Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 26 May 2016	**Paper No: 16/32**

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 but paper is for information, no direct financial implication.

Action Required:
The Governing Body is asked to:

- Note the contents of the report
- Approve the Oxfordshire CCG Priorities 2016/17.

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 I have:

- Visited Dr Eleri Adams in the Oxford Newborn Care Unit at the John Radcliffe
- With Sula Wiltshire attended the Oxfordshire Integrated Care Network Workshop
- Presented at the Oxfordshire Sport and Physical Activity Board meeting

2. Quarter 4 Assurance Meeting

The Q4 Assurance meeting with NHS England took place on 3 May 2016; this was also the Annual Assurance Review for 2015/16. 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/requires improvement" in performance. The performance assessment is predominantly driven by the failure to deliver NHS Constitution standards.

The remainder of the discussion focused on looking forward and we highlighted the ongoing work to reduce delayed transfers of care; the current position in the planning and contracting round; the transition to delegated responsibility for primary care commissioning and highlighted the work underway to improve outcomes and services for people with diabetes.

NHS England South (South Central) commended the CCG for sustained progress and a good presentation. NHSE confirmed that the CCG has shown consistent 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 framework for Assurance for 2016/17 is changing over four domains (Better Health, Better Care, Sustainability and Leadership) including six clinical priority areas (Mental Health, Dementia, Learning Disabilities, Cancer, Diabetes and Maternity). More information can be found at CCG improvement and assessment framework 2016/17.

3. Performance Against National Targets

The latest reported data for RTT targets across Oxfordshire is March 2016 whereby the incomplete standard has been met overall for the CCG. The diagnostics standard was also met.

There has been one Oxfordshire patient waiting longer than 52 weeks at Foscote Hospital (Trauma & Orthopaedics).

A&E has seen increased numbers attending (around 15% in Quarter 4) and has struggled to meet the 95% seen within 4 hours standard. For February this was 77.6% at OUHFT. The SCAS 999 Red 1, 2 and 19 standards have been missed at the year-end position for Oxfordshire; 69.5% (target 75%), 71.3% (target 75%) and 93.4% (target 95%) have been achieved respectively. Unprecedented demand on Red 1 and 2 from December to March has led to delayed recovery of these targets but a remedial action plan is in place and is being monitored regularly with SCAS.

The latest reported data for Cancer Waiting Time targets across Oxfordshire is February 2016 whereby all targets were met except the 31 day (Surgery) at OUHFT (93.65% against a 94% target) and the 62 day standard at both OUHFT and RBFT (83.79% and 72.13% against an 85% target). This is primarily caused by the ongoing impact of patients choosing to delay appointments over the Christmas period.

4. Update on Final Contract Position

Agreement was reached with our two main providers, Oxford University Hospitals NHS Foundation Trust (OUHFT) and Oxford Health NHS Foundation Trust (OHFT) on the basis of our 2016/17 contracts. This agreement was reached with the Chief Executives of the two trusts on 22 April 2016 thereby avoiding the need to go through the national contract dispute resolution process. The agreement allows for the development of a proposal for a new form of contracts covering major care pathways, by the end of Quarter 1 (30 June) 2016. It is the shared ambition of all parties for a successful outcome to this work as it is recognised that the default, existing approaches to contracting are not financially sustainable for the system. The contract values for this period are affordable within the CCG's financial plan with risk sharing arrangements linked to the agreement of the new contracting models.

While final agreements tend to lag behind the lead commissioner agreement, all other acute healthcare contracts, including independent sector providers, are expected to be agreed within the overall financial envelope agreed by the Board.

The remaining material risk to the CCG's financial plan from contract agreements is the contract for 999 services with South Central Ambulance NHSFT. As at the time of writing, CCG commissioners and SCAS had been unable to fully resolve all of the outstanding contract issues between parties, despite mediation. There is an increasing likelihood that the next step of the formal dispute resolution process, arbitration, may be required to settle the contract agreement. The worst case scenario risk to the CCG from this is modelled to be £1.0m.

5. Sustainability and Transformation Plans

The planning guidance issued in December 2015 identified a requirement for 5 year Sustainability and Transformation Plans to be produced by June 2016. STPs are being developed by 44 footprints across the NHS and we are part of the Buckinghamshire, Oxfordshire and Berkshire west footprint. These footprints will also be the means by which transformation funds are allocated to the NHS. I have been appointed the leader of this footprint.

Each of the three local health economies have well developed local planning arrangements and the view of the leaders of the constituent organisations is that we should build on these arrangements. We have identified a number of workstreams where working at the larger scale can help to deliver change faster. The STP for the BOB footprint therefore compliments the work happening at a local level. The key areas identified cover prevention; urgent and emergency care; workforce; specialised commissioning. Work is in progress to produce a plan by the end of June.

6. Oxfordshire CCG Priorities 2016/17

The Board has agreed that we need a clearly articulated and agreed set of priorities for the coming year. Following a Board workshop discussion and work with senior managers the attached framework has been prepared. The priorities are set within the context of the wider system and organisational vision and include the areas of focus for this current year. The Board is asked to agree the priorities for 2016/17 and note that these will then set the context for staff objective setting and a review of the strategic risks.

7. Appointments

I am pleased to announce the appointment of Dr Guy Rooney as Medical Specialist Adviser to the OCCG Board. Guy is the Medical Director at Great Western Hospitals NHS Foundation Trust and we look forward to him joining the Board in June.

Congratulations also to Dr Miles Carter and Dr Kiren Collison who have been re-appointed for a three year term to the West Locality Clinical Director and Deputy Clinical Director roles respectively.

Oxfordshire Vision (Transformation Board) – Best care, Best outcomes, Best value for all the people of Oxfordshire

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

<table>
<tr><th colspan="4">OCCG PRIORITIES FOR 2016/17 – the first year of theSTP (5 year plan)</th></tr>
<tr><td>(the WHAT)</td><td>Operational delivery
meeting NHS Constitution standards
Meeting the financial must-do's
Improving quality and outcomes -Clinical communications
Stroke services
OH waiting times
Improving patient safety
Reduction in Healthcare acquired infections
Reduction in pressure ulcers
Achieving parity for mental health - define
Implementation of NHS Right Care
Continue focus on reduction in Delayed Transfers of Care towards maximum number of 68/3.5% of occupied bed days
Addressing the levels of activity
Implement changes to pathways focusing on those that make the biggest difference and support care closer to home</td><td>Transforming health and care
Agreed STP that will deliver whole system service and financial sustainability
Taking forward the findings of the health inequalities commission; particularly in regard to prevention
Implementation of care closer to home strategy - or at least the first elements of it -
Development of specific new services in primary and community care [results from the Vanguards]
Pre-consultation/early engagement on significant service changes
Transforming services for people with Learning Disabilities and autism
Agree digital roadmap and begin implementation</td><td>Devolution and integration
Take on responsibility for primary medical care commissioning including sustainability and transformation
Bring health social care and public health commissioning teams together
Strengthening Health and Wellbeing board
Development of co-commissioning with NHSE for specialised services and other primary care services</td></tr>
<tr><td rowspan="3">Enabling (the how)</td><td colspan="3">Empowering patients
involving them in commissioning decisions
supporting a focus on prevention/keeping people well
ensuring they are involved in their own care (through contracts with providers)
enabling them to be more self-reliant – promoting prevention and self-care where it will make a difference
increasing access to personal health budgets</td></tr>
<tr><td colspan="3">Engaging communities
involvement in big strategic questions for the County and individual Localities – links to the Transformation work</td></tr>
<tr><td colspan="3">System leadership
Holding system (providers and other partners) to account for delivery
Continued development of system wide working - this is a bit weak!
Encouraging co-ordination between providers
Supporting the sustainability of providers
Support development of GP federations focusing on agreeing
Work to develop the enabling infrastructure that is overseen by the Transformation Board e.g. workforce
Objective assessment (capacity, capability, systems, reporting) of system ability to deliver</td></tr>
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