

WEST OXFORDSHIRE DISTRICT COUNCIL

Minutes of the meeting of the Economic and Social Overview & Scrutiny Committee
held in Committee Room 1, Council Offices, Woodgreen, Witney,
at 6.30pm on Thursday 9 March 2017

PRESENT

Councillors: P J Handley (Chairman), Mrs E H N Fenton (Vice-Chairman), A C Beaney,
Mrs L C Carter, J C Cooper, Mrs J M Doughty, H B Eaglestone, and B J Woodruff.

Also in attendance: Mrs J C Baker and Mr A S Coles

71. APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

Apologies for absence were received from M A Barrett, Mrs M J Crossland, P D Kelland,
Mrs L E C Little and T N Owen.

72. MINUTES

RESOLVED: That the minutes of the meeting of the Committee held on 19 January 2017
be approved as a correct record and signed by the Chairman.

73. DECLARATIONS OF INTEREST

There were no declarations of interest from Members or Officers relating to matters to be
considered at the meeting.

74. PARTICIPATION OF THE PUBLIC

No submissions were received from the public in accordance with the Council's Rules of
Procedure.

75. CHAIRMAN'S ANNOUNCEMENTS

There were no announcements from the Chairman of the Committee.

76. OXFORDSHIRE HEALTHCARE TRANSFORMATION PROGRAMME – PHASE ONE CONSULTATION RESPONSE

The Committee received and considered the report of the Head of Leisure and
Communities which sought consideration of the proposed response to the Oxfordshire
Clinical Commissioning Group in relation to Phase One of its consultation on the
Oxfordshire Healthcare Transformation Programme.

The Head of Leisure and Communities introduced the report and set out the background
to the consultation. She explained that the Clinical Commissioning Group had been tasked
with developing a five-year Sustainability and Transformation Plan setting out how health
care services would be remodelled to operate in a different way in response to rapidly
increasing demands predicted to cause a £479 million financial gap in NHS funding across
Buckinghamshire, Oxfordshire and West Berkshire.

(Mrs Carter joined the meeting at this juncture)

She advised that the current consultation was the first element of a two stage process and
related to changing the way in which hospital beds were used and increasing care closer to

home, acute stroke services, and critical and planned care and maternity provision at the Horton Hospital.

The Head of Leisure and Communities indicated that it would have been far preferable for the consultation to have taken place as a single exercise in order that the proposals coming forward could be evaluated in the round. As this was not the case, any response to the first phase would be conditional upon the second phase delivering the enhanced service provision indicated.

The philosophy behind the Transformation Programme was to bring care closer to patients with planned treatment being provided at or closer to home. Phase I of the consultation focused on centralising specialist services on Oxford and, whilst this had clear merit from a clinical perspective, it was essential that the consequent impact was addressed in phase II.

The Head of Leisure and Communities then outlined the changes proposed in Phase I as set out in the report and went on to explain the proposed response. Whilst acknowledging the funding gap and supporting the underlying aspirations to improve services and find ways to enable local people to easily access the services they need while demand for these services is rapidly increasing, the Council should seek an absolute assurance that there would be no reduction of care in West Oxfordshire put forward in the Phase II proposals.

The Phase II proposals should also include an increase in parking availability at the John Radcliffe and Horton Hospitals to at least match the number of increased visits to specialist services centralised as part of the Phase I proposals.

Secondly, the Council's response should make clear its strong support for the continued provision of a midwife-led maternity unit and first aid unit in Chipping Norton. Whilst centralisation of specialist functions can enable effective use of resources, it is not reasonable to expect people in rural areas to travel into Oxford for routine and less serious conditions.

Finally, given the Council's local links and responsibilities, the Council would wish to have a greater opportunity to participate more fully in the development of phase II proposals to ensure that they link with local needs and aspirations. Consequently, it would require that serious consideration be given to the addition of District authorities to the Sustainability and Transformation Plan Board.

Mrs Doughty noted that the Board was not the decision making body and went on to provide Members with an update on the meeting of the Joint Health Overview and Scrutiny Committee held earlier in the week. She also provided Members with a letter sent by the local Member of Parliament to the Chairman and Members of the Joint Committee, a copy of which is attached as an appendix to the original copy of these minutes.

Mrs Doughty advised that the District Council representatives on the Committee had serious concerns over the two stage consultation process. The Clinical Commissioning Group should have had comprehensive proposals in place before September of last year to enable a single consultation to run between October 2016 and April 2017, concluding prior to the County Council elections in May. Given the possibility of changes in the composition of the Joint Health Overview and Scrutiny Committee following those elections there were concerns regarding the continuity of membership.

In the event, the Clinical Commissioning Group had been unable to adhere to the original timetable and had decided to undertake a two phase consultation process. Given the potential changes in membership, the Joint Health Overview and Scrutiny Committee had

considered it to be impractical to respond to the consultation prior to the elections in May.

Mrs Doughty expressed her concern that, having expressed support for the underlying aspirations of the Transformation Programme in the first phase of the consultation, there was a danger that the second phase of the consultation process could fail to provide the promised service improvements at other community hospitals and give rise to the possibility of the loss of local services.

Mrs Doughty advised that Mrs Hibbert-Biles had continued to put forward her vigorous defence of services in Chipping Norton and went on to outline a series of questions put forward by Members at the Joint Health Overview and Scrutiny Committee meeting. The response to questions as to the reasons for the recent closure of beds at the John Radcliffe Hospital and the resultant two day cancellation of planned surgery had not received a satisfactory response and a further explanation had been requested. Concerns had been raised over the impact upon General Practitioners of the implementation of 'liaison hubs' as, whilst elderly patients were cared for at home, it was for local GP's to provide primary care.

Whilst it was recognised that it would be beneficial to see an increase in the number of services available at the Horton Hospital, there were also concerns regarding the impact of the redevelopment of the John Radcliffe Hospital. The Chief Executive of the Oxford University Hospitals Trust had indicated that there would be investment in the provision of additional parking and advised that discussions were taking place regarding the use of park and ride services for staff. There was an on-going concern in relation to recruitment and retention with the lack of key worker housing being a significant handicap.

In conclusion, Mrs Doughty stressed that the Council's response should emphasise that its response to the first phase of the consultation process was conditional on there being no reduction of care in West Oxfordshire put forward in Phase II.

Mrs Baker agreed that the Council's response needed to place greater emphasis on its concern over the two stage consultation process and the fact that its response to the first phase was absolutely conditional in there being no reduction of care in West Oxfordshire put forward in Phase II.

Mr Handley expressed some concern that the pilot of the 'acute hospital at home' service had been conducted in Oxford City and suggested that the service should also be established in rural areas in order to build confidence in the concept. He also indicated that existing services ought not to be closed until such time as the alternative arrangements proposed were seen to be operating successfully in the rural areas. In addition, Mr Handley reiterated the concerns expressed by General Practitioners over their capacity to absorb this additional workload and emphasised that it was effectively impossible to respond to the proposals put forward in the two phase consultation process independently.

Mr Beaney agreed that, whilst it was difficult to take issue with the aspirations expressed in the consultation document, there was insufficient information upon which to make a categorical response. He suggested that the concerns expressed as point 3 of the proposed response should be emphasised as the Council's primary concern, together with its disquiet over the adoption of a two phase consultation process. The response should make it clear that the Council would be fundamentally opposed to any reduction of care in West Oxfordshire put forward in Phase II. There was no indication as to how the enhanced service provision the subject of Phase II of the consultation would be implemented and, whilst acknowledging the benefits of providing care at or close to home, again there was no

clarity as to how this would be achieved. A trial conducted in the urban environs of Oxford City failed to adequately reflect the challenges that would be faced in rural areas. In this respect, Mrs Doughty noted that details of ambulance response times were not being made available by the South Central Ambulance Service Trust.

Mr Beaney reiterated the need to have details of the quantity and quality of the alternative service provision to be referred to in Phase II and agreed that the need for additional parking provision was critical. He acknowledged the clinical merit in establishing a specialist stroke unit but expressed some concern that the ambulance service would have difficulty in transporting patients to Oxford from outlying parts of the County within the critical 'golden hour'.

Mr Beaney expressed his support for the retention of midwife-led maternity units at Chipping Norton and the Horton Hospital but considered it unacceptable that women from the north of Oxfordshire should be expected to travel to Northampton, Warwick or Milton Keynes. The unit at Chipping Norton provided a first class facility that was highly valued by the community and, as such, should be strengthened. In conclusion, Mr Beaney questioned whether some of the buildings at the Horton Hospital were worth refurbishment, suggesting that total redevelopment could be a more cost effective option in the longer term.

Mr Woodruff indicated that it was often more difficult and time consuming to travel to Northampton or Milton Keynes than to travel to Oxford.

Mrs Carter agreed that the proposed response should be strengthened. She noted that, during a consultation exercise at Chipping Norton, it had been indicated that parking at the John Radcliffe Hospital was a matter for the City Council, not the Hospital Trust. Whilst she hoped that the Trust would invest in additional parking, she questioned whether this would be delivered. Mr Beaney advised that the Trust had issued a press release confirming its intention to increase parking but that he understood that the City Council was opposed to this as it believed that it would give rise to increased traffic generation. He suggested that the Council write to Oxford City emphasising the community benefit and requesting that they treat any application as an exception.

Mrs Carter noted that the consultation failed to explain how it was proposed to improve services at the John Radcliffe and questioned whether this could be achieved. She expressed particular concern over maternity services having been told that there was anxiety amongst staff over current arrangements. Mrs Carter indicated that she believed the proposals to be financially driven and potentially dangerous to service users. Concentrating maternity services at the John Radcliffe would undermine the Chipping Norton midwife-led unit and risk de-skilling the service at the Horton Hospital.

Whilst acknowledging the demographic pressures, Mr Cooper suggested that the current proposals represented a reoccurrence of earlier attempts at a 'power grab' by the John Radcliffe from the Horton. He indicated that, given the topography of the site, he could not see a problem with providing a multi storey car park at the John Radcliffe Hospital. He agreed that the proposed response needed to be strengthened and drew attention to the points raised by Mr Courts regarding his concern over the downgrading of maternity services at the Horton and the potential impact on the midwife-led unit at Chipping Norton.

Mr Cooper agreed that the consultation process to date had been poor and went on to suggest that traffic congestion in and around Oxford would prevent patients from outlying parts of the County from reaching the proposed specialist units in a timely fashion. He concluded by stating that the Council's responsibility in terms of planning and housing were such that it should be fully involved in the development of the Phase II proposals.

Whilst he agreed with the general tenure of the proposed response, Mr Coles suggested that efforts should also be made to secure improvements in public transport as one third of the workforce at the John Radcliffe travelled from West Oxfordshire. He reiterated the concerns previously expressed with regard to recruitment and retention and at the de-skilling of maternity services at the Horton, expressing concern over travelling times to Oxford in cases of emergency.

Mrs Doughty advised that an ambulance would be permanently stationed at the maternity unit in Chipping Norton to provide rapid transfers if necessary but Mrs Carter questioned whether services at Oxford would be able to cope. Mrs Carter also recognised that downgrading maternity services at the Horton to a midwife-led unit threatened the retention of the Chipping Norton unit as the Clinical Commissioning Group had already indicated that it considered the provision of two midwife-led units in the north of the County to be unnecessary and unsustainable.

In response to a question from Mr Eaglestone, it was explained that proposals relating to the Witney Hospital were to come forward as part of the second phase of consultation.

Mrs Baker indicated that the Council's response should concentrate upon protecting the interests of its residents.

Mr Woodruff indicated that residents should have a choice in service provision but recognised that it was difficult to formulate a comprehensive response without knowing what was proposed in the second phase of the consultation. He suggested that the Council should await Phase II before submitting a final response.

It was explained that the role of the Overview and Scrutiny Committee was to submit comments to the Cabinet to assist in the formulation of a formal response. Mrs Baker enquired whether arrangements could be made for Members of the Committee to give further consideration to that response. Whilst the consultation timetable made this difficult, Officers advised that, should it so wish, the Cabinet could decide to delegate approval of the final response to the relevant Cabinet Member who could, should they feel it to be appropriate, invite Members' comments on a final draft.

Mr Handley suggested that, in advising the Cabinet, the Committee should emphasise its lack of confidence in the two stage consultation process. He submitted that the consultation document was deliberately abstruse in its reference to the number of beds to be closed and restated the importance of understanding exactly how the proposed new services were to operate. He repeated his concern as to the ability of GP's to absorb an increased workload and questioned the cost effectiveness of the provision of care in the home.

The Head of Leisure and Communities acknowledged the desire to strengthen the response and the need to make it clear concerns over the two stage consultation process. Whilst it was accepted that the concentration of specialist services was clinically justified, the Council also needed to be confident that proposals for enhanced local services within Phase II of the consultation would be delivered with no reduction of care in West Oxfordshire. Without the necessary detail, there could be no such assurance.

It had to be made absolutely clear that support for the underlying objectives was conditional upon the Clinical Commissioning Group increasing and enhancing services for West Oxfordshire's residents and on the Council playing a full part in their development. Specifically, the Council's response should make clear its opposition to any future proposals to close the maternity unit at Chipping Norton and its recognition of the requirement to ensure that additional parking provision was created at both the John Radcliffe and Horton hospital sites.

Mr Beaney noted that the County Council had not accepted the two phase consultation process and had referred its concerns to the Joint Health Overview and Scrutiny Committee. Mrs Doughty confirmed that the Joint Overview and Scrutiny Committee was not to make a decision until the consultation period came to an end; a position she personally opposed.

Mr Handley suggested that it was incumbent upon West Oxfordshire to respond to the consultation and set out a position to which it could refer in future. The issue at hand and the well-being of local residents transcended party politics.

Mr Beaney noted that the Joint Health Overview and Scrutiny Committee was the body with statutory authority to protect the interests of the community in terms of health service provision. He considered that, by failing to respond to the consultation, it had not fulfilled its role in a satisfactory manner and proposed a vote of no confidence in that Committee. The proposition was seconded by Mr Cooper and on being put to the vote was carried unanimously.

In response to a question from Mrs Carter, it was explained that NHS England was the body which sat above the Oxfordshire Clinical Commissioning Group. She questioned whether the Council should approach that body with its concerns directly. Mrs Baker advised that the Clinical Commissioning Group would submit its proposals to NHS England in any event and the Head of Leisure and Communities advised that the Council could chose to make a direct approach prior to the second phase of the consultation coming forward.

RESOLVED:-

- (a) That the Oxfordshire Joint Health Overview and Scrutiny Committee be advised that the Economic and Social Overview and Scrutiny Committee has no confidence in the manner in which it has dealt with the County Council's referral of Phase One of the consultation on the Oxfordshire Healthcare Transformation Programme.
- (b) That the concerns and observations set out above be conveyed to the Cabinet for further consideration in the formulation of the Council's response to the consultation.

The meeting closed at 7:50pm

Chairman