

Questions to March 2017 GB meeting from OKONP

Q1	<p><u>BOB commissioning executive</u></p> <p>a) How many commissioning decisions have been made by this body since its inception? All recommendations will be reported through to each organisations Board.</p> <p>b) What services have been commissioned already? Joint work undertaken on 111 and Ambulance Service.</p> <p>c) Which services are in the pipeline? None agreed to date.</p> <p>d) Which budget will fund these services? Services will be funded from individual CCG budgets.</p>
Q2	<p><u>NHS Estate</u></p> <p>a) What NHS estate is likely to i) likely to be sold, ii) demolished, iii) refurbished to accommodate the proposed changes outlined in the phase1 consultation document? This cannot be finalised until after decisions for phase 1 have been made.</p> <p>b) What NHS estate is i) likely to be sold, ii) demolished, iii) refurbished to accommodate changes proposed in the Oxfordshire Transformation Plan? In terms of Phase 2, no decisions have been made in terms of the estate. Any proposals would need to be approved by the regulators.</p>
Q3	<p><u>Review of community hospitals</u></p> <p>a) Who is carrying out the review of community hospitals in the county? The development of the proposals for Community Hospitals will be undertaken by the Oxfordshire Transformation Programme. This is led by Oxfordshire Clinical Commissioning Group, with the close support of OHFT and OUHFT. Other groups such as Oxfordshire County Council and Oxfordshire Healthwatch support the Programme through the Oxfordshire Transformation Board.</p> <p>b) At what cost? The review of community hospitals is a component part of the Transformation Programme. The current budget for Oxfordshire Transformation for 2017-18 is £841k.</p> <p>c) When did the review begin? The Case for Change was launched with the Oxfordshire JHOSC in 2016.</p> <p>d) When will it end? It is hoped that the Oxfordshire Clinical Commissioning Group will be out to public consultation by the autumn of 2017.</p> <p>e) When will the decision based on the findings be made, and by which body? The decision will be Oxfordshire Clinical Commissioning Group, will be made once the public consultation has been completed. There is the need to develop the Decision-Making Business Case, which will be based upon the Pre-Consultation Business Case and the feedback from the public engagement.</p> <p>f) When will the report be published?</p>

	<p>A Pre-Consultation Business Case will be developed for Phase 2 and placed in the public domain prior to public consultation. It is anticipated that this will be in the autumn.</p> <p>g) Which organisation commissioned it? Oxfordshire Clinical Commissioning Group.</p> <p>h) What is within scope of the review? The Transformation programme will be considering a system wide transformation strategy, which will not only include hospitals but also Primary Care, Mental Health and Prevention.</p> <p>i) What is outside scope? At this stage, only the areas which have been considered within Phase 1. A range of clinical working groups are considering how the programme could be structured.</p> <p>j) Which groups are contributing to it? At this stage the pre-work is mainly within the OUHFT, OHFT and Oxfordshire Clinical Commissioning Group.</p> <p>k) What is the current status of the proposal in the Oxfordshire Transformation Plan to create up to 4 'hubs' in the county? An agreed Option Development process has not been finalised, nor has a Long List of Options. It will be this Option Development process that will determine the model of care for Oxfordshire, and the way in which services are provided at a locality level.</p>
Q4	<p><u>Better Care Fund (BCF)</u></p> <p>The National Audit Office (NAO) has recently reported that the first phase of the BCF, which involved some transfer of funds from the NHS to local authorities for adult social care, has not delivered in terms of integration, reduced A&E and DTOC numbers. Despite a total pooled budget of £5.3bn, it has failed to make estimated savings of £511m in its first year. CCGs had to find £1.1bn from their budgets.</p> <p>a) How does OCCG demonstrate to the public that the BCF is nothing other than a window dressing exercise? The BCF plans are signed off by the Health and Wellbeing Board and as such the BCF plans are available for the general public to view. The BCF plans include details of all schemes and demonstrate the benefits that they bring to the Health and Social Care system.</p> <p>b) How does OCCG justify the loss of essential NHS funding to plugging a gap in underfunded adult social care? The health and social care system in Oxfordshire has a long history of successful partnership working to improve outcomes for individuals and communities stretching back many years. There are also well established pooled budget arrangements between the Clinical Commissioning Group and Adult Social Care in Oxfordshire that have been established for many years across learning disabilities, physical disabilities, mental health and older people. Therefore OCCG would not share the view that there has been a loss of funding, to the contrary BCF has provided the opportunity to further strengthen the already well established model of partnership working.</p> <p>c) What evidence is there that the BCF has improved integration of health and adult social care services in Oxfordshire? A systematic process of evaluation and scheme reviews have found that Oxfordshire</p>

	<p>has continued to make good progress across the health and social care economy in line with the national BCF requirements, including better integration and more effective personalised services.</p> <p>d) How will BCF plans to integrate health and adult social care services align with the Oxfordshire Transformation Plan?</p> <p>e) How will BCF plans to integrate health and adult social care services align with the wider BOB STP?</p> <p>The Oxfordshire system has developed its BCF plan as part of a larger and very complex system operating to support transformation. Therefore, the plan is linked to the Transformation Board agenda which has developed a strong case for change and has agreed a Care Closer to Home model and strategy. The strategy sets out our ambition to achieve a step change in developing community based services and reduce demand for hospital care. Oxfordshire's transformation plan is aligned with those at a BOB footprint but describes a more localised footprint sitting below the BOB level plan.</p>
Q5	<p><u>Sustainability and Transformation fund</u></p> <p>The Sustainability and Transformation Fund has dedicated £1.8bn of its £2.1bn to bailing out acute hospitals, which have had insufficient funding to meet demand, leaving the small residue to be spent on the transformation element.</p> <p>a) What impact will this reduced amount have on the transformation element of the Oxfordshire Transformation Programme?</p> <p>NHS planning guidance and assumptions has recognised that STF funding has committed in this way in the early years of the 5-year planning horizon. This is context within which the OTP work is being done. Constraints of funding, either as non-recurrent transitional funding or recurrent funding for new service models are likely to impact on the deliverability of some of the options being considered. There remains the potential to bid for some transformation funding through STPs.</p> <p>b) What impact will this reduced amount have on the transformation element of the wider BOB STP?</p> <p>As above it will impact on the range of options that are considered viable or impact on the timeframe over which they can be delivered.</p> <p>c) How much of the dedicated £1.8bn sustainability element has been allocated to OUHT?</p> <p>£20.324m in 2017/18. Please see the attached link to publically available information. Note that the document says 'indicative', the CCG has no further information beyond this and the Trust should be approached for a definitive answer. https://improvement.nhs.uk/uploads/documents/STF_and_Financial_CT_1718_1819_Guidance_Indicative.pdf</p>
Q5	<p><u>Finances</u></p> <p>The Department of Health has been raiding its capital fund to finance revenue demands.</p> <p>a) What impact will this reduction in capital funds have on local plans?</p> <p>In its final report before the end of the financial year, NHSE indicates that it is predicting it will underspend almost £50 million on primary care. Last year it was</p>

	<p>reported that it had underspent some £600m, of which £163m was from the primary care budget. Further reports suggest that underspends are a regular feature of NHSE finances, money which is lost to the NHS and may end back in the treasury. Any constraint on funding will impact on viability of local options and plans. We are aware of the current constraint and are planning accordingly. It is not possible to describe or quantify the 'opportunity cost' of this as this would require additional non-value adding work. We have to work in the environment we have.</p> <p>b) What is the impact on patient care in Oxfordshire of these considerable underspends? There is no direct impact that we can describe or quantify. Primary Care locally is funded as per the national funding formula. On this basis Oxfordshire receives its 'fair share' of national funding for primary care. This is delegated to the CCG by NHS England and we spend it locally. The CCG reports how it spends this in its reports to the Board and also in the Oxfordshire Primary Care Commissioning Committee meeting which is a meeting held in public. Obviously if there is 'spare' funding at national level that would be passed down to local level then this would no doubt be beneficial.</p> <p>c) What steps can OCCG take to end this loss to essential NHS funding? None. This is a matter of funding allocation and budget setting at national level.</p>
Q6	<p><u>Oxfordshire Transformation Programme</u></p> <p>"Over the last 25 years in England we have doubled the number of admissions and we've halved the number of beds. If we cut more beds - and particularly if we cut the beds without proving that we have got adequate care in the community - I think that's an extremely dangerous way to run a health service." Professor Jarman http://www.bbc.co.uk/news/health-39204681</p> <p>a) In the light of the all-party opposition to the Oxfordshire Transformation Programme in the county council and their real concerns that they will not have the capacity to support discharged patients, how do you plan to proceed? As part of the Phase one following public engagement there will be a review of the proposals and a period of reflection by the Oxfordshire Clinical Commissioning Group on the perspectives provided by respondees to the consultation. It is recognised that further strengthening of the Pre-Consultation Business Case will be required, prior to the development of the Oxfordshire Clinical Commissioning Group's Decision-Making Business Case. Further consideration will need to be made in terms of implementation and how the governance arrangements would be strengthened to support the final proposals. The County Council have been closely involved in the work to address delayed transfers of care and some of the funding released from the temporary closure of hospital beds has been used to increase the availability of community based health and care services which we would like to see made permanent.</p> <p>b) How will this meet the requirement by NHS England that functioning new systems have to be in place before current systems are decommissioned? The approach proposed in the development of the Decision-Making Business Case, is consistent with the approach proposed in terms of functioning new systems, prior to current systems being decommissioned.</p> <p>c) Given that home care agencies are financially vulnerable, with another one folding last week, and with some care homes serving Oxfordshire deemed inadequate by the CQC, what action will OCCG take to address the fragility of</p>

Social Care, on which much of its OTP depends?

Oxfordshire Clinical Commissioning Group, recognises that the sustainability of the Care Home sector is a potential risk for the delivery of the Transformation Plan. Oxfordshire Clinical Commissioning Group has invited Oxfordshire County Council to formally join the next phase of the Transformation Programme, recognising its role in terms of commissioning both Care Homes and Domiciliary Care.