

**Oxfordshire Clinical Commissioning Group
Board Meeting**

Date of Meeting: 26 July 2016	Paper No: 16/49
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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 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:

- Attended the NHS Confederation Conference
- Spoke in the debate on “What needs to change to enable clinical commissioning to survive and flourish” at the Health+Care Conference
- Met Oxfordshire MPs to update on the Transformation Programme

2. Oxfordshire Transformation Programme

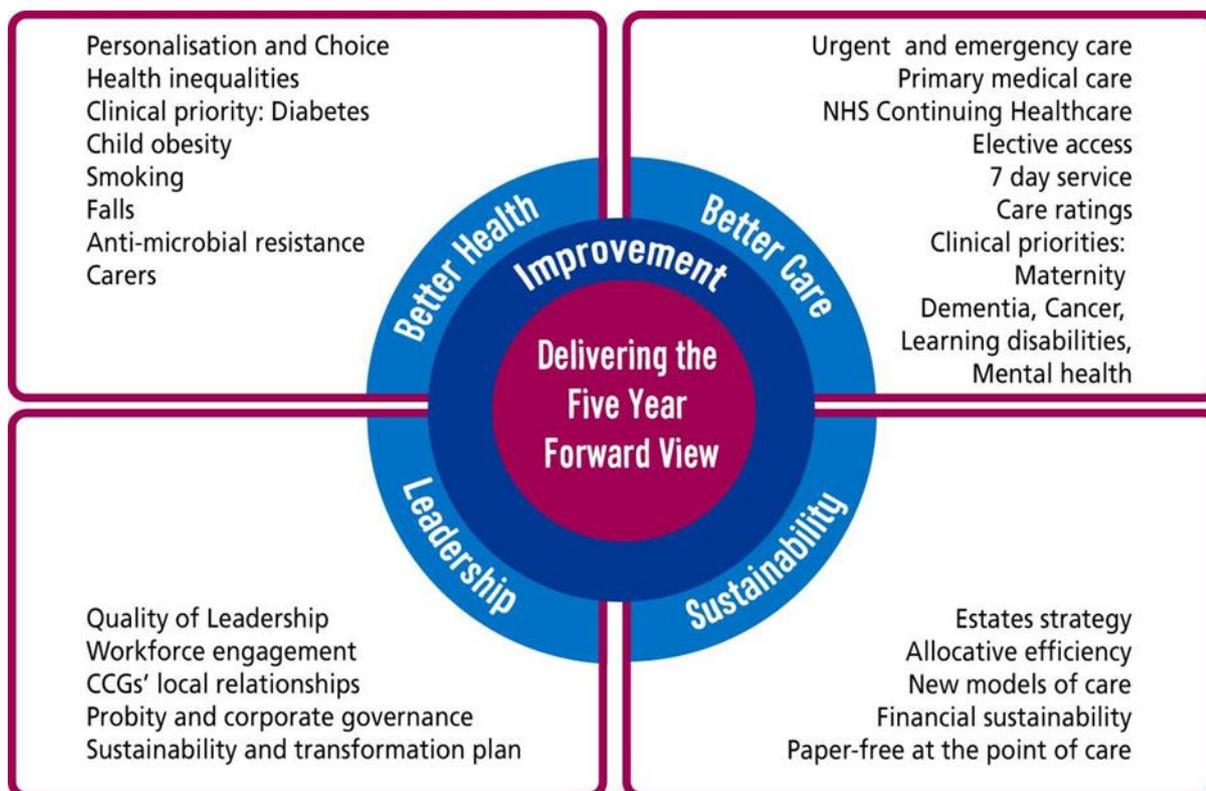
We have now launched the Big Health and Care Conversation (<http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/transforming-health-in-oxfordshire/oxfordshire-transformation-board/the-big-conversation-roadshows/>) through which we are engaging members of the public and patients in our emerging transformation plans. Six drop in events are being held in July/August. Further detail is in the separate report on the agenda – Paper 16/52.

3. Assurance Meetings

The outcome of the Annual Assurance Review for 2015/16 (held 3 May 2016 and reported to the Board at its May meeting) is due to be published mid-July. 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](#).

For 2016/17 the Improvement and Assessment Framework (IAF) has four domains (Better Health, Better Care, Sustainability and Leadership) including six clinical priority areas (Mental Health, Dementia, Learning Disabilities, Cancer, Diabetes and Maternity). The outline of the framework is demonstrated in the diagram below.



More information can be found at [CCG improvement and assessment framework 2016/17](#).

The Quarter 1 review meeting was held on 4 July 2016. With the limited information we have to date we self-assessed ourselves as “Good” in all four domains whilst acknowledging we had ongoing performance challenges within the “Better Care” domain. Each quarterly meeting will have a more in-depth discussion of a specific clinical area; in Q1 this was mental health.

4. Performance Against National Targets

The latest reported data for referral to treatment (RTT) targets across Oxfordshire is May 2016 whereby the Incomplete standard has been met for the CCG (92.7%). The diagnostics standard was also met (0.74%).

There were eight Oxfordshire patients waiting longer than 52 weeks; five at the Oxford University Hospitals NHS Foundation Trust (OUHFT), one at the Royal Berkshire Hospital NHS Foundation Trust (RBHFT), one at North Bristol and one at the Foscote Hospital.

The latest reported data for Cancer Waiting Time targets across Oxfordshire is May 2016 whereby the 2 week wait (2ww) and 2ww breast breached (92.76% and 90.57% respectively against an 93% target and both attributable to RBHFT). In addition to this the 31 day diagnosis to treatment breached - 94.7% against a 96% target (OUHFT) and the 62 day target breached across both Trusts (84.71% against an 85% target).

5. Update on Final Contract Position

At the last Board meeting I reported that interim agreement had been reached with our two main providers, Oxford University Hospitals NHS Foundation Trust (OUHFT) and Oxford Health NHS Foundation Trust on the basis of our 2016/17 contracts. This agreement was reached with the Chief Executives of the two trusts on 22 April 2016. The agreement allowed 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.

The interim arrangements that were in place for Q1, 2016/17 have been extended to the end of this month (July) to allow for further work on proposals for new contract models moving forward. As we move into the year there is emerging evidence of activity pressures in the year-to-date contract reporting for the OUH. Not all of this pressure will be mitigated by the current interim agreement and, if there is failure to reach agreement on new contracts from July then there will be a default to a volume based payment by results (PbR) contract with the OUHFT. Under this scenario the CCG will be exposed to material financial risk which would need to be mitigated with a range of possible interventions. Reaching agreement on the contract is dependent upon reaching a consensus between the key stakeholders in the pathway of services.

All other contracts have been settled within envelope with the exception of the SCAS 999 contract, the agreement of which has led to a £400k cost pressure which is now reflected in the plan.

6. Sustainability and Transformation Plans

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Plan (STP) is being developed by building on local engagement with communities in each CCG area. It has also benefited from input by the Clinical Senate. The narrative we have submitted to NHSE at the end of June focuses on initiatives where working at scale across the footprint adds value. At this stage the key programmes of focus are:

1. Prevention upscaling with an emphasis on obesity.
2. Urgent Care: Implementing 111 as the single point of contact for people with minor but urgent conditions, so they get treatment quickly and make the best use of clinicians' time.
3. Acute services identifying optimal pathways to deliver high quality, cost effective services.
4. Mental Health developments to improve the overall value of care provided.

There are also two enabling programmes for workforce and digital interoperability.

Leaders from across the BOB footprint met the NHS England Chief Executive and his top team on 15 July to get feedback on the plan and agree next steps. There will be a further submission of the plan in September.

7. Healthcare Transformation Awards

Congratulations are due to Dr David Chapman, Ian Bottomley and the mental health team as OCCG has scooped a prestigious award for developing better mental health services. The announcement was made at the Healthcare Transformation Awards, held at the end of June to celebrate achievements in commissioning health services across the country.

The CCG had submitted an entry on outcomes based contracting for adult mental health which was judged the best entry in the category 'commissioning for outcomes and reducing variation'.

The awards judges were impressed with the CCG's commitment to engaging with patients and carers in developing the outcomes based contract. Judges also highlighted how the CCG had brought together health and social care funding in an integrated approach to the commissioning and delivery of services in Oxfordshire.