

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 27 July 2017	<b>Paper No:</b> 17/51
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<b>Title of Paper:</b> Oxfordshire CCG 360° stakeholder survey 2017
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<p><b>Purpose and Executive Summary:</b></p> <p>This paper gives an overview of the main messages from the Oxfordshire CCG 360° survey that was undertaken in January and February 2017. The full report is included as an appendix.</p>
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<p><b>Financial Implications of Paper:</b></p> <p>N/A.</p>
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<p><b>Action Required:</b></p> <p>The Governing Body is asked to note the outcome of the Oxfordshire CCG 360° stakeholder survey 2016 and endorse the proposed next steps.</p>
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<b>OCCG Priorities Supported</b> (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<p><b>Equality Analysis Outcome:</b></p> <p>Not applicable as there is a defined list of individuals/organisations to survey. The survey is undertaken by IPSOS Mori.</p>
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<p><b>Link to Risk:</b></p> <p>Not applicable.</p>
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**Date of Paper:** 18 July 2017

## 1.0 Introduction

Clinical Commissioning Groups need to have strong relationships with a range of health and social care partners in order to be successful commissioners within the local system. The CCG stakeholder survey is a key part of ensuring these strong relationships are in place. The survey allows stakeholders to provide feedback on working relationships with CCGs.

The survey is managed by NHS England and the 2017 survey was carried out between 16 January 2017 and 28 February 2017.

The full report is attached as an Appendix. This includes information on the range of stakeholders involved, methodology and all results including a comparison with the outcomes of our 2015 and 2016 survey. The 2017 average for all CCGs, the CCGs in South Central and our peer (cluster) CCGs are also included in the full report. We use the results of this survey in conjunction with other information to help inform areas we need to work on. This cover paper highlights some of the main messages and what we will be doing to address the issues raised.

## 2.0 Main messages

Generally there has been a decline in performance in the 2017 survey from the views expressed in 2016 and 2015.

Given the nature of our CCG the views of our member practices (47 responses) tend to determine the overall view as in total there were 10 other respondents (out of 16 invited to participate) and when split into the separate stakeholder categories the number of respondents was 1 (upper tier local authority, providers and wider stakeholders) or 7 (local Healthwatch and patient groups/locality forum chairs).

- **General messages:**
  - All but one indicator (knowledge of CCG's plans and priorities) have shown a decline in performance
  - National averages and peer scores for 2017 for all indicators are higher than those for OCCG except for:
    - OCCG performs better than the cluster group for "clear and visible clinical leadership"
    - OCCG has similar score to the cluster group for feeling able to raise concerns about quality of services
    - OCCG has a higher score than the national and cluster average for "knowledge of plans and priorities"
- **Overall Engagement:**
  - There have been no changes to the modes of communication over the last 12 months (Locality meetings, weekly GP bulletin) but member practices are reporting feeling less engaged and more dissatisfied with the engagement they have.

- **Commissioning Services:**
  - Scores for all indicators decreased
- **Overall Leadership of the CCG:**
  - There been a drop in confidence in the CCG leadership to deliver improved outcomes for patients
- **Monitoring & Reviewing Services:**
  - There is high confidence that practices know how to raise concerns about the quality of services but less confidence that this is then addressed.
- **Plans and Priorities:**
  - There is good understanding of our plans and priorities but an indication that they are not the right ones

### 3.0 Context and action taken

The OCCG Board discussed the results at a workshop in April and was disappointed in the outcomes. Board members acknowledged that primary care in Oxfordshire was under pressure and reflected that the survey took place whilst OCCG was undertaking Phase 1 consultation for the Oxfordshire Transformation programme. It was felt that these factors may have influenced individuals completing the survey. It was also highlighted that, in general, many of the free text comments were supportive of the CCG trying to do a good job in spite of difficult circumstances.

GP member practices are our biggest stakeholder group and the Board agreed it was important that Locality groups reflected on why the scores had dropped and what we could be done to address this. A short paper was prepared for the Localities to consider and this has been shared with all six Localities; the City Locality is going to have a fuller discussion at its meeting in September. In addition the Chief Executive and three statutory officers of Oxfordshire County Council were asked to give you their view of CCG performance in response to the questions asked in the recent 360 degree survey and to enhance the views expressed in the formal survey.

#### 3.1 *Outcome of Locality discussions*

##### 3.1.2 Possible reasons identified for decline in scores

- Pressure and morale within primary care particularly in areas where there have been practice changes. This was accompanied by a view that OCCG did not offer enough support to practices.
- Lack of involvement of Local Medical Committee early enough in discussions
- Constraints on CCG from national policy and funding
- OCCG may not be sufficiently robust with large providers
- Balance between county wide priorities and work and whether members felt that the locality adopted and implemented their ideas
- Due to regular changes in staff at the CCG – navigating who takes over on different projects can be time consuming.
- Lack of responsiveness from CCG staff
- Complicated language used for the reports and administrative matters at the CCG.

### 3.1.2 Possible solutions identified

- Improve quality and content of communication from OCCG to members included “you said we did
- \_CCG website could be easier to navigate
- Consider ways in which the Localities operate to ensure best use was being made of Clincial time and input

### *3.2 View from Oxfordshire County Council officers*

- Engagement: The CCG is clearly committed to engagement with the public and has done this extensively during the last year. The topics engaged upon have not always been popular in these difficult times, and the CCG is not alone in discovering this fact. Nonetheless, the commitment to meaningful engagement has been clear during the time the survey looks at and remains so.
- Service commissioning: We have a long and proud tradition of commissioning joint services in partnership with the CCG and would like to confirm that this activity was alive and well during the period of the questionnaire. We jointly consulted on and have made improvements to significant services such as learning disabilities. This joint approach continues day in day out between us as evidenced recently by the successful discussions and agreement over the spread of the ‘Improved Better Care Fund’ which will in turn lead to stronger commissioning. We are also committed, as you know, to working together as the commissioning landscape changes with the advent of planning for Accountable Care Systems.
- Leadership: The CCG takes its role as system leader seriously, and we have continued to play a shared role in this through the CCG Board, the Health and Wellbeing Board and the transformation board.
- Planning, Priorities, monitoring and service quality: We would like to make the same points about the CCG’s role in planning, priority setting and monitoring services. Again, we can confirm that we work closely on these topics, often sharing resources and expertise to ensure that services in Oxfordshire are of the highest possible quality. The CCG performs well in these areas and we believe that we can further improve these aspects through yet closer working as we move forward together.
- Partnership: Clearly the CCG is committed to working in partnership and we take partnership working as our automatic default. In times of financial restraint this is not a simple task. New and significant work has taken place during the year which illustrates some of the good work we have done, from the joint work on the Health Inequalities commission to joint work on supported housing and joint work on locality profiling. Partnership working is clearly vital to our two organisations going forward.

#### **4. Work to develop stakeholder engagement over the last year**

Progress on activity to develop stakeholder engagement over the past year are summarised below:

- Weekly GP e-bulletin and monthly Locality meetings continue
- Continued strengthening of relationships with our main providers through the enhanced system wide working (System Leadership Group, System Resilience Group and Transformation Board) and on-going Board to Board meetings
- Our new website including integrated staff zone was launched in June. GPs have been involved in this project and we have listened to our members to ensure we have information in one place that is accessible from any online device.
- Continued attendance of Directors and Senior Managers at Clinical Locality Meetings
- OCCG has held board meetings around Oxfordshire
- Development of our ways of working with practices and patient groups to deliver our responsibilities under the delegation of Primary Care commissioning
- Working with a local GP and a representative from a locality forum to develop and deliver a training session on more effective communication to CCG staff.
- Undertaken a significant public consultation on proposed service changes (as detailed in Paper 17/43 received and discussed at the June Board meeting)

#### **4.0 Next steps**

Below outlines some proposed next steps to develop stakeholder relations:

- To continue those actions above
- Embedding a 'you said, we did' approach into all OCCG activities where insight has been sought or received from GPs and developing an effective way of feeding back to members. This should include clear explanations of the national parameters in which we operate.
- Locality Clinical Directors, with Locality co-coordinators to review the operation of Locality meetings.
- All Locality coordinators have agreed an objective to ensure we develop and improve our engagement and relationships with member practices.
- Consider how to share more widely the work we are undertaking to support and invest in primary care
- Continued strengthening of relationships with our main partners through the ongoing development of system wide working
- Healthwatch are now supporting us in our work with Locality Forums and we will act on their advice to ensure a better and more consistent approach to patient and public engagement

#### **Recommendations to Board**

The Board is asked *to note* the outcome of the Oxfordshire CCG 360° stakeholder survey 2016 and *endorse* the proposed next steps.