

## Questions for March 2016 GB meeting from OKONP

Q1	<p data-bbox="320 271 938 304"><b><u>Sustainability and Transformation Plans</u></b></p> <p data-bbox="320 342 1382 595">'Producing a STP is not just about writing a document, nor is it a job that can be outsourced or delegated. Instead it involves five things: (i) local leaders coming together as a team; (ii) developing a shared vision with the local community, which also involves local government as appropriate; (iii) programming a coherent set of activities to make it happen; (iv) execution against plan; and (v) learning and adapting.' [Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21.</p> <p data-bbox="320 600 1390 674"><a href="https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf</a></p> <ol data-bbox="368 712 1398 815" style="list-style-type: none"><li data-bbox="368 712 1398 815">1. Will OCCG demonstrate how it is developing a 'shared vision with the local community' as the planning guidance requires, and not merely 'writing a document'?</li></ol> <p data-bbox="320 819 1393 999">All partners in the Oxfordshire Transformation Programme are fully committed to involving our local communities in designing, developing and delivering change – not just the process of developing the Oxfordshire STP but service redesign and new models of commissioning and delivering care over the coming months and years.</p> <p data-bbox="320 1043 1382 1223">In the autumn last year, OCCG and its transformation programme partners began talking to a wide range of community representatives about our emerging thoughts and aspirations for the future. Since then the Oxfordshire case for change (sometimes known as the Oxfordshire storyboard) has been presented to a number of community meetings.</p> <p data-bbox="320 1267 1345 1447">We see the development of the STP as one part of an ongoing, collaborative process that is inclusive, bottom up and resonate with our local communities. We are aware local people have already provided us with insight into a wide range of issues and service areas – as have our community and voluntary sector partners, including Healthwatch.</p> <p data-bbox="320 1491 1398 1626">As a starting point, we have made sure that all of this rich feedback is being considered by the various workstreams when they are developing their thoughts and ideas. These working groups will also be involving service users.</p> <p data-bbox="320 1671 1390 1774">Our next step will be to involve local councils, the voluntary and community sector, local community representatives and patient and public representatives to get their views on the emerging STP in early June.</p> <p data-bbox="320 1818 1390 1998">The STP will describe our thoughts and plans for the future but by no means be the end of the journey. The next step will be to build on this work and extend the conversation further to involve the wider community in the development and delivery of options for new models of care, leading to a full public consultation later in the year.</p>
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	<p>2. Will OCCG confirm that it is not 'outsourcing' its responsibility to produce a STP?</p> <p>Through the Oxfordshire Transformation Programme the development of the STP is owned by all partner organisations. Following conversations with the Board, localities and Healthwatch, we are in the process of inviting them to attend the Board as standing members. The STP is owned by the 'system', it is not being outsourced.</p> <p>3. The same guidance also refers to success of the plans 'depending on having an open, engaging and iterative processes that harness the energies of the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards.' Will OCCG demonstrate how it is complying with this aspect of the guidance in respect to patients, carers and citizens</p> <p>Please see the answer to question2. In addition:</p> <ul style="list-style-type: none"> <li>• Through our work to improve clinical pathways we are engaging with patients and the public to inform our emerging thinking and proposals for service redesign</li> <li>• Through our work to describe how services will be delivered and improved in localities, we are working with local communities (including those described above), to paint a compelling, politically defensible, sustainable and implementable plan to deliver on our 2020-21 vision.</li> </ul> <p>4. Assuming the development of the six principles of engagement and involvement of local patients, carers, and communities to help deliver the Five Year Forward View, what will your STP have to say about embedding these principles?</p> <p>We are working with NHS England area team to understand, design and implement the appropriate Assurance Framework. Central to this will be adhering to the six principles of engagement and involvement.</p>
<p><b>Q2</b></p>	<p><b><u>Proposals for Devolution and Integrating Commissioning in Oxfordshire</u></b></p> <p>Original question:  Proposals for Devolution and Integrating Commissioning in Oxfordshire  The Oxfordshire local authorities with OCCG and the Local Enterprise Partnership (LEP) have submitted a devolution proposal to central government. Given that a successful bid would lead to the development of a combined authority and create one commissioning system, patients and the public in Oxfordshire are understandably concerned about the implications for health and social care.</p> <p>A. What is the compelling evidence that a successful devolution bid will:</p> <ol style="list-style-type: none"> <li>i. cost less than the current systems;</li> <li>ii. give the public and patients in Oxfordshire better outcomes;</li> <li>iii. give the public and patients in Oxfordshire more democratic control</li> </ol>

(transparency and accountability) of the health and social care system;  
iv. ensure services are publicly commissioned and provided; and  
v. not increase levels of bureaucracy?

B. Why could integration not be achieved within the current systems, with strong leadership and excellent cross-boundary working on behalf of patients?

C. If a devolved authority fails financially:

- i. what penalties will it face;
- ii. would it be declared bankrupt; and
- iii. would it then be put out to tender to the private sector?

OCCG response:

We are focusing on applying to take on delegated responsibility for the commissioning of primary medical care and the greater integration of health and social care commissioning. This can all be achieved using current legislation and focuses on improving our current joint working with the County Council and NHS England. The public and patients think that services should be better joined up and this will be supported by integrating our commissioning. This is a part of the wider proposal for health and wellbeing in the full devolution proposal; this would ensure that all the NHS funding spent on Oxfordshire residents was controlled locally.

Follow up Question to Q2

We note that OCCG is 'focusing on applying to take on delegated responsibility for the commissioning of primary medical care and the greater integration of health and social care commissioning'. And that in the view of the CCG 'This can all be achieved using current legislation and focuses on improving our current joint working with the County Council and NHS England.'

1. What are your plans to develop integrated commissioning?
2. Does this include the CCG taking on further commissioning functions currently carried out by the OCC?
3. If this is the case, how will OCCG ensure transparency and public engagement in the planning and commissioning of these services?
4. OCCG states that 'the wider proposal for health and wellbeing in the full devolution proposal ... would ensure that all the NHS funding spent on Oxfordshire residents was controlled locally.' Where can we access past OCCG papers which explain this?
5. Will OCCG explain how the 3 pieces of news which have broken locally and nationally this month will impact plans for devolution or integration:
  - a) the 44 geographical footprints for achieving STP in the next five years which place Oxon CCG with Bucks and West Berks in the South Region;
  - b) the unitary bid of the County Council which implies an Oxfordshire footprint and

	<p>c) the unitary bid of the Districts and City which proposes an overlap or potential merger with Gloucestershire (which is in the NHS South region of footprints but not the one Oxfordshire is in) and Northamptonshire (which is not)?</p> <p>To the public eye all these new 'alliances' look at the best confusing and at worst a recipe for tangled red tape getting in the way of common sense, treatment and care.</p> <p>The Board considered integration of commissioning:  November 2015 Paper 15.98  January 2016 Paper 16.04  March 2016 covered in discussion of Chief Executive's report Paper 16.18 and see draft minutes for 31.03.16</p> <p>We are now awaiting the outcome of the Local Authority's discussions on the future shape of local government in Oxfordshire. We are also aware that different services require planning at a different level; for example very local level for GP services and across wider areas including Buckinghamshire, Gloucestershire, Swindon, Wiltshire, Northamptonshire and Warwickshire for some services provide by our local hospitals.</p>
<p><b>Q3</b></p>	<p><b><u>Commissioning Support Units</u></b></p> <p>OCCG's contract with the current Commissioning Support Unit ends in April 2016.</p> <ol style="list-style-type: none"> <li>1. Which organisation will be contracted to supply support services to OCCG from the end of the current contract?</li> <li>2. How many bidders were there for the contract?</li> <li>3. What criteria were used to determine the successful bid?</li> <li>4. What is the duration of this contract?</li> <li>5. What support services will be included in a new contract?</li> <li>6. How much will these services cost OCCG per year?</li> </ol> <p>Due to ongoing discussions around the closer integration of health and social care commissioning functions in Oxfordshire we have extended our contract with our current CSU into 16/17. Integration with social care and/or collaboration with neighbouring CCG's in our STP footprint would potentially change our support requirement which is why we have not committed to a new long term contract through procurement.</p>
<p><b>Q4</b></p>	<p><b><u>Transformation Footprints</u></b></p> <p>The geographic scope of the Sustainability and Transformation Plan had to be submitted by Friday 29 January 2016, for national agreement. Local authorities had to be engaged with these proposals.  [<a href="https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf</a>]</p> <ol style="list-style-type: none"> <li>1. What was the original geographic scope of the STP that was submitted?  Oxfordshire</li> </ol>

2. What criteria were used to determine that scope?  
Health & Wellbeing board footprint and that approximately 80% of care that is provided within Oxfordshire is provided to Oxfordshire residents.
3. Were all local authorities engaged in these proposals?  
Yes, city and local councils were engaged albeit concerned at the short timescales mandated by NHS England
4. Which services were included in the original geographic scope?  
Largely those which may be subject to public consultation in the summer/autumn as per our longer term plans for transformation and reform
5. What criteria were used to determine the services to be included?  
Those which are not clinically or financially sustainable and do not deliver high quality outcomes for both patients/service users and the wider health & care economy
6. How much overlap will there be with the other transformation footprints?  
An Alliance has now been agreed with West Berkshire and Buckinghamshire, albeit Oxfordshire borders with 9 other CCGs. We anticipate that there will be some patient flow overlaps with other footprints and we are working this through.
7. What impact will the new geographic footprint have on health and social care in Oxfordshire?  
We anticipate there will also be opportunities for synergies and collaboration across the 'BOB' footprint.
8. A recurring question is when will OCCG demonstrate to the major stakeholders affected by these plans, i.e., the public, patients and service users that it has a strong engagement process in place to enable a full discussion of the implications of these proposed changes, before all meaningful decision-making has occurred?  
We trust we have described the process on which we are embarking on and its ongoing and two-way nature. Any plans and proposals for public consultation will be discussed with the Oxfordshire Joint Health Overview and Scrutiny Committee. We will also ensure that Healthwatch and OCCG's Locality Forum Chairs are also involved in the development of any public consultation plans.

<p><b>Q5</b></p>	<p><b><u>Independent providers</u></b></p> <p>The NHS Confederation and NHS Partners Network have recently produced a paper setting out how the independent sector can exploit opportunities presented by the directive for each 'health and care system' to submit 5-year Sustainability and Transformation plans that will become operational in October 2016.</p> <p>Given that financial controls are once more returning to the centre and the transformation element of the Sustainability and Transformation Fund is dependent on deficit reduction plans, and totals only £339 million for 2016/17, pressure will be exerted to cut costs and/or reduce services in an effort to plug so-called 'gaps'.</p> <ol style="list-style-type: none"> <li>1. Will OCCG reassure us that there will not be an increase in private providers in an attempt to cut costs?</li> <li>2. Is OCCG planning to use consultants from the independent sector to advise on the submission of its 5-year Sustainability and Transformation plans?</li> </ol> <p>This response assumes that reference to private providers in this question refers to private sector consultancy organisations rather than private sector providers of healthcare.</p> <p>The NHS is facing a significant efficiency and productivity challenge over the life of the NHS 5 Year Forward View. The use of external expertise and capacity to inform on the opportunities to contribute to this and support delivery can prove to be value for money. However, the CCG has no plans to source and utilise such support for the STP at this moment in time. This may change with time.</p>
<p><b>Q6</b></p>	<p><b><u>Deer Park Medical Centre contract</u></b></p> <p>Given public concerns about the running of Deer Park Medical Centre by Virgin Care, we would like OCCG to answer the following questions.</p> <ol style="list-style-type: none"> <li>1. When will the current contract end? The current contract ends on 3 November 2016</li> <li>2. Will the existing contract be extended? No, the contract has already been extended and will not be extended further.</li> <li>3. How will a new contract be procured? The contract for the practice is currently out to tender.</li> <li>4. Will it be an open procurement? Yes.</li> <li>5. Will Deer Park patients be informed before the procurement process starts?</li> </ol>



	<p>The Patient Participation Group at the practice has been kept fully informed about the procurement and posters have been displayed in the practice waiting areas to inform patients of the procurement.</p> <p>6. How will Deer Park patients be involved in the selection process of who provided their GP services?</p> <p>Deer Park patients will not be directly involved in the selection process, but a representative of Healthwatch will participate in the evaluation of bids to ensure a patient perspective.</p>
<p><b>Q7</b></p>	<p>Two questions relating to paper 16.23 Transforming Care Plan for People with Learning Disabilities and/or Autism. During the consultations on the Big Plan for learning disabilities, I was assured that recognition would be given within the plan to the unusual needs of children who suffer an “acquired brain injury” and have for many years found themselves classed as having a “learning disability” on transition to adult services: in consequence the services have been unable to cater for those of their needs which arose from having a combination of normal brain development and some impaired capacity; and their care staff were unable to access appropriate training. (The link in this document to the Final version of the Big Plan does not open, but I believe there was recognition of ABI within it.) The only reference in this document to ABI is in the section on Personal Health Budgets, so my question is:</p> <p>1. Will the needs of children with acquired brain injury who survive into adulthood be given separate recognition in this Plan?</p> <p>Children with acquired brain injury who survive into adulthood are not included in this plan. This Plan supporting people with a learning disability and/or autism who display behavior that challenges including those with a mental health condition relates to all ages but does not include acquired brain injury explicitly. It is true to say that some of the skill set required to support these two patient groups may overlap. Children who survive into adulthood would follow the acquired brain injury pathway.</p> <p>2. I cannot find any reference in this Plan to IT support -- either for those who can be taught to access computers or for forms of assistive technology of the kind provided for children by the ACE Centre (i.e. the one which means Aids to Communication in Education). It is not always clear whether such IT support is a health, social care or education need. I would hope that funding for it will be incorporated into this Plan.</p> <p>The level of detail about IT support in education would be reflected in the education service. IT will play an increasing role both in supporting people with disabilities and in healthcare settings to deliver care closer to where people live.</p>

**Q8**

1. Given the extent within Oxfordshire of schools which are now independently directed and managed, now known as 'Academies', how is OCCG, with Public Health, ensuring the cross county quality of 'safeguarding' for all the County's children and young people?

This is a piece of work undertaken and monitored by the Oxfordshire Safeguarding children's Boare and will continue to do so under the Academies.

2. Given that the Chipping Norton Hospital Action Group has requested of the Secretary of State that he refer the "Chipping Norton Hospital Beds" issue to the Independent Review Panel (IRP), how does OCCG plan to respond to this?

The OCCG response will depend on the outcome of the referral and whether OCCG needs to respond given it is an Oxfordshire County Council commissioned service.