

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 29 March 2018	Paper No: 18/18
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Title of Paper: Oxfordshire Transformation Update
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Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision	✓	Information	✓
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Purpose and Executive Summary:
This paper provides a summary of the current position with the challenges to the decisions made as part Phase One of the Oxfordshire Transformation Programme. It outlines the work required to address the recommendations received. Having taken into account the outcome of the challenges and other feedback it also proposes a different way of taking forward what would have been Phase Two.

Financial Implications of Paper:
There is no direct financial information within the paper. The Board will need to consider that the approach to transformation taken going forward will support delivery of a clinically and financially sustainable system.

Action Required:
The OCCG Board is asked to.

- Note the content of the letter from the Secretary of State and the IRP advice concerning the decision to permanently close the obstetric service at the Horton General Hospital
- Agree the approach to address these recommendations outlined in section 2.2.2
- Agree that the approach to integrated health and care services should change to focus on solutions developed through place based discussions and early engagement;
- Agree that the following services should remain, in line with the views from our Clinicians and the OUH:
 - The Emergency Department and associated services at the Horton General Hospital;
 - The Paediatric Services at the Horton General Hospital;
 - The current three permanent freestanding Midwife Led Units (in Chipping Norton, Wantage and Wallingford)

- Confirm that the review of the proposed elements of phase two means there will be no phase two consultation;
- Note that the future provision of an obstetric service or change to a permanent freestanding midwife led unit at the Horton General Hospital will be determined by the outcome of the work undertaken to address the recommendations from the Secretary of State.

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

Not applicable.

Link to Risk:

The paper does not link directly but items contained within the paper may link to risks on the Strategic Risk Register and/or Red Operational Risk Register.

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Clinical Chair

Date of Paper: 21 March 2018

Oxfordshire Transformation Programme Update

1. Introduction

The Oxfordshire Transformation Programme has been running since 2015 and was taking a phased approach to developing, managing and consulting on its service change proposals.

During 2017 the main area of focus was on the consultation and decision making on the Phase One proposals. The first phase focused on those areas where there were the most pressing concerns about workforce, patient safety and healthcare (for example, where temporary changes have been made) or where the proposed changes have been piloted. These included:

- critical care facilities;
- stroke care;
- changes to bed numbers in order to reduce delayed transfers of care and move to an ambulatory model of care;
- Obstetric Services.

Phase One also included proposed changes to the delivery of Planned Care services at the Horton General Hospital. Whilst the Board took decisions on the areas covered by Phase One these were subject to challenge so have not been implemented.

The proposed scope for Phase Two, that included both acute and community services was planned to follow-on.

This paper updates the Board on the current position with the challenges to Phase One and; having taken into account the outcome of the challenges and other feedback also proposes a different way of taking forward what would have been Phase Two.

2. Phase One

Whilst the OCCG Board took decisions on Phase One of the Oxfordshire Transformation Programme on the 10 August 2017 these were subject to challenge (two referrals to the Secretary of State and a Judicial Review). The status of these challenges is summarised below.

2.1 Judicial Review

The application for the Judicial Review was lodged by Cherwell District Council, South Northamptonshire District Council, Stratford upon Avon District Council and Banbury Town Council as the Claimants. Keep the Horton General was an Interested Party to the Judicial Review. The Judicial Review covered a number of grounds including the split of the public consultation, the adequacy of the public consultation and the additional NHS England Bed Test.

The Judicial Review Hearing was held at the High Court on 6 and 7 December 2017. Both sides presented their arguments to Justice Mostyn and the judgement was published on 21 December 2017. Justice Mostyn did not uphold any of the grounds

by the Claimants and refused leave to appeal his ruling. The Interested Party has submitted an application to the Court of Appeal to determine if an appeal might be permitted.

2.2 Referrals to the Secretary of State

In August 2017, the Oxfordshire Joint Health Overview and Scrutiny Committee (Oxfordshire 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 Oxfordshire 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 OJHOSC.

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

Since receiving the letter and report the Chief Executive of OCCG has spoken to the MP for Banbury and the Chairman of the OJHOSC.

2.2.1 Summary of requirements

OCCG and the Oxfordshire OJHOSC have been asked to:

- 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.
 - All potential activity from the area served by Oxfordshire services (particularly South Warwickshire and South Northamptonshire)
 - View of mothers, families and staff who have been involved in the temporary arrangements
 - Addressing all the recommendations from the Clinical Senate report of 2016
 - Consider what dependency, if any, exists between these services and other services
 - 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 staff until a final decision is made.

2.2.2 Proposed response

OCCG are working up an outline plan with timescale 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 required; this is dependent on some of the areas outlined in section 3 below. 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. The timing for delivery has three external dependencies:

- 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

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 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. It is proposed that oversight is maintained through the OCCG Board.

The Board is asked to:

- Note the content of the letter from the Secretary of State and the IRP advice concerning the decision to permanently close the obstetric service at the Horton General Hospital
- Agree the approach to address these recommendations outlined in section 2.2.2

3. Phase Two

3.1 Context

At the beginning of March the NHS in Oxfordshire issued a joint statement from the System Chief Executives¹ signalling a change to the approach to service transformation. This resulted from a significant amount of reflection on the experience of running Phase One of the Oxfordshire Transformation Programme, a commitment to learn from the experience and to approach the improvement of local services in a very different manner that is more in line with integrated care systems.

Alongside this, a recent Care Quality Commission (CQC) Local System Review has emphasised the need for much better health and social care planning together as a

¹ The System CEOs consists of: The CEOs of the Oxfordshire CCG, Oxford University Hospitals NHS Trust, Oxford Health NHS Foundation Trust, South Central Ambulance Services NHS Foundation Trust and Oxfordshire GP Federations

system rather than individual organisations and the need for an overarching vision and strategy for health and care in Oxfordshire.

3.1.1 Supporting an integrated system approach

The Five Year Forward View describes the traditional divides between primary care, social care, community services and hospitals as increasingly being barriers to the personalised and coordinated health and care services that patients need.

As a result there is now wide consensus that we need to manage systems – networks of care – not just organisations. Out-of-hospital care needs to become a much larger part of what the NHS does and services need to be integrated around the patient.

It is clear from the national Vanguard sites (where health and social care transformation has been enabled to move at a faster pace and learning shared) that the best service improvements are those where patients, the wider public and key stakeholders (including local authorities, the voluntary sector and social care partners) work together to co-design services based upon the health and care needs of the local population. Whilst there clearly needs to be some sense checks against quality of care and affordability at county scale, evidence suggests that a more place based approach to health and care planning enables improved leverage of local facilities and supporting infrastructure.

Building on this, it is proposed that we review our transformation programme and concentrate on developing place based, local discussions that address the needs of the local population, taking into account geography and available services.

This is likely to involve gradual change and testing of new service models locally, involving the public at the earliest opportunity, taking into account factors such as rurality and local community assets. This is a completely different approach to the previous large-scale county wide consultation on specific services.

3.2 Review of Phase Two

In order to take this approach forward, we have reviewed the proposed Phase Two of the previous approach to transformation. This is necessary in order to offer clarity to our public, stakeholders and the wider system about exactly what we are or are not taking forward. We have heard from key stakeholders that the messages about whether we are or are not undertaking phase two remain confusing at present.

The NHS organisations have reviewed the broad service areas that had originally been proposed for inclusion in Phase Two and have come to the following recommendations:

3.2.1 The Emergency Department and associated services provided at the Horton General Hospital

The Oxford University Hospitals NHS Foundation Trust (OUHFT) view is that the Emergency Department and associated services provided at the Horton General

Hospital are needed to support the provision of acute care for Oxfordshire and surrounding areas.

The CCG Clinical view is in agreement that these services should continue. Furthermore, there is a real opportunity to integrate the GP Out of Hours service, enhanced primary care access and GP streaming so that patients attend only one 'front door' to all the services, with the clinical and non-clinical staff working as one team to ensure patients get the right service first time.

3.2.2 The Paediatric Services at the Horton General Hospital

Firstly, it is important to clarify that there is no co-dependency between the paediatric service and the obstetric services. The dependency of Obstetric services is linked to neonate services (newly born babies) which is different from paediatrics (new born and all children up to age 16 years). This is not only the view of the OUHFT and our Clinical Commissioners at the CCG, there has been work undertaken by the South East Coast Clinical Senate – please see the report available [here](#), specifically pages 30-32, 47-52.

The CCG and the OUHFT are in agreement that paediatric services at the Horton are clinically sustainable and should remain in place. Furthermore, the Clinical Commissioners see this as an opportunity to utilise this relatively costly resource through improved linkage to Primary Care in order to enhance learning and wider clinician support. An example of where this shared resource has been successful is the Taunton and Somerset NHS Foundation Trust, winners of an HSJ Award in 2017 for their primary care paediatric service.

3.2.3 The three freestanding Midwife Led Units (in Chipping Norton, Wantage and Wallingford)

The operating model for these units remains cost effective and mothers continue to choose to use these facilities. The CCG, OUHFT and Oxford Health NHS Foundation Trust (OHFT) agree that these units will remain, regardless of the outcome of the work to address the recommendations from the Secretary of State/IRP regarding the Horton².

3.2.4 Community Hospitals

The community hospitals must be considered within the context of the health and care needs of the local populations they serve, the state of the actual buildings, the rurality and size of the local population (including growth). The CCG and OHFT have agreed that discussions need to be more about what services are required in localities and how best the community hospitals might support, rather than a county – wide consultation on whether they should be removed or remain.

² The future provision of an obstetric service or change to a permanent freestanding midwife led unit at the Horton General Hospital will be determined by the outcome of the work described in **section 2** above.

3.3 Next Steps

The move to a more place based approach for our health and care service planning sits within the wider context of developing more cohesive system collaboration.

In line with the CQC recommendations, the Health and Wellbeing Board will hold the single over-arching strategy for integrated care. Over the next few weeks, as a system, we will describe how we plan to work with the public and other stakeholders at a more local level in looking at the population's health and care needs so we may co-produce a health and social care system that is fit for the future.

At the earliest opportunity we will be involving our Health Overview & Scrutiny Committee in order to co-produce an approach with localities that offers assurance of sensible public and stakeholder engagement.

The Board is asked to:

- Agree that the approach to integrated health and care services should change to focus on solutions developed through place based discussions and early engagement;
- Agree that the following services should remain, in line with the views from our Clinicians and the OUH:
 - The Emergency Department and associated services at the Horton General Hospital;
 - The Paediatric Services at the Horton General Hospital;
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- Confirm that the review of the proposed elements of phase two as above means there will be no phase two consultation;
- Note that the future provision of an obstetric service or change to a permanent freestanding midwife led unit at the Horton General Hospital will be determined by the outcome of the work undertaken to address the recommendations from the Secretary of State.