

Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 24 June 2021

Title of Paper: Oxfordshire Clinical Commissioning Group: Key & Current Issues

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with an update on:

1. Specialist in-patient palliative care and Henley RACU
2. ICS development and new ways of working
3. OCCG Annual Report
4. Thank you to volunteers
5. Botley Health Centre

Oxfordshire Clinical Commissioning Group: Key & Current Issues

1. Specialist in-patient palliative care and Henley Rapid Access Care Unit

Following the closure, by Sue Ryder, of its palliative care inpatient unit in Nettlebed in March 2020, Oxfordshire Clinical Commissioning Group (OCCG) has been working closely with the charity to increase the number of South Oxfordshire residents being supported at home for their palliative care: currently there are approximately 20 people being supported by this service at any one time.

The Hospice at Home service is highly valued by patients and their families. However, in some exceptional cases, a very small number of people at end of life with complex care needs are better served by inpatient palliative care. Since March 2020 these South Oxfordshire patients have been admitted to the Sue Ryder Duchess of Kent Hospice in Reading or Michael Sobell House in Oxford.

Accessing beds in Duchess of Kent Reading will require significant further investment into the service provision in Berkshire, while the local community, councillors and GPs in South Oxfordshire feel travelling to Oxford city or Reading is not a suitable alternative in the long term. As such OCCG has been exploring options for providing inpatient palliative care beds closer to home. A south Oxfordshire based integrated solution with the Oxford Health NHS Foundation Trust (Oxford Health) and Sue Ryder is proposed.

OCCG is proposing to transfer funds that are tied up in beds that are not being used as they were commissioned as a back-up to the Rapid Access Care Unit capacity (RACU). Clinicians have consistently found they do not need them. We would use these funds to commission two supported palliative care beds at Wallingford Community Hospital from Oxford Health. These would be delivered in close collaboration with the Sue Ryder Hospice at Home service.

Four beds are currently commissioned in a care home adjacent to Townlands Hospital, Henley, to be available for Townlands RACU patients; the use of these beds has been very low since they were opened. Most people seen at the RACU have been ambulatory patients, with just 86 out of 2,900 commissioned beds days being used in 2018/19 and 2019/20.

Local GPs have confirmed that the decommissioning of these beds would have no adverse effects on patient care. In clinically appropriate circumstances, RACU

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patients could be admitted to Didcot or Wallingford community hospitals if required; therefore, care home beds at the RACU are not needed as contingency.

Closing the RACU beds at Chilterns Court would save OCCG £293k per annum. There is a clear argument for a better use of public money and NHS resources in the south of the county to meet a known local need.

The changes in phase 1: two existing side room beds at Wallingford Community Hospital will be used as the palliative beds. In phase 2, adjustments to the building are recommended to convert an unused four-bed bay to create two palliative beds to improve the patient experience.

OCCG has met with Henley town councillors (one is chair of the Townlands Steering Group - TSG) to outline these proposals, which were broadly supported.

A further public meeting for the local community was agreed to gauge broader public support. This meeting will be virtual and will take place later in June (Wednesday 30 June). It is being hosted by the TSG and will be chaired by Healthwatch Oxfordshire. Presentations will be provided from OCCG and Oxford Health.

The HOSC toolkit is being completed in relation to this change and will be submitted to HOSC following the public meeting so the feedback from the community is appropriately captured.

It is notable this change is proposed while we are developing the Community Strategy; this countywide work will give us a steer for overall bed provision for Oxfordshire. The argument for advancing this change is to address a current service gap; the change could be reversed, and we will otherwise continue to waste public money. We are intending to garner local community support for this change. The changes could be revisited so, in particular, we will ensure the Community Strategy informs if the building work at Wallingford should start in year 2. This could be one of the pilots we wish to test as we develop the strategy.

It is recommended that we move to enact this model after a proportionate process of engagement, completing the HOSC Toolkit to demonstrate results of engagement and therein confirmation this does not constitute a substantial change.

2. Integrated Care System (ICS) development and new ways of working

Following publication of the White Paper, Oxfordshire CCG is working with Buckinghamshire CCG and Berkshire West CCG in developing the plans to manage the closedown of the CCGs and the safe handover of functions to the new ICS NHS Body. Further guidance is expected from NHS England soon.

Communications and engagement will be a key enabling workstream and an early priority is to develop an engagement plan for transition and ensure that we have opportunities for our partners, patients and the public to be involved as we move forward.

The membership of Oxfordshire CCG Governing Body Membership is also changing.

Dr Kiren Collison has been appointed to the post of Deputy Medical Director role at NHS England and she chaired her last Governing Body meeting as Clinical Chair for Oxfordshire CCG. The process for appointing a new Clinical Chair for the CCG is underway with any Oxfordshire GP eligible to apply for the role. Once the results of the ballot are known, the Oxfordshire Governing Body members will be asked to ratify the appointment.

As has been highlighted at previous meetings, both Buckinghamshire and Oxfordshire CCGs have a vacancy for the Lay Member lead for Patient and Public involvement (PPI). Given this year is one of transition the CCGs have agreed to have shared posts wherever this makes sense. Wendy Bower, Lay Member lead for PPI Berkshire West CCG, has agreed to cover this role for all three CCGs. Wendy will be appointed as a member of all three Governing Bodies.

In preparation for the new ICS for Buckinghamshire, Oxfordshire & Berkshire West, the three CCG Governing Body meetings will take place at the same time as a 'meeting in common'; the first of these took place on 10 June. This meeting is open to the public but until further notice, they will take place virtually with a link to attend being available on the OCCG website, along with all relevant papers.

3. OCCG Annual Report

The work to finalise the Annual Reports and Accounts for Oxfordshire CCG is well underway. The annual report including the statutory accounts will be submitted to NHS England by 15 June and then made available to the public on the website.

4. Thank you to volunteers

The successful delivery of the vaccination programme in Oxfordshire has relied on the support of volunteers. These volunteers have turned up to help at every vaccination site, looking after car parks, helping to coordinate queues, providing information and generally helping with tasks that mean the practice staff and others can focus on providing the vaccine and looking after people who are unwell.

There have been more than 1,000 volunteers across the local vaccination sites, many have been members of their GP practice Patient Participation Group, but others have come forward from the community wanting to help and to be part of the effort. People of all ages have volunteered, from young students through to people in their 80s. They have all received appropriate training and PPE as well as regular testing in more recent months.

On 8 June 2021, an event took place to recognise their efforts and to say thank you. The Oxfordshire LEP provided a small budget to support a modest gift and card to be given to each volunteer. These are still being distributed across all vaccine sites. A short film was made to record the voices of vaccine centre staff and some of the volunteers to illustrate the very real difference their efforts have made. This film is available on the OCCG website along with a recording of the event [here](#).

5. Botley Medical Centre

Botley Medical Centre recently underwent a Care Quality Commission (CQC) inspection to check on progress after a previous inspection in October 2019 when the CQC rated the surgery as 'requires improvement'. Regrettably, the practice has not made as much progress as hoped and the CQC has now rated it as 'inadequate' and has drawn up a series of urgent required actions. As part of this the CQC have placed Botley Medical Practice in special measures which means the practice will need to provide updates about their progress and another inspection will happen within six months. The CQC report is available [here](#).

Members of the CCG quality and primary care team have been working with the practice on a detailed plan to ensure patients can continue to have confidence in the care they are getting. We are supporting the practice to appoint a transformation partner to provide extra capacity and expertise to help the team address the issues. Progress will be carefully monitored and regular updates will be shared on the practice website.