

## Oxfordshire Clinical Commissioning Group Board Meeting

**Date of Meeting:** 29 March 2018

**Paper No:** 18/15

**Title of Paper:** Chief Executive's Report

**Paper is for:**

(please delete tick as appropriate)

**Discussion**

**Decision**

✓

**Information**

✓

**Purpose and Executive Summary:**

To report updates to the Board on topical issues.

**Financial Implications of Paper:**

Financial information within but paper is for information, no direct financial implications.

**Action Required:**

The OCCG Board is asked to note the contents of the report.

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

Not applicable.

**Link to Risk:**

The paper does not link directly but items contained within the paper may link to risks on the Strategic Risk Register and/or Red Operational Risk Register.

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**Clinical / Executive Lead:**

**Date of Paper:** 16 March 2018

## **Chief Executive's Report**

### **1. Introduction**

Since the last meeting I have:

- Met with Robert Courts MP and Victoria Prentis MP
- Chaired a Population Health Management Event for the AHSN
- Attended OUHFT's Executive meeting
- Presented at the STP joint HOSC Chairs meeting
- Presented at the Chief Nursing Officers Summit

### **2. Performance Against National Targets**

All cancer waiting time targets were met for Oxfordshire CCG in December 2017.

In January OCCG had a further small deterioration in the referral to treatment (RTT) standard from 86.17% to 86.13%. There had been a further rise in patients waiting more than 52 weeks from 62 in December to 113 in January. The majority (101) of these are gynaecology patients at Oxford University Hospitals NHS Foundation Trust (OUHFT). The other specialities are Urology (two), ENT (one) and "Other" (two).

The treatment of our gynaecology patients waiting 52 weeks is a very high priority and the CCG has invested a further £200,000 in the treatment of these long waiting patients. NHS England have also invested in the treatment of a further 20 patients in this group.

A&E remained under significant pressure throughout January and February 2018 with year to date performance at end February of 83.16%. As a result the Oxfordshire system did escalate to system-wide OPEL 4 for a total of 3 days at the beginning of January and again in March. Unfortunately these pressures resulted in some 12 hour trolley waits and some cancelling of non-urgent operations.

Our actions being taken to address these challenges are very focussed on improving the system – wide response, rather than just seeing this as an OUHFT problem. Our system A&E Delivery Board (AEDB) has a revised improvement programme including NHS Improvement (NHSI) supported demand and capacity modelling for the system. Other key initiatives are a multidisciplinary team working in the short stay ward at John Radcliffe to support active rapid return home including Age UK using a 'home first' approach and a review of our reablement pathway.

I wish to acknowledge the huge amount of pressure that remains on front line health and care staff as they work to provide care for our patients and citizens.

### **3. CCG Improvement and Assessment – Quarter 3**

This meeting was a system wide assurance, involving NHS England (NHSE) and NHS Improvement (NHSI). It was a constructive dialogue involving OUHFT, Oxford Health NHS Foundation Trust (OHFT) and the Director of Adult services from Oxfordshire County Council (OCC). The main discussion points were as below.

System level assurance: It was acknowledged that the direction of travel is to strengthen our system working and as such this new system assurance approach will continue (rather than individual assurance meetings) on an ongoing quarterly basis. NHSE and NHSI will continue to complement this approach by holding individual organisational conversations as appropriate under respective assurance frameworks.

Care Quality Commission (CQC) findings on system working: The system welcomed the CQC report as the catalyst for system change. There was acknowledgement of the progress made so far on the CQC action plan to respond to the recommendations, development of the system CEO principles and the CEO leadership response.

Progressing with the 'strategic reset': Ensuring the Oxfordshire strategic approach is clinically led and co-produced with the population of Oxfordshire. There was keenness to learn from the two Integrated Care Systems (ICSs) in the Sustainability and Transformation Programme (STP) footprint to do this. We also discussed the enablers of workforce and estates as key examples where the system needs to strengthen its approach and a need to develop the system Long Term Financial Model (LTFM).

Ensuring pace of delivery today: It was recognised that there is a need for the system to accelerate the pace of delivery across a number of areas. Specifically, A&E, RTT, cancer and delayed transfers of care (DToC) performance were singled out as the constitutional standards where there needs to be greater clarification on how and when they will recover.

Operating plans: We agreed the need to focus on the development of a single 2018/19 system operating plan aligning key assumptions on income, expenditure, activity and workforce. NHSE/I will offer support by undertaking assurance at the Oxfordshire system level, ensuring that there is strong alignment between commissioner quality, innovation, productivity and prevention (QIPP) and provider cost improvement programmes (CIP), and that the system risk share agreement is strengthened further.

#### **4. Deer Park Referral/Work on West Locality Plan**

The work undertaken to develop the West Locality Plan has addressed the recommendations from the Secretary of State following the advice from the Independent Reconfiguration Panel on the closure of Deer Park Medical Centre in Witney. This work has been overseen by the Oxfordshire Primary Care Commissioning Committee and reported to the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC). At the February 2018 meeting of the OJHOSC NHS England presented the external review they had commissioned and also confirmed, verbally, that in their opinion OCCG had delivered a plan as required.

However, we recognise that we must learn from this experience and significantly change our approach in developing the way in which we involve the public and stakeholders in our work. As can be seen in the paper on the Oxfordshire Transformation Programme later on the Board agenda, we are prioritising this work.

## **5. Care Quality Commission (CQC) Local System Review**

The report into the CQC's Local System Review of Oxfordshire was released on 12 February 2018. The report praised frontline staff, and identified improving relationships, but stressed that further development was required. The report identified a lack of whole-system strategic oversight, recruitment challenges and fragmentation in the system.

As a whole local system, an agreed action plan has been developed in response to the findings of the CQC Local System Review. The actions agreed and being implemented include a refresh of the vision for Health and Wellbeing in Oxfordshire, with a review of the overall strategy to achieve this; the Health and Wellbeing Board will be reviewed regarding membership and purpose to deliver on the strategic objectives.

Clarification of our overarching system strategy will provide the framework for the further changes outlined in the report. The plan focusses significantly on reviewing how people flow through the entire health and social care system, to identify constraints rapidly and work together to achieve the right resolution for our patients, ensuring people can access the care they require.

The system-wide plan also identifies actions to improve the local approach to managing the care market to meet local requirements, and engaging with providers, as well as the people using the services to ensure that they are co-produced. Engagement with the voluntary care sector will also be improved to ensure that expertise can be offered to improve the local system. The system will implement a joint workforce strategy, aligned with the Sustainability and Transformation Programme (STP) workforce strategy to improve recruitment in Oxfordshire.

## **6. Health and Wellbeing Board (HWB) Review**

At its meeting in November the Health and Wellbeing Board (HWB) agreed to a review of its structure and governance. Following the outcome of the CQC System Review, the Chair and Vice-Chair undertook an extensive process of review through interviewing key stakeholders and inviting written views.

The outcome of this review is being presented to the HWB at its meeting on 22 March 2018 and the full report is presented here:

[http://mycouncil.oxfordshire.gov.uk/documents/s41410/HWB\\_MAR2218R17%20-%20Health%20Wellbeing%20Board%20Review.pdf](http://mycouncil.oxfordshire.gov.uk/documents/s41410/HWB_MAR2218R17%20-%20Health%20Wellbeing%20Board%20Review.pdf).

There was a lot of congruence in the views expressed and in particular that the Health and Care system needed to strengthen its approach to joint working and that the HWB should be the premier oversight body in the county. It was acknowledged that this would require a change to the membership and way of operating. It is also suggested that there should be a review of the relationship of groups that cover adult health and care services, this includes the Transformation Board.

Following a discussion at HWB the Chair and Vice-Chair propose to continue discussions with relevant parties and to bring a final proposal to a specially constituted HWB on 10 May 2018 to ensure the pace of change is maintained. A verbal update on the HWB discussions will be given to the OCCG Board.

## **7. North Locality Clinical Director**

Dr Paul Park is standing down from his role as North Locality Clinical Director and from the OCCG Board. I would like to extend my gratitude to Paul for his years of service with OCCG during which time he has not only been the North Locality Clinical Director but has also undertaken the roles of Deputy Clinical Chair and IT Clinical Lead. I would like to thank Paul for the contribution he has made to the CCG and to wish him well for the future.

## **8. Lay Members**

Mike Delaney, one of our Lay Members, has recently resigned due to a new role requiring significant travel commitments. I would like to thank Mike for his years of service with the CCG, specifically his work in the Audit, Finance and Quality Committees. I am sure we all wish him well for the future.

I am pleased to report that Roger Dickinson and Duncan Smith have been reappointed to a further four year term as Lay Members of the OCCG Board in their respective roles as Lay Vice Chair and Chair of the Audit Committee and Lay Member of the Board and Chair of the Finance Committee and the Oxfordshire Primary Care Commissioning Committee.