

# Cherwell District Council

## Executive

6 February 2017

<h3>Proposed Changes to the Local Health and Social Care Sector</h3>
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### Report of the Director of Operational Delivery

This report is public  
Appendix 4 to this report is exempt from publication by virtue of paragraph 5 of Schedule 12A to the Local Government Act 1972

#### Purpose of report

To inform the Executive of proposed changes to the health and social care sector, the actions of the Council to date and to consider further Council activity.

#### 1.0 Recommendations

The meeting is recommended:

- 1.1 To note the proposals for change and the actions taken by the Council to date.
- 1.2 To consider further the specialist advice to the Councils and the emerging Council response to the stage 1 consultation process upon receipt of further information.
- 1.3 To agree to hold an all member briefing at the end of March 2017 regarding the Council's intended response to the stage 1 consultation proposals.

#### 2.0 Introduction

- 2.1 The Council has for some time been engaged in changes to the health and care sector locally through its active involvement and support for the Community Partnership Network (CPN). It has also received periodic updates at Council meetings.
- 2.2 The Community Partnership Network has, in 2016, been engaged in dialogue with the Oxford University Hospitals Foundation Trust (OUHFT) over proposed changes to the services provided at the Horton General Hospital (HGH) as well as other local changes. Later in 2016, these potential changes formed part of the Oxfordshire Transformation Programme for health and social care which forms part of the Government's call for Sustainability and Transformation Plans (STP) across the

country. Oxfordshire is part of the Buckinghamshire, Oxfordshire and Berkshire West STP.

- 2.3 This report outlines the activities undertaken by the Council to date, the nature of the proposed changes as reflected in the formal consultation process now underway and the approach which is proposed for the Council to respond to the consultation process.

### **3.0 Report Details**

#### **Community Partnership Network Activities**

- 3.1 Since the 2008 challenge to some of the HGH services was concluded in 2011, with the implementation of the Secretary of State's directive that the HGH should retain consultant led obstetrics and paediatric services, the CPN, under this Council's chairmanship and support, has been very active. Its primary focus has been to monitor the continued application of consultant led services and considered these in the wider context of other HGH changes and wider health and social care service change in North Oxfordshire.
- 3.2 In 2016, the OUHFT explored with the CPN a number of scenarios for service change at the HGH and its hospitals in Oxford which at that time were forming the secondary health component of the Oxfordshire Transformation Programme. The three emerging service models at that time are summarised at Appendix 1. Needless to say, there was considerable concern expressed at some of the proposed downgrading of current services by moving most acute services to Oxford despite the strong intent to accommodate an enhanced range of diagnostic, outpatient and elective surgery cases at the HGH. The concerns stem from the fact that many of the proposals run counter to the position taken by the Independent Reconfiguration Panel and the Secretary of State in 2008, where the same distance/travel/patient safety concerns existed.

#### **Oxfordshire Transformation Programme Consultation**

- 3.3 On 16 January the Oxfordshire Clinical Commissioning Group (OCCG) commenced a formal two stage consultation process on the following proposed changes;

##### Phase 1 consultation – 16 January to 9 April 2017

Acute hospital services (acute hospitals provide a wide range of specialist care and treatment including surgery, medical care, emergency care and tests):

- changing the way we use our hospital beds and increasing care closer to home in Oxfordshire, thereby reducing the number of costly hospital bed provision and length of hospital stays;
- increasing planned care at the HGH (planned care includes tests and treatment planned in advance and not urgent or emergency care) such as increased diagnostic tests, outpatient appointments, planned day surgery and pre-surgery assessments;

- making permanent acute stroke services in Oxfordshire where most acute stroke episodes will be treated in Oxford but supported by an extended early supported discharge service at home and potentially with rehabilitation at the HGH;
- changing critical care (critical care helps people with life-threatening or very serious injuries and illnesses) at the HGH where the sickest (Level 3) critical care patients from North Oxfordshire would be treated at the Oxford Intensive Care Units (ICUs). The HGH should continue to have a Critical Care Unit. *Patients living in South Northamptonshire and South Warwickshire might be treated at the critical care units in hospitals in Warwick, Northampton or Milton Keynes if closer;*
- making permanent the recent changes to maternity services at the HGH including obstetrics, the Special Care Baby Unit (SCBU) and emergency gynaecology inpatient services where obstetric services will be provided at the John Radcliffe Hospital in Oxford, with the Special Care Baby Unit and emergency gynaecology inpatient services. A Midwife Led Unit will be maintained at the HGH *(with women from north of Oxfordshire also having the choice to travel to Northampton, Warwick or Milton Keynes).*

#### Phase 2 consultation – Later in 2017

Acute hospital services:

- Accident and emergency units in Oxfordshire;
- Children's services;
- Community hospitals including Midwife Led Units (MLUs).

3.4 The full consultation document is attached at Appendix 2. This outlines the challenges facing the sector where continuing without change is not sustainable, a vision for how services should be improved, a vision for primary care, and further detail about what is proposed in the stage 1 consultation.

3.5 The first consultation event was held in Banbury on 26 January 2017 where it is estimated some 500 people attended St Mary's Church with significant concern expressed by all about the proposals. Most of this centred on critical care health concerns about the distance, means of travel and travel time from Banbury to Oxford. Victoria Prentis MP is currently conducting a public survey of the travel and parking time with the emerging combined average time of these being between 1.5 and 2 hours.

#### **Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan (BOB STP)**

3.6 During this same period, the Governments STP programme was underway. A public summary of the content of this is attached at Appendix 3. Again, this BOB STP outlines similar challenges to that of the Oxfordshire Transformation Programme, which are:

- significant increases in population due to new housing growth;
- pockets of deprivation where communities are not as healthy as they could be;
- an increase in demand for services, especially for frail older people who often have more than one health and care need;
- difficulty in recruiting and retaining staff due to the high cost of living, which leads to inconsistent levels of care and unsustainable services;
- ageing NHS buildings which are not fit for modern use;
- variable access to some specialised services and other treatments;
- people having to travel out of our area for specialised mental health care.

3.7 The detail of the STP goes on to support the changes to the HGH as reflected in the Oxfordshire Transformation Programme consultation proposals. It should also be recognised that the BOB STP is more about how efficiencies and service improvements can be delivered at scale beyond Oxfordshire, and for many aspects is about different methods of working to achieve this.

3.8 Because the consultation about service change is anticipated to be at a separate Oxfordshire, Buckinghamshire and Berkshire West level, it appears unlikely that the STP itself will be the subject to consultation. It is also clear that there appears to have been little dialogue with the STP leaders in neighbouring areas, which is of concern when so many issues in North Oxfordshire involve cross boundary service matters.

### **Council Actions to Date**

3.9 As many of these matters are clinical in nature, the Council has engaged health sector specialists to advise on the clinical aspects of the proposals, to support the Council's response to the consultation process and other associated activities.

3.10 During the period of pre-consultation engagement, the Council had been informed of not only of the likely content of the consultation process but also the proposal to split the process into two phases. The Council, and indeed the CPN, did not support the two stage consultation process for the following reasons:

- There is a risk that the first consultation will prejudice the outcome of the second consultation and, as far as services in North Oxfordshire are concerned, obscures the basic question around which community interest turns - "what will the future HGH offer in terms of health services".
- The starting point is that the HGH has historically provided a local acute service which has provided three core services - a 24-hour emergency service for adult medical emergencies, somewhere to have a baby, and somewhere to take a sick child. The first of these core functions is threatened if the first consultation proposes the removal of other acute services.

- There are clear linkages between obstetric, paediatric and anaesthetic services. The withdrawal of obstetrics has caused the removal of the SCBU and with it specialised nursing skills, as well as demand for the expertise of paediatricians and anaesthetists.
- If the result of the stage 1 consultation were to be permanent removal of level 3 critical care, stroke, obstetric and SCBU services, it is apparent that not only is the ability of the Horton to treat unselected adult medical emergencies compromised, even though the Emergency Department would still be in place, but the paediatric service would be weakened leaving both services potentially vulnerable to being removed as a result of the second stage of consultation.
- There are four tests for public consultation in the NHS, namely strong patient and public engagement, consistency with the need for patient choice, a clear evidence base, and support from commissioners. There seems to be very little in the way of wider health system engagement outside Oxfordshire or regard for patient choice. This would be especially the case if the stratification of consultation means that there is no clarity as to what will be the ultimate outcome and fails, in the case of the HGH, to set out for North Oxfordshire residents and those of surrounding areas what the shape and extent of the future local acute secondary care services they can expect to receive locally. This would in turn compromise the public's ability to respond coherently to the proposals being put before them.
- A single consultation approach would be consistent with the whole hospital approach adopted by the OUHFT when engaging earlier in 2016 to develop its emerging options. It would be in tune with the need to consult early upon the Oxfordshire-wide ambulatory care proposal, in order to care for people in the setting appropriate to their needs and minimising delayed hospital discharges, which is supported.

3.11 Representations of objection to the two stage consultation approach have been made by the Council Leader to the Chief Executive of the OCCG which is leading the Oxfordshire Transformation Programme consultation and the STP, the Chief Executive of the OUHFT plus the Chair of the Oxfordshire Joint Health and Overview Committee, which endorsed the two stage consultation process.

3.12 In addition, the Council agreed to make representations regarding the parking difficulties at the John Radcliffe Hospital. The response received from the OUHFT via the OCCG is as follows;

*“The impact of current pressures on our parking facilities is well recognised and acknowledged. These pressures are experienced by patients, visitors and staff, who either need or choose to access our hospital sites by car. In taking what action we can to alleviate these pressures, we are restricted by our existing parking capacity. Our recent attention has been focused on implementing more effective parking management, whilst a number of initiatives and incentives are also being pursued in order to realise better overall travel provision for everyone.*

*One particular issue impacting on patients' ability to park is the use of designated public parking spaces by members of our staff. We certainly do not condone such*

*practice, and appropriate action is being taken in both monitoring access to our public car parks and in applying sanctions. Concurrently, we have revised the eligibility criteria associated with the provision of staff car parking permits and recently required all of our employees who wish to bring their car on site to submit re-applications. Combined with more comprehensive permit enforcement, this has further reduced the overall volume of cars entering and exiting our hospitals, and is deterring people from parking illegally, i.e. in no parking zones or where they are causing an obstruction.*

*Arrangements are being made to implement Automatic Number Plate Recognition (ANPR) equipment at all of our sites. This is expected to further improve traffic management by denying access to all parking areas to members of staff who are not registered to bring their vehicle to work.*

*Our principal aim remains to reduce the overall number of cars coming on to our sites and provide assistance to our patients, staff and public in using alternative means of transport. To this end, we are working with our Council colleagues and local bus companies to ensure the advantages associated with using the City's park and ride facilities are improved, and popular bus routes are kept open, or ideally expanded (you will be aware that over the last year a number of bus routes in Oxfordshire were either withdrawn or reduced). Together with our two University partners, we are in discussion with the County Council regarding the provision of lockable cycle storage for staff at the main park and ride sites, which has been asked for by many of our employees. We are also providing additional and improved on-site cycle facilities. Last April we were informed that the Thornhill Water Eaton bus services would no longer come to the Churchill site from September onwards. After negotiations with Stagecoach, and with support funding by the Trust and the University of Oxford, we have successfully retained these services, maintained their frequency and also reduced the journey times.*

*We will continue to take measures that ensure the management of our hospital parking facilities is as efficient as possible, and that our patients and public are not disadvantaged in favour of our staff. We will also continue to pursue initiatives that encourage and assist people to use alternative means of transport when travelling to our hospital sites. However, with demand on our services increasing, it is unlikely we will be able to resolve all of our problems without recourse to increasing our current parking capacity, which is now insufficient. Whilst we have the means to do this, we require Council support and permission - historically, this has not been forthcoming. Ideally, we wish to build five multi-storey car parks on our Headington sites. Our intention is to submit a formal application in the near future, which we very much hope will be fully supported by our City Council colleagues."*

- 3.13 Since 2011, the Council has supported the Community Partnership Network through chairing meetings, hosting meetings and arranging relevant agenda items and external speakers to explain changes to the local health and social care sector. Activity has been heightened in 2016 with the advent of proposed change at the HGH, which is of a similar nature to that proposed in 2007.

### **Proposed Council Activity**

- 3.14 The Council is seeking further advice and is developing its response to the formal consultation process and other action using this advice. The further advice will not

be received until week commencing 30 January 2016 which is after the agenda for the Executive meeting is published. As a consequence, a supplementary confidential appendix to this report will be issued as soon as possible before the Executive meeting. This will include a resumé of the advice received, further action the Council may choose to take, plus an indication of the key components in the Council's intended response to the stage 1 consultation process.

## **4.0 Conclusion and Reasons for Recommendations**

- 4.1 There are fundamental changes proposed for the local health and social care sector, some of which are the subject of a formal consultation process running until 9 April 2017. Of very local and heightened concern are the changes proposed for the HGH where several acute services are to be transferred to Oxford hospitals, more care at home and in the community and increased planned care at the HGH.
- 4.2 Such acute service changes are similar in nature to those proposed in 2007, and which were rejected by the Secretary of State. The Council is therefore taking steps to provide a robust response to these recent proposals, as it did in 2008.
- 4.3 As the stage 1 consultation process runs to 9 April 2017 and the nature of a proposed Council response is only just emerging at this early point in the process, it is intended to hold an all Member briefing toward the end of March 2017 to consider further the Council's response before it is submitted.

## **5.0 Consultation**

None

## **6.0 Alternative Options and Reasons for Rejection**

- 6.1 The following alternative option have been identified and rejected for the reasons as set out below.

The option available to the Council is not to respond to the consultation process and let matters take their course. This is not proposed as the HGH is regarded as a critical piece of the District's infrastructure, the distance and journey challenges to the John Radcliffe Hospital in Oxford are too great for many of the District residents and it is clear that a significant majority of local people do not support all the proposed changes.

## **7.0 Implications**

### **Financial and Resource Implications**

- 7.1 The cost of engaging specialist advisers has been met out of reserves and will continue to do so whilst the Council requires this support.

Comments checked by:  
Paul Sutton, Chief Financial Officer, 03000030106,  
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### **Legal Implications**

- 7.2 External counsel has been commissioned to provide advice to the Council on the consultation approach adopted and its potential for challenge. Exempt appendix 4 which is to follow will contain the written advice received.

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

### **Risk Implications**

- 7.3 There are clear reputational issues for the Council if it is not seen to be acting in the best interests of its residents on what is a clear matter of some importance to them. Similarly, the HGH is an important piece of the District's infrastructure that impacts in so many ways on local residents and businesses.

Comments checked by:  
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## **8.0 Decision Information**

### **Key Decision**

**Financial Threshold Met: No**

**Community Impact Threshold Met: Yes**

### **Wards Affected**

All wards

### **Links to Corporate Plan and Policy Framework**

Cherwell: A Thriving Community – Working with partners to improve access to health services and to support the work of the Community Partnership Network with financial, clinical and technological changes in the health and social care sector.

### **Lead Councillor**

Councillor Barry Wood, Leader of the Council  
Councillor Andrew McHugh, the Council's Community Partnership Network and Oxfordshire Joint Health Overview and Scrutiny Committee representative



## Document Information

<b>Appendix No</b>	<b>Title</b>
1	OUHFT Emerging Options for the HGH
2	Oxfordshire Transformation Programme The Big health and care Consultation
3	The Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan Public Summary
4 EXEMPT	Proposed Council Activity – to follow
<b>Background Papers</b>	
None	
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