

**Oxfordshire Joint Health and Overview Scrutiny Committee**

**Date of Meeting:** 19 April

**Title of Paper:** Oxfordshire Clinical Commissioning Group response to the Secretary of State and Independent Reconfiguration Panel (IRP) recommendations

**Purpose:** To provide the Oxfordshire Joint Health and Overview Scrutiny Committee (JHOSC) with a proposed response to the Secretary of State and Independent Reconfiguration Panel (IRP) recommendations on obstetrics at the Horton General Hospital.

**Action:** The JHOSC are asked to agree this proposed approach.

**Senior Responsible Officer:** Louise Patten, Chief Executive, Oxfordshire Clinical Commissioning Group

## **Oxfordshire Clinical Commissioning Group response to the Secretary of State and Independent Reconfiguration Panel (IRP) recommendations**

### **1. Background**

In August 2017, the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC) referred the OCCG proposals on a permanent change to Obstetrics services to the Secretary of State for Health and Social Care. The Secretary of State has received advice from the Independent Reconfiguration Panel (IRP) and has written to the JHOSC and to OCCG (on 7 March 2018); this letter and the IRP advice are attached as Appendix 1. The letter from the Secretary of State and IRP advice have covered the issues raised in the referral made by Stratford-on-Avon District Council in April 2017 as well as that from the OHOSC.

The IRP concluded that further work was required locally and their advice has been accepted by the Secretary of State.

### **2. Summary of requirements**

The following actions need to be taken:

- OCCG must undertake a more detailed appraisal of the options which needs to include:
  - A consideration of what is desirable for the future of maternity and related services and all those who need them across the wider area of Oxfordshire and beyond.
  - An assessment of the potential activity from the area served by services provided from the Horton General Hospital (particularly South Warwickshire and South Northamptonshire)
  - The view of mothers, families and staff who have been involved in the temporary arrangements
  - Addressing the recommendations from the Clinical Senate report of 2016
- Consideration of what dependency, if any, exists between these services and other services provided from the Horton General Hospital
- The options appraisal needs to be reviewed with stakeholders before a final decision is made
- Those Local Authorities that consider the proposal to be a substantial change in NHS services are required to form a Joint Overview and Scrutiny Committee; the Chairman of Oxfordshire JHOSC has this action in hand and OCCG will work very closely with this Joint Overview and Scrutiny Committee
- **Whilst this work is undertaken no permanent changes to services will be made.** Although a temporary closure of the obstetric unit at the Horton

General Hospital is currently in place, there must be continued attempts to recruit medical and nursing staff until a final decision is made.

### 3. OCCG proposed response

OCCG are working up an outline plan with timescales for the further appraisal work, this will include plans to involve stakeholders and the public. The first part of this is to determine the scope of the review and OCCG will share the plan at an early stage with the Joint Overview and Scrutiny Committee and the Secretary of State/IRP to ensure that this meets the requirements of the advice.

Once the approach has been agreed then OCCG will implement the plan. OCCG propose that the plan and delivery are reviewed on a regular basis by the Joint Overview and Scrutiny Committee and that in essence there will be a series of “gateways”.

We acknowledge that whilst this work is undertaken no permanent changes to services will be made. The CCG is working closely with Oxford University Hospitals to ensure that active recruitment of medical and nursing staff continues.

The OCCG Chief Executive has committed to take personal responsibility for ensuring that this work is taken forward in a way that ensures all stakeholders feel involved and informed. Oversight will be maintained through the OCCG Board.

### 4. Outline timescale

OCCG has set-up a small working group and mapped out the work that is required; this is outlined in the table below;

|                       | <b>OCCG Working Group</b>  | <b>Engagement</b>                               | <b>External dependencies</b>                                  |
|-----------------------|--|---|---|
| <b>April 2018</b>     | Develop outline plan including<br>Context<br>- Scope<br>- Criteria<br>- Long list<br>- Option appraisal<br>- Timelines |   | Discuss with Clinical senate their requirements and timelines |
| <b>May 2018</b>       | Review activity and population growth for catchment population.<br>Develop staff and patient survey                    |   | Agree plan with joint OSC                                     |
| <b>June 2018</b>      |  | Run surveys                                     |   |
| <b>July 2018</b>      |  | Engagement on long list of options and criteria | Gateway review with joint OSC                                 |
| <b>August 2018</b>    |  | Option appraisal                                |   |
| <b>September 2018</b> |  |   |   |
| <b>October 2018</b>   |  |   | Gateway review  |

|                      |                                |  |                                   |
|----------------------|--------------------------------|--|-----------------------------------|
|                      |                                |  | (option appraisal) with Joint OSC |
| <b>November 2018</b> | OCCG Board review and decision |  |                                   |

The timing for delivery has three external dependencies which could impact on the outline timeline above:

- The timescale required by the Clinical Senate to review the work and provide advice
- Establishment of the Joint Overview and Scrutiny Committee
- Agreement to our proposed approach from the Secretary of State/IRP