

## Questions to the OCCG Board meeting held on 30 January 2020

Cllr Stefan Gawrysiak, Town. District and County Councillor Henley on Thames and Cllr Ian Reissmann, Chair of the Townlands Steering Group spoke of their concern at the closure of the Sue Ryder Hospice palliative care beds at Nettlebed. The questions they raised were:

1. Can the CCG confirm this is a major change of service in which case there should be a consultation with the local authority which is triggered under the s.244 Regulations. This means that a statutory 3 month community consultation period must take place before this closure happens. The closure is scheduled for March 2020.
2. Why has the OCCG not set out any information regarding the reprovisioning of this service in South Oxfordshire? Clearly some residential end of life care will be needed for the south of the county and the OCCG have to date not explained how this is going to be provided. We consider it the responsibility of Oxon CCG and/or Sue Ryder to provide alternative services at least as good as the existing service and communicate clearly how these services will be accessed. Failure to do this will be damaging to existing users and additionally patients will remain in acute hospital beds putting additional pressure on bed spaces.

At the Board meeting the Chief Executive expressed OCCG's surprise at the announcement of the closure of all of the beds. There was an ongoing review of alternative options. She noted the success of the Hospital at Home service, which had benefitted 539 patients to date and had received good feedback. OCCG had been aware that Sue Ryder had reduced the number of beds because they were not being used. There were currently four beds open, which were used on a 50/50 ratio of Buckinghamshire to Oxfordshire patients. There was a significant issue around the viability of keeping staff to look after such a small number of patients, when Sue Ryder had undertaken to find beds where required at the Duchess of Kent home in Reading.

The Oxfordshire Health Overview and Scrutiny Committee (HOSC) considered this issue at their meeting on 6 February 2020 and the paper presented by the CCG can be found [here](#). After discussion and consideration of the issues the HOSC concluded that the changes at Sue Ryder did not require consultation and the Committee would consider whether hospice/end of life care was an area they wished to focus on.

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Would the Board consider patients' concerns about patient engagement and involvement in the future?

This was covered under Item 9 of the meeting where the Director of Governance reported that, in line with the continued development of integrated working the CCG was working as part of the Health and Wellbeing Board to develop engagement with the wider population and partners to support and listen. To this end the Oxfordshire Wellbeing Network had been developed.

There was concern at the changes to public and patient involvement with the CCG since the disbandment of the Locality Forum Chairs meetings in the transition period towards the Health and Wellbeing Board plans. It was acknowledged that the PPGs were no longer the only route for PPI and that a new system-wide approach would involve a variety of groups. There would be opportunities for patients and the public to become involved in specific areas of healthcare, but it would be useful to have general input on areas of concern or praise about which the CCG might be unaware.

A query about a personal medication

A response had been sent directly to the patient.

A query about the possibility of a merger of the three Integrated Care System (ICS) CCGs and the implications for community services

This was covered at Item 19 on the agenda and the Board was clear that in agreeing to the proposals in paper (20/05), there was no expectation of a merger of the three CCGs. A decision on whether to merge would be made separately at another time.

A query about Section 106 funding:

OCCG and Cherwell District Council have agreed a supplementary planning document that clearly specifies what OCCG can request in the way of developer funding on any planning application of 10 dwelling or more.

These contributions can be pooled to build-up a reserve of money towards funding expansion of Primary Care.

Even though the threshold is 10 dwellings or more I understand that there is a policy of only applying for funds of developments of 50 dwellings or more.

Why then has OCCG not applied for any funding for the outline planning application 14/01932/OUT for 1000 (one thousand) dwellings at Wykham Park Farm?

The supplementary planning document specifies a simple calculation of Number dwellings x 2.4 x £360 = £864,000 of funding that has been missed from this one application.

I also understand that neighbouring developments at Bloxham Park and Victoria Dale were also overlooked and the saga of Longford Park part one is quite dispiriting.

Could you please reassure us all that the forthcoming applications including Longford Park part 2 will receive more attention from OCCG?

OCCG took on responsibility for primary care commissioning in April 2016. Before then, commissioner responsibility for responding to planning application consultations lay with NHS England. The commissioner before April 2013 was NHS Oxfordshire PCT. The listed planning application (Wykham Park) was submitted before OCCG had commissioning responsibility. We are not familiar with the Bloxham Park and Victoria Dale developments, so cannot comment on them.

From 2016, OCCG has responded to major development planning applications where we have been consulted by the planning authority. We have targeted our

resources on larger applications (especially 100+ houses) and those where we can make a clearer case for financial allocation.

OCCG has welcomed Cherwell DC's Developer Contributions Supplementary Planning Document, but notes that there is no guarantee of developer funding allocated to health from new developments. The process to arrive at a Section 106 agreement is long and complex, with the planning authority and developers having to address the interests of many parties. OCCG meet regularly with Cherwell DC planners who have advised us on approaches to support our requests for developer contributions to health infrastructure.

OCCG submitted an objection and request for developer contributions in relation to Longford Park Phase 2 and will work with council and other parties with the aim of securing funding for health infrastructure.