Questions to the 27 July OCCG Board meeting:

Q1	**Accountable Care Organisations/Systems** **a) Given that Bucks and Berks West form two-thirds of the BOB and have been designated as two of the eight first-wave ACSs, what impact will this have on health and social care in Oxfordshire?** **b) Jim Mackey (NHS Improvement) claims that Sustainability and Transformation Plans (STPs) can be delivered '90% of the way' by ACOs/ACSs within the current legislative framework, yet Jeremy Hunt has suggested that legislation specifically designed around STPs is likely to be pushed back until after Brexit negotiations are concluded. Which view is OCCG inclined to agree with, and why?** **c) What plans do OCCG have to introduce an ACO/ACS in Oxfordshire?**
A1	*The NHS in Oxfordshire already works closely together through the Oxfordshire Transformation Board and associated programme. Given the direction of travel around ACSs we are discussing the best way to strengthen our joint working.*
Q2	**OTP Phase 2 long list process** **In response to a previous question from OKONP, OCCG gave the following response:** **'The engagement on Phase 2 begins in July and will include:** • **The reasons why we believe change needs to happen and our ambition for the future** • **A long list of options for the future of health care across Oxfordshire** • **Evaluation criteria for assessing options** **Stakeholders (including patient, public and community representatives) will be able to take part in discussions, workshops and information sharing at an event in July. This will be followed up with wider engagement throughout the summer.** **a) How will these 'patient, public and community representatives' be selected?** **b) By whom will they be selected?** **c) Using what criteria?** **d) How many 'representatives' will be chosen?** **e) Where is this 'event' to take place?**
A2	*The event referred to in our previous response will now take place later in October. We will be inviting various stakeholders who have an interest in health including local councillors, Healthwatch and campaign groups. We are hoping to have approximately 150 people at the event. Oxfordshire Keep Our NHS Public will be offered a couple of places at the event.*

Q3	**Creating a market to attract new investment providers** **The Chief Operating Officer responded to a previous question from OKONP about 'new investment providers' by referring to NHS service provision. Our question related to the future of the NHS estate and private investment.** **'The Chief Operating Officer explained the minute related to seeking a large amount of estates investment over and above that received from the national bidding process. There was a need to support primary care to provide services and a need for more and fit for purpose space. OCCG needed to look at what was possible without investment from the centre. Work had been undertaken, as could be seen from the Locality reports, and considering different ways of thinking about the estate. Work was also taking place with District Councils around creative thinking and planning. There might be a need for alternative private provision of estate which OCCG could support through revenue costs.'**
A3	The Chief Operating Officer referred to the question posed around primary care estate and reference to 'alternative private provision of estate which OCCG could support through revenue costs'. As national funding was not available OCCG was considering all options including developers with Section 106 funding. A policy had been agreed at the Oxfordshire Primary Care Commissioning Committee (OPCCC) around health expectations per number of units (here). The contribution for healthcare could be provided by a Section 106 or from developers but other options were also being explored. Conversations had been held with all councils and good relationships were being built. There was a very comprehensive list of all discussions and plans were being submitted to OCCG and responded to. There was a need to make a case for demand for core primary care services which could be applied to particular developments. A proper estate strategy particularly for primary care had been discussed at OPCCC. The Board were reminded that only £2.0m had been received from the bids for £50.0m.
Q4	**Rethinking and refreshing STPs** **http://www.ippr.org/files/publications/pdf/STPs_devo_health_June2017.pdf?noredirect=1&utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8426479_NEWSL_HMP%202017-07-04&dm_i=21A8,50LWV,MSY45B,J6D3I,1** **a) What steps are OCCG taking to 'rethink and refresh' the BOB STP, in view of the recommendation from the Institute for Public Policy Research?** **b) Could one of the reasons for Joe McManners' and David Smith's resignations be that they have been asked to 'deliver the undeliverable'? [p18]** **c) With two of OCCG's leaders leaving before full implementation,**

	and stable leadership supposedly a watchword for success, how confident are the Board that the local programme and the wider plan are achievable given unresolved and enduring regional workforce shortages, a continuing funding crisis in health and social care, and within the designated time-frame? **d) Will other members of the Board also consider resigning?**
A4	*Dr Joe McManners' and David Smith are not resigning. David is retiring and Joe's term of office comes to an end in February. The Oxfordshire Transformation Plan is a system wide plan which includes NHS partners and the County Council. Joe and David announced their plans earlier on to ensure continuity and stability in leadership with a seamless handover being planned to their successors.*
Q5	**Outcome of retrospective assurance request from Thames Valley Clinical Senate on bed closures** **In view of 'guidance' from NHSE, OCCG sought retrospective assurance from TVCS on its decision to close 146 acute beds, despite the lack of adequate and sustainable alternative provision in the community. What has been the outcome of this request?**
A5	*The outcome of the review is available in the decision making business case, section 9.5 page 46:* http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2017/08/2017-08-10-Paper-17-57-Phase-One-Decision-Making-Business-Case.pdf
Q6	**Independent Reconfiguration Panel (IRP) report on Deer Park Medical Centre** **'Julie Dandridge, head of Primary Care at the CCG, said: "We welcome the report from the IRP and are reviewing the advice it has provided. We are currently developing a locality plan for west Oxfordshire, including the Witney area. We have patient representatives working with us but will broaden our engagement with the public as this plan develops.'** **Criticism from the IRP included OCCG's lack of patient/service user involvement in the commissioning processes affecting Deer Park Medical Centre. In its recommendations for future action, which does not preclude the possibility of providing services from the Deer Park Medical Centre in the future, the IRP states: 'At the heart of this must be the engagement of the public and patients in assessing current and future health needs, understanding what the options are for meeting their needs and co-producing the solutions.'** **It appears from the above statement by Julie Dandridge that OCCG is about to repeat its error, and intends to broaden its engagement only 'as this [locality] plan develops'.** **a) Successful public engagement is not achieved by the narrow involvement of selected 'patient representatives', but is secured by the broader involvement of the public and patients throughout**

	the process, including the earliest stages of planning, as recommended by the IRP. Will OCCG now widen the scope of its engagement with the public and patients in west Oxfordshire to develop a credible plan? **b) How have these 'patient representatives' referred to above been chosen?** **c) By whom?** **d) What steps is OCCG taking to review the contribution of the NHS South (Central and West) Commissioning Support Unit procurement team, in this clear failure to follow NHSE guidance on managing the end of time-limited contracts?** **e) Exactly what lessons have been learnt by OCCG from these events?** **f) What steps will be taken to improve relationships with OJHOSC?**
A6	*Primary care related work is reviewed and discussed at the Primary Care Commissioning Committee, the meetings of which are held in public and papers published here: http://www.oxfordshireccg.nhs.uk/get-involved/opcc-committee.htm* *OCCG will be meeting with the Chair of the Public and Patient Partnership West Oxfordshire and Healthwatch to discuss and agree an approach to public engagement in the area in order to address the recommendations made by the IRP to the Secretary of State.*
Q7	**Oxfordshire Transformation Programme (OTP)** **OCCG will be aware of the importance of local democratic accountability and the vital role of councillors in this. It will also recognise the need for transparency in its dealings with local authorities, if it is to have the public's trust.** **a) What is the extent and precise nature of the involvement of Oxfordshire County Council officers, directors, managers, agents, and other personnel in i) the planning, ii) the development, iii) decision-making and iv) implementation of the OTP, from its inception?** **b) How much funding has been allocated to OCC for its involvement in i), ii), iii), and iv) of the OTP, from its inception?** **c) How much funding has been allocated to OCC for each area of work in which it is involved in the OTP, from its inception?** **d) How much funding is OCC to be allocated in 2017/18 for its involvement in i), ii) iii), and iv) of the OTP?** **e) How exactly will this funding be used?**
A7	*The leader of the Council, Chief Executive, Director of Adult Social Services, Strategic Director of People & Director of Public Health and the Lead Councillor for Adult Social Care are all members of the Transformation Board. Oxfordshire County Council is one of our partner organisations and no remuneration is provided for their involvement in the Transformation agenda.*

Questions for OCCG Board Extraordinary meeting 10 August 2017

Q1	**Given the severe and continuing underfunding of health and social care and enduring workforce problems in the county, can the Board give patients and the public a guarantee that all Phase 1 proposals it is being asked to approve are:** **a) deliverable;** **b) will lead to improvements in the availability of health and social care services in Oxfordshire;** **c) will lead to improved health outcomes for the most deprived and vulnerable in Oxfordshire; and** **d) will reduce DTOC numbers to align with the lowest in England?**
A1	*To agree the proposals the Board must be assured that the plans are deliverable and will improve outcomes.*
Q2	**Will the Board accept that giving the public three working days to respond to hundreds of pages of papers on which critical decisions will be made on future health care provision in the county is** **a) not conducive to informed public engagement; and** **b) fails to satisfy the test set by NHSE to demonstrate strong public engagement?**
A2	*A full public consultation took place over 12 weeks. We are now moving to the decision making responsibility of OCCG Board.* *The board papers are published 5 working days in advance of our board meeting in public – this is in line with our standing orders (section 3.2.1 page 5 : http://www.oxfordshireccg.nhs.uk/documents/corporate/Standing-Orders.pdf)*
Q3	**Is the Board aware of the many incidents where patients have been at risk, reported at Monday's HOSC, and about which HOSC has requested anonymised reports from OUHT?**
A3	*Yes, OCCG is aware of those events presented at HOSC.*
Q4	**I live in central Banbury and my wife is due to give birth in October. One year ago this would have been a simple case of going to our local Horton General Hospital. Given that around 40% of all births involve complications that require consultant intervention, my wife and my baby's life are now at greater risk following the closure of the consultant-led maternity unit at the Horton General. In the 2008 judgement of the IRP the John Radcliffe Hospital was deemed too far to send women in labour safely. The distance between the two towns has not changed. What has changed is that both Banbury and Oxford now have larger populations, with large new-build areas continually appearing on the periphery. Why is a short-termist budgetary decision**

	to close or downgrade the Consultant-led Maternity, SCBU, 24/7 Children's Ward, A&E, orthopaedics and Critical Care Unit being allowed to take precedent over lives that will potentially be lost as a result (such as mothers having to travel 23 miles with late-stage labour complications, to an already over-stretched hospital), and not taking into account the long-term trends/demands of both towns and surrounding villages (growing populations will equal more demand for labour units, medical wards and A&E in coming years, not less)?
A4	*The proposals for phase 1 of the Transformation Programme do not include paediatrics, orthopaedics and A&E. They do include changes to the critical care unit and Special Care Baby Unit , however these are based on safety, quality and workforce issues not on finances.* *More detail on the reasoning behind the proposed are available in the decision making business case available and associated documents: http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2017/08/2017-08-10-Paper-17-57-Phase-One-Decision-Making-Business-Case.pdf*
Q5	**If the refuge service from the council has had to change and increase the refuge rounds because of more residents in North Oxfordshire and the education authority has built a new school in Longford park to accommodate the increase in the number of children in the area----why does the OCCG wants to do the opposite and take services away from The Horton? The population is growing in Banbury and the surrounding area so it needs to keep the local acute hospital fully functioning to relieve pressure on the JR. Why are you not following the example of education and the council?**
A5	*The expected increases in population in the local area have been considered in the development of the final proposals. Overall more patients will be treated at the Horton General Hospital in the future (if proposals are accepted). Page 64 of the decision making business case gives information relating to the birth rate: http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2017/08/2017-08-10-Paper-17-57-Phase-One-Decision-Making-Business-Case.pdf*
Q6	**When there was a meeting in Grove (Wantage) re the future for the Horton hospital there was very strong feeling from all present that the meeting should have been to consider the future of Provision of services and the local cottage hospital. Finally the Chairman of that meeting promised that there would be a local meeting to discuss this, and that such a meeting would be in Wantage/Grove and take place by late summer. Has such a consultation now been fixed.**
A6	*Phase 2 of the transformation programme will include the review of community hospitals. We hope the engagement on this next phase will start in October at which we will include engagement across Oxfordshire. No events have been booked as yet.*

Q7	**What should people affected by stroke expect from the stroke pathway (including from health, community, social and voluntary services) and how is this pathway going to be communicated to them?**
A7	*If the proposal relating to stroke is agreed, all patients in Oxfordshire who suffer a stroke, or stroke-like symptoms, will be taken to their nearest Hyper Acute Stroke Unit (HASU). There will be only one HASU in Oxfordshire but people living close to the county border may be taken to a HASU out of county if it is nearer (eg people in south east Oxfordshire would be taken to the HASU in Reading). Once at the HASU, the first priority will be to confirm if a stroke has actually taken place and if so, where exactly the clot is. Treatment will then take place to remove or break up the clot. The evidence is clear that the faster this happens, the better the chances of a full recovery. Once the patient is well enough to be discharged from the HASU, they will need a programme of rehabilitation which could include different therapies including occupational, speech and physiotherapy. An assessment will be made to determine what support the patient will need. The patient will then either be transferred for rehabilitation or discharged home with appropriate rehabilitation delivered at home. This will be discussed with the patient and family throughout their treatment.*
Q8	**There are large discrepancies between services on offer in Oxfordshire and in neighbouring counties, from the level of rehabilitation therapies available to what follow up is offered (from consultants, medics, therapists and stroke reviewers), to the navigation of and access to generalised services. How can the current variability of people's experiences through the stroke pathway be improved and good quality consistency be reached?**
A8	*The proposals for changes to stroke services will address the different levels of care across the county as all suspected stroke cases being taken directly to a HASU for their acute care and the early supported discharge would be rolled out across Oxfordshire; it is currently only provided in Oxford City and Bicester.* *The changes being proposed are ones that are based on current evidence of best practice. As with all health care, developments in treatment and understanding of diseases improves continuously and we need to be prepared to change the way we deliver care when new medicines, treatments and understanding is available. The model of care being proposed is the best care for patients who have had a stroke at this time.* *OCCG will be speaking to the stroke association locally to better understand where services might be improved.*
Q9	**Mott Macdonald's post-consultation report states that "four interviews were undertaken with clinicians. Access to additional clinicians involved in the programme was requested but further contacts were**

	not made available by the CCG." **Against this background, what consideration has been given to the specific responses to the consultation from local clinicians whose views on the five proposals are extremely important?**
A9	*All of the proposals that we are considering have been developed by clinically-led groups.* *The CCG has discussed the Transformation Programme and phase 1 proposals at its Clinical Locality Meetings, across the six localities, over the past year and sought clinical feedback on a regular basis – for the North of the County this has involved in-depth discussion about the final proposals at several meetings. Each of those Localities is represented on the Board of OCCG by the six Clinical Locality Directors. OUHT has also undertaken a review of their services with their clinician which has been factored into the plans.*
Q10	**The Clinical Commissioning Group's Decision-Making Business Case paper refers to the maternity workstream, who reviewed the options for obstetric services:** • **Who are the members of the workstream?** • **How are members appointed to the group?** • **Are the minutes of its meeting publicly accessible?**
A10	*The core members of the group include:* • *GP responsible for maternity services (OCCG)* • *Lead Commissioner (Children and maternity - OCCG)* • *Clinical Director Women's Services, OUH* • *Head of Midwifery, OUH* • *Community Midwifery Manager, OUH* • *Divisional General Manager, OUH* *Other colleagues are in attendance as required for support and for specific topics. The working group was convened at the start of the Transformation Programme to ensure the right clinical and commissioning expertise where involved. As an internal working group, these meeting notes are not published.*
Q11	**Options 3a, 3b, 3c and 3d of the obstetrics analysis involve different configurations of two obstetric units in the county. Has there been a critical examination of the mixed rota options?**
A11	*Yes, information relating to this is available in the decision making business case on page 68:* *http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2017/08/2017-08-10-Paper-17-57-Phase-One-Decision-Making-Business-Case.pdf*

Q12	**The removal of middle grade training accreditation for obstetricians at the Horton General Hospital is a key reason for the proposed changes to maternity provision. What evidence can the Clinical Commissioning Group provide to show that there has been a full and thorough discussion with Dr Bannon at Health Education England about the accreditation issue, and that all avenues have been exhausted?**
A12	*OCCG and OUHT have discussed with Dr Bannon, at length, the issue of accreditation for training middle grade doctors in obstetrics at the Horton General Hospital. As stated in the Decision Making Business Case (page 65) Health Education England (Thames Valley) has confirmed that an increase to 2,500 births per annum at the Horton General Hospital would not enable training accreditation to be restored.*
Q13	**Mott Macdonald's post-consultation report that "staff may experience negative impacts if they are required to change their permanent place of employment. Associated impacts may include some staff having to travel further to their place of work, which is likely to have an impact in terms of personal costs of travel and the inconvenience associated with additional journey times. Ultimately, this may have an impact on the retention of staff"** **Given these observations, and the extent of the proposed changes, has the Clinical Commissioning Group sought to undertake, or does it intend to commission, an independent review of the workforce?**
A13	*OCCG does not intend to commission an independent review of the workforce relating to the proposed changes. The proposals have been clinically led, reviewed and discussed within the OUHT with affected staff. We understand from the OUHT that discussions with those staff already affected by the temporary closures are in the main positive about their experiences.*
Q14	**Can the Board demonstrate it is aware of, and has had a clear discussion with Cherwell District Council about its 'Banbury Health Campus' concept?**
A14	*OCCG are fully aware of Cherwell District Council's 'Banbury Health Campus' concept as it was received through their response to the consultation. All board members have seen the stakeholder responses to the consultation available here: http://www.oxfordshireccg.nhs.uk/documents/Final-Stakeholder-Response-Pack.pdf .* *A discussion on the specifics of the concept has not taken place as the scale of the redevelopment would need significant capital and recurrent investment and is not easily available. This also needs to be seen in the context of services that can be safely and sustainably delivered on the site.*

Q15	**Does the Board feel that the consultation was a useful exercise, when no alternatives were provided and the Clinical Commissioning Group's position has not changed in the six months since the recommendations were first made?**
A15	*Yes, the consultation was important to allow people an opportunity to share their views about the proposals and to explain how they might be impacted by them, as well as enabling them to offer their ideas about alternatives. This was achieved and the Decision Making Business Case reflects that OCCG has considered all of the feedback from the consultation.*
Q16	**The Clinical Commissioning Group's Decision-Making Business Case identifies transport for pregnant women as a key issue raised during the consultation exercise. The programme response in the DMBC states that:** **"Most midwifery care will be provided, as at present, by community midwifery teams in the North Oxfordshire locality. For those women who choose to give birth at South Warwickshire NHS Foundation Trust Hospital, the option of receiving antenatal care at HGH with Warwickshire staff is being explored.** **"Higher-risk women will continue to receive obstetric care at JRH as has been the case for many years. In future, ante-natal clinics for women requiring higher risk obstetric care will be provided at the HGH site in addition to JRH which will reduce some journeys for residents of North Oxfordshire and surrounding counties."** **Is the Board satisfied that this is an adequate response to this issue?**
A16	*Travel and transport were key features of the response to the consultation and as a result, supplementary research was conducted on behalf of OCCG. In addition, the Integrated Impact Assessment described in detail the potential impact in terms of travel and access. The Decision Making Business Case has addressed these issues.* *The Board acknowledges that these proposals reduce access for some people; however, this is offset with the advantages of a centralised, safe and sustainable service.*