The change has been fully risk-assessed by the Trust.

C. Outcome/Decision

1. Is this considered to be a significant change by provider?

No

The closure is temporary, the service is available from other locations and is not a geographically discrete service, and other services continue to be available at the site.

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

Yes/No (please delete as appropriate)

Possible Outcomes:

Consultation is Required

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

Consultation is Not Required:

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

Agreement Cannot Be Reached:

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

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

Note on Consultation Processes

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

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

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

**Oxfordshire Joint Health Overview and Scrutiny Committee.
31st May 2019**

Chairman's Report

1. Oxford City Community Hospital

- 1.0 The purpose of this report is to set out the background to the emergency meeting of the Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) called on the 31st of May 2019 and propose a recommendation for the committee to consider.
- 1.1 In response to notification by Oxford Health Foundation Trust (OH) that they intend to close the Oxford City Community Hospital on the grounds of patient safety, the Chairman of HOSC called an emergency meeting of the committee. The meeting of the 31st of May has been established to allow public scrutiny of the issue at the soonest possible moment following notification of the intended closure.

Notification to HOSC

- 1.2 In August 2018, OH contacted the HOSC Chairman on the issue of critical staffing levels at Oxford City Community Hospital, giving a high-level flag that workforce was an emerging risk to services at the hospital. In line with HOSC's established ways of working, the Chairman immediately requested that a HOSC substantial change toolkit be completed and submitted so this could be circulated for the committee to consider. This was sent to OH for completion on the 5th of September 2018. OH did not complete a toolkit, nor contact the committee support officers to schedule a HOSC agenda item about the critical workforce issues at Oxford City Community Hospital.
- 1.3 On the 8th of May 2019, Oxford Health FT management initiated a communication stating that they need to temporary close the 12 beds at the Oxford City Hospital Community Hospital for safety reasons. They stated:

"Since October Oxford Health have had tremendous difficulties staffing and recruiting to the ward. We now find ourselves in a position in which, from the end of May and due to known departures of key staff (one due to maternity leave, one due to relocation and the third due to being offered a promotion elsewhere in the health system), we will be unable to provide a substantive member of staff to supervise every shift. Our nationally mandated Safer Staffing Levels require us to provide a certain number of registered and non-registered staff for each shift, and we will be unable to maintain this. We will review the situation at the end of September based on our overall staffing position across the wards following the September nursing graduate intake. All existing staff will be offered similar posts elsewhere in the Trust and we intend to open enough beds to mitigate the situation across our other wards, meaning that there should be a negligible impact on flow (now is the time when we would be reducing the number of beds open anyway for summer)".

- 1.4 It was clear the issue had been known about for some time and that despite a request, HOSC had neither been consulted or provided with the evidence as to the recruitment issues highlighted. On behalf of the Chairman, the HOSC Policy Officer replied with a communication that the committee expected the issue would be scrutinised by

HOSC before any temporary closure took place. OH replied to inform officers that it was not possible to keep the hospital open beyond the end of May and that it would therefore close on the 31st of May. In response, the Chairman called an emergency meeting of the committee for the soonest possible date.

Legislative framework

- 1.5 The relevant legislation to the issue at hand is the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”):
- 1.6 Regulation 23 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have “under consideration” for a substantial development of or variation in the provision of health services in the local authority’s area. The regulations set out certain proposals on which consultation with health scrutiny is not required. The pertinent one being:

Where the relevant NHS body or health service commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff (this might for example cover the situation where a ward needs to close immediately because of a viral outbreak) – in such cases the NHS body or health service provider must notify the local authority that consultation will not take place and the reason for this.
- 1.7 As the issue with Oxford City Community Hospital was first flagged in August 2018, the reasons for a temporary closure on the grounds of an urgent safety concern does not meet the criteria in this part of the regulation.

HOSC/Health ways of working protocol

- 1.1 At a meeting in April 2018, following extensive engagement and agreement between HOSC and health partners across the system, including the involvement of Oxford Health, HOSC agreed a ‘*Protocol between the Oxfordshire Joint Health Overview and Scrutiny Committee and health and wellbeing providers and commissioners serving the population of Oxfordshire*’. This document applies to how HOSC works together with bodies who commission or provide health, social care and wellbeing services to the population in Oxfordshire. The aim of the protocol is to provide:
 - Improved engagement and communication across all parties;
 - Clear standards which set out how all parties will work together;
 - Greater confidence in the planning for service change, to secure improved outcomes for health services and communities across Oxfordshire.
- 1.8 The protocol sets out a way of working when changes are proposed to health and wellbeing services which require consultation and engagement required by legislation. The protocol applies to developments that affect smaller numbers of patients, smaller geographical areas or specific services. It sets out the following shared goals and working principles:

Shared Goals

- Deliver high quality, sustainable health and wellbeing services that meet the needs of the Oxfordshire population.
- Improve the health and wellbeing outcomes for local people, including ensuring activity addresses health inequalities and aligns with the Oxfordshire Health and Wellbeing Strategy.

Working principles

1. There is a “no surprises” approach between the organisations concerned. This builds collaboration whilst also allowing scrutiny to constructively challenge strategic decisions.
2. There is a climate of mutual respect and courtesy, noting one another’s independence and autonomy.
3. Proposals and recommendations are based on appropriately sourced, recognised and clearly presented evidence. This includes relevant clinical evidence.
4. The views and priorities of local people are gathered and considered in the development of proposals, in scrutiny and in decision making.
5. The overview and scrutiny approach is transparent, collaborative, constructive and non-confrontational. It is based on asking challenging questions and considering evidence.
6. There is recognition and respect for the difference which may arise around what constitutes ‘best outcomes’ for the local population.
7. Feedback from overview and scrutiny to health and wellbeing organisations is documented and well communicated.

- 1.9 The protocol was a voluntary document for HOSC and health partners to embrace. Following this work, work between HOSC and health system partners in Oxfordshire has seen significant improvements. However, the actions taken by Oxford Health FT over the Oxford City Community Hospital contravene the working principles in the protocol that they themselves participated in the development of.

Conclusion and recommendation

1.10 In light of the events that have transpired, namely:

- The lack of communication with Oxfordshire Joint HOSC and other health partners regarding the critical staffing levels and temporary closure of Oxford City Community Hospital
- The neglect of statutory duties for establishing need or otherwise thereof for consultation before announcing the temporary closure
- The bad faith previous experience between Oxfordshire Joint HOSC and OH in claimed temporary closure, with Wantage Hospital remaining closed there years after the last alleged temporary closure from OH, and;
- The disregard for established working pathways between local health partners and HOSC of which Oxford Health have been a part in creating under a direction from the Secretary of State to work better together

1.11 The committee is therefore invited to consider a motion of no confidence in the management of Oxford Health. This is particularly in relation to the Chief Executive and Chief Operating Officer. The committee is invited to consider writing to all Oxford Health Board members expressing the lack of confidence, inviting the Chairman and a non-executive director to attend the first HOSC meeting after the Board's consideration, to discuss their response in person.