

**Update on Oxfordshire Clinical Commissioning Group (OCCG)
Joint Health Overview and Scrutiny Committee 13 June 2013**

The following paper gives a flavour of the key issues for OCCG three months after authorisation as a statutory NHS body in April 2013. On 30 May we held our second Governing Body meeting, this time at the offices of South Oxfordshire District Council. A great deal of business was discussed and we highlight the following as being of particular interest to the HOSC:

1. Financial plan

The first medium term financial plan for Oxfordshire Clinical Commissioning Group 2013/14 to 2015/16 was approved by the Governing Body on 28th March 2013. As a direct result of relatively low funding allocations and marked increases in urgent care activity, the OCCG budget is already under pressure. To sign contracts OCCG has had to commit all of its non-recurrent funding to address in year activity projections. We are confident that over a period of three years we can re-balance the health economy but there is no doubt that this first year will be extremely challenging.

Following agreement of the OUH contract, the Regional team of NHS England (NHSE) added Oxfordshire to a list of approximately 45 CCGs that have since been subject to a “deep dive” review. This work has been coordinated by the regional team and reported to the National Director of Finance for NHSE. OCCG has not yet had formal feedback from this process other than agreement to move to a financial plan with only 0.5% surplus (rather than the 1% surplus originally planned). It is understood that the Regional team have recognised the level of risk being faced by the CCG and the potential implications for achieving the statutory financial requirement of break even.

2. Older peoples’ pool and strategy

The Governing Body has considered a proposal to increase the NHS contribution to the pooled budget and to increase the number of services included. The changes proposed have potential to improve joint decision making, allow greater integration of services leading to higher quality and less waste. Further work is being carried out on issues such as the risk sharing arrangements, the outcomes anticipated and the governance

arrangements to be put in place. It is anticipated that all of these issues will be resolved before consideration at the Oxfordshire County Council (OCC) Cabinet meeting on 18 June. A verbal update will be given at the HOSC meeting.

3. OCCG response to the Francis Report

The Francis report sets out details of appalling patient care at Mid Staffordshire NHS FT and makes a number of recommendations to both Providers and Commissioners. Essentially Francis states that the NHS needs clear systems to collate information on the quality of healthcare and to act to remedy any areas of poor care.

OCCG has chosen to put quality at the centre of the organisation and we have placed a statement on our website explaining how we approach this. We have an established system of quality assurance of commissioned services in Oxfordshire. We use an established range of methods and intelligence to gain assurance of the quality of the services we commission.

We regularly review performance indicators, clinical audits and feedback from patients and GPs and have the ability to undertake more detailed analysis where required. When necessary we take decisive action to address situations where quality falls below the required standard.

This information is not only used to detect areas of poor care but to improve all aspects of healthcare and has highlighted the need to redesign services to improve the quality of care.

Oxfordshire CCG views the recommendations of the Francis report as an opportunity to test and further enhance the mechanisms for ensuring continuous quality improvement.

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