

**Questions to OCCG Governing Body (30 January 2014) from Oxfordshire Keep Our NHS Public**

<p><b>Q1</b></p>	<p><i>At a public meeting on 7 January 2014 the Interim Chief Executive Officer, Ian Wilson, headed off concerns about the robustness of OBC business cases for maternity, mental health and frail elderly services, which will account for around one quarter of the total CCG spending on healthcare, by stating that the business cases would be subjected to a Gateway Review.</i></p> <p>In the spirit of openness and transparency how will OCCG communicate to the public a) the assessment and recommendations of the Gateway Review and b) its response to the Gateway Review?</p> <p>The full Gateway Review report and the OCCG response are included as Paper 10 on the agenda for the 30<sup>th</sup> January 2014 meeting of the Governing Body.</p>
<p><b>Q2</b></p>	<p><i>In response to an earlier question from us (and also posed by the Strategic Health Authority) asking OCCG to justify the introduction of the COBIC approach to OBC on the grounds of financial savings and clinical benefits, the Board stated that the justification was to be found in the maternity, mental health and frail elderly services business cases.</i></p> <p>Given that these business cases have since been found to be inadequate, were not approved at the Board meeting in November 2013, and were subjected to an external Gateway Review, when will the Board provide the population of Oxfordshire with a solid evidence base, rather than a contractual wish list, for commissioning the COBIC approach to OBC as a means of securing value for money and improvements in the provision of complex clinical services?</p> <p>The work we have undertaken is about implementing outcomes based contracting; COBIC is an approach to this but not the only one available. OCCG has not yet finalised the contracting method for 2014/15. This was always going to be undertaken in dialogue with providers. As confirmed by the Gateway Review there is significant support for the principle of outcomes based contracting in Oxfordshire; ensuring that the services we commission are refocused on delivering the outcomes that patients and clinicians want. The concerns raised were mainly about timescales and how we implement; we believe this has been addressed by our response. (See Q1 above).</p>
<p><b>Q3</b></p>	<p><i>A previous question to the OCCG Board pursued a Conflict of Interest issue about Dr Stephen Richard's dual role as shadow CEO of OCCG and a founding member of a commercial company, Cobic Solutions Limited, from January to May 2012, which has since been awarded a contract in the region of £1 million for support services to OCCG.</i></p> <p>The Board has since stated that they have nothing further to add to their first response. If the Board were reassured, despite their initial misgivings about public and media perceptions of a potential conflict of interest issue, why will they not release the reasons for their decision not to pursue this Conflict of Interest concern?</p> <p>Whilst registered as a Director Dr Richards was not involved in decisions relating to commissioning support from Cobic Solutions. As he relinquished his Directorship and disposed of his shareholding in March 2012 this potential conflict no longer exists.</p>
<p><b>Q4</b></p>	<p><i>The population of Oxfordshire needs to trust GPs to put the best interests of patients, carers and the public before their own financial gain.</i></p>

	<p>How then will OCCG reassure the public that Conflict of Interest clauses will not be waived, or removed, to allow GPs to be appointed to roles within the OCCG structure, while also having financial interests in commercial healthcare companies that could provide services to the NHS?</p> <p>OCCG has a completely open and transparent approach to the management of potential Conflicts of Interest. This is included in our Constitution; we have agreed (in public) a Policy for the Management of Conflicts of Interest and the register of interests is on our web site.</p>
<p><b>Q5</b></p>	<p><i>Professor Paul Corrigan, a member of the COBIC Developmental Project Board, and author of a case study promoting the COBIC approach to Outcomes Based Contracting, is on record as stating that ‘integrated care inevitably involves services outside the NHS.’ Further, he cites a colleague, designing a pathway for frail elderly services, as reckoning that only ‘20% of the services involved are NHS services.’</i></p> <p>[<a href="http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2013/04/OCCG_Outcomes-that-Matter_Event-Summary.pdf">http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2013/04/OCCG_Outcomes-that-Matter_Event-Summary.pdf</a>, p13</p> <p>a) If ‘integrated care inevitably involves services outside the NHS’ along the care pathways for frail elderly, will OCCG explain how they are working with the public commissioners of these other services (including social care, housing, libraries, DWP, police) to ensure that the most effective and efficient services are provided for the public.</p> <p>b) How can the public be assured that the implementation of the COBIC approach to OBC will not shift the cost of healthcare services onto other public services – and indeed onto families and friends of the frail elderly, mentally ill or perinatal women?</p> <p>The work we have undertaken in developing our approach to outcomes based contracting is a natural extension of previous work and supports implementation of, for example, the jointly agreed Commissioning Strategy for Older People. We have worked with other commissioners and continued to involve patients, public and providers throughout. Cost shunting would not be acceptable to the CCG or the wider stakeholders. The approach is focused on ensuring that we get best value from the funding that is available to support delivery of care.</p>
<p><b>Q6</b></p>	<p><i>John Jackson told a public meeting on January 7th in Oxford Town Hall that he was proud of a commissioning and provider arrangement for learning disability services in Oxfordshire, which involved providers and users and carers in its development, and legally binds the county council and OCCG to make the best of their resources together for this ‘care group’.</i></p> <p>Since evidence elsewhere suggests that this type of arrangement works well, will OCCG tell us</p> <p>a) what their views are on the pooled budget arrangements?</p> <p>b) what plans there are to develop similar arrangements for frail elderly or mental health services?</p> <p>We have pooled budgets for older people and mental health. Our commitment to developing these arrangements is demonstrated by our agreement in June 2013 to expand the Older People’s pool from a contribution of £30 million to £88 million. The work on outcomes based contracting is designed to support the strategy of joint commissioning.</p>
<p><b>Q7</b></p>	<p><i>OCCG has already spent nearly £1 million of public money on the COBIC approach to OBC, at a time of a forecasted likely deficit of £6.1 m. The recent Gateway Review has rated the OBC programme as Amber/Red because ‘Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are</i></p>

	<p><i>addressed.</i>  <i>Thus clearly rejecting the outline business cases proposed by the Cobic Consortium.</i></p> <p>How then will OCCG justify</p> <p>a) continuing/renewing the contract of the Cobic Consortium?  b) spending up to £287,400 on Phase 3 Outcomes Based Contracting External Support from the Cobic Consortium?</p> <p>The Gateway Review was to look at what we need to do to ensure that the Programme could be delivered. It looks at the systems and processes in place; it was not a review/critique of the outline business cases as this was not its remit. The view of the review team is that if we address their recommendations we can bring the Programme back on track. OCCG has accepted the recommendations and in proposing a revised approach will be revising the scope of external support required; these conversations have already started.</p> <p>In more general terms the CCG receives a running cost allocation to fund the infrastructure it needs to undertake its responsibilities. The CCG has discretion over how much of that is provided in-house and how much 'commissioning support' it sources from external agencies. Most of our external support is commissioning from our Commissioning Support Unit, but as Outcome Based Contracting required a specialist set of skills and expertise we sourced external support for this from the Cobic Consortium following an open competitive tender process. As we look to progress, in line with Governing Body approvals, we will continue to evaluate what support is required and how that will be sourced.</p>
<p><b>Q8</b></p>	<p>a) When will OCCG identify the substantial 'wider financial implications of implementing the approach' during the transitional year? [Paper 14/10, Governing Body meeting 30/1/14]?</p> <p>This will be part of the contract discussions within the formwork/context of the Operational Plan being discussed by the Governing Body on 30<sup>th</sup> January. The March meeting of the Governing Body will sign off the final financial and Operational Plans for 2014/15. This is in line with the CCG's stated aim that services need to be delivered within an affordable contract envelope. The CCG will work with providers, through contract negotiation and beyond to identify and evaluate financial risks and agree an appropriate approach to their management and mitigation.</p> <p>b) When will OCCG calculate the additional cost of applying the five recommendations of the Gateway Review?  These will be addressed within the current management capacity.</p> <p>c) From which financial envelope will this extra burden be taken?  Not applicable</p> <p>d) How can OCCG justify proceeding with Phase 3 spending without first identifying these additional OBC costs, especially given the flawed outline business cases?  The Gateway review team found widespread support for taking forward outcomes based contracting and that OCCG needed to review the scope and timetable and use 2014/15 as a transitional year. OCCG has accepted all recommendations and the proposed response shows how this will be taken forward.</p> <p>e) And which services to the public will be lost as a result of the experimental COBIC approach to OBC?  The costs of the external support are from OCCG's running cost allocation of £25 per head which is currently underspent.</p>