

Briefing from the Board meeting held on 25 January 2018

This briefing is intended to give a summary of the key areas of discussion and decisions at the meeting of the Board of Oxfordshire Clinical Commissioning Group (OCCG) and is intended for circulation. The minutes will provide the official record of the meeting. The agenda and papers are available on the OCCG website <http://www.oxfordshireccg.nhs.uk/about-us/occg-board-meetings.htm>

Health Inequalities Commission Implementation Plan: The Oxfordshire Health Inequalities Commission report was presented to the Health and Wellbeing Board and OCCG Board in November 2016. The Commission's 60 recommendations were addressed to a wide variety of groups and organisations. Implementation of the recommendations is an ongoing process and the report provides details of the progress made to date against each of the 60 recommendations, including:

- A £30k Innovation Fund has been established (£2k per local authority with the total matched by OCCG. Oxford University Hospitals Foundation Trust also contributed £2k). Initial ideas for using the money to support social prescribing initiatives and the criteria for bids are being discussed.
- Several strands of work are progressing to address recommendations related to increasing physical activity with bids from OxSPA and Mind.
- A Locality Commissioned Service for Deprivation and Inequalities supports practices that have child protection plans and to allow longer appointments for patients who require interpreting services.
- A new model of daytime support has more than 200 community and voluntary daytime support opportunities across the county – many supporting people in rural areas and people with dementia.

Chief Executive's Report. This was the first public Board meeting for Lou Patten (interim Chief Executive) and Dr Kiren Collison (Chair). Lou has been in post since 1 January 2018 and has been observing the workings of the organisation and the wider system. She has been meeting with member practices and external partners, listening to views and ways of working.

Locality Clinical Director Reports: The Locality Clinical Directors' reports give an outline of activities in each of the six localities. Highlights this month:

- Several public meetings took place in November and December to discuss the developing Locality Plans.
- Bicester Healthy New Town continues to deliver developments locally including digital training event for voluntary organisations, social prescribing scheme, meeting with developers to discuss a health and wellbeing centre, training for small businesses in making every contact count, an 'eat out eat well' scheme and a new mental health website for teenagers.
- Barton Healthy New Town has progressed with a contract signed between Hedena Health and OCCG for the provision of additional primary care services in Barton including social prescribing, proactive targeting patients to invite them to attend planned services at the Neighbourhood Centre, services for mental wellbeing and activities to prevent falls and improve health for patients with long term conditions.
- In response to pressures felt in acute hospitals owing to flu and general winter pressures, practices have been offering extended opening hours with extra appointments over Christmas and New Year, additional beds opened at Abingdon Community Hospital and local care homes allocated additional beds for intermediate care patients.
- Funding has been made available to localities for employing clinical pharmacists and mental health workers to support direct care to patients and reduce pressure on GP appointments. Each locality has been deciding how to take this forward in the most appropriate way for their patients.

By working together we will have a healthier population, with fewer inequalities and health services that are high quality, cost effective and sustainable.

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Finance Report: At the 31 December, OCCG reported a year to date and forecast outturn on plan as a breakeven position. This is encouraging but significant concerns underlie this position. Acute services budgets are more than £7m overspent which is being met with contingency funds. A risk agreement is in place with OUH and OH that means risks of overspends are shared. There is significant and escalating concern about the overspend on care home placements (£4m) through the pooled budget. As a result there is urgent work being undertaken to understand the pressure and whether this is likely to be ongoing. The primary care prescribing budget is also facing pressure owing to a national cost pressures caused by 'No Cheaper Stock Obtainable' which is assumed to continue at the current level for the remainder of the year.

Integrated Performance: The system continues to be under intense pressure, consistent with elsewhere in the country. Issues highlighted:

- The considerable pressure of managing increased winter activity including flu has had an impact on performance as patients requiring emergency admission to hospital have been prioritised.
- This has impacted on performance relating to mixed sex accommodation. Breaches have been few but have been related to significant pressures where the priority has been to treat and care for patients in a clinically appropriate way.
- SCAS are reviewing the impact the new ambulance standards have had on response times and hand over times (not just for A&E).
- CAMHS services – performance has dipped but the next set of reports will demonstrate an improved performance. The single point of access has been delayed but will be in place on 1 February.
- 12 hour trolley waits have not been a feature in Oxfordshire in recent years, however, a number have been experienced over winter. The trust conduct a review of each 12 hour trolley wait to identify what has contributed to the delays and how to improve the system.
- There have been a total of four cases of MRSA to date with no new cases for October and November. All cases have been thoroughly investigated and no lapses of care have been identified with the infections being deemed unavoidable. The number of C-difficile infections continues to be higher than limits set. Root cause analysis of each infection seeks to identify whether the infection was avoidable. Three cases in November were deemed to be avoidable due to inappropriate antimicrobial prescribing. These cases are being followed up.
- Our patient communication has not been meeting the target of 95% communicated with GPs within 14 days. OUHFT have piloted a voice recognition recording software system successfully and is seeking to roll this out with the intention of improving this communication

Annual Equality Publication: The report provides an overview of how OCCG has met its equality duties and objectives. The report includes:

- Compliance with public sector equality duty
- The population of Oxfordshire – a description of the population overall number, age and life expectancy, ethnicity, religion, sexual orientation, disability, mental health, carers, deprivation, housing and homelessness and pregnancy and maternity.
- OCCG workforce profile
- Patient and public engagement
- Equality Delivery System.

Corporate Governance Report: The full report can be found here

<http://www.oxfordshireccg.nhs.uk/board-meetings/board-meeting-30-november-2017/58009>

Strategic Risk Register and Red Operational Risks: The full report can be found here

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