

WEST OXFORDSHIRE DISTRICT COUNCIL
ECONOMIC AND SOCIAL OVERVIEW AND SCRUTINY COMMITTEE

9 MARCH 2017

CABINET - WEDNESDAY 15 MARCH 2017

OXFORDSHIRE HEALTHCARE TRANSFORMATION PROGRAMME

PHASE ONE CONSULTATION RESPONSE

REPORT OF THE HEAD OF LEISURE AND COMMUNITIES

(Contact: Diana Shelton, Tel: (01993) 861551)

(The Overview and Scrutiny Committee's decision will be a recommendation to the Cabinet.
The Cabinet's decision will be a resolution)

1. PURPOSE

To seek approval of a proposed response to the Oxfordshire Clinical Commissioning Group in relation to Phase One of its consultation on the Oxfordshire Healthcare Transformation Programme.

2. RECOMMENDATION

That the proposed response from this Council, as set out in point 6.1 of this report, and subject to any amendments from this Committee, is recommended to Cabinet for submission to the Oxfordshire Clinical Commissioning Group (CCG) before the deadline of 9th April 2017.

3. BACKGROUND

- 3.1. CCG's across England have each been tasked with developing a five-year Sustainability and Transformation Plan (STP) that sets out how they will make necessary changes to healthcare provision to make services better and more sustainable for local people.
- 3.2. The Buckinghamshire Oxfordshire and Berkshire West Sustainability and Transformation Plan (BOB STP) sets out an aspiration to improve services, make better use of resources and enable services to cope with rapidly increasing demand. This increase in demand is predicated to cause a £479m financial gap in NHS funding across Bucks, Oxfordshire and Berkshire by 2020.
- 3.3. The Oxfordshire Healthcare Transformation Programme sits under the BOB STP and has a specific focus over the next five years on:
 - prevention focusing on child and adult obesity and exercise
 - urgent care
 - mental health
 - workforce
 - digital interoperability
- 3.4. As part of this, the Programme will be setting out proposals to:
 - provide more local services, meaning less travel to the larger hospitals
 - treat more patients in their home
 - reduce the numbers of transfers between hospitals and between hospitals and home.
 - review community hospital provision
- 3.5. The consultation is set out in two phases. Phase I has been released and covers:
 - changing the way hospital beds are used and increasing care closer to home

- Planned care at the Horton General Hospital in Banbury
- Acute stroke services
- Critical care at The Horton
- Maternity provision at The Horton.

- 3.6. Phase 2 will follow later in the year and will cover:
- Accident and emergency provision in Oxfordshire
 - Children's services
 - Community hospitals.

4. CHALLENGES FACING OXFORDSHIRE HEALTH AND CARE SERVICES

- 4.1. The consultation document, attached as Appendix A, states that in Oxfordshire:
- 60% of adults and 25% of year 6 children are overweight
 - in the last 2 years, the number of people with diabetes has increased by 3.7%
 - the 85+ population will increase by 48% by 2026
 - highest 85+ population increases will be in rural areas
 - only 31% of patients are currently happy with the care they receive for long term health conditions.
- 4.2. There are also issues in terms of:
- funding being unable to keep up with demand
 - problems recruiting and retaining staff
 - facilities not fit for purpose
 - the need to improve the quality of care.
- 4.3. In response to this, the Programme sets out a vision where:
- care is as close to home as possible
 - diagnostic tests and expert advice are available quickly
 - local hospitals keep pace with developments in healthcare
 - unnecessary admissions to A&E are prevented
 - the best bed is your own bed.

5. OXFORDSHIRE HEALTHCARE TRANSFORMATION PLAN PHASE I PROPOSALS

- 5.1. As set out in point 3.5, the Programme sets out specific proposals as follows:

5.2. **Changing the way hospital beds are used and increasing care closer to home**

This proposal seeks to reduce hospital admissions, particularly amongst older people. There is already an Emergency Multidisciplinary Unit at Witney Community Hospital enabling patients to be seen on the same day without the need to make prior appointment. The proposal is to keep this service. The proposal is also to further develop an Acute Hospital at Home service that will enable older patients to be treated at home wherever possible.

Changes in the way care has been delivered have already enabled the closure of 101 beds in Oxford and 45 beds in Banbury. The proposal is to keep these closed.

5.3. **Planned care at the Horton General Hospital in Banbury**

This proposal seeks to increase the number of services available at the Horton to include an increased number of diagnostic services including MRI and CT scans, increased day surgery and pre-surgery assessments for local people. The proposal suggests that enhanced services will be available at the Horton as well

as in Oxford at the JR, Churchill and Nuffield hospitals. Proposals for enhanced services at other community hospitals will be part of the Phase 2 proposals.

5.4. **Acute stroke services**

At present 88% of people suffering a stroke are taken immediately to the JR. They can then access rehabilitation services locally, including at Witney Hospital. However the remaining 12% of those suffering a stroke are taken to The Horton. The proposal is to concentrate expertise and specialist care at a Hyper Acute Stroke Unit at the JR and that all stroke patients are initially taken there for treatment and assessment for the first 72 hours, before accessing local rehabilitation services when ready, potentially from their home.

5.5. **Critical care at the Horton**

Critical care has 4 levels:

Level 0: patients whose needs can be met through normal ward care in an acute hospital.

Level 1: patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.

Level 2: patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care.

Level 3: patients requiring advanced respiratory support alone, or basic respiratory support together with other complex conditions including support for multi-organ failure.

The Horton General Hospital has a six bedded Critical Care Unit (CCU), which has traditionally served a number of purposes including providing Level 3 critical care in two of its six beds.

Oxfordshire CCG believes that because demand for Level 3 critical care is low at The Horton, doctors and nurses do not get many opportunities to keep up their skills, an issue which has been raised by the Care Quality Commission. This also means that it is difficult to recruit enough nurses and The Horton does not meet national guidelines for staffing numbers for a CCU. All these combine to reduce the CCU's ability to provide high quality care to the sickest patients and to achieve the best outcomes for patients.

The proposal, therefore, is that The Horton should continue to have a CCU, caring for patients at risk of deterioration, and Level 2 critical care patients, as this is the safest option. Level 3 critical care patients from North Oxfordshire will then be treated at the intensive care units in Oxford. This would mean up to an additional 40 Level 3 patients a year would be treated in Oxford rather than in Banbury.

5.6. **Maternity provision at The Horton.**

The phase 1 consultation focuses specifically on provision in North Oxfordshire as there are particular issues at The Horton. Midwife Led Units (MLUs) and maternity services across the rest of Oxfordshire will be part of Phase 2 consultation.

The CCG maintain that they are aiming to support more women to access a low-risk environment of their choice with midwifery support. Most women have a low risk pregnancy and are cared for by the midwifery teams during the

antenatal, labour and postnatal period. Some women will require care from the consultant led team throughout their pregnancy and labour.

The proposal is that although most antenatal obstetric care can still be provided at The Horton and in Chipping Norton, all women with a higher risk pregnancy would give birth at the John Radcliffe in Oxford.

The proposal offers two options, one with two MLU's in North Oxfordshire, one in Banbury and one in Chipping Norton and the second option is that there is only one MLU at The Horton.

In either option, a single obstetric led labour ward would be established at the JR with the intention of ensuring that there are always enough staff available and importantly that there are enough births to maintain medical skills and run a safe service now and for the future.

6. CONSULTATION REPONSE

6.1. It is proposed that the Council's response should focus on three key areas:

Point 1: This Council recognises and supports Oxfordshire CCG's aspiration 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.

West Oxfordshire will experience a significant increase in demand over the next few years as its population increases. Furthermore West Oxfordshire will also have proportionately more older residents for whom travel to the JR is difficult. We therefore fully support the aspiration for more services to be available to people closer to their homes, including improved diagnostic and specialist provision.

While there is no proposal for reducing the services available at Witney Community Hospital within Phase 1, the proposals for centralising acute stroke care at the HASU at the JR as well as level 3 critical care makes the provision of intermediate and rehabilitation services at Witney Community Hospital and The Horton vital so that West Oxfordshire residents can access services close to their homes. In light of this, we would ONLY support the proposals set out in this Phase I consultation on the understanding that:

- there would be NO reduction of care in West Oxfordshire put forward in STP Phase 2 proposals.
- STP Phase 2 proposals include an increase in parking availability at the JR that at least matches the number of increased visits there will be to specialist services centralised at the JR as part of the Phase 1 proposals.

Point 2: Given the developments coming to West Oxfordshire, including increased numbers of homes, as well as increases in population in North Oxfordshire, we strongly support the continued provision of a midwife led maternity unit in Chipping Norton. Furthermore we would not support the removal of the First Aid Unit at Chipping Norton if this is proposed in Phase 2. There MUST be recognition that while we understand that 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.

Maintaining both maternity provision and first aid provision will go some way

to enabling residents, particularly West Oxfordshire's fast growing elderly population, to access services reasonably close to their homes.

Point 3: We feel strongly that the process regarding such fundamental changes to the healthcare of our residents should be open and transparent. While we appreciate the current Phase 1 consultation opportunity, we feel strongly that as a key partner we have not been provided with the opportunity to play a full enough part in the development of these proposals. We have attended information sharing events with other stakeholders, but have not been able to input sufficiently on the needs and issues particular to our district and our residents.

District authorities are closely linked to their local communities including town and parish councils. We run a great deal of services to support our local residents, we set out proposals for growth in the district and we offer financial support to third sector organisations that offer a wide range of health and wellbeing services to our local residents.

In light of all this, we hope we will have a greater opportunity to participate more fully in the development of phase 2 proposals and ensure they link with local needs and aspirations. To this end we request that serious consideration is given to the addition of District authorities to the STP Board.

7. ALTERNATIVES/OPTIONS

7.1. Cabinet may choose to propose a different response.

8. FINANCIAL IMPLICATIONS

8.1. There are no direct financial implications for this Council arising from this report.

9. RISKS

9.1. There are no direct risks to the Council from this report, although there is a risk that not responding to this consultation means West Oxfordshire residents are under-represented.

10. REASONS

10.1. To help the Council achieve its vision of to maintain and enhance West Oxfordshire as one of the best places to live, work and visit in Great Britain.

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Appendix A - The Big Health and Care Consultation.