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CABINET – 21 FEBRUARY 2017

RESPONSE TO OXFORDSHIRE CLINICAL COMMISSIONING GROUP'S CONSULTATION ON THE OXFORDSHIRE TRANSFORMATION PROGRAMME FOR NHS SERVICES

Report from the Council Leadership Team

Introduction

1. The Oxfordshire Clinical Commissioning Group (OCCG) launched the first phase of its consultation on the future of Oxfordshire Health and Care Services on January 16th 2017. The consultation document and supporting pre-consultation business case can be found on the OCCG website <https://consult.oxfordshireccg.nhs.uk/consult.ti/BigconsultationPhase1/consultationHome>
2. Oxfordshire County Council is key stakeholder and a consultee in the process and has until 9th April to respond to the consultation- though the council may wish to respond in advance of the pre-election period.
3. This report has been prepared by the county council's leadership team and combines professional perspectives from across all our services including children's and adults' social care, highways, environment and economy, public health and fire and rescue services.
4. Officers have considered the proposals in the consultation document and present here their professional views on the possible impacts on our services and local people based on the information in the consultation document.
5. By way of context, it is important to acknowledge the challenges faced by the local NHS as set out in their case for change document. The NHS is a national organisation and the autonomy local authorities enjoy has not been extended in the same way to health services. This means that these proposals are influenced by national policy and are also overseen by NHS England and are inevitably a blend of local and national policy.
6. All county council services have been asked to consider the consultation proposals and the potential impact they may have on services and on the public. Some of the issues are generic and some are specific to particular service areas.

Consultation approach

7. We welcome the production of this consultation, but note that we had expected it to begin in October 2016 and to be structured as a single set of proposals with options. The consultation was then delayed and has now been produced as a partial consultation. It is unfortunate that there have been delays in getting the proposals out to public consultation and that this has resulted in two phases of consultation.

8. We acknowledge this phasing is due to a number of factors; a desire to debate existing temporary service closures as a matter of urgency, the sheer scale of the task involved in producing the proposals, and because of a requirement for NHS England to approve the proposals prior to consultation. The phasing clearly affects the coherence of the proposals making it difficult for partner organisations to assess their impact and to see a total vision for the future of health services in the county. It also makes the consultation feel less transparent to communities.
9. Our view is that the lack of options presented in the consultation document makes it difficult to consider different alternatives for future services. Options were presented earlier in the engagement phase leading up to the consultation, so it is unfortunate that they have not come through in these proposals.
10. We feel that the inception of Sustainability and Transformation Plans (STP) by the NHS at national level requiring clinical commissioning groups to work together across larger geographical 'footprints' (in our case the Buckinghamshire, Oxfordshire and Berkshire West- 'BOB') has not been helpful. These were created and imposed nationally by NHS England after the process of re-shaping Oxfordshire's services had begun. The interplay between a 'BOB STP' and an Oxfordshire consultation remains unclear and confusing both for professionals and for the public.
11. The consultation proposals as they stand are unlikely to satisfy the concerns of people in some parts of the county. People in the north of the county for example, are unlikely to find that the service changes described affecting the Horton Hospital offer a clear enough view of the future functioning of that hospital in its entirety.
12. Many of the proposals draw on specialist clinical evidence and opinion. The county council officers will not attempt to debate purely clinical judgements.

Vision for the future of the Horton Hospital

13. We understand that smaller hospitals across the country are facing similar pressures to those faced locally by the Horton Hospital. A clear vision for the future of such hospitals is urgently needed. However, because of the way the proposals are structured, and because there is no discussion of community and primary care services in this consultation, it is not possible to see an overall proposal for the detailed future composition and functions of the Horton Hospital in Banbury. However it is clear from the document that there is a future for the Horton as a health care facility with more diagnostic, outpatient and elective surgery appointments offered.
14. This is a vital issue for local people and is therefore a serious deficiency in the consultation document. Smaller hospitals are vulnerable to a 'domino effect', i.e. a diminution in one service tends to lead to a diminution in related services. In this case, changing maternity services, intensive care services and the bed-stock at the Horton may have knock-on effects on anaesthetics,

paediatrics and accident and emergency services. These possible impacts are not covered by this consultation.

Maternity services in North Oxfordshire

15. The consultation contains a clear proposal to make permanent the current temporary withdrawal of consultant obstetric services at the Horton Hospital. The Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) agreed to refer the temporary closure to the Secretary of State on 2nd February.
16. It should be noted that there are a number of difficulties with the way the information on maternity services is presented in the consultation:
 - a. Maternity services are not stand-alone as described above. The knock-on effects to other services and any additional community support are not covered. The impact on these services therefore cannot be assessed through these proposals and so a coherent assessment of the impact on local services in Banbury is not possible.
 - b. There is no clear information in the consultation about the extent to which the OCCG, the two major trusts, the ambulance service, Deaneries (which oversee the training and placement of junior doctors) and primary care organisations have come together with neighbouring services in Northamptonshire and Warwickshire to discuss wider solutions to maternity and related services for the people of Banbury and the surrounding area. This was a key recommendation of the Independent Review Panel in 2008 which did not support the then Oxford Radcliffe Hospitals NHS Trust's proposals to reconfigure services in paediatrics, obstetrics, gynaecology and the special care baby unit (SCBU) at the Horton Hospital.
 - c. The document also comments on the future of midwifery-led obstetric care in the north of the county, saying that a second consultation will discuss the future of midwifery-led obstetric units in Banbury and Chipping Norton. However these services are excluded from this consultation which makes coherent assessment of maternity services in the north of the county difficult.

Reducing hospital bed numbers across the County

17. The consultation document proposes to close, or make permanent existing closures of hospital bed stock. We understand that this is intended to help prevent admission and also to reduce potentially harmful long stays in hospital through the strengthening of community services. However, reducing bed-stock is a potentially significant issue, as there has been a national and local trend for some time to reduce hospital bed numbers. The UK already has lower numbers of beds than comparable European countries and the evidence is not yet available to conclude that this is an appropriate shift at the scale proposed.

18. Some reduction in bed numbers may be justified if suitable alternatives are put in place in the community in advance of the closures. Because the consultation does not touch on NHS services in the community and general practice, it is not possible to model the impact of this change.
19. At a time when pressures on emergency departments are rising and delayed transfers of care remain a cause for concern, it may be premature to make these changes. It may be more sensible for Oxfordshire to adopt a 'wait and see' policy on this issue until the impact of bed closures proposed in other parts of the country can be properly evaluated.

Stroke Services and Critical Care

20. The proposal to care for a modest number of patients per year in Oxford instead of Banbury (around 100 stroke cases per year and 41 critical care patients) on grounds of improved clinical quality is reasonable taken in isolation. However, again, the concern would be the 'domino-effect' on other services at the Horton, and these are not detailed in the consultation, making it difficult to comment on proposal in its totality.

Disadvantage and inequalities

21. There is little discussion of issues of disadvantage and inequalities in the consultation. Equality of access is touched on, but not inequality in terms of social disadvantage. The Health and Wellbeing Board's independent Commission on Health Inequalities has recently reported and points to high levels of social disadvantage, particularly in parts of Banbury and Oxford. The consultation does not set out how these proposals would be adjusted to reduce inequalities which is a core duty of the NHS.

Adult Social Care

22. The underlying principle in the proposals of care closer to home is an idea we support in principle. However, there are times in the acute phase of an illness or in cases requiring complex care or post-op care when a hospital bed may be the best place to be, followed by appropriate discharge to properly organised support as soon as practicable. Again, the proposals do not contain the detail we would need about community services for us to have a sensible understanding of their impact on adult social care.
23. We cannot model the impact on Adult Social Care without more information about patient flow, i.e. there is no modelling included that reflects the assumptions made about patients' expected length of stay or their acuity, so we cannot translate bed numbers into estimates of patient flow and the impact on adult social care.
24. *Workforce*
The proposals assume a free flow of health and social care staff and the proposals do not address clearly the significant and unique workforce challenges in Oxfordshire.

25. The Council estimates that the 15,000 strong adult social care workforce needs to grow by up to 750 jobs per year to 2025 just to keep pace with rising demand from our ageing population (this figure excludes workforce turnover which increases significantly the gap between workforce supply and demand). This growth rate is higher than the national average reflecting local demography, and is not helped by the county's very low unemployment rates and high average house prices. Increasing demands as assumed in the proposal, coupled by a shift of care into the community, are likely to significantly increase this figure but the lack of detail in the document means we cannot estimate the level of increase.
26. Whilst Adult Social Care has been a key partner in the development of the Discharge Liaison Hub and initiatives designed to 'rebalance the system' and reduce delayed transfers of care, these were predicated on the transfer of healthcare staff into the community which proved to be more difficult to achieve than originally envisaged. Should further proposals come forward to describe new ways of providing community support through NHS staff, it will be important to ensure in advance that staff are willing to work in community settings.
27. *Impact on carers*
The proposals make no reference to the impact of the proposals on family carers and this must be considered as a deficiency in the consultation.

Children's Services

28. The consultation proposes that the Horton Hospital will have the capacity to care for 200-500 women per year in labour in a midwife led unit. Compared with previous numbers of births at the Horton we can therefore anticipate that approximately 1000 additional births will occur in Oxford or out of county.
29. Not all of these mothers are Oxfordshire residents, but for those who are and are referred to our social care service, social workers in Oxfordshire's north assessment team would need to travel to assess mothers and/or conduct strategy meetings. In addition, the Oxford social care team may need to take on additional work. This is hard to quantify but may put further pressure on services already struggling to meet demand and lead to higher caseloads and impact on increasing social worker recruitment difficulties.
30. This means that if mothers use other hospitals across county boundaries there may be difficulties managing cases across these borders with processes being less well integrated.
31. In summary, due to the splitting of the consultation into two phases we do not currently have the full picture of future maternity and children's services in the county and cannot therefore fully assess the impact on the Council's children's services.

Planning and Infrastructure

32. 100,000 new homes are needed within Oxfordshire in the period 2011-31, of which around 85,000 remain to be built. The NHS's proposals need to be developed as an integral part of this growth to ensure that health provision is coordinated alongside areas/corridors of growth and infrastructure provision, particularly transport.
33. This should take full account of the scale and location of new housing being planned for in existing/emerging Local Plans and the locations of likely future growth. Consideration should then be given to how the resulting increase in population will impact on demands for health services. This will no doubt include the need for new facilities and a rationalisation of old ones. The phase one proposals do acknowledge this but it is unclear if the full potential impact has been taken fully into account.
34. The proposals will clearly lead to changes to travel patterns for patients, staff and visitors. Whilst some figures are provided on travel pattern changes, the total, combined effects of all the proposals are not quantified. Some of the proposals would reduce the number of patients, staff and visitors needing to travel to Oxford for healthcare services, whilst other proposals would appear to increase that number.
35. Car parking at the hospital sites is generally used to its full capacity already and the residential areas around the hospitals have controlled parking zones. Unless there were an increase in the amount of car parking provided, which county council officers would advise against, additional trips would have to be made by an alternative mode. The proposals make no reference to this.
36. The document proposes a significant move of outpatient and day case work to Banbury. This presents a challenge to the existing highway infrastructure as problems in the town would compromise access to the Horton were it to experience such an increase.
37. These proposals will have some impact on the overall NHS estate. As a community leader with a large property portfolio we are currently undertaking a series of 'place reviews' to identify opportunities to make better use of our assets and join up with other partners. We would encourage the NHS to actively join in this process to identify ways we can deliver services in a more joined up way.
38. We would propose to invite NHS partners to participate fully in detailed discussions about planned growth through the masterplanning exercises that we are undertaking. Given the lack of detail about implications on Oxford and Banbury in terms of increased/decreased journeys we would encourage the relevant organisations to engage with us as the highways authority over travel plans.

Summary

39. We welcome the opportunity to comment on this consultation document and to continue to work with NHS colleagues on shaping future services for the county. The NHS faces serious challenges and its services interlock with many services provided by the Council. It is therefore useful to have concrete proposals to debate through a full public consultation. In summary the views of council officers are:
- A. It is difficult to assess the proposals as we only have a partial picture of future services in this first phase. The lack of information about community services and general practice services means that the impact on council services cannot be accurately quantified. This applies to council services across the board from social care to highways.
 - B. It is not clear that the substantial growth forecast for the county has been fully considered in the development of these proposals and it is key concern of officers that the changes may lead to an inadequacy of provision in the future.
 - C. The proposals to reduce hospital bed numbers permanently at this scale seem premature without being specific about the strengthened community services which would be needed and it is suggested that a 'wait and see' policy is adopted pending national evaluation of similar schemes.
 - D. The document does not give a sufficiently comprehensive vision for the future of services at the Horton Hospital and in particular to maternity services in the north of Oxfordshire, and so, again, it is not possible to draw firm conclusions about the future overall 'shape' of the Horton or the impact on council services in the north of the county from the information presented.

Recommendation

40. The Cabinet is **RECOMMENDED** to

- Welcome the opportunity to comment on this consultation, acknowledge the difficulties faced by NHS services locally as presented in the OCCGs case for change, but on balance not to support the proposals based on the lack of information on the impact on council services.
- Present its views and the officer's assessment to the Oxfordshire Health Overview and Scrutiny Committee meeting on 7 March 2017.
- Present a report on its views to the County Council meeting on 21 March 2017 to gather further comment.

Report from the Council Leadership Team
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