Update paper for Oxfordshire Health Overview and Scrutiny Committee December 2013

Authorisation status

On 15 November OCCG submitted documentation relating to the three outstanding conditions of Authorisation. This will be submitted by the Thames Valley Area Team for consideration by NHS England. The formal opinion regarding the submission is likely to be reported in the public domain in January 2014. I am hopeful that the recent submission will enable NHS England to remove all three conditions. More information will be available following the second assurance checkpoint meeting with the Area Team on 2 December.

Proposal to Amend the OCCG Constitution

The 83 member GP practices within the six Localities are currently considering a proposal to strengthen the structure of the senior team of OCCG. At the time of forming the current structure more than eighteen months ago it was appreciated that changes might be required. The proposal, if supported, would lead to the appointment of three different posts; Clinical Chairman, managerial Chief Officer / Accountable Officer and Lay vice Chair. This would mean that Dr Stephen Richards would stand aside from his current position as Chief Clinical Officer / Accountable Officer and Ian Busby would stand aside from being Lay Chair. Both would offer themselves for consideration of appointment under the new structure.

This proposal recognises the need to strengthen the senior team to enable OCCG to address better both current and future challenges. The new model is similar to that found in 70% of the 211 CCGs in England.

The Financial Challenge

At 31 October 2013 (month 7), NHS Oxfordshire Clinical Commissioning Group (OCCG) reported an over spend of £7m against budget (2%) to NHS England. The forecast outturn for the year was £9.3m overspend against budget (1.5%). This includes commitment of all of the CCG's contingency reserves of £7m.

The best case forecast outturn is for a deficit of £2.5m while the worst case forecast outturn is for a deficit of £13.8m.

The main driver of the deficit position is the year to date level of over-performance at the Oxford University Hospital Trust.

OCCG continues to face marked financial challenges. It was agreed that given the scale of the challenges OCCG should seek short term external support. A formal procurement process was followed and the preferred bidder, Deloitte started working with the OCCG team on 4 November. Deloitte will be helping us to deliver as much saving as possible in the current financial year and assisting OCCG deliver what will be a significant QIPP plan for 2014 – 2015.

A Call to Action

In recognition of the continued financial constraints facing the NHS in the next five years NHS England launched "A Call to Action". Whilst the initiative was developed by NHS England the delivery and implementation of the programme is the responsibility of local health economies including both commissioners and providers. In this respect NHS England is working collaboratively with Monitor (the regulator for Oxford Health NHS Foundation Trust) and with the Trust Development Authority (the regulator for Oxford University Hospital NHS Trust)

Events are taking place in all six localities across the county. These events are intended to inform our population regarding the local financial pressures, the growing demands placed on services by the changing demography and the potential for innovation. The NHS will need to change if it is to meet these challenges. OCCG is seeking the public's views on how we might address the challenge by making changes to the services that are commissioned. I would encourage as many people as possible to attend the scheduled meetings.

- Wantage 19 November 1.00 to 5.00pm
- Witney 20 November 6.30 to 9.30pm
- Oxford 21 November 9.00 to 12 noon
- Banbury 3 December 1.00 to 5.00pm
- Bicester 5 December 9.00 to 1.00pm
- Wallingford 19 December 9.00 to 1.00pm

An additional meeting has been scheduled to take place in Oxford Town Hall on 7 January 6.30pm – 9.00pm and is open to people from across the county who may not have been able to attend their local meeting.

Please note that for people who cannot attend this series of meetings they can contribute to the discussion online by registering with talking health or by twitter or accessing OCCG Facebook page.

All suggestions and comments from the public either in the meetings or via social media will assist OCCG in creating a 5 year Strategic Plan and delivering a 2 year Operational Plan that builds on the themes set out in "Improving the health of Oxfordshire".

First drafts of the two plans will be submitted to NHS England on 14 February and a final version will be submitted to the Governing Body for the meeting in public on 27 March 2014.

The Integration and Transformation Fund (ITF)

The Department of Health has set out radical changes to funding that will place significant amounts of NHS funding under the joint control of health and social care commissioners. For Oxfordshire this translates to the movement of approximately 3% of OCCG's budget into the fund by 2015-2016.

Detailed discussions are taking place with the County Council and NHS providers to understand the implications of this change.

In principle the formation of the ITF is intended to ensure that a greater share of OCCG's financial allocation is allocated to more health and social care services in the community to support patients in their own home or closer to home.

Winter Pressures

Oxfordshire has been awarded £10.2m to increase capacity in health and social care services over winter. A range of initiatives have been planned including:

- Recruiting more clinical staff in A&E.
- The opening of 12 community hospital escalation beds for a period of five months.
- Increasing community nursing capacity 27 nurses for end of life care, post-acute care at home, flu vaccinations for household patients.
- Purchasing additional equipment to be used in people's homes bed rails, toilet seats, hoists, chairs, and walking frames, or could be minor adaptations to the home such as handrails.
- Increasing occupational therapy services 12 additional occupational therapists.
- Public campaign to help the public use services appropriately.

OCCG is continuing to work very closely with Oxfordshire County Council and all providers of health and social care in the county to ensure that all urgent care services are safe and resilient through what is predicted to be a harsh winter. Mechanisms are in place to give assurance that the additional funding will be used to maximum effect.

Outcome Based Contracts

OCCG has been discussing the possible use of new forms of contract to deliver improved outcomes for patients and greater financial stability for the local health economy for more than a year. The Phase 1 feasibility report was published in January 2013. This is available on the OCCG web site. Following this, OCCG undertook a procurement process and appointed the Cobic Consortium to work with OCCG to progress work to deliver outline business cases for three agreed areas of commissioned services; Mental Health, Maternity and Older People.

OCCG Governing Body will be assessing the outline business cases at their Governing Body meeting on 28 November 2013. This will include determining how OCCG will proceed towards delivery of this highly innovative model of contracting.

A new Priorities Forum for the CCGs in Thames Valley

Oxfordshire has benefitted for many years from the evidenced based recommendations made by a Priorities Forum. Principally the previous forum made recommendations regarding procedures that were deemed to be under the umbrella of Specialised Commissioning. The Health and Social Care Act 2012 passed responsibility for Specialised Commissioning to NHS England, and for Oxfordshire, are commissioned by the Wessex Area Team of NHS England.

The Thames Valley CCGs have agreed that a new Priorities Forum should be formed to address services commissioned by CCGs and a work programme has been agreed for the remainder of the year. Future recommendation made by the Thames Valley Priorities Forum will be brought to OCCG Governing Body starting in the early part of 2014.

Public Engagement

Each of the six OCCG localities have programmes for engaging their local communities and a report is provided to each Governing Body meeting. Below is a summary of the latest engagement activities that have been taking place across Oxfordshire:

A North Oxfordshire Locality Group (NOLG) public engagement event took place on in October. It was agreed to develop an Open Forum for better local public input into how to improve patient care in north Oxfordshire. Discussion included how services could be better joined-up, how patients could choose the best urgent care option, and how general practices could work together to improve local care.

In North East Oxfordshire Locality Group have been involving patients in their work including a Patient Participation Group education session, patients and carers actively participating in project groups,

Oxford City Patient Participation Group Forum was attended by patient representatives and other interested members of the public and stakeholders. The following priorities were discussed:

- Patient education and information.
- Development of primary care services integration of health and social care. Care 'closer to home'.
- · Improved local access to diagnosis and consultant led clinics in the community.
- 111 improving clinical expertise.
- Coordinated care for people with multiple health problems/ Long Term Conditions, coordinated through the GP practice.
- Improve services for people with addictions.

There was overall support for these priorities and the Forum made a number of suggestions for how they could be addressed (patient education and information in particular).

West Oxfordshire Locality Group (WOLG) held a public workshop on 20th November where they discussed OCCG's strategic direction as well as discussing next year's locality plan.

SELF (South East Locality Forum) continues to work well. In particular through its website which is established within Talking Health and is used to exchange ideas and communication between active Patient Participation Groups (PPGs) across the locality sharing newsletters, survey questions, 111 service, access/weekend opening etc. and sharing of PPG priorities, "shopping lists" of services that groups would like to see. This will help further inform the next locality planning meeting and priorities for next year.

The latest South West Oxfordshire Locality Patients Reference Group meeting was held at the Didcot Civic Hall on 22 October with around 11 Patient Groups represented. Key items of discussion were: the future provision of intermediate care beds, OCC financial challenge and the impact on plans around integrated health and social care, the launch of NHS England Call to Action.