



Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 29 November 2018	Paper No: 18/66
--	------------------------

Title of Paper: Chief Executive's Report

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
--	-------------------	--	-----------------	--	--------------------	---

Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary: To report updates to the Board on topical issues.
--

Engagement: clinical, stakeholder and public/patient: Not applicable.

Financial Implications of Paper: Financial information within but paper is for information, no direct financial implications.

Action Required: The OCCG Board is asked to note the contents of the report and to agree adoption of the revised Scheme of Delegation.
--

OCCG Priorities Supported <small>(please delete tick as appropriate)</small>	
✓	Operational Delivery
✓	Transforming Health and Care

✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

Not applicable.

Link to Risk:

The paper does not link directly but items contained within the paper may link to risks on the Strategic Risk Register and/or Red Operational Risk Register.

Author: Louise Patten, Chief Executive

Clinical / Executive Lead:

Date of Paper: 19 November 2018

Chief Executive's Report

1. Introduction

Since our last Board meeting, I have been involved in a number of significant local and national meetings. I have:

- Attended the first Joint Horton HOSC meeting (the second one on is 26/11 after this report is published);
- Presented at the TV Cancer Alliance Annual Conference;
- Held a joint away day for the senior managers across the Buckinghamshire and Oxfordshire CCGs;
- Participated in the Oxford Health FT Strategy Away Day;
- Participated in the Oxfordshire Older People's Strategy Event;
- Attend the Long Term Planning for the NHS event with Simon Stevens and Ian Dalton;
- Attended two Health and Wellbeing Board Workshops;
- Presented at the Age UK AGM;
- Presented at the Older People and Adults Care Provider Conference;
- Attended the national Commissioning Think Tank

2. Care Quality Commission (CQC) Follow-up Review Health and Social System Care in Oxfordshire

Inspectors of the Care Quality Commission (CQC) visited Oxfordshire in early November to follow up on last year's review of the Health and Social Care system. Their team consisted of 8 people, many of whom were part of the previous review team.

During the two day visit the team:

- Attended a presentation from system leaders showing what we have done since they were last here
- Interviewed 34 people from across the system including representatives from Healthwatch and the voluntary sector
- Held focus-groups with providers, front-line staff and commissioners.

The CQC were primarily focused on the progress made against the action plan and the pace of change; I believe we were able to demonstrate good progress in the majority of areas.

This supportive review will be published within the next couple of months; they have expressed preference to present their findings at an extraordinary Health and Wellbeing Board meeting to be arranged in January.

My thanks to the multi-organisational team who worked so hard across the system to pull together all the evidence and who supported the CQC so well over the two day assessment.

3. Update on the challenges to the decision to permanently close the consultant-led maternity services at the Horton General Hospital

Referral to the Secretary of State

In March the Secretary of State responded to the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) referral of OCCG's decision for the permanent closure of the obstetric unit at the Horton General Hospital. OCCG presented an outline approach to our plans to address the recommendations from the Secretary of State on the basis of the advice he had received from the IRP at the April meeting of the OJHOSC.

In addition the OJHOSC agreed to establish a new Joint Overview and Scrutiny Committee with Northamptonshire and Warwickshire. The powers of the new joint committee would be in regard to the proposals and consultation of consultant-led obstetric services at the Horton General Hospital and means:

- Only the new joint committee may respond to the consultation;
- Only the new joint committee may exercise the power to require the provision of information;
- Only the new joint committee may exercise the power to require attendance;
- The new joint committee would hold the power to refer to the Secretary of State only on the consultation of consultant-led obstetric services at the Horton General Hospital.

The new joint committee held its first meeting on 28 September 2018. Representatives from OCCG, Oxford University Hospitals NHS Foundation Trust (OUHFT), South Warwickshire CCG and Northampton General Hospital attended the meeting and presented an outline plan for taking this work forward for comment/agreement. The papers presented are available [here](#). The Committee reviewed the plan and asked for further detail to be addressed and included before they signed it off; this will happen at their second meeting on 26 November 2018. The joint OCCG/OUHFT project team have worked together to update the plan to address all the comments made.

Judicial Review

The application for the Judicial Review included Keep the Horton General as an Interested Party to the Judicial Review. The Judicial Review covered a number of grounds including the split of the public consultation, the adequacy of the public consultation and the additional NHS England Bed Test.

The Judicial Review Hearing was held at the High Court on 6 and 7 December 2017. Both sides presented their arguments to Justice Mostyn and the judgement was published on 21 December 2017. Justice Mostyn did not uphold any of the grounds by the Claimants and refused leave to appeal his ruling.

The Interested Party submitted an application to the Court of Appeal to determine if an appeal might be permitted. On 2 November 2018 OCCG was notified that the Court had granted permission to appeal; at this point we do not have any information for the basis of this decision or details of the next steps or potential timescales.

OCCG are currently seeking clarification on the implications of this permission to appeal as well as the impact this legal process has on progressing the Secretary of State's recommendations and working with the newly formed joint Horton Health Overview and Scrutiny Committee.

4. Operational Planning 2019/20

The Chief Executives of NHS England (NHSE) and NHS Improvement (NHSI) issued a joint letter on 16 October 2018 summarising the national approach to planning. This letter is attached as Appendix 1. This clearly sets out the national expectation that the Sustainability and Transformation Partnerships (STPs) will develop 5 year Strategic Plans by summer 2019. The 2019/20 Operational Plans are year 1 of this and the operational plan narrative will be at system level (supported by organisational templates) and these will be aggregated to an STP plan.

The templates will include the detail on finance, activity and performance trajectories. The narrative will focus on the key system priorities for 2019/20 and in particular our journey towards greater integration. The Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP Chief Executive Group have confirmed that there will be three system narratives.

The Oxfordshire system has made significant progress in working together and had agreement in principle earlier in the year that in 2019/20 we should move to an integrated management, cost based and open book arrangement covering community, acute and primary care services. I have written to all system partners confirming this proposal.

The national timetable for Operational planning is outlined below. This will be supplemented by a more detailed (week by week) plan for the system.

Task	Date
Publication of <ul style="list-style-type: none">• CCG allocations for 5 years• Near final 2019/20 prices• Technical guidance and templates• 2019/20 standard contract consultation and dispute resolution guidance• 2019/20 CQUIN guidance• Control totals for 2019/20	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019

Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019

5. Oxfordshire Quarterly Assurance Meetings

The Oxfordshire System Assurance Meeting for Quarter 2 took place on Tuesday 2 October 2018. The four main areas covered were improving the quality of care, preparing for winter, finance and transforming delivery.

Improving the quality of care

NHSE/I were interested to hear about the integrated palliative care pilot taking place with Sue Ryder and recognised this formed part of a longer term plan to improve care. The system has been asked to consider how the strong dementia diagnosis performance could support the wider sustainability and transformation partnership (STP) to improve its position and achieve the standard at an aggregate level. The system has also been asked to contemplate how the challenges with acuity of patients in the community as well as with the wider workforce could be address through further integrate of services.

Preparing for winter

NHSE/I were pleased to hear about the more extensive winter plan. They felt good progress had been made through the appointment of a system winter director to coordinate a single team to manage flow and performance. A scheme of delegation is being developed to support and this will ensure clear accountability can be built into the role. A request was made for some focus on improving flu vaccination rates and the strengthening of primary care resilience.

Finance

A conversation was held around risks going into winter which included increasing non-elective demand, staff shortages and how the system is working together to develop and demonstrate the overlaying system financial plan.

Transforming delivery

We discussed place-based development, the governance work being taken to the Health and Wellbeing Board (HBW) in November 2018 and the work around developing a provider collaborative. NHSE/I felt there was good progress with system working and how collectively the recommendations from the Care Quality Commissioning (CQC) report were being taken forward.

The Oxfordshire CCG Quarterly Assurance meeting was held on Friday 9 November 2018 and feedback is awaited.

6. Aspirant Integrated Care Programme

NHSE has invited the BOB STP to take joint working across health and care systems further through the development of an Integrated Care System.

Health and Care leaders in Buckinghamshire, Oxfordshire and Berkshire West will be supported by experts from PWC and Optum. They will focus on a number of areas that will further improve integrated working with and across the three health and care systems within the STP. This will include plans for specialised commissioning and the development of a STP Strategy.

As the STP is our vehicle for undertaking any commissioning at scale, the working principles are that activities and decisions should be undertaken at the most appropriate level and will use subsidiarity principles. The first two of a series of six workshops have been held and these covered:

- System architecture and principles
- Governance
- STP Strategy.

The CEOs are core attendees of the workshops and invitations are extended to others depending on the topic.

7. System Performance Update

We have been successful in obtaining funding from NHS England/NHS Improvement (NHSE/I) for improving pathways for Physiotherapists working in GP practices as first contact practitioners. The funding will support the development of staff in Principal Medical Ltd (PML), one of the GP Federations, and the self-referral portal to physiotherapy. Development will include injection therapy and prescribing.

September 2018/2019 saw ongoing high levels of activity at OUHFT, with Accident and Emergency (A&E) failing to reach both the 95% national and 90.1% NHSI trajectory targets, achieving 88.02% overall. However, this is an improvement upon both the 84.8% achievement in August and 82.8% for the same period last year. Daily attendances averaged 359 for September; A&E year to date activity is over plan by 1,370 attendances, (2.2%) and cost above plan by £539k, (6.0%). We continue to recognise the role that the wider system plays in needing to support OUHFT and work continues to achieve delivery in key out of hospital services in order to support our urgent care system.

Although the four hour wait target remains challenging, it is important to note that sustained improvement has been seen over the last 12 months. Additionally, un-validated data shows that the Horton General Hospital achieved the 95% target 23 days out of 30 in September including three days at 100% achievement.

Focus continues on reducing stranded patient numbers, creating more bed capacity and improving internal flow between specialties as well as pathway changes. The System wide Winter Team is based at the John Radcliffe and is supporting work to improve flow.