

**Agenda Item 8**

**Meeting:** Buckinghamshire, Oxfordshire and Berkshire West CCGs Governing Bodies Meetings in common (in public)

<b>Date of Meeting</b>	9 September 2021
<b>Title of Paper</b>	Accountable Officer and Directors Update
<b>Lead Director</b>	Dr James Kent, Accountable Officer
<b>Author(s)</b>	Dr James Kent, Accountable Officer and Directors
<b>Paper Type</b>	Information
<b>Action Required</b>	The Governing Body Members are asked to: <ul style="list-style-type: none"><li>• Note and ratify the changes in Governing Body membership/responsibilities for Oxfordshire and Berkshire West CCGs highlighted in paragraphs 16-19</li><li>• To discuss and note the contents of the report</li></ul>

**Executive Summary**

This update outlines the focus of the ICS and key issues from individual CCGs over the last month.

Quality, performance, and finance issues are covered in other agenda items.

## ACCOUNTABLE OFFICER UPDATE

### Vaccination programme

1. Across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) close to 2.4m vaccines have been delivered and all national targets have been met. We continue to push communications, walk in and pop-up options to attract the younger cohorts where coverage is below other cohorts.
2. We are currently vaccinating 16–17-year-olds through the Mass Vaccination Centre (MVC) sites, some of our primary care sites and pop-up walk in clinics. The uptake has been really positive achieving 52% (over 20,000 vaccinations) against the national target of 39,000 to be vaccinated.
3. Planning is well underway for Phase 3 subject to national decisions about scope of a COVID booster programme. We have had 44 Primary Care Networks sign up to phase 3 and will be looking to ensure that between primary care, the mass vaccination centres and community pharmacy sites we are able to maximise geographical coverage.
4. We are also developing plans to deliver the vaccines to 12–15 year-olds subject to national decision.

### COVID Incident Update

5. The South-East region saw a case rate increase across all age groups in the last 7 days of August. Regional data shows a slow increase of COVID patients in critical care which matches the national trend. 27% patients in critical care in SE are COVID positive.
6. BOB has seen continued significant urgent and emergency care (UEC) pressures and increased demand across the system. General bed occupancy (all patients) remains high and above national average. Slight increase in COVID admissions but they remain stable with COVID occupancy in general beds below the national average. Slight increase in critical care COVID occupancy but remains well below national average. The weekly ICS critical care cell continues to monitor the position and instigate surge plans and facilitate mutual aid transfers as required.
7. Becton Dickenson Blood Tubes Supply Disruption: There is a national and international shortage due to international supply issue, also due to our primary factory supplying the UK closed in August due to essential maintenance. This has an impact across primary and secondary care. Updated national guidance was issued on 27 August to prioritise those tubes for essential cases only. There is daily sitrep reporting and the national incident team are now overseeing mutual aid. The supply position remains constrained and is forecasted to become even more constrained over the coming weeks. While it is anticipated that the position will improve from the

middle of September, overall supply is likely to remain challenging for a significant period.

8. Neutralising Monoclonal Antibody (nMABs) Treatments for COVID: MHRA has now approved Ronapreve as the first monoclonal antibody combination product indicated for use in the prevention and treatment of acute COVID-19 infection for the UK and the National Clinical Commissioning Policy with the restricted access is to follow shortly. This will provide more detail of true numbers eligible for treatment to further inform planning. In line with national expectation BOB plans are underway for provision to hospitalised patients and then community plans expected for October.

### System Priorities

9. The Chief Executives have agreed the top three priorities for system working are **planned care**, **UEC** and **CAMHS** and that in organising for these we need to increase the level of rigour of project management, get to specific targets and be forensic on the performance management to deliver at speed and to help build trust across partners. A scoping document will be worked up with this detail for each area.
10. The Chief Executive of Royal Berkshire Hospital NHS Foundation Trust will lead **Planned Care**. This programme aims to deliver the planned Elective Recovery Fund (stage-gates and activity) and look to maximise capacity/utilisation across the ICS for ophthalmology, orthopaedics, and ENT to account for different starting positions, theatre and Independent Sector capacity and clinical risk within the Patient Tracking List (PTL). The work will also deliver a single PTL and common access policy.
11. The Chief Executives of the two mental health trusts are identifying the most challenged services and organising around how to redesign clinical pathways, skill mix or staffing that will make the most difference.
12. The approach for UEC is slightly different given the Place delivery; here it has been agreed to align the scope of the UEC Boards and work towards common outcomes and metrics but the operational model and pathways would be the responsibility of the UEC Boards. Importantly the intent is the broader pathway to include discharge and reablement services including Hospital Discharge Programme, Continuing Healthcare and Funded Nursing Care operations and economics. Discussions are ongoing with local authority colleagues on scope and data.

### Health Inequalities - Tobacco Dependence Treatment allocations

13. There is £459k available to the ICS for Tobacco Dependence Treatment under the NHS Prevention Programme via the System Development Fund. Following discussion at the ICS Reducing Mortality and Health Inequalities group and supported by the 3 place Directors of Public Health this has been made available to each place based on the number of smokers (£134k Berkshire West, £190k Oxfordshire and £133k Buckinghamshire).

14. A letter was sent to Trust inequalities leads on the 17 August setting out place allocation across the 3 pathways for use in 2021/22 - Acute and Mental Health Inpatients and Maternity. Places have been asked to confirm spit by organisation and pathway and plans for the use of the allocation by the 9 September and an update will be provided to the next Inequalities group.

## H2 Planning and Hospital Discharge Planning

15. The planning guidance for H2 has not yet been issued. Consequently, a number of discussions have been held surrounding the risks (care home fragility, hospital capacity and poorer outcomes) of not proceeding with the hospital discharge model from the 1 October. The CCGs Finance committees in common is considering a paper on 2 September to consider continuation of the policy whilst a more sustainable funding model is developed across system partners. A recommendation from the Finance committees in common meeting will be made to a private meeting of the Governing Bodies.

## CCG Governing Body Membership Changes

### *Oxfordshire CCG*

16. At the June meeting the ballot to elect a new Clinical Chair for Oxfordshire CCG was underway. As Governing Body members are aware Dr David Chapman was elected and took up post on 19 July 2021.
17. Following Dr Chapman's election it has been agreed that Dr Meenu Paul will provide additional clinical leadership to the mental health, learning disability and autism portfolio. In this role she will also be a member of the Governing Body.
18. The Lay Member lead for Governance post became vacant following the resignation of Roger Dickinson. Given this year is one of transition the CCGs have agreed to have shared posts wherever this makes sense and the Clinical Chairs, and I are delighted to report that Robert Parkes, Lay Member lead for Governance, Buckinghamshire CCG has agreed to cover this role for Oxfordshire. Robert has therefore been appointed as a member of the Oxfordshire CCG Governing Body and Audit, Remuneration and Finance Committees.

### *Berkshire West CCG*

19. Rebecca Clegg, the Chief Finance Officer has taken up a secondment with Berkshire Healthcare Trust. For the remainder of this financial year her duties will be covered as follows:
- Edward Haxton; Acting Chief Finance Officer will cover all aspects of the financial duties)
  - Robert Majilton; Deputy Accountable Officer Buckinghamshire CCG will take on the duties of Senior Information Risk Owner (SIRO)

- Catherine Mountford; Director of Governance Oxfordshire CCG will take on the duties of the Accountable Emergency Officer (AEO) and responsibility for the governance team

The Governing Body Members are asked to note and ratify the changes in Governing Body membership/responsibilities highlighted in paragraphs 16-19.

### CCGs ways of working

20. **Return to Office Working** – a letter was sent to all staff on 2 August outlining arrangements for staff to start working, if they wish, from the CCG offices. The offices have been set up to minimise the risk of COVID transmission with a guide produced for each office. These arrangements will continue to be reviewed through September.
21. **Staff Survey** – a staff survey was undertaken in July with results presented via both the whole staff briefing and the Staff Partnership Forum in common. Further analysis is planned and some initial actions taken (e.g., reminder of the Freedom to Speak Up guardians and route to raise concerns). Following a discussion at SMT some of the themes that came up were Personal Support/training and development opportunities, importance of clear regular communications, and impact of capacity v load balancing. SMT have been asked to pick up the reflection on the survey with their teams.
22. **Place Based SMT meetings** – a new set of meeting cadence has been established across the CCGs – including a place based SMT meeting. Each month I attend one SMT meeting in each place followed by an all-staff place meeting. This is in addition to the weekly all staff briefings.

### Quality

23. The BOB System Quality Group has now been established alongside each of the three Place Based Quality Committees. There is clear escalation from place to System and System to Region. Place based Heads of Quality are working together to align agenda's, templates for escalation and Risk Registers, as well as beginning to identify BOB portfolio lead responsibilities in some key areas that make sense to do once across the system e.g., Learning Disability and Prison Health.

### BUCKINGHAMSHIRE CCG UPDATE

24. Performance remains challenging in a number of areas as highlighted in the Quality and Performance report, there is increased oversight and focus on these, in particular with BHT and colleagues from the South East Region of NHSEI across a number of areas particularly Emergency Department performance, Long Waits, Diagnostic and Cancer.
25. There are now regular meetings with the CCG, BHT and Region and a recovery plan being developed and implemented – with external support and

bringing in a number of in sourcing / outsourcing support both with clinical capacity and associated processes such as booking.

26. **Hampden Fields development** – Following a planning decision by Buckinghamshire Council, a local action group has submitted an application for Judicial Review on the Hampden fields development and has named the CCG (as well as BHT) as an interested party (linked to the previous submissions from the CCG to the planning authorities on this development and S106 contributions to mitigate the impact on health). The CCG has responded to the initial requests and continues to work with the local practices in Aylesbury as part of the Primary Care Estates work on future capacity linked to planning growth.

### OXFORDSHIRE CCG UPDATE

27. **Specialties in OUHFT remaining closed;** Whilst most routine referral specialties have now reopened Ear, Nose and Throat, Oral and maxillofacial surgery and cataracts remain closed to routine GP referrals. Progress has been made in funding an Advice and Guidance approach to Ear, Nose and Throat referrals for Oxfordshire working in collaboration with the Royal Berkshire NHSFT. It is hoped this will contribute to having referrals reopened soon. Exploration is underway with Healthwatch of how patients view travel to locations with shorter waits. Given the alternate locations tend to be outside the County understanding is needed as how this access might be facilitated.
28. **Community Strategy:** Oxfordshire NHS and its Councils, led by the Health and Well Being Board, intend to launch an engagement during September. The engagement will be on the principles to be used to determine how services are delivered in the community to maximise independence and make the greatest use of our resources such as our community hospitals.

### BERKSHIRE WEST CCG UPDATE

29. The absence of a clear deputy AO is being mitigated through developing proposals to support a more integrated leadership model for UEC and Katie Summers acting as the consistent link across the three Health and Well Being and integration boards.