

Annual Public Meetings

9 September 2021

| | Item | Lead |
|----|------------------------------------------------------------|-------------------------------------------------|
| 1. | Chair's introduction, welcome, apologies and announcements | Dr Raj Bajwa |
| 2. | Annual Accounts 2020/21 | Kate Holmes |
| 3. | Review of the Year | Debbie Simmons, Jo Cogswell and Robert Majilton |
| 4. | The future – priorities ahead | Dr James Kent |
| 5. | Questions from public | |
| 6. | Final comments and close | Dr Raj Bajwa |

Welcome and Chair's introduction
Dr Raj Bajwa
Clinical Chair Buckinghamshire CCG

Documents available



Publications available for each CCG on websites

- Annual Report 2020/21
- Annual Accounts 2020/21

[Buckinghamshire](#)

[Oxfordshire](#)

[Berkshire West](#)

Annual Accounts 2020/21

**Buckinghamshire CCG, Oxfordshire CCG
and Berkshire West CCG**

**Kate Holmes Interim Chief Finance Officer,
Buckinghamshire CCG**

on behalf of CCGs Directors of Finance

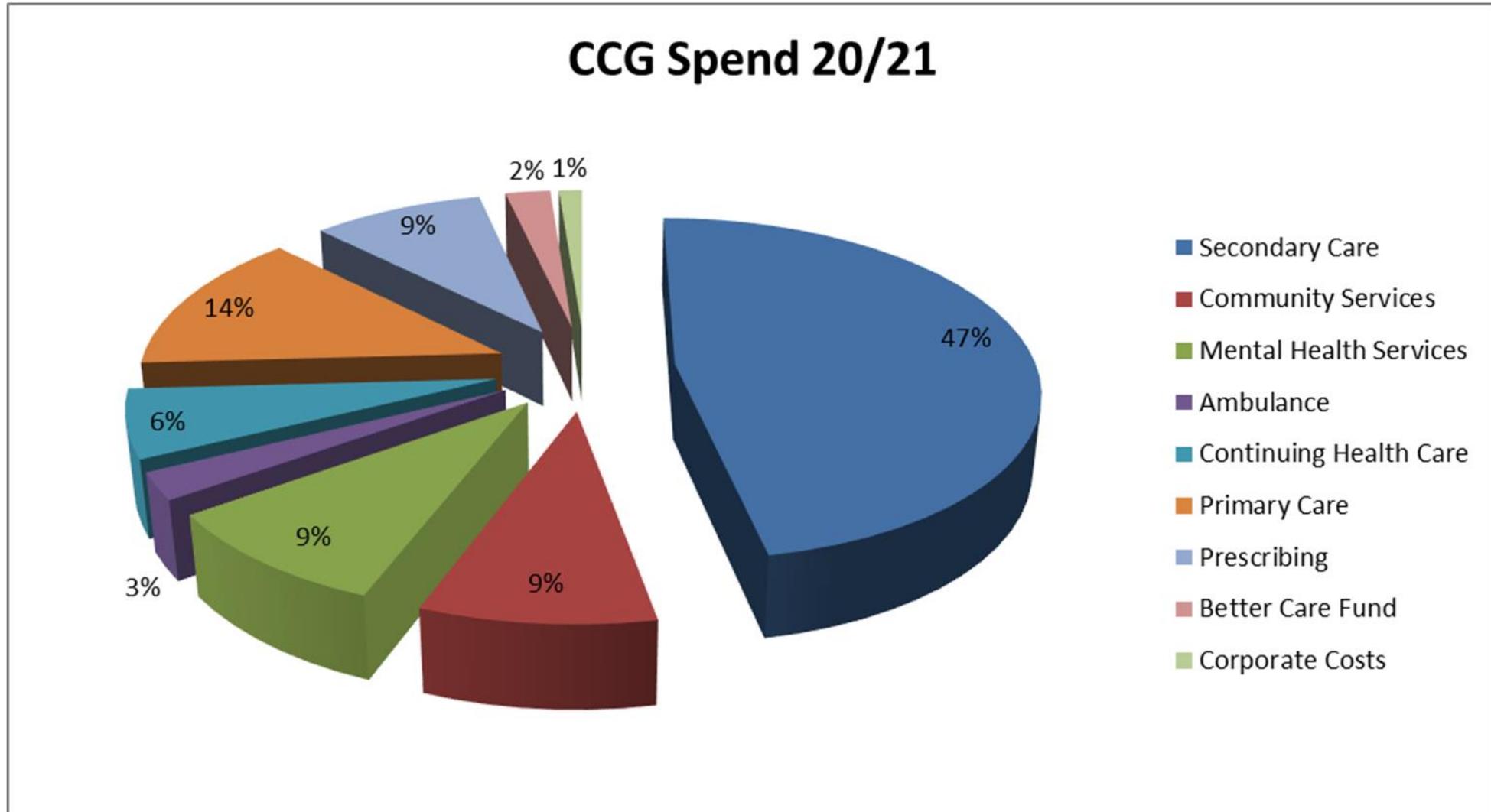
- The NHS entered a national COVID-19 pandemic response in March 2020. This shaped the financial regime for 2020/21.
- **Immediate priority** to ensure organisations had **sufficient cash funding to meet the necessary operational response**: staff, facilities, equipment, PPE etc.
- The regime put in place:
 - **Top-up funding** so that all NHS organisations would be able to at least break-even and have the extra costs reimbursed.
 - Funding to meet the **additional costs of the COVID response** including the costs of new ‘hot’ service in primary care and hospitals.
 - Funding to pay for the care of all individuals requiring **support on discharge from hospital** (either in a care home or while at home).
 - Funding to **support the recovery** of elective or planned care services in the second half of the year.
- All of this funding passed through CCGs and is reflected in the accounts presented today.

These accounts reflect an extraordinary year in our finances, set in the wider context of an extraordinary and challenging year for us all.

An Extraordinary Year 2020/2021 – Year-end Results

| Target | Berkshire West CCG | Buckinghamshire CCG | Oxfordshire CCG |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Revenue spend not to exceed allocation (break-even target) |  £0.1m surplus |  £0.1m surplus |  £0.2m surplus |
| (Revenue) administration spend not to exceed allocation (running costs target) |  Spend of £9.7m against an allocation of £9.8m |  Spend of £10.0m against an allocation of £10.5m |  Spend of £12.9m against an allocation of £13.2m |
| Capital spend not to exceed allocation |  Nil spend and allocation |  Nil spend and allocation |  Spend and allocation of £40k |
| 95% (by value) of NHS invoices paid within 30 days |  98.8% |  99.9% |  99.6% |
| 95% (by value) of non-NHS invoices paid within 30 days |  97.4% |  99.1% |  98.1% |
| Remain within cash funding |  Achieved |  Achieved |  Achieved |
| Mental Health Investment Standard (MHIS) |  Achieved Target £65.5m Spent £66.5m |  Achieved Target £80.2m Spent £80.2m |  Achieved Target £85.8m Spent £91.4m |

- External Audit (Ernst & Young for all 3 CCGs) are required to provide their opinion that:
 - the financial statements give a **true and fair view** of the financial position of each CCG as at 31 March 2021
 - there were **no matters to report in relation to the regularity** of the CCGs income or expenditure; and that
 - there were **no matters to report by exception on the CCGs arrangements to secure Value for Money** in conducting their business
- The final opinion for all 3 CCGs in each area was positive.
- To note:
 - Oxfordshire CCG has a modified opinion on Other Matters in respect of 1 individual where the CCG was unable to obtain the required information from NHS Pensions Agency for the Remuneration and staff report section of the Annual Report.



- In total, our additional costs incurred and reimbursed as part of the COVID response were **£79.7m** across the CCGs.
- The Hospital Discharge Programme (HDP) was introduced by the NHS to allow timely discharge from hospital and to free up beds for the pandemic response. It provided funded care for 6 weeks post discharge and was funded separately by NHS England.
 - Collectively we spent **£57.7m** on this programme and supported **7,591** individuals
- Primary care were very much part of the front line response to COVID. We incurred costs of **£0.6m** for costs of PPE in primary care and **£21.3m** to support the following:
 - Staffing of COVID+ clinic setting in the community, and
 - To support decontamination, remote working, social distancing and backfill for staff sickness and isolation within primary care practices

- The features of the financial regime that were introduced in response to the pandemic have continued into this financial year 2021/22.
 - HDP has continued, funding of care post discharge.
 - We continue to receive additional funding to support COVID costs.
 - We have a top-up allocation to try to ensure that all our ICS organisations achieve a breakeven position.
- The regime is currently being rolled forward on half year (6 month) basis and it has been signalled that we can expect some changes to be made in the second half of this year. This is likely to include moves to reduce some of the extra funding that has been made available to the NHS during the pandemic and we will need to consider as a system how to reduce costs accordingly.

Review of the Year

- The pandemic swept through the country and caused several waves of infection.
- Government restrictions were in place all year to try and reduce the spread of infection and protect lives.
- The whole country recognised the huge efforts and sacrifice of front-line NHS staff.
- Scientists across the world worked tirelessly looking for possible vaccination. Until late summer 2020, expectations were that not available till summer 2021.
- Massive boost to public and staff morale when indications that vaccine could be delivered before Christmas.
- Further huge pressure on NHS to deliver the biggest ever vaccination programme in its history whilst continuing to care for patients.

- NHS Command and Control
- Working in partnership with local authorities, for example in support to Care Homes and managing hospital discharge
- Capacity focussed on caring for patients with COVID-19
- Introduced remote consultations across hospitals, primary and community services
- Hot hubs/virtual wards (with remote oxygen monitoring) set up in the community
- Routine referrals and elective operations and treatments paused (in first wave).
- Campaigns to provide latest information and advice for public and staff
- Long COVID assessment clinics set up to support patients living with longer term consequences of COVID

A hugely challenging and rewarding programme

- Planned and mobilised in a very short timeframe
- Delivery through hospital hubs (mainly for staff), GP-led local vaccination sites, mass vaccination centres and local pharmacies

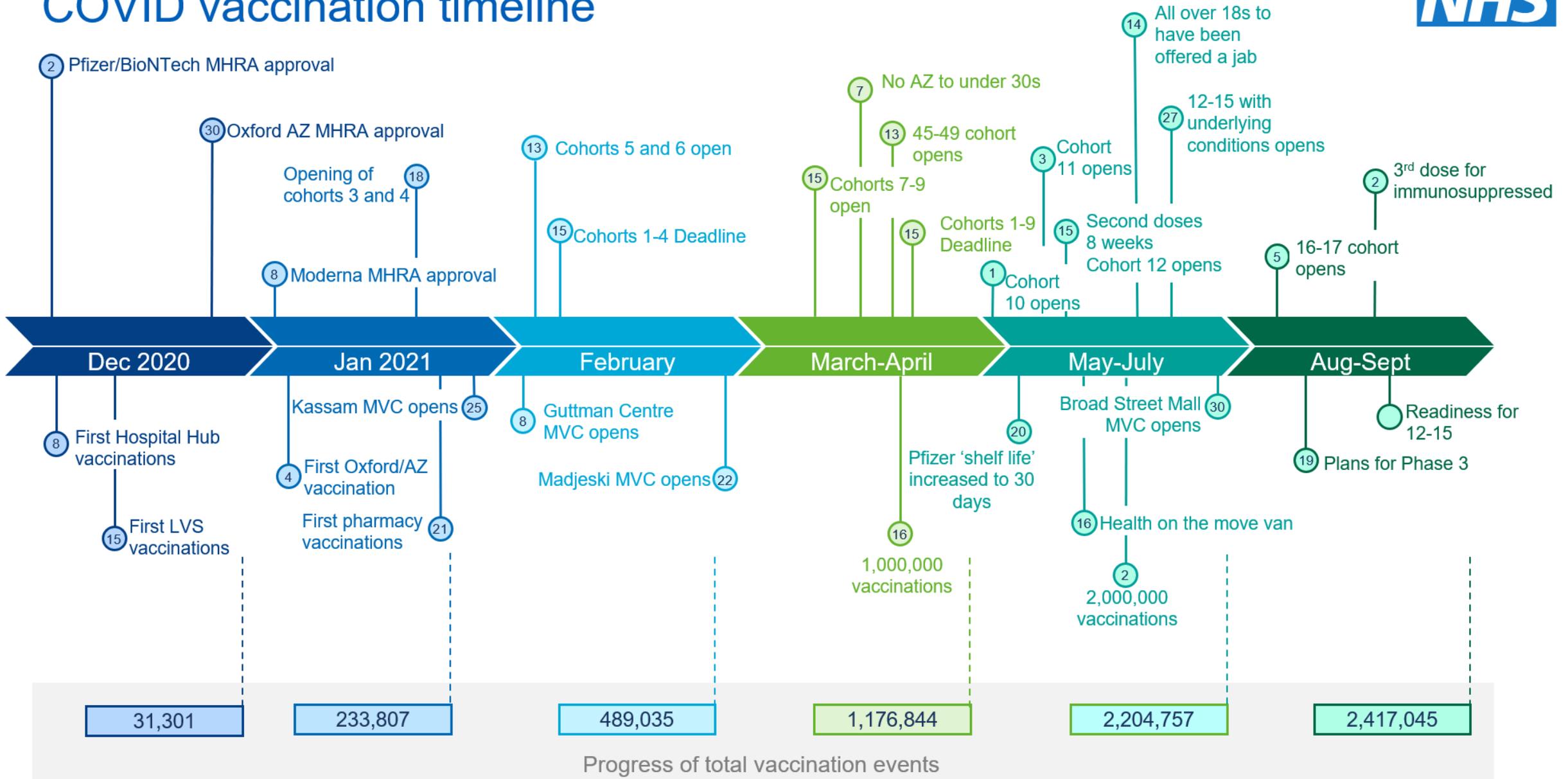
Access and health inequalities

- Two Health on the Move vans and pop up clinics were used as a part of a roving model of delivery
- A positive, informative, coordinated communications campaign

Working together

- Strong partnership working has been a key feature of the programme
- Commissioners and providers across the NHS and Local Authorities, local community groups and volunteers
- More than 2,000 volunteers supported the delivery of the programme

COVID vaccination timeline



Covid-19 Vaccinations in numbers across BOB



Nearly 2.5 million vaccinations delivered



73% take up (65% second doses delivered)
in 30-39 year old population



96% take up
in over 80's, 75-79 and 70-74 year old population



68% take up (50% second doses delivered)
in 18-29 year old population



95% take up
in Clinically Extremely Vulnerable Groups



54% take up
in 16 and 17 year olds (currently single dose regime)



93% take up
in 60-69 year old population



Vaccinations Delivered by

- General Practice through PCNs
- Pharmacies
- Mass Vaccination Centres
- Hospital Hubs
- Pop up clinics
- The Health On The Move van



90% take up
in 50-59 year old population



82% take up
in 40-49 year old population



Every Government ask met

Review of the year – COVID 19 vaccination programme



Impact and achievements

- A BOB wide programme with locally focused teams in each place
- Better than expected take up figures
- Successfully met each of the Government targets

Challenges and constraints

- Working with infection prevention and control measures
- Vaccinating the most vulnerable of patients at the height of winter
- Maintaining the delivery of core services alongside vaccination
- Consistent and regular vaccine deliveries
- Short shelf life vaccines

Successes and legacy

- Greatest take up of any immunisation programme
- Real joined up planning and delivery across BOB and system partners
- Great resilience and versatility from our staff
- Work with local authorities and communities to reach diverse groups and communities
- Support and contributions from local organisations, businesses and volunteer groups
- The volunteers who have given their time - their efforts have been critical to our success

Next Steps

- We are still vaccinating
- An evergreen offer
- 16 and 17 year olds and 12-15 year olds with specific underlying health issues
- We await confirmation of an Autumn booster programme and a possible all 12-15 year olds campaign

- The COVID-19 virus affected some communities worse than others
- Communications challenge to address mis-information and to get accurate information to people
- Linked with community groups:
 - Attended community groups' online discussions with clinicians able to answer questions
 - Produced information films in various languages using voices from community and animation.
 - Offered walk-in vaccination clinics in Mosques and churches

- Transformation of primary care appointments; as well as delivering COVID vaccination primary care also recovered to pre-pandemic level of appointments by September (about 50% face to face)
- Mental Health Services
 - 24/7 mental health support lines established in all areas
 - Establishing a CAMHS link worker role between the mental health service and commissioned young carer service in Buckinghamshire
 - First Mental Health crisis café set up in Reading- 'Breathing Space'
- Supporting People with Learning Disability and/or Autism
 - Supporting GPs to enable Annual Health Checks to continue to be delivered

- Planned Care
 - Numbers of people waiting and waiting times have all increased
 - Working together with all hospitals and independent sector to recover activity as quickly as possible
 - Implementation of triage, advice and guidance services, community gynaecology to increase capacity and prioritise patients
- Long term conditions
 - All CCGs participating in the Blood Pressure Monitoring @ Home trail blazer initiative to support patients to self-monitor remotely using blood pressure monitors at home. The initial pilot is targeted at GP practices in areas with health inequalities.
 - Oxfordshire diabetes dashboard developed to support joined-up care in community and hospital improving outcomes – HSJ Value Award Winner 2021
 - Diabetes pilot in Berkshire West initiated the use of an App to provide digital education for patients with type 2 diabetes

- Cancer Care
 - Working with Thames Valley Cancer Alliance to ensure patients are coming forward and waiting times are being addressed
 - Cancer Care Review in primary care; year 1 completed in Berkshire West and rolled out to Buckinghamshire and Oxfordshire
 - Following the development of the Oxfordshire Suspected Cancer (SCAN) Pathway this has now been launched in Berkshire West and Buckinghamshire has developed a similar model known as the Vague Symptoms Pathway. These services are for those who present with vague symptoms that could indicate a cancer (low risk, but not no risk).

The future – priorities ahead
Dr James Kent
Accountable Officer

- Recover following the pandemic:
 - Recovery of elective care and non-COVID services
 - Continue to deliver the vaccination programme
 - Continue to deliver on our statutory functions
 - Focus on health, outcomes and addressing inequalities working with our partners
- CCGs will remain statutory organisations for 2021/22...
- ..but a new organisation, the Integrated Care Board, will become the statutory organisation from April 2022
- We are also working through the changes needed to safely transition from three CCGs into this single organisation (ICB)
- It will be the ICB that holds the public meeting at this time next year – to cover 2021/22, the close-down of CCGs, and an update on the development of a 5-year strategy for the integrated care system

Questions from the public

Thank you and good night