Oxfordshire
Clinical Commissioning Group

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 25 July 2019	**Paper No: 19/43**

Title of Paper:

Responding to Secretary of State letter following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**		**Information**	✓

Conflicts of Interest (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary:
Staff from the Clinical Commissioning Group and Oxford University Hospitals NHS Foundation Trust have been working together to address the recommendations from the Independent Reconfiguration Panel into the OCCG proposals on a permanent change to Obstetric services.

At every key stage, this work has been presented to the Horton Joint Health Overview and Scrutiny Committee (Horton Joint HOSC), in order for them to oversee progress and contribute to the methodology and approach.

This paper is an overview of the work undertaken to date, to give the Board assurance that the work required will be completed appropriately in order to inform the decision-making in September. All papers, reports and presentations that have been provided to the Joint HOSC at various stages, including the last meeting on 4th July 2019, are available on the OCCG website here.

The Board is asked to note the progress made and understand that we remain on track to have completed the required work in order to make a decision in September.

Engagement: clinical, stakeholder and public/patient:

There has been a comprehensive workstream covering engagement in this work. This has included clinicians, service users and their partners and wider stakeholders. A variety of approaches have been used including publishing all information on the CCG website; commissioning a service user survey; stakeholder events and involvement of stakeholder representatives in key activities (commissioning the survey partner and identifying the areas to cover) and the scoring panel.

Financial Implications of Paper:
None at this stage of the work. A more detailed financial analysis is being undertaken to inform the paper that will be presented to the Board for decision in September.

Action Required:

The Board is asked to

- Note the work completed and the outcome of the option appraisal process.
- Note that OCCG and OUH will now working on pulling together the findings from the work streams, and any additional information, into papers for the CCG Board meeting in September.
- Identify if there are any further areas where additional information will be required prior to decision-making

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:

A full Integrated Impact Assessment was undertaken as part of the work for Phase 1 of the Oxfordshire Transformation Programme and this has been used to inform this piece of work.

Link to Risk:

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Date of Paper: 11 July 2019

Responding to Secretary of State letter following referral of the permanent closure of consultant-led maternity services at the Horton General Hospital

1. Introduction

In August 2017, the Oxfordshire Joint Health Overview and Scrutiny Committee (Oxfordshire JHOSC) referred the OCCG proposals on a permanent change to Obstetric services to the Secretary of State for Health and Social Care. The Secretary of State received advice from the Independent Reconfiguration Panel (IRP). The IRP concluded that further work was required locally and their advice has been accepted by the Secretary of State. In summary this asked for Oxfordshire Clinical Commissioning Group (OCCG) to undertake a more detailed appraisal of the options, specifically:

- 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)
- Views of mothers, families and staff who have been involved in the temporary arrangements
- Addressing all the recommendations from the Clinical Senate report of 2016
- What dependency, if any, exists between these services and other services
- Review of the options appraisal with stakeholders before a final decision is made.

"Whatever option eventually emerges, it should demonstrate that it is the most desirable for maternity services across Oxfordshire and all those who will need them in the future." [IRP letter to Secretary of State 09.02.2018]

In line with the IRP recommendations, the three Local Authorities (Northamptonshire County Council, Oxfordshire County Council and Warwickshire County Council) that considered the proposal to be a substantial change in NHS services agreed to form a Joint Overview and Scrutiny Committee; the Horton Joint Health Overview and Scrutiny Committee (Horton Joint HOSC) held its first meeting in September 2018.

2. Scope of work and agreed plan

The agreed areas of work within this scope were agreed with the Joint HOSC and are summarised below:

1. To work closely with neighbouring CCGs to ensure we have a full understanding of the population size and future housing/population growth for Oxfordshire and surrounding areas. Northamptonshire and Warwickshire are key populations as well as the whole of Oxfordshire and flow from other counties to the John Radcliffe unit (the IRP was clear that the options must

be the most desirable for the whole of the Oxfordshire population and wider population that access services in Oxfordshire). This enables modelling of potential market size (number of births) and ability to test market share.

2. To take a fresh look at the options presented in the August 2018 Decision Making Business Case (DMBC) and any additional options identified to identify whether there is a feasible staffing model to maintain obstetric services at the Horton General Hospital.

3. To address the other challenge of how the absence of obstetrics at the Horton may affect the sustainability of other specialties. A key area is to test viability of the anaesthetic rota

At the November 2018 meeting, the Horton Joint HOSC confirmed that in the opinion of the Committee the proposed approach and plan outlined would address the recommendations of the Secretary of State/Independent Reconfiguration Panel. The full plan is available here.

4. Delivering the Plan

A core project group with representation (clinical and managerial) from Oxford University Hospitals NHS Foundation Trust (OUH) and OCCG have been meeting on a regular basis to drive forward the work programme. We have also worked closely with the NHS in bordering counties (South Warwickshire CCG, South Warwickshire NHS Foundation Trust, Nene CCG and Northampton General Hospital NHS Trust).

At key points in the programme members of the project team met with the Royal College of Obstetricians and Gynaecologists (RCOG) as a means of obtaining an external viewpoint on the staffing models proposed.

All elements of the plan have been delivered to time and progress has been reported regularly to the Horton Joint OSC at key stages, to ensure we have met their expectations of delivery within the agreed scope..

5. Output of work to date

The programme plan set out six workstreams that have been delivered. We have reported to the Joint HOSC on each workstream in detail with the latest update provided on 4 July 2019.

5.1 Workstream 1: Engagement

The comprehensive engagement work stream has run throughout the programme of work and is published here. Delivery of this plan has been supported by

Freshwater[1]. The plan includes a full stakeholder list and a description of the activities planned to ensure engagement and open communications throughout the programme.

Experience of families using maternity services

OCCG commissioned Pragma to undertake a survey, focus groups and interviews to provide insight into the experience of families that have used maternity services during the time of the temporary closure of obstetric services at the Horton. Stakeholders were involved in the selection of Pragma and in the design of the survey.

More than 1,000 women responded to the survey and more than 400 partners. In addition, three focus groups were organised in Banbury and Wantage and eight participants (including two partners) were interviewed to gather more in-depth information from those that had more complex experience to share.

The full report and data pack are published on the OCCG website here.

Stakeholder events and option appraisal

Two stakeholder events took place.

The first (22 February 2019) was an opportunity to share information and evidence that would be used in the programme. This included information about travel and transport, data about housing growth and expected impact on population and birth rates, and the clinical model. Participants were then asked to consider the criteria to be used to assess the options and were invited to weight the criteria. The results of the weighting were gathered and held confidential by Freshwater to ensure no one involved in the scoring of options would be aware or influenced by the results of the weighting.

The scoring panel included a number of stakeholders including community and patient representation from local authority, Keep the Horton General campaign group and Maternity Voices along with clinicians - GP, midwives and obstetrician. Observers from Healthwatch Oxfordshire, Horton HOSC and Keep the Horton General were also invited. The panel was chaired by a representative from the Consultation Institute.

At the second stakeholder event (14 June 2019) an outline of the option appraisal process and outcomes was presented. Other presentations at the event included the findings of the survey, focus groups and interviews held with families who have used the service since the temporary closure of obstetric-led maternity services and more information about workforce and recruitment.

Stakeholders had an opportunity to reflect on and discuss the information shared and their feedback was gathered. This feedback will be used, alongside the other feedback from service users and stakeholders to inform thinking in advance of a decision making process in September.

Publishing information

[1] Freshwater is a leading communications agency with wide experience of supporting NHS and other organisations.

The dedicated section on the OCCG website is directly accessible via the homepage. Regular updates are posted here and all documents produced and being used by the project, are published here.

Information most recently published here includes:

- The information pack and additional information shared with the Scoring Panel in advance of their first meeting
- The further information gathered and shared with Scoring Panel to allow them to complete the task at their second meeting.
- The results of the criteria weighting and scoring with the options ranked.
- The report from the patient survey, focus groups and interviews and the data pack.
- The presentation slides from the second Stakeholder event.

All these documents and other documents published earlier can be found here: https://www.oxfordshireccg.nhs.uk/get-involved/horton-maternity-services.htm

5.2 Workstream 2: Service Description

A comprehensive description of the whole maternity pathway (pre-conception to post-natal) has been developed and is available here. It identifies where services are available to women and their families. This considers services available within Oxfordshire and those in surrounding counties which may be accessed by women and their families in the Horton General Hospital catchment area.

The service description outlines the various aspects of care, key outcome measures and an index of national guidance. This was shared with the Horton Joint HOSC and at the first Stakeholder event.

The maternity services are recognised nationally as delivering safe care with good outcomes for mothers and their babies. These outcomes have continued to improve over the last 3 years. The OUH reports marked improvement in rates in the serious outcome measures for maternity including from 2014-2018.

- Stillbirth and perinatal death at term
- Significant brain damage to term babies.
- Unexpected admissions of term babies to special care units.

The improvement in outcomes has been achieved by ensuring as many women as possible are seen early in their pregnancy. Women have an extensive clinical risk assessment away from the hospital by the community midwives and the GPs. The community midwife then coordinates the appropriate care and ensures low risk women have access to quality antenatal care. This includes new screening programmes and a choice to deliver in midwifery-led settings. Those women who are identified as having increased risks or complex pregnancies are seen in the appropriate obstetric or specialist clinics. This is in line with the Better Births Agenda and with the relevant NICE guidelines.

5.3 Workstream 3: Future vision for the Horton General Hospital and interdependencies

5.3.1 Future vision

The Horton General Hospital in Banbury has been delivering hospital care since 1872. Over the years it has adapted to meet the changing healthcare needs of a growing population and it still provides a vital base for a range of general hospital services to the people of North Oxfordshire and the neighbouring counties. The catchment area for the hospital is around 164,000 people. This is likely to grow to over 200,000 by 2026. The hospitals in Oxford, Warwick, Coventry and Northampton also provide services for this population.

There is ongoing commitment from OUH and OCCG that the Horton General Hospital will stay open and develop to become a hospital fit for the 21st century. OUH has invested significantly in the hospital so it can continue to develop and change as healthcare evolves and meet the needs of local people and it is planned this investment will continue. Recent investment in facilities and transfer of activity from Oxford has included:

- Refurbishment of endoscopy suite
- Expansion of renal dialysis services
- New CT scanners and improved x-ray machines
- Additional Trauma beds
- Expanded chemotherapy
- Upgrading of theatres to allow new urology procedures.

As part of our ongoing learning from this work, we are aware of the wishes of local people about ongoing services near to their home and have developed a new approach to jointly planning for population health and care needs. As the Board is aware the Health and Wellbeing Board agreed the proposed new approach and this is being rolled out to the Banbury and surrounding area and will incorporate further discussions on the future vision for the Horton General Hospital. This is a key area of work, as it aims to ensure there is an ongoing dialogue with local residents and stakeholders about future population health needs and how we might have to rethink our local services offer to respond to such needs. This will ensure that if local populations change dramatically over the next 5-10 years, there is a transparent process to review current and future service plans at the Horton.

The approach includes setting up a Stakeholder Group to co-produce the services design, based on a population needs analysis, before future proposals for changes to local health services are brought forward. Work is in hand to build on the Community Partnership Network to take this forward. Bruno Holthof and Louise Patten, Chief Executives of the OUH and OCCG are presenting at the Horton General Hospital public meeting in Banbury (23 July 2019) and will outline this unique approach for the Horton's future services.

5.3.2 Service interdependencies for paediatrics, emergency care, acute medicine

Work undertaken by the South East Coast Clinical Senate has reviewed the dependency for co-location of clinical services. The full report is available here, the full co-dependency grids are shown on pages 30-32.

This report highlights that provision of A&E (pages 34-37), acute medicine (pages 37-38) and paediatrics (see pages 49-52) are not dependent on the provision of an obstetric service on the same site. This has been seen in practice locally in that all these services have continued to be run from the Horton General Hospital since the temporary closure of the obstetric service in October 2016.

The Obstetric Anaesthetic rota at the Horton was independent of the other anaesthetic rotas for vital services such as trauma or the resuscitation team. The absence of obstetrics therefore does not impact on the provision of anaesthetics for other vital services at the Horton General Hospital going forward.

5.4 Workstream 4: Size and Share of the market (activity and population modelling)

The project team has collated and analysed activity and developed activity projections that take into account housing and population growth for areas that access services in Oxfordshire. This incorporates analysis of the current and future demand for services at the Horton General Hospital (HGH), including an assessment of population growth as a result of future housing growth. This work has taken into account planned housing growth within the Horton General Hospital catchment area and also the wider catchment area for OUH to ensure all potential activity growth is considered.

The analysis also considered flow and potential for this changing. The full paper can be found here. In summary projecting birth numbers is complex;

- Oxfordshire County Council has forecast the expected number of births taking into account the planned housing growth (see page 41 of Thames Valley Strategic Clinical Network Maternity Capacity and Future planning Report; Conclusion Paper June 2016). This methodology uses the number of new estimated women (in-house forecast) in each age group in a given year and the expected age-fertility rates for that age group in that year. This was for the whole of the county and indicated a rise in births of 641 from 8,514 in 2016 to 9,155 in 2026. Using these estimates would only predict an increase of about 200 births by 2026 for the Oxfordshire part of the Horton catchment.
- In this work we took a simple approach to considering numbers of births generated by the new housing in the Horton General Hospital catchment area which gives an estimate based on births per 1,000 households. If this is based on current birth rate this is about 24 births per 1,000 houses. Often new housing developments attract a higher proportion of younger people so a second projection has been undertaken applying a birth rate of 48 births per 1,000 homes for the new housing (that is double the current birth rate). These assumptions give upper estimates to the number of additional births there may be in the catchment area as they assume all residents of the new housing are new to Oxfordshire. The highest upper estimate of additional births (by 2031) for the wider Horton General Hospital catchment area is

between 800 (current birth rate) and 1,599 (double birth rate). It would not be expected on current flows (and because some mothers will need specialised services) that all these births would take place at the Horton General Hospital.

- Using these estimates for increased numbers of births and modelling a shift in flow from the wider Horton General Hospital catchment gives an upper limit in 2031 of 2,148 (current birth rate) to 2,536 (double birth rate). To achieve this level of births at Horton General Hospital requires a significant shift (at least doubling) in current patient flows from Bicester, Woodstock, Witney and Kidlington areas and the birth rate for all new housing developments to be double the current birth rate

This is all set in the context that the actual birth rate has fallen over the last two years.

5.5 Workstream 5: Options work up

The purpose of this work stream was to ensure that all potential options were appraised openly and consistently. To achieve this, detailed information was gathered and shared to support the appraisal. The three significant areas of workforce, finance and travel and access fell under this workstream.

The workforce information gathered to support this work included the following:

- Description and data relating to careers in obstetrics and gynaecology
- Workforce planning in obstetrics
- Data to illustrate the staffing numbers required to support each option ensuring compliance with guidance.
- The non-obstetric workforce requirements including midwives, neo-natal nurses and anaesthetists.
- Recruitment and retention of the obstetric workforce.

For the appraisal the baseline financial position was assumed and a more detailed financial analysis is being undertaken to inform the paper that will be presented to the Board for decision in September.

The analysis of travel times previously undertaken was reviewed as part of this work and together with an analysis of transfer times, this was used in the appraisal of options.

5.5.1 Workstream 6: Option development and appraisal process

The long list of options was developed from the work undertaken in the Oxfordshire Transformation Programme (Phase 1) and widely shared to ensure all possible options were identified. The options to be reviewed were agreed with Horton HOSC and the list was published on the OCCG website. It was also presented at the first Stakeholder event.

The criteria to be used in the assessment (based on those used in the Horton Strategic Review and Phase 1) were shared with the Horton HOSC and have also been published on the OCCG website. The criteria include ones relating to clinical outcomes and safety, patient experience, choice and travel as well as workforce and

strategy. These criteria were considered at the first Stakeholder event and were weighted individually by participants. These individual contributions were then used to prepare an aggregate weighting. The results of the weighting were kept confidential so that those involved in the scoring of the options were not influenced by the weighting.

A Scoring Panel was recruited with representatives from stakeholders (co-chair of Maternity Voices Partnership, Chair of the Community Partnership Network and a representative from Keep the Horton General), and NHS clinicians and managers from OCCG and OUH. The task of the Scoring Panel was to allocate scores to each of 12 options which relate to how maternity services at the Horton General Hospital might be run in the future. Each option was assessed against the 13 criteria. The panel were provided with information and invited to score each criteria for all 12 options in advance of a meeting to discuss and agree consensus scores; all but one stakeholder chose to score. The task was not completed at the end of the first day and a further meeting was arranged to complete the final scores.
In addition, a small number of observers were invited to attend the meetings including Keep the Horton General, Healthwatch Oxfordshire and Horton HOSC.

All information used and produced during this process has been published on the OCCG website.

5.5.2 Outcome of the appraisal process

The panel agreed scores are shown in the table below.

	Ob1: 2 obstetric units – (2016 model)	Ob2a (i): 2 obstetrics units – fixed consultant	Ob2a(ii): 2 obstetric units - tier 1 support	Ob2b: 2 obstetrics units – rotating consultant	Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	Ob3: 2 obstetrics units – external host for HGH	Ob5: 2 obstetrics units – elective (planned)	Ob6: Single obstetric service at JRH	Ob9: 2 obstetric units both with alongside MLU	Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training
1. Clinical outcomes	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
2. Clinical effectiveness and safety	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	3.00	3.00	3.00
3. Patient and carer experience	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	4.00	2.00	2.00
4. Distance and time to access service	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	4.00	3.00	3.00
5. Service operating hours	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	3.00	2.00	2.00	2.00
6. Patient choice	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00
7. Delivery within the current financial envelope	2.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	3.00	2.00	2.00	2.00
8. Rota sustainability	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3.00	1.00	1.00	1.00
9. Consultant hours on the labour ward	2.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00	3.00	3.00	3.00
10. Recruitment and retention	1.00	1.00	1.00	1.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00	2.00
11. Supporting early risk assessment	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
12. Ease of delivery	1.00	1.00	1.00	1.00	1.00	1.00	0.00	1.00	2.00	1.00	1.00	1.00
13. Alignment with other strategies	2.00	2.00	2.00	2.00	2.00	2.00	1.00	2.00	4.00	2.00	2.00	2.00
Score												

Following completion of the work of the scoring panel the criteria weights were applied to the scores which resulted in the ranking of the options as follows:

Option	Weighted score
Ob9: 2 obstetric units both with alongside MLU	243.70
Ob6: Single obstetric service at JRH	243.59
Ob11: 2 obstetric units; HGH unit has regained accreditation for doctors in training	218.14
Ob10: 2 obstetric units – doctors in training at JR spend 8 hours a week at Horton	209.65
Ob5: 2 obstetrics units – elective (planned)	208.56
Ob2c: 2 obstetrics units – fixed combined consultant and middle grade	208.56
Ob3: 2 obstetrics units – external host for HGH	196.82
Ob2d: 2 obstetrics units – rotating combined consultant and middle grade	194.48
Ob2b: 2 obstetrics units – rotating consultant	194.48
Ob2a (ii): 2 obstetric units – tier 1 support	194.48
Ob2a (i): 2 obstetrics units – fixed consultant	194.48
Ob1: 2 obstetric units – (2016 model)	193.13

This indicates that two options score very closely and significantly higher than any other. It is interesting that the two favoured (and almost equalling scored) options are relatively polarised – ie Ob6 single obstetric unit at JR versus Ob9 two obstetric units both with Midwifery-Led Units (MLU) alongside. In Ob9 the preferred obstetric staffing model is the consultant/middle grade hybrid rota, as has been found in the review of other small units.

An important part of this process was to review whether other potential options exist that could prove to be an alternative viable option for re-introducing obstetrics to the Horton General Hospital. These possible options were explored, described and scored; feedback was that despite the outcomes of the process, including these options was a valuable exercise. None of the alternative options scored as high as the two above.

It is also important to note that the staffing models referred to across the options are not considered to be mutually exclusive. This means, for example, that if the option of two obstetric units were to be implemented, every effort would be made to reinstate training accreditation.

Whilst the top two options are near equal on total weighted score, the two unit option scored more highly on public/patient/outcome/choice. On the other hand the single unit option scored more highly on deliverability/sustainability/cost and providing a stronger platform for delivering on the national strategies.

Between now and the decision making OCCG Board meeting in September, we will need to consider what will be required to deliver each of the options – in particular, what would be needed to mitigate the weaknesses for each option (e.g. to improve patient choice and experience in the single obstetric unit model; and to improve deliverability and sustainability for the two obstetric units with alongside MLUs).

5.5.3 Small obstetric units

To support this work, OCCG and OUH have been looking at how NHS Trusts across the country manage the challenge of safe obstetric care in units with small numbers of births. Thirteen hospitals across the country were contacted and information gathered about the size of the unit, their staffing model and training accreditation. In addition, the local campaign group, Keep the Horton General, did a similar piece of work and shared this with OCCG and the Horton HOSC.

Of the thirteen hospitals contacted the future is uncertain for four. Two important differences between OUH and many of the other trusts were highlighted through this work. The first related to training accreditation – many of the small units have maintained their training accreditation. The second related to the difference in scale between the JR and the Horton General Hospital. Most of the other small hospitals were either stand alone or paired with another hospital of similar size.

This work is ongoing and visits are planned to a number of these hospitals where there is potential for learning for Oxfordshire.

6. Learning

Undertaking this work has highlighted areas of learning that have both informed the on-going delivery of this work and form foundations for future working. The main areas identified that have contributed to delivery of this work are as follows.

- A project team with consistent clinical and managerial membership from the CCG and OUH. The membership included those with involvement in the work previously and those new to it that brought a fresh perspective. The team met regularly and there were clear agreements about areas of work and responsibility. The time required to complete the work by both clinical and managerial staff is significant but crucial to the success of the project.
- Setting up and maintaining named links with the NHS in Warwickshire and Northamptonshire has ensured that all aspects of the work are informed by the wider catchment area.
- The work has given the opportunity to review a single area in depth and ensure that all potential options are identified and appraised. The ways of working also ensured that we were open to including options identified by stakeholders as well as those previously considered.
- The work has identified that our processes need to ensure that we are able to balance the decisions required to address the immediate needs/issues (for example workforce constraints) whilst also planning for future needs. This will help ensure that safe services are commissioned and delivered now whilst also considering how needs might change and building in review points for relooking at the service.
- The work has benefited from bringing in external expertise to provide support. This additional capacity and expertise has supported different ways of working and involving and engaging with the public and local stakeholders. Running the stakeholder events, the user survey and scoring process in the way that we did would not have been possible without the external support.
- Rebuilding the working relationship with the members of the HOSC and local community through sharing all the work, inviting representatives to participate

in the important parts (commissioning the survey partner, weighting the criteria and the option appraisal process) and delivering to plan.
- The delivery of this specific piece of work has provided a foundation for taking forward the framework for planning for population health and care needs in the area so that working with local public and stakeholders we can adapt to changing needs.

7. Next Steps

OCCG and OUH will now bring together the findings from all of our workstreams, plus any further evidence (for example, on what would be required to deliver the highest scoring options and what would be required to mitigate their weaknesses). This information will be presented to the OCCG Board in September to inform the decision. The Horton HOSC will meet again in September (date to be confirmed) to review this prior to the OCCG Board meeting.

OCCG will also be working with NHS England to ensure that their assurance process has been undertaken.

The Board is asked to

- Note the work completed and the outcome of the option appraisal process.
- Note that OCCG and OUH will now work on pulling together the findings from the workstreams, and any additional information, into papers for the CCG Board meeting in September.
- Identify if there are any further areas where additional information will be required prior to decision-making