Executive

Horton General Hospital and Health Sector Changes

4 July 2011

Report of Strategic Director of Environment & Community

PURPOSE OF REPORT

To consider the progress and current position regarding the implementation of alternative service models for the Horton General Hospital. To consider also the radical changes in the health sector and the latest position in changes locally.

This report is public

Recommendations

The Executive is recommended:

1) To note the good progress in implementing sustainable service delivery models at the Horton General Hospital.

2) To urge the Oxford Radcliffe Hospitals Trust to implement as soon as possible the revised model for maternity and gynaecology.

3) To support the establishment of a Community Partnership Network with membership drawn from local health and social care service commissionaires and providers plus relevant stakeholders.

Executive Summary

Introduction

1.1. Following the intervention of the Independent Reconfiguration Panel in 2007, Oxfordshire Primary Care Trust (PCT) was tasked with coming up with a new sustainable service model for the Horton General Hospital (HGH) jointly with the Oxford Radcliffe Hospitals Trust (ORHT). Since this time, a significant programme of activity has been undertaken which has been successfully concluded.

1.2. The Coalition Government announced in 2010 radical changes to the way the NHS is structured and the way it commissions and delivers health and social care services. This report outlines the changes and local proposals.

Proposals

1.3. The implementation of the new service models at the HGH is largely complete: The outstanding appointments to maternity and gynaecology are necessary for a sustainable service model and therefore the ORHT should complete the recruitment process for this as soon as possible.

1.4. It's proposed to establish a new stakeholder body with its primary aim to act as a local focal point to understand, influence and support the many changes taking place in the health and social care sector.

Conclusion

1.5. With the successful completion of the new service delivery models for the HGH, the focus of attention needs to shift to the wider changes taking place in the health and social care centre.

Background Information

The Horton General Hospital

2.1. The Independent Reconfiguration Panel published its report on proposed changes to services at the HGH on 20 March 2008. This report rejected the proposals made by the ORHT and presented a number of recommendations for taking the work forward. This included a recommendation that the Oxfordshire PCT should carry out further work with the ORHT to set out the arrangements and investment necessary to retain and develop services at the HGH. Patients, the public and other stakeholders should be fully involved in this work.'

2.2. A Better Healthcare Programme in Banbury and Surrounding Areas was established by the PCT to deliver this recommendation. The formal governance of this programme involved an operational Project Team, a formal Programme Board and an advisory Community Partnership Forum.

2.3. In June 2010, a consultant delivered model was agreed to sustain paediatrics and obstetrics at the HGH requiring substantial additional investment. The Anaesthetics service has been running since the start of November 2010 with consultants taking on extra sessions. No additional appointments were needed. The Paediatrics service required 11 new posts and recruitment to these has been completed.

2.4. The Obstetrics & Gynaecology service has proven more complicated. This service was progressing more slowly, partly due to the national reduction in number of trainees in this specialism. The current position is that after the development of different service models, no decision has yet been taken on which is most appropriate and is dependent on national direction and Oxfordshire wide application. In the meantime, the ORHT has put in place interim measures which provide the required level of service robustness and quality whilst the longer term service model is finalised.

2.5. As a consequence of this overall position, the PCT's Better Healthcare in Banbury Programme was ceased in March 2011 and with it, the Community Partnership Forum.

Changes in the Health and Social Care Sector

2.6. The main changes originally proposed by the Coalition Government are as follows:-

The National Health Service (NHS):

- Will retain its traditional values of universality and care which is free at the point of delivery.
- Will have a clear commissioning-provider split with more autonomy for NHS trusts.
- Will have its commissioning function coordinated nationally by a new commissioning board.
- Will be delivered at local level by GP commissioning consortia but there is no requirement to have co-terminus boundaries with local government.

Local Authorities:

- Will have increased responsibilities to coordinate overall health policy for an area, joining together in particular the work of local government, the NHS and the new National Public Health service. The favoured option for doing this is through a Health and Well-being Board led by top tier local councils which in our case will be OCC. This is proposed to incorporate the current Health Scrutiny Function.
- Will have increased responsibilities for ' health improvement '.
- Will employ the local Director of Public Health, who will be jointly appointed by the National Public Health service.
- Will oversee a new ring-fenced budget which will be managed by the Director of Public Health.
- Be accountable for achieving improved outcomes for the public's health.

The National Public Health Service (PHS):

- Will have clear managerial ' line-of-sight ' from the Secretary of State and the Chief Medical Officer down to local authorities, the local Director of Public Health and thus to the public.
- Will be accountable for a range of activities including: health promotion, disease prevention, health inequalities, immunisation, screening, assessing local needs, control of communicable diseases, emergency planning in the NHS and specialist support to the local commissioning of organisations.
- Will bring together a number of existing bodies, including Public Health services which are currently within the NHS, regional Public Health Observatories and the Health Protection Agency.

These relationships are summarised in the diagram at Appendix 1 and Appendix 2 contains more detail about these proposals.

2.7. Last month, the NHS Future Forum released its recommendations of changes needed to the Government's health reform proposals following its 'listening' exercise. This was followed quickly by the Government's response to the recommendations which is summarised as follows:

- **Wider involvement in clinical commissioning groups**. A wider range of experts will be given the power and freedom to make decisions about health services for their local community by, for example, including nurses and specialists on the boards of clinical commissioning groups.
- **Stronger safeguards against a market free-for-all.** The health care regulator Monitor's core duty will be to protect and promote patients' interests, it won't be required to promote competition as if it were an end in itself.
- **Additional safeguards against privatisation.** It is not the Government's intention to privatise the NHS, and will create a genuine level playing field to stop private companies 'cherry-picking' profitable NHS business. Competition will be on quality, not price.
- **Evolution, not revolution.** It is proposed that allow clinical commissioning groups take charge of commissioning when they are ready and able, and a more phased approach to the introduction of Any Qualified Provider.
- **Greater information and choice for patients.** The Government will make clear that the people who make decisions about local services have a duty to promote patient choice. And following current pilots, the Government will make it a priority to extend personal health budgets including across health and social care.
- **Breaking down barriers within and beyond the NHS.** A new duty for clinical commissioning groups will be to promote joined up services both within the NHS and between health, social care and other local services.
- **Whole population approach.** Clinical commissioning groups will be responsible for their whole population rather than just registered patients.
- **Public Involvement.** Health and Well Being Boards will have a new duty to involve users and the public.
- **Transparency and Pubic Accountability.** Every commissioning group will have a governing body to oversee its decisions and its use of funds. This body will include at least two lay members and will be required to meet in public.

2.8. In Oxfordshire, OCC are in the process of considering the nature and structure of the new Health and Well Being Board plus Healthwatch and the scrutiny function and will now take the above changes into account. In relation to the new GP commissioning consortia arrangements, GPs have agreed a county-wide GP commissioning consortium model supported by six local consortia of GP practices with devolved power and responsibility for commissioning services in order to shift decision-making as close as possible to patients. These will now be called clinical commissioning groups. In Cherwell, this means building on the current GP practice based commissioning arrangements and will result in two local consortia – North Oxfordshire based on Banbury and North East based on Bicester.

A Proposed New Stakeholder Body – a Community Partnership Network

2.9. The Better Healthcare Programme Board was advised by a Community Partnership Forum. One of the many benefits which arose from the Better Healthcare Programme was the effectiveness of community engagement and involvement in the changes at the Horton General Hospital. This has arisen largely through the work of the Community Partnership Forum in developing a strong sense of trust between relevant health sector partners, offering strong leadership and support in finding solutions and effective communication during times of change and uncertainty.

2.10. Whilst the work of the Better Healthcare Programme has reached a successful conclusion, it is clear that the health and social care sector as a whole is about to enter a further period of change and uncertainty particularly around new commissioning responsibilities through GPs. During the period of the Better Healthcare Programme activities, many Forum members and partners have developed a wider understanding of the different aspects of the health sector and a range of skills which are transferrable and relevant to the forthcoming changes.

2.11. It is therefore proposed to establish a new body - the Community Partnership Network, to focus on these changes and in so doing, ensuring that these local strengths are used to best effect in supporting health and social care sector and to consolidate the work of the Better Healthcare Programme into the new world of health and social care in North Oxfordshire and surrounding areas. It is intended to have an initial 2 year life from mid 2011 to 2013 following which it will be necessary to review in light of the new health sector commissioning arrangements, the anticipated ORHT Foundation Trust status and Healthwatch having been implemented. This Network is not intended to cut across or replace the specific public and patient involvement responsibilities of healthcare providers.

2.12. North Oxfordshire and surrounding areas is suggested as the correct geographic focus for this new body as this best reflects the traditional 'Banburyshire' geography which is so relevant to the uniqueness of this locality because of the Horton's catchment and the likely influence of this on the new GP commissioning arrangements. This geography extends into the catchment for Bicester GPs as part of the NE Oxfordshire GP Commissioning Consortia. It also reflects where the strength of the current partner and community engagement functions lie arising from the Better Healthcare Programme.

2.13. The aims of the new body are;

1) To act as the focal point for stakeholder engagement and communication associated with changes in the local health sector.
2) To support the ORHT in its Foundation Status
3) To support the ORHT in the development of the agreed vision for the HGH and the new consultant delivered service models.
4) To support the local GP Commissioning Consortia in delivering the best primary health care locally and the seamless links to secondary healthcare.
5) To support the County Council in developing effective local links between social care and primary and secondary healthcare

6) To support the County Council in developing the local Healthwatch plus the role, remit and networks for the Health and Wellbeing Board.

2.14. The Network will challenge, question and understand how commissioners and providers allocate funds and deliver health services to the communities they serve. Whilst an appropriate level of challenge should prevail, it is important that the three primary stakeholders of the Network – ORHT/GP Commissioners/OCC – sign up to an ethos of co-operation, so that meetings are more than just a talking shop, and genuinely exist to ensure that best use is made of health and social care resources. Being innovative, creating new and better ways of working together, encouraging accountability and authenticity should be the accepted modus operandi of the group, so that it is a genuine partnership model.

2.15. In order to ensure the membership numbers of the Community Partnership Network are manageable, membership is restricted to representatives of key local stakeholders which include the commissioners and providers of health and social care services. However, one of the major successes of the Better Healthcare Programme was the public access to and involvement in almost all its activities. This approach developed trust and maintained transparency. In order to maintain this benefit, proposed quarterly meetings of the Community Partnership Network will be meetings in public where the members of public attending will have the opportunity to ask questions and to contribute to the debate and challenges of the Network's business. The Council's representative will be the Lead Member for the Environment.

2.16. It is intended that Cherwell District Council will continue to host and provide administrative support for this activity in a similar manner as it did for the former Community Partnership Forum. All Network documents to be available on the Council, ORHT and other appropriate websites. A new Chairman will need to be recruited and again the Council plans to do this on behalf of the Network.

2.17. The first meeting of the Community Partnership Network has been held recently where there was widespread support for the arrangements as described.

Key Issues for Consideration/Reasons for Decision and Options

3.1. A key issue associated with the HGH is the ongoing sustainability of the agreed service levels when the commissioning body and arrangements will be changing. There is a perceived threat that the health sector reforms will provide greater competition from the private sector which could impact on the HGH. By having a stakeholder group which brings together the key commissioners and providers i.e. GPs, ORH & OCC, there will be a local focus and dialogue on how this works in practice and to attempt to influence the future commissioning of services from the HRH.

3.2. A further issue relates to the extent of public involvement in the services and the new Community Partnership Network. Each commissioner and service provider is expected to have their own arrangements for this and it will be important not to duplicate and have clarity of responsibility. Past experience does indicate that there is not wide public understanding of the

structure and responsibilities of the current health service. In such circumstances and with so much significant change about to happen, it is important at the very least that the new Network does attempt to improve this position.

3.3. The principle behind the Community Partnership Network is to have meetings in public with managed, but considerable public participation during the meeting. This worked well for the previous Forum and it is intended to continue for this new body, thereby allowing wider public participation for the sector issues as a whole.

The following options have been identified. The approach in the recommendations is believed to be the best way forward:

Option One	To support the Community Partnership Network.
Option Two	To withdraw from involvement in public engagement, communication and changes in the health and social care sector.
Option Three	To attempt to engage partially with the health and social care sector through individual organisations rather than a collective stakeholder group.

Consultations

Better Healthcare Board/Community Partnership Forum	The former Better Healthcare Programme Board and community Partnership Forum were consulted on these proposals and were supportive.

Implications

Financial:	There are no financial implications arising from this report. The support which the Council provides is hosting meetings and the involvement of the Strategic Director Environment & Community and is therefore provided within approved budgets. The cost of recruiting and engaging a Chairman is to be funded equally between OCC, the local GP Consortia and the ORHT. Comments checked by Karen Curtin, Head of Finance, 01295 221551.
Legal:	There are no legal implications arising from this report. Comments checked by Nigel Bell Team Leader – Planning & Litigation / Interim Monitoring Officer , 01295 221686
Risk Management:	There are no notable risks arising from this report. Comments checked by Claire Taylor, Corporate Strategy and Performance Manager (01295 221563).

Wards Affected

Most District Wards

Corporate Plan Themes

A Safe and Healthy Cherwell

Executive Portfolio

Councillor James Macnamara
Lead Member for the Environment

Document Information

Appendix No	Title
Appendix 1	Diagram summarising coalition government proposals for the main health organisations
Appendix 2	NHS white paper July 2010 – summary of key changes
Background Papers	
Report Author	Ian Davies, Strategic Director Environment and Community
Contact Information	01295 221698 ian.davies@cherwell-dc.gov.uk