

Date: 13 March 2017

**Oxfordshire Joint Health Overview
and Scrutiny Committee
County Hall
New Road
Oxford
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David Smith, Chief Executive &
Dr Joe McManners, Clinical Chair
Oxfordshire Clinical Commissioning Group

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[sent by email]

Dear David and Joe,

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

A handwritten signature in black ink, appearing to read 'Yvonne Constance', written in a cursive style.

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