Cherwell District Council

Council

18 July 2016

Oxfordshire Health and Social Care Transformation Programme and Implications for the Horton District General Hospital

Report of Director of Operational Delivery

This report is public

Purpose of report

To receive a presentation about the Oxfordshire Health and Transformation Programme, the specific work arising from this related to the Horton District General Hospital and emerging options for alternative service models

1.0 Recommendations

The meeting is recommended to:

1.1 Note the presentation from the Oxford University Hospitals Foundation Trust.

2.0 Introduction

- 2.1 Due to the pressures which health and social care services are facing in Oxfordshire, a Health and Social Care Transformation Programme has been introduced. This in turn links with and contributes to the wider Strategic Transformation Plan for Buckinghamshire, Oxfordshire and West Berkshire.
- 2.2 The purpose of this report is to provide some of the strategic and county wide context for the work which is underway locally and specifically in relation to the Horton District General Hospital.

3.0 Report Details

- 3.1 Oxfordshire like most other places in the UK is facing many and varied health and social care challenges. These are summarised as follows
 - Increasing hospital demand estimated to be 15% over the next five years if left unchecked
 - Increasing case complexity associated with long term conditions and frailty

- o Increasing cost pressures as a consequence of new drugs and inflation
- Workforce pressures associated with recruitment and retention
- o GPs under pressure through extended hours and seven day services
- A crises response to sickness requiring new models of anticipatory care
- A need to shift from sickness services to preventative services and to tackle health inequalities at source
- 3.2 To address these challenges, a series of strategic transformation plans are being drawn up nationally and regionally to consider on a large scale service issues associated with mental health, urgent care, emergency care, cancer and maternity services, workforce matters, primary care sustainability and the avoidance of service variation. This work is underway with national autumn deadlines for submission of regional plans.
- 3.3 The Oxfordshire Transformation Programme which links with and contributes to the strategic plan aims to;
 - Improve accountability to patients with a designated clinician responsible for each patient 24/7
 - Reallocate resources and infrastructure to match need and enhance convenience through on line monitoring, longer appointments and diagnostic centres in the community
 - Make full use of staff skill sets across organisational boundaries
 - Prevent what can be prevented and level up equalities
 - Admission to a hospital bed only occurs when it is absolutely appropriate to health needs as the best bed is your own bed
- 3.4 Five services are being reviewed based on the above. They are maternity services; children's services; urgent and emergency care; planned, diagnostic and specialist care; and mental health, learning disabilities and autism.
- 3.5 Supporting this work is a 'care closer to home' principle where commissioners and delivery bodies will;
 - o Increase people's confidence to manage their own care
 - o Use general practice as 'the gate keeper'
 - o Deliver more integrated GP, community, hospital and social care
 - Manage the population's health to improve outcomes
 - o Increase the capacity of community workforce
 - o Organisations working together across Oxfordshire, and
 - o Services focussing on quality, experience and outcomes
- 3.5 In parallel, influenced by and contributing to this is a clinically led review by the Oxford University Hospitals Foundation Trust (OUHFT) of its hospitals which includes the Horton District General Hospital. The review is focussing on generating potential options to meet future population health demand and needs and potential future service standards while addressing existing, and where possible, potential future challenges of care provision.
- 3.6 Three emerging options for the Horton DGH were developed from the initial clinical assessments which were widely publicised last month particularly in relation to maternity. Since that time, further activity level, workforce, finance and estates assessments have been undertaken and as a consequence of this further work, the

latest position with the emerging options will be presented to Council by OUHFT officials.

3.7 It should be noted that as with the emerging options in June, these are still emerging options and not firm proposals. A further period of engagement is required with staff and stakeholders before these and other proposed service changes county wide are then considered by the key Oxfordshire bodies. Following this consideration, it is intended to establish a series of proposals for consultation purposes in October 2016.

4.0 Conclusion and Reasons for Recommendations

4.1 The presentation by the OUHFT to Council will provide the opportunity for all members to understand the latest position in relation to the development and nature of emerging service options and the process for their decision making.

5.0 Consultation

The OUHFT has engaged with the Community Partnership Network.

6.0 Alternative Options and Reasons for Rejection

6.1 No alternative options have been identified due to the process the OUHFT is currently embarked on.

7.0 Implications

Financial and Resource Implications

7.1 There are no direct financial consequences to the Council arising from this report.

Comments to be checked by: Paul Sutton, Chief Finance Officer, 0300 0030106, Paul.sutton@cherwellandsouthnorthants.gov.uk

Legal Implications

7.2 There are no specific legal issues arising from this report

Comments checked by: Kevin Lane, Head of Law and Governance, 0300 0030107, kevin.lane@cherwellandsouthnorthants.gov.uk

Risk Implications

7.3 Whilst the delivery of appropriate health and social care services to the people of the Cherwell District is not a specific Council responsibility, in its community leadership role, it will be important for the Council to consider the impact locally and

respond accordingly. Failure to do so, could result in a reputational risk to the Council.

Comments checked by:

Louise Tustian, Senior Performance & Improvement Officer, 01295 221786, louise.tustian2@cherwellandsouthnorthants.gov.uk

8.0 Decision Information

Wards Affected

Currently wards in the top half of the District but potentially all wards

Links to Corporate Plan and Policy Framework

Cherwell: A Thriving Community – work to support health and wellbeing across the District.

Lead Councillor

Councillor Tony Ilott – Lead Member for Public Protection Councillor Nigel Randall – The Council Representative on the Community Partnership Network

Document Information

Appendix No	Title
None	N/A
Background Papers	
None	
Report Author	lan Davies
	Director of Operational Delivery
Contact	030000 30 101
Information	lan.davies@cherwellandsouthnorthants.gov.uk