



Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 28 March 2019	Paper No: 19/15
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Title of Paper: Chief Executive's Report

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
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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.
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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.
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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: 18 March 2019

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 an NHS Confederation discussion on the Long Term Plan;
- Attended the NIHR CLAHRC Oxford Symposium, where I was part of a panel discussing sustainability and transformation in health and social care;
- Presented at the Oxfordshire Practice Managers' Conference;
- Attended the National ICS Leads Development Day.

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

Judicial Review Appeal

The Keep the Horton General (KTHG) who were included in the Judicial Review as an Interested Party, were granted leave to Appeal against the ruling made by Justice Mostyn in December 2017. The Appeal was heard on Thursday 14 March 2019.

Both parties presented their case at the Court of Appeal and we are now awaiting the judgement. The Board will be updated once the outcome is known.

First Horton Stakeholder Event

The first Horton Stakeholder Event for the Horton Obstetric work was held on 22 February 2019. The event was well attended with representation from a wide group of stakeholders across north Oxfordshire, south Warwickshire and south Northamptonshire. A full list of attendees is available on the OCCG website [here](#).

Information was shared on the following:

- The clinical model for maternity services in Oxfordshire
- Planned housing growth and likely impact on population growth
- Travel and access
- Finance

Participants engaged in discussion about these topics before considering the criteria to be used in assessing the various options for the future. The task for each participant was to weight the criteria on an individual basis. The facilitators collected the weighting sheets and will retain them until after the scoring panel have completed the task of assessing the various options. The weighting will be applied after the scoring is complete.

Survey and focus groups

A survey is underway to help us understand the experience of women who have used maternity services since the temporary closure of the obstetric service at the Horton General Hospital. The survey will gather information from women in the following groups:

- Women in Oxfordshire who give birth in Oxfordshire
- Women who live in Oxfordshire who give birth outside Oxfordshire

- Women who live outside Oxfordshire who give birth in Oxfordshire
- Women who live outside Oxfordshire, in the catchment area of the Horton, and give birth at an obstetric unit outside Oxfordshire.

The survey questions are designed to encourage women and their partners to share their experience about using services, what worked well, what could be improved and how they may have been impacted by changes at the Horton. The key issues of travel, transport and distance all feature highly in the survey as well as feedback on choices.

Within the survey, women will be asked if they would be prepared to share their experience in more detail by attending a focus group or participating in a one-to-one interview. This will help to explore some issues in more depth.

The results of the survey will be analysed and a report produced that will be published.

Horton Health Overview and Scrutiny Committee (HOSC)

A further meeting of the Horton HOSC was held on Monday 25 February 2019. The information presented at the Stakeholder event was shared and discussed with the committee. Overall, the programme is delivering to the plan agreed with the HOSC.

Walk-around at the Horton Hospital

On Monday 11 March 2019 Dr Bruno Holthof, Oxfordshire University Hospitals NHS Foundation Trust (OUHFT) Chief Executive, and I undertook a walk-around at the Horton Hospital with Victoria Prentis MP and the Keep the Horton General group. This included the opening of the new x-ray suite as part of the OUHFT commitment to invest in the vibrant future of the Horton Hospital.

3. NHS Long Term Plan

In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS: a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To unlock this funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS Long-Term Plan, was published on 7 January 2019. The plan builds on the policy platform laid out in the NHS five year forward view (Forward View) which articulated the need to integrate care to meet the needs of a changing population.

While it seeks to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities, the plan is clear that real progress in these areas will also rely on action elsewhere. The Spending Review, which is due to be published later this year and will outline the funding settlement for local government including social care and public health, will therefore have an important impact on whether wider improvements in population health can be delivered, as will the Green Papers on social care and prevention when they are eventually published.

Overview

Key areas of the Plan include:

- Boosting out-of-hospital care, supporting primary medical and community health services with spending on these services £4.5bn higher in five years' time;
- Strong emphasis on prevention and health inequalities;
- More joined-up care in the community that has the potential to relieve pressure on hospitals and help to create a sustainable service in the face of rising demand;
- Improving outcomes for specific major diseases, including cancer, heart disease, stroke respiratory disease and dementia;
- Better access to mental health services, with an additional £2.3bn being invested in mental health by 2023/24;
- Ensuring all children get the best start in life by continuing to improve maternity safety, including halving the number of stillbirths, maternal and neonatal deaths and serious brain injury by 2025;
- Supporting older people through more personalised care and stronger community and primary care services
- Making digital health services a mainstream part of the NHS.

The full plan is available at [NHS Long Term Plan](#)

In addition the following organisations provide useful summaries and analysis:

The Kings Fund [Kings Fund NHS Long Term Plan](#)

NHS Providers [NHS Providers Long Term Plan](#)

Local Government Association [LGA Long Term Plan](#)

Alignment with the Oxfordshire Health and Wellbeing Strategy

The proposed Health and Wellbeing Strategy has a strong alignment with the main themes of the NHS Long Term Plan. Of particular note are the emphasis on prevention and health inequalities and the strong focus on integration of services.

The local NHS and partner organisations need more time to review the plan in full and to understand the requirements being placed on the system. At its next meeting, it will be proposed that this is taken forward through the sub-groups of the Health and Wellbeing Board.

4. System Performance Update

December 2019 saw OUHFT Accident and Emergency (A&E) miss the 95% national and 90.3% NHSI trajectory targets, achieving 85.9% for OUHFT as a whole and 86% for the OCCG. This is set in the context of daily attendances averaging 372 for January. A&E year to date activity is over plan by 2777 attendances (2.5%).

The Winter Team has recently reported to the A&E Delivery Board on its reflections over the winter period and highlights some key successes:

- Improvement in integrated, multi-disciplinary working across the system;
- Positive system response to partner issues and pressures;
- 9% increase in acute discharges compared to previous winter;
- Overall reduction in acute length of stay;
- Bringing third sector and independent providers into care planning and escalation;

- Reduction in Northamptonshire patients delayed at the Horton.

Our system focus continues on reducing stranded patient numbers to improve flow and on our Discharge to Assess model.

Performance for January 2019 (month10) for OCCG was 83.8% which is a slight improvement in performance from December 2018. There was an increase in all incomplete pathways of 734 (December to January) for the CCG as a whole, with a reduction of 146 incompletes in over 18 weeks. For OCCG to meet the target of 33,745 incomplete pathways open (as at March 2018) there are a further 2627 pathways to close.

52 week waits continue to improve. In January there were 33 all of which were at OUHFT. The breaches were in Urology (6), Other (4), ENT (2), General Surgery (1) and Gynaecology (20).

Cancer waiting time targets for January were as follows:

- Five reported cancer targets were missed by OCCG in January 2019:
 - 2 week breast was 87.86 % (target 93%)
 - 31 day treatment was 93.33% (target 96%)
 - 31 day surgery was 92.68% (target 94%)
 - 62 day was 71.6% (target 85%)
 - 62 day screening was 58.82% (target 90%) due to 7 patient breaches.

Our Performance and Quality report looks at this in more detail.

5. North East Deputy Locality Clinical Director

I am delighted to welcome Dr Sam Hart who has been unanimously voted in as the new North East Deputy Locality Clinical Director.