

**Oxfordshire Clinical Commissioning Group
Governing Body****Date of Meeting:** 29 January 2015**Paper No:** 15/02**Title of Paper:** Chief Executive's Report**Is this paper for****Discussion****Decision****Information****Purpose of Paper:**

To report updates to the Governing Body on topical issues.

Financial Implications of Paper:

Financial information within this paper is for information, no direct financial implication.

Action Required:

The Governing Body is asked to note the contents of the report.

NHS Outcomes Framework Domains Supported (please tick ✓)

- | | |
|---|--|
| ✓ | Preventing People from Dying Prematurely |
| ✓ | Enhancing Quality of Life for People with Long Term Conditions |
| ✓ | Helping People to Recover from Episodes of Ill Health or Following Injury |
| ✓ | Ensuring that People have a Positive Experience of Care |
| ✓ | Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm |

Equality Analysis**completed** (please tick and attach)

Yes

No

Not applicable

**Outcome of Equality Analysis****Author:** David Smith, Chief Executive**Clinical Lead:** Dr Joe McManners, Clinical Chair

Chief Executive's Report

1. Introduction

Since the last meeting I have visited:

- The ISIS Care and Retirement Centre which is operated by the Order of St. John
- The new Bicester Community Hospital
- GP practices in Bicester
- Ramsay Health Care UK at the Horton Treatment Centre

Dr Richard Green spoke at the Datix Patient Safety Conference 2014 at the Royal College of Physicians. Catherine Mountford has spoken at the Developing Outcome Based Commissioning in Health Conference and the Outcomes-based Commissioning in Context and Practical Implementation for your Organisation events in London on mental health outcome based commissioning

2. Emergency care pressures

As has been widely reported in the national and local media, the services in Oxfordshire, in common with many parts of the NHS, have been under significant pressure during the last month. Additional resources of £3.5m have been invested in a range of initiatives to provide more capacity and staff during the winter period. In addition each organisation individually and collectively has many improvements taking place in their systems and processes. We have seen a marked improvement in how all parts of the system are working together to tackle the pressures in the system. However, we have not yet seen these translate into an improvement in performance against the A&E 4 hour target (which is an NHS Constitution commitment) or a reduction in delayed transfers of care. An update on the latest position will be provided at the Governing Body meeting.

3. System Leadership

Plans have been agreed and are being implemented, for a new System Leadership Group for Oxfordshire comprising the Chief Executives of Oxfordshire CCG, Oxford Health Foundation Trust, Oxford University Hospitals Trust, Oxfordshire County Council and the GP practice federations. This group will provide the highest level of co-ordination of the health and social care system in Oxfordshire and will provide leadership to manage in year performance (through the existing System Resilience Group, chaired by the Chief Executive of Oxfordshire CCG) and transformation of care (through a new Transformation Board chaired by the Chief Executive of Oxford Health Foundation Trust). These arrangements are described in more detail in the Better Care Fund Plan.

4. Better Care Fund (BCF)

The final plan was reviewed and approved at the Oxfordshire Health and Wellbeing Board on 8 January 2015 and the plan was submitted to NHS England on 9 January. Members will recall that the original submission was not approved by NHS England

(one of five plans not approved across England). The plan is now being assessed by the national team and we expect to receive their assessment by the end of the month. In the meantime, we are working on the implementation of the schemes detailed within the BCF.

The Oxfordshire Better Care Fund submission can be viewed on the Oxfordshire County Council website [click here](#)

5. Prime Ministers Challenge Fund

The GP practice federations in Oxfordshire have submitted a set of bids totalling in excess of £4.0m against the £200m of funding available nationally. The bid comprises three complementary sets of interventions which will collectively enhance patient access to Primary Care (physically and digitally), increasing focus on patients with complex care needs, and measures to support patients in managing their own care better. These initiatives will produce 56,000 new consultations or appointments per year. There will be significant competition for these funds across the NHS and we should hear the outcome of our bid within a month.

6. New primary care infrastructure fund

NHS England has written to all GP practices inviting them to submit bids by 16 February against the new primary care infrastructure fund, announced by the Government on 3 December. Funding of £1.0 billion over four years is available and we will be discussing the shape of a bid for with GP practices and the federations.

7. New models of care

The Planning Guidance for 2015/16 (The Forward View into Action) issued before Christmas identifies national funding available to support new vanguard sites with implementing new models of care. Expressions of interest for the first cohort sites have to be submitted by 2 February. We are currently awaiting further guidance from NHS England on the application process. An update will be given at the meeting.

In addition, the Planning Guidance makes a specific reference to new garden cities at Ebbsfleet and Bicester. NHS England working with the Local Government Association wish to establish a health and care garden city in a number of areas as part of the New Models of Care programme. Again we are waiting for more detail on what this means and will be having further discussions with NHS England and local stakeholders.