

**Oxfordshire Clinical Commissioning Group
Board Meeting**

Date of Meeting: 31 March 2016	Paper No: 16/18
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Title of Paper: Chief Executive's Report

Is this paper for	Discussion		Decision	✓	Information	✓
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Purpose of Paper: To report updates to the Governing Body on topical issues.
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Financial Implications of Paper: Financial information within but paper is for information, no direct financial implication.
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Action Required: The Governing Body is asked to: <ul style="list-style-type: none"> • Note the contents of the report • Approve the Terms of Reference for the Oxfordshire Primary Care Commissioning Committee.
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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			

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Chief Executive's Report

1. Introduction

Since the last meeting:

- Joe McManners, Gareth Kenworthy, Barbara Batty and I attended the NHS RightCare Event – further details on RightCare will be brought to the May OCCG Board meeting
- Joe McManners and I met with the County Practice Managers
- Joe McManners and I attended the Oxford University Hospitals Trust Strategic Workshop
- I attended the Oxford Health NHS Foundation Trust Leaders Conference
- I attended a whole system meeting with Oxfordshire MPs
- I visited Katharine House Hospice.

2. Townlands Hospital Health Campus

I am pleased to be able to bring to the Board an update on Townlands Hospital. As you will remember, the Board took an important step in enabling the transformation of services for Oxfordshire patients when it decided to introduce a new clinical model of ambulatory care at Townlands.

The development of the Townlands Rapid Access Care Unit (RACU) is at the forefront of our emerging transformation plans which will lead to services being delivered in new ways, with increased emphasis on prevention, self-care, bringing more care into the community and further integration of health and social care.

The new Townlands Hospital opened its doors this month to welcome its first patients. The team has worked incredibly hard to ensure there is a first class facility of which we can all be proud and that will serve local people for many years to come. Patients are already telling our teams what a difference it makes to be in modern, high quality facilities, and our staff are very pleased to be working in a bright and airy environment, describing it as a remarkable transformation from the old buildings.

A formal opening ceremony for the new hospital is planned for later in the year, when the demolition works have been concluded.

All of the services previously provided at the old hospital have been transferred to the new building, and we are working to expand the range of services offered there. Additional outpatient clinics will be put in place in coming months and the planned implementation of the new RACU is expected in May.

The CCG has also confirmed further detail of the arrangements that have been negotiated with the Orders of St John Care Trust (OSJCT) for the provision of intermediate care beds. Bed modelling confirmed the anticipated need of between five and eight beds to support the RACU and to provide step down care for patients discharged from an acute hospital.

Following the conclusion of negotiations, and to allow time for the new model of care to establish itself, we have committed to a three year contract with the OSJCT for a total of 11 beds in the new care home on the Townlands site, and will use these beds flexibly.

If demand rises to the point where we require 14 beds, we will still have the ability to buy further beds by using Oxfordshire's well-established spot purchase system. This system allows us to access beds from those providers who have beds available at the time they are needed, without having to pre-commit funds. Our priority will be to purchase a bed within the OSJCT care home wherever possible. However, if a suitable bed was not available we would purchase a bed from the next nearest provider to the patient's home.

As part of continuing patient and public engagement, the Townlands Stakeholder Reference Group (TSRG) was formed in December 2015 and has, so far, met three times. The group is made up of representatives of local community groups, patients and carers as well as clinical and social care colleagues.

Following these initial meetings, it has been agreed that the Terms of Reference for the group will be reviewed to make it more accessible and their work transparent to local people. The review has been strongly welcomed and will be undertaken in conjunction with all members of the stakeholder reference group and with the Townlands Steering Group (TSG). This would include looking at whether to hold some of the TSRG's meetings in public and future chairing arrangements. I would like to take this opportunity to thank all the volunteers and members of the local community who are helping to further develop the engagement with local people.

3. Quarter 3 Assurance Meeting

The Q3 Assurance meeting with NHS England took place on 1 March 2015. As previously reported there are five domains that reflect the key elements of a well led effective clinical commissioner and underpin assurance discussions between CCGs and NHS England, whilst identifying on-going ambitions for CCG development. The components include being well led; performance; financial management; planning; and delegated functions.

The definitions and key indicators for each of these components can be found at [CCG Assurance Framework 2015/16: Operating Manual](#).

Overall and for each component the CCG can be assessed as outstanding, good, limited assurance or not assured. As part of the preparation for the Assurance meeting we self-assessed ourselves as:

Overall – “good” made up of “good” for well led, delegated functions, financial management and performance and then “limited” in performance. The “limited” for performance is predominantly driven by the failure to deliver NHS Constitution standards. This is the same as our assessment for the previous two quarters.

The remainder of the discussion focused on looking forward and we highlighted the progress with implementing the winter plan with the aim of significantly reducing delayed transfers of care; the current position in the planning round; the work underway to prepare for taking on delegated responsibility for primary care commissioning and highlighted the outcomes being achieved from the proactive medial support to care homes service. NHS England South (South Central) commended the CCG for good progress and a good presentation. NHSE will continue to work with the CCG in an attempt to move the performance rating to GOOD as soon as possible. NHSE confirmed that the CCG has shown progress over the last 12 – 18 months and stressed the importance of balancing the

normal business and performance against the backdrop of the ambitious plans for the future.

The Q4 Assurance meeting with NHS England will take place on 3 May 2016.

4. Primary Care Delegated Commissioning

During February all Localities voted in support of OCCG taking on the delegated responsibility for Primary Medical Care commissioning from 1 April 2016 and making the necessary changes to the OCCG Constitution to support this. As agreed by the Board the Chief Executive has signed the Delegation Agreement and returned it to NHS England. We are working closely with NHS England to have everything in place for 1 April 2016. As required by the delegation arrangements we will establish a Primary Care Commissioning Committee; the proposed Terms of Reference are attached as Appendix 1. These Terms of Reference have been reviewed by the current Joint Committee for the Commissioning of Primary Care, the Audit Committee and the CCG Executive.

The Oxfordshire Primary Care Commissioning Committee will be meeting in public on the following dates:

7 April 2016
2 June 2016
4 August 2016
6 October 2016
1 December 2016

The Board is asked to **approve** the Terms of Reference.

5. Performance Against National Targets

The latest reported data for Cancer Waiting Time targets across Oxfordshire is from December 2015 when all targets except the 2 week wait was met (90.72% against a 93% target). This target was failed by both the Oxford University Hospitals NHS Foundation Trust (OUHFT) and Royal Berkshire NHS Foundation Trust (RBFT) (92.22% and 69.92% respectively). Both trusts noted that this target is difficult to maintain over the Christmas period with patients choosing to delay appointments. RBFT were also off trajectory plan for 2ww delivery due to a reduction in capacity of upper and lower GI pathways. Additional capacity has been put in place to support achievement of recovery in February (reported April 2016).

RBFT also failed the 2 week wait breast standard (91.98% against a 93% target), the 31 day second for subsequent treatment for anti-cancer drug treatment (97.50% against a 98% target) and the 62 day screening standard (73.58% against a 85% target). The Trust is currently below plan on the 62 day trajectory mainly due to capacity constraints and the action plan and trajectory are currently being revised with the Trust and CCG

The RTT Incomplete standard has been met for the CCG. The diagnostics standard was also met.

There have been 2 patients waiting longer than 52 weeks for December at OUHFT with none at RBFT for Oxfordshire.

A&E has seen increased numbers attending and has struggled to meet the 95% seen within 4 hours standard. For December this was 85.85% at OUHFT.

The SCAS 999 Red 2 standard has been missed for Oxfordshire at 73.1% against 75% standard. The other two standards have been met; Red 1- 78.4% and Red 19 - 93.7%. There has been a big improvement in these standards but overall they will not be met for the year.

6. SCAN (Suspected CANcer) Pathway Project – ACE Wave 2

Cancer Research UK (CRUK) launched the Accelerate, Coordinate, Evaluate (ACE) Programme. OCCG was one of the five projects who were successful in obtaining funds to run a multidisciplinary centre (MDC) project; called SCAN (**S**uspected **CAN**cer). After tightening the current 2 week wait (2ww) referral process with new pathways to ensure 'right slot, first time' appointments, it was obvious that some patients did not fit specific criteria; although were suspected of having cancer by their GP. This group of patients (low-risk-not- no-risk) can 'bounce around' the system between specialists; often having many tests but not getting a diagnosis until late in the day. The SCAN pathway includes running a set of tests via GP direct access (bloods and CT scan) and getting the patient seen by a specialist within 14 days. It is hoped to lower the delay in diagnosis and increase the cancer pick-up rate by as much as 16 % whilst removing patients from the 2ww system who do not need to be there. The final amount of funding (to be agreed in the next two months) will allow us to go ahead and launch the project fully in July this year and it is hoped it will run for 3 years.

7. Sustainability and Transformation Plans

The Planning Guidance issued by the national NHS bodies in December 2015 (<https://www.england.nhs.uk/tag/planning-guidance/>) notified health organisations that five year Sustainability and Transformation Plans (STPs) would need to be produced by this summer. Discussions have also taken place regarding the footprint for these plans. It is recognised that a single footprint does not work for all services and that there are differing levels

We have had discussions with our CCG colleagues in Buckinghamshire and Berkshire, and agreed to form a BOB Alliance (Buckinghamshire, Oxfordshire and Berkshire West) footprint. The collective view of the 7 CCGs is that most of our planning should be done in each of the 3 local economies; however there are some services which benefit from some form of planning and coordination across a larger area. These include urgent and emergency care (where there is already a Thames Valley network); specialised commissioning (where there is a Thames Valley plus border CCGs commissioning committee); some aspects of workforce development. We are currently refining the list of services to be planned/coordinated across the BOB footprint and also the governance arrangements we need. NHS providers, local authorities and other stakeholders also need to be involved in developing the plans.

All parts of England have also been asked to identify a leader for the STP footprint, of which there are 44 covering the NHS in England. I have agreed to take on this role. We will need to produce an initial submission to NHSE by 15th April, outlining the significant issues that need to be tackled across the footprint.

8. Locality Appointments

Congratulations to Dr Will O’Gorman who has been re-appointed for a three year term to the North East Deputy Clinical Director role.