



Oxfordshire Clinical Commissioning Group  
Board Meeting

<b>Date of Meeting:</b> 28 July 2016	<b>Paper No:</b> 16/52
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**Title of Presentation:** Oxfordshire Health & Care Transformation programme update

<b>Is this paper for</b> (delete as appropriate)	<b>Discussion</b>	<input checked="" type="checkbox"/>	<b>Decision</b>	<input type="checkbox"/>	<b>Information</b>	<input type="checkbox"/>
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**Purpose and Executive Summary (if paper longer than 3 pages):**

The purpose of this paper is to set out the latest details on the:

1. Process for going out to public consultation through to March 2017
2. Governance and decision making requirements of the Board
3. Communication and Engagement – ‘the big conversation’
4. Highlight the range of information available and in the public domain

**Financial Implications of Paper:**

The Oxfordshire Transformation programme may impact on all OCCG commissioning spend. The paper also outlines the management resource currently invested and future commitments.

**Action Required:**

The Board is asked to:

1. Note the emerging themes
2. Note the timescales and the key dates in the overall pre consultation and consultation process
3. Note resource requirements
4. Agree the CCG Board role in the decision-making process and note this may require an extraordinary Board meeting to be held in October.

<b>NHS Outcomes Framework Domains Supported</b> (please delete tick as appropriate)	
<input checked="" type="checkbox"/>	Preventing People from Dying Prematurely
<input checked="" type="checkbox"/>	Enhancing Quality of Life for People with Long Term Conditions
<input checked="" type="checkbox"/>	Helping People to Recover from Episodes of Ill Health or Following Injury

✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

<b>Equality Analysis completed</b> (please delete tick and attach as appropriate)	✓	✓	Not applicable ✓
<b>Outcome of Equality Analysis</b>			

<b>Author:</b> Damon Palmer Programme Director Oxfordshire Health & Care Transformation	<b>Clinical Lead:</b> Dr Joe McManners
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## **1. Purpose**

- 1.1 The Oxfordshire Healthcare Transformation programme ambition is to transform the Oxfordshire health and social care system to improve the health of the population, reduce inequalities, and deliver services that are high quality, cost effective and sustainable with clear benefits to patients/users.
- 1.2 In order to deliver on the challenges set out in the 5 Year Forward View, the programme has identified 7 key clinical models that will help deliver clinical and financial sustainability. It is our ambition to go to public consultation on these new models from October 2016.
- 1.3 This paper updates the Board on the following:
  1. Process for going out to public consultation through to March 2017
  2. Governance and decision making requirements of the Board
  3. Communication and Engagement – *'the Big Conversation'*
  4. Content of information available and in the public domain

## **2. Recommendations**

- 2.1 The Board is asked to:
  5. Note the emerging themes
  6. Note the timescales and the key dates in the overall pre consultation and consultation process
  7. Note resource requirements
  8. Agree the CCG Board role in the decision-making process and note this may require an extraordinary Board meeting to be held in October.

## **3. Overview**

- 3.2 This paper summarises the pre-consultation phase, the plans for public consultation and engagement and the considerable work required to develop a persuasive, defensible and implementable pre-consultation business case, and the decision making process.
- 3.3 Our plans for consultation will present proposals for improvements (clinical, financial and operational) to the way community and hospital services are provided, in partnership with high quality primary and social care services.

## **4. Background**

- 4.1 During 2015/16 and 2016/17, the Oxfordshire Transformation programme has been developing and discussing the case for change with local patients and the public. Now that the case for change has been recognised (by the Health Overview and Scrutiny Committee (HOSC)) we are developing our pre consultation business case to set out our options and proposals for change, predicated on clinical, operational and financial viability.
- 4.2 From October 2016 the Oxfordshire Healthcare Transformation programme plans to go to public consultation on our ambitious programme of health care reform. This date was reaffirmed in a meeting between NHS England Chief Executive and Oxfordshire CCG Chief Executive, on 15 July 2016.

4.3 The programme has identified 7 key clinical workstreams that will respond to the 5 Year Forward View and help ensure clinical and financial sustainability:

1. Primary Care
2. Urgent and Emergency Care
3. Specialist and Planned Care and Diagnostics
4. Maternity
5. Children's services
6. Mental Health
7. Learning Disability and Autism

4.4 The early focus of the work, led by local clinicians, has to been to develop new pathways to ensure that we can respond to the new challenges facing our health and care system. This has identified we need to shift care away from hospitals as the main option and to make care available nearer to where people live and work.

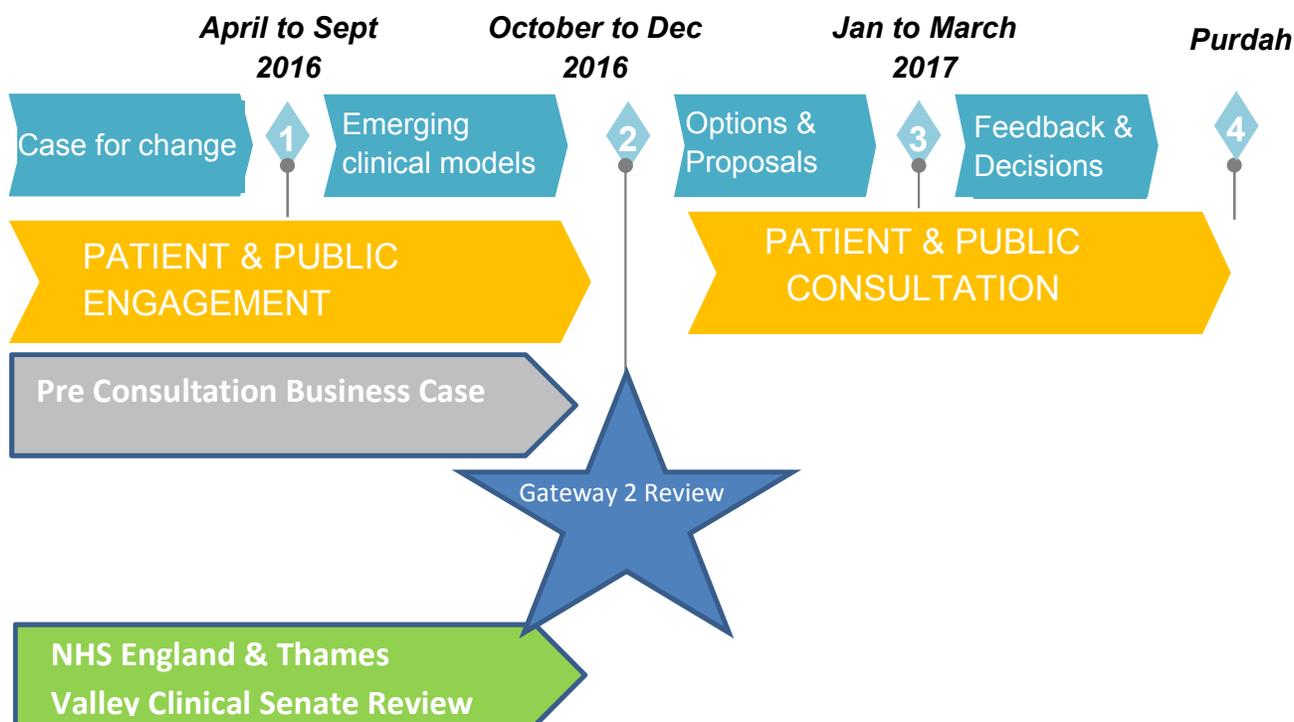
4.5 The emerging themes from this work include:

- Investing and supporting Primary Care to provide sufficient capacity for urgent demand and more proactive support for patients with long term conditions
- Maximising delivery of and access to "ambulatory" services including diagnostic and outpatient services
- Developments in clinical practice mean that sometimes specialist care is best developed on a single site; for example stroke care
- The need for critical mass to ensure consistent quality of services and sustainable operational delivery; for example inpatient services (beds)
- Ensuring we are able to recruit and retain the staff we need to deliver services. Where necessary we need to be able to ensure that our posts have the recognition required (for example for medical training posts), without this we would not be able to attract staff.

4.6 Where the outcome of the revised model is that major service changes are being considered this will require public consultation. Early indications are that service change will be required across both hospital and community services.

## 5. Process

5.1 A high level of summary of the process is shown below.



5.2 In order to go out to public consultation in October 2016, the Oxfordshire health and care community, in partnership with patients, the public, staff and stakeholders, must have developed a strong and compelling *Case for Change* and a robust pre consultation business case (PCBC). This will be led and owned by Oxfordshire CCG as the lead commissioner.

## 6. Timescales

Phase	Activity	Timescale
Phase 1 – Initiating the programme	Establishing the senior cross sector leadership, programme plan, governance and management arrangements	March 2015-March 2016
	NHS England Strategic Sense Check	Nov 2015
Phase 2 – Development of models and options	Using evidence to review existing service provision and identify new models of care. Establish assessment criteria.	March 2016- July 2016
	Launch of pre-consultation engagement (including 6 x roadshows, stakeholder events, MP briefings, Councillor briefings)	6 June 2016 to October 2016. Feedback to be incorporated to PCBC 3 <sup>rd</sup> draft

Phase	Activity	Timescale
	HOSC (agreement on Case for Change)	30 June 2016
	All Councillor Briefing session	5 July 2016
	First draft of PCBC	8 July 2016
	Publish Case for Change	11 July 2016
	Clinical Stakeholder event to agree emerging models and options	14 July 2016
	MP briefing session	15 July 2016
	Second draft of PCBC	29 July 2016
	Third Draft of PCBC	12 August 2016
	TB sign off of PCBC	23 August 2016
	Next Service Redesign workshop, Chaired by OUH FT Chief Exec, scheduled	26 August 2016
	<b>CCG Board review final (draft) PCBC</b>	<b>Date August</b>
	Phase 3 – Assurance Checkpoints	Pre-meets with NHS England and Thames Valley Clinical Senate
Legal, clinical and NHSE assurance on future service design for consultation		September 2016
Clinical Senate review date		5 September 2016
HOSC Chair briefing		September 2016 (tbc)
HOSC update on emerging options/proposals		15 September 2016
All Councillors and MPs briefing planned		September 2016 (tbc)
<b>Clinical Senate report back</b>		<b>27 September 2016</b>
<b>NHSE Gateway 2 Assurance meeting</b>		<b>28 September 2016 (tbc)</b>
<b>CCG Board decision required to endorse proceeding to consultation</b>		<b>29 September 2016</b>
<b>OCCG launch public consultation</b>		<b>1 October 2016</b>
<b>HOSC Extraordinary session</b>		<b>6 October 2016 (tbc)</b>
<b>All Councillor Briefing Session</b>		<b>6 October 2016 (tbc)</b>
NHS England Investment Committee		October 2016
Transformation Board, OH and OUH Boards to sign off proposals		November 2016
HOSC & Health & Wellbeing board	November 2016	

Phase	Activity	Timescale
	briefed	
	<b>CCG Board to sign off proposals for consultation</b>	<b>29 November 2016</b>
	Consult on service changes	November 2016- January 2017
	Assimilate patient & public feedback	January-February 2017
	HOSC Extraordinary committee meeting?	March 2017
	Transformation Board, OH and OUH Boards to sign off proposals & decision on which option(s) to implement	March 2017
	NHS England formally assure consultation outcomes and decision making process	March/April 2017
	<b>CCG Board to sign off proposals for Change and decision made</b>	<b>March/April 2017</b>
	PCBC is refreshed in light of public consultation and final proposals – <b>the Decision Making Business Case</b>	April 2017
	Announcement made and communicated to ALL patients, public, staff and stakeholders	April/May 2017
Phase 4 – Benefits realisation & Implementation	Agree and undertake an implementation & delivery plan to roll out changes. Review the outcomes and benefits of the programme.	April 2017-March 2021

*The Oxfordshire Pre Consultation Business Case (PCBC)*

6.2 The Oxfordshire Pre-Consultation Business Case is designed to demonstrate the case to transform health care across Oxfordshire, to secure clinically, financially and operationally sustainable services. It will need to demonstrate, as a minimum, compliance against four key tests set by NHS England and the Department of Health:

- Full patient & public engagement and involvement
- Commissioner support and sponsorship
- A compelling clinical case for change
- Upholding the values of the NHS Constitution in particular patient Choice

6.3 In order to demonstrate and evidence compliance and assurance against these 4 tests, the PCBC must provide confidence that a due process has been carried out in order to consult on major service change for reconfiguration to progress.

6.4 The NHS England guidance, '*Planning, assuring and delivering service change for patients*', requires localities to embark on a transparent business case and consultation process that we can share with patients, public, staff and stakeholders.

6.5 The pre-consultation business case summarises other key documents that have been approved and endorsed during the programme. These include the review of services at Horton Hospital and a review of Community Hospital services across Oxfordshire.

## 7. Governance

7.1 The OCCG Board will provide a key function in that the pre consultation, the consultation options/proposals development (via the PCBC) and final decision on implementation, will be led and owned by Oxfordshire CCG as the lead commissioner.

7.2 The CCG are the ultimate decision-makers, and have the powers with regard to service change. The Board makes decisions in line with the CCG Constitution and will need to agree to:

- Progress to consultation - on the options and proposals (scheduled for 29 September 2016) against the 4 Tests
- CCG decision - based on balance of clinical evidence and outcome of public consultation. **This forms the Decision Making Business Case.**

7.3 The successful delivery of the Oxfordshire Transformation programme, securing clinical and financial sustainability for Oxfordshire by 2020/21, is a key risk for both OCCG and the wider health and care system. This risk is reported to the OCCG Board on a regular basis.

7.4 Prior to public consultation in October, the proposals for service redesign will need to be approved by the Board (29 September 2016), and then following the formal consultation, the recommended proposals for service change will need to be approved in the new year (provisionally March 2017). Further details on the Governance and Assurance process are set out below.

### *Assurance-National*

7.5 In order to progress to public consultation, the pre consultation business case will be reviewed, scrutinised and assured by NHS England and Thames Valley Clinical Senate.

7.6 NHS England – a Gateway 1 review took place in November 2015 and recognised the need for transformation as expressed through the NHS 5 Year Forward View. A pre Gateway 2 review with NHS England, which is the official authority to proceed to consultation, was held on 18 July 2016 with a formal review scheduled for 28 September 2016 (following the findings of the Thames Valley Clinical senate paper on the 27 September 2016).

### *Assurance National – West Berkshire, Oxfordshire & Buckinghamshire (BOB) Sustainability & Transformation Plan*

7.7 NHS England and the 5 Year Forward Review partners are currently reviewing the 30 June 2016 BOB STP submission, with face to face meetings with the Chief Executive of NHS England held on 15 July 2016 and the outcome, due for consideration by Ministers, scheduled for September. Given that the BOB STP

reflects and builds on the Oxfordshire Transformation programme, there is a risk that any issues and delays impact on our timelines for consultation.

#### *Assurance - Clinical*

7.8 Thames Valley Clinical Senate – OCCG has commissioned the Senate to establish an independent clinical review panel to assure our clinical case for change. A draft Terms of Reference has been produced, clinical service redesign workstreams have met with the Independent review panel chair, Dr Phil Yates, on the 7 July 2016, and a 1-day panel review has been scheduled for 5 September 2016.

7.9 An Assurance Evidence Review guide has been shared by the Senate, which sets out the evidence expectations required by an Independent panel.

7.10 A report on the findings of the Independent Review panel is scheduled for 27 September 2016.

#### *Assurance – Independent Legal Advice*

7.11 The CCG has commissioned Capsticks to provide independent legal advice on our potential service redesign proposals and consultation process. This will both help inform the consultation process, development of the Pre Consultation Business Case and help ensure we are complying with our statutory duties.

#### *Assurance-Local Stakeholders*

7.12 The Chief Executive Oxfordshire Health NHS FT as Chair of the Oxfordshire Transformation programme, has presented an update to the HOSC at the last 2 committee meetings, including the latest on 30 June 2016. Following this, an Oxfordshire County Council All Councillor session was held on 4 July 2016. In both instances, clinical colleagues attended and presented a compelling and persuasive case for change.

7.13 It is important to note that at the HOSC session on 30 June 2016, HOSC recognised there is a case for change. We are currently looking ahead to the HOSC sessions in September, November and January 2017 in order to plan what and when we can share our work. The sessions in September and November will be extremely important given the timing of the public consultation scheduled for October/November.

7.14 Chief Executives from Oxfordshire CCG and Oxford Health FT (Chair of the Oxford Transformation Programme) met with Oxfordshire MPs on 15 July 2016 to update on the Oxfordshire Transformation programme. A series of private briefings are also being planned, for HOSC, All Councillors and local MPs, for September. Regular updates are also provided to the Health & Wellbeing board.

#### *Assurance – Oxfordshire Healthcare Transformation Board and Provider Boards*

7.15 The Oxfordshire Healthcare Transformation Board does not have delegated decision making powers. The Transformation Board will endorse and recommend the consultation proposals to the individual organisation boards for approval. We would anticipate that service redesign proposals for the Horton and community services will be approved by the OUH FT and OH FT respectively.

### *Assurance – CCG Board*

7.16 Following approval by the Transformation board, and the individual boards, the final sign-off for approval to proceed to public consultation will go to the Oxfordshire CCG Board – scheduled for 29 September 2016.

7.17 Given the timing of the NHS England Gateway 2 review (scheduled for 28 September 2016), the OCCG Board approval is scheduled to take place at the September meeting. In order to be able to proceed to consultation in October it may be necessary to call an extraordinary Board meeting in October if timescales slip.

## **8. Engagement**

8.1 It is critically important that we engage with our local patients, public, staff and stakeholders throughout this process. Working with our Communications and Engagement teams, we will demonstrate and evidence compliance and assurance against the NHS England 4 tests. We have now begun to implement our communications and engagement strategy. Key outputs include:

- **Oxfordshire Transformation programme website** - All public event slides (including HOSC), Transformation board papers, Case for Change (see below) and patient/public feedback has been posted to the newly launched Oxfordshire Transformation website [www.oxonhealthcaretransformation.nhs.uk](http://www.oxonhealthcaretransformation.nhs.uk). Going forward, PCBC details and proposals for public consultation will also be posted to the Transformation website.
- **6 June 2016 stakeholder launch event** – on 6 June 2016 the Oxfordshire Transformation programme launched the pre consultation engagement at the Oxford Kassam stadium. A very wide mix of patient and voluntary organisations were invited to hear about, discuss and feedback on the emerging proposals for new models of care and the development of service options.

The feedback, views and insight was generally positive, though a key message was to avoid NHS terminology and jargon (e.g. 'ambulatory care) and the need to explain key messages in a clear, public-friendly and accessible way. Another key message was the need to recognise that a culture shift is needed between patients, health care professionals and those involved in planning services. Key messages around population health for all ages and prevention were consistent.

### *Oxfordshire Case for Change*

- On 11 July 2016, the Oxfordshire health care partners published the case for change, outlining our ambition for the best care, best outcomes and value for Oxfordshire. Entitled 'The Big health and care conversation', it sets out key messages, the need for change, our proposals for change across the 7 clinical workstreams and how patients and public can get involved. This will be distributed at the forthcoming locality roadshows and all public events.

Our case for change must identify why clinical change is required, what the benefits and outcome(s) will be, and the challenges we face as we seek to introduce changes. HOSC has confirmed that it recognises and understands why change needs to happen and through this narrative we are actively seeking to communicate this with the wider population.

- **HOSC briefing** – recently (21 April 2016 and 30 June 2016), the Chair of the Oxfordshire Transformation board, briefed the Committee on Oxfordshire’s healthcare Transformation Plans and the ambition for the development of system-wide transformation as described in the pre consultation business case and Case for Change. The slides and paper shared with HOSC can be found at [http://mycouncil.oxfordshire.gov.uk/documents/s33683/JHO\\_JUN3016R10%20Transformation%20stakeholder%20event%20presentation%20HOSC%20300616.pdf](http://mycouncil.oxfordshire.gov.uk/documents/s33683/JHO_JUN3016R10%20Transformation%20stakeholder%20event%20presentation%20HOSC%20300616.pdf) and [http://mycouncil.oxfordshire.gov.uk/documents/s33682/JHO\\_JUN3016R09%20Transformation%20comms%20and%20engagement%20strategy%20draft.pdf](http://mycouncil.oxfordshire.gov.uk/documents/s33682/JHO_JUN3016R09%20Transformation%20comms%20and%20engagement%20strategy%20draft.pdf)
- **Locality Roadshows** – 6 locality ‘drop in’ roadshows have been scheduled for July and August. These will provide a valuable opportunity for clinicians and health and care staff to discuss with local communities the emerging thinking on new care models. Dates are as follows:
  - Tuesday 12 July 2016, 6pm – 9pm, at Banbury Town Hall
  - Monday 18 July 2016, 6pm – 9pm, at The Beacon in Wantage
  - Thursday 21 July 2016, 6pm – 9pm, at Oxford Town Hall
  - Tuesday 26 July 2016, 2pm – 5pm, at St Mary’s Church, Wallingford
  - Thursday 28 July 2016, 2pm – 5pm, at the Littlebury Hotel, Bicester
  - Thursday 4 August 2016, 11am – 2pm, Methodist Church, Witney
- **MP briefing** – a series of quarterly face to face meetings is held with local MPs to discuss the current state of local health and care services and the Oxfordshire Transformation programme. The last meeting took place on 15 July 2016. A session in September/October is planned.
- **Councillor briefings** - In addition to the quarterly HOSC briefings and Health & Wellbeing board meetings, an All Councillor briefing was held on the 5 July 2016 and further briefings have been scheduled for September. There have also been requests by District and Town Councillors to host local events and this offer will be progressed.
- **Health and Well Being Board (H&WB)** – The OCCG Clinical Chair is the Vice-Chairman to the Oxfordshire H&WB. Presentations on the Oxfordshire Transformation programme were given in March 2016 and a presentation on Oxfordshire's Sustainability and Transformation Plan 2016/21 was given by the OCCG Chief Executive on 14 July 2016.
- **Other** - In addition, a series of radio interviews, media briefing, and letters to local newspapers, patient representative meetings, leaflets, and event material has been produced.

## **9. Resources**

9.1 The intensive process of developing a robust pre consultation business case and major wide scale public consultation is resource intensive. So far the majority of the costs have been attributed to the CCG as the lead sponsor for change.

Currently, circa £900k has been committed and/or identified, leaving a £150-200k gap in the current budget. The spend has been predominantly by the CCG for analysis to the pre consultation business case including:

- Analysis to the Oxfordshire component of the BOB STP (the high level £200m gap)
- Analysis to the 6 service redesign workstreams
- Analysis to the 6 locality plans
- Analysis to the Community Hospitals business case
- Legal expenses (circa £100k)
- Communications & Engagement circa £200k (including spend from non-identified budget)

9.2 The scale of work and changes needs to be recognised and that this will require a significant investment in resources.

9.3 A report on spend(ing) will be taken to the next Finance and Investment Committee and Transformation programme board scheduled for July. In particular, contributions from partner provider organisations.

## **10. Conclusion**

10.1 The Thames Valley Clinical Senate has informally recognised that the Oxfordshire Transformation programme is ambitious, represents good practice and the current direction of policy travel. Similarly NHS England Chief Executive has supported our ambition to launch the public consultation in October 2016.

10.2 It is not however without its financial, operational, clinical and political risks. However, the risks of doing nothing, including the consequence of not going out to public consultation, have major financial risks for the CCG and wider health economy. For example, significantly limiting the impact of the £75m CCG 16/17 growth in allocation to invest in transformation and new models of care to 2020/21.

10.3 It is therefore imperative that a robust PCBC, clinical case for change, and stakeholder engagement with patients, public, and GPs in particular is delivered during this period.