

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 25 July 2019	Paper No: 19/40
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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: 12 July 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:

- Participated in the interviews for the OCC Director of Adult Social Care
- Participated in the interviews for the Mental Health Managing Director (see Item 4 below)
- Attended the NHS Confederation annual conference
- Participated on the selection panel for the Oxford University Hospitals NHS Foundation Trust Chief Operating Officer
- Met with the Oxfordshire MPs.

2. Long Term Plan Implementation Framework – Next Steps

Please see Paper 19/40a.

3. System Integration: The BOB Integrated Care System

It has been announced by NHS England/Improvement (NHSE/I) that Buckinghamshire, Oxfordshire and Berkshire West (BOB) now becomes an Integrated Care System, well ahead of the 2021 deadline.

It was recognised by NHSE/I that the progress made by BOB, including Buckinghamshire and Berkshire West as early pioneers of integrated care, has shown the difference it can make to the care and health of local communities when NHS providers, commissioners, local authorities and other sector partners work together.

For us in Oxfordshire, this signals the move to working as an Integrated Care Partnership (ICP) providing us with the opportunity to focus on delivering local services for local people whilst getting the benefits of working at scale and sharing expertise and resources across the BOB ICS.

Our Primary Care Networks will be the building blocks of more localised health and care in communities, bringing together primary and community services, such as GPs, pharmacists and mental health.

4. Integrated Mental Health

I am really pleased to announce that the Buckinghamshire CCG Director of Commissioning and Delivery has been appointed to the role of Managing Director of Mental Health and will take up the post on 22 July 2019. This is a newly created role to lead mental health and learning disability services to provide more joined up 'integrated' care across health and social care systems in Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon and Wiltshire.

Our aim is to have a single system responsible Director, accountable to the statutory organisations in Oxfordshire and Buckinghamshire for the performance of the mental health and learning disability spend, including non CCG commissioned services (voluntary and the Oxfordshire University Hospitals NHS Foundation Trust (OUHFT) medical and psychiatric integrated medicine). This role is in line with future

developments as set out in the long term plan. Governance is yet to be agreed and this will be developed over the next year.

I strongly believe that this supports our intention to move towards a delegated mental health budget, as this is the best approach to ensure safe, good quality care for service users across our counties.

4.2 Mental Health Funding

The Board will be aware that, in partnership with Oxford Health, we commissioned a review to understand our baseline level of investment in mental health services in Oxfordshire. This review concluded that we invest less per head of population than standard comparators but that it was difficult to put an absolute value on this. Constructive discussions continue with Oxford Health and other partners on how we address the potential impact(s) of this. I am pleased to report that this issue has been recognised in this year's contract agreements with a £6.5m (9.2%) recurrent investment made in mental health services plus additional non-recurrent support to the provider. This reflects our agreed and shared ambition to increase investment in this area.

5. Implementing Safeguarding Children Reforms

The Board will recall that in March 2019 the proposed changes to the Safeguarding Children leadership and accountability in Oxfordshire were presented. In the new arrangements the CCG became a statutory joint partner with the Oxfordshire County Council (OCC) and the Thames Valley Police with accountability and responsibility for safeguarding children in Oxfordshire.

The three safeguarding partners have made arrangements to work together as an Executive Group with overall accountability for safeguarding and promoting the welfare of children in our area. They will work with relevant partners through the Oxfordshire Safeguarding Children Board (OSCB), under the leadership of an Independent Chair. There are also quarterly Multi Agency Safeguarding Executive meetings. The Multi-Agency Safeguarding Arrangements (MASA) for children for the county was signed off at the first meeting. Future meetings will provide strategic leadership and monitor the work of the Independent Chair who will be implementing the local arrangements.

The Oxfordshire plan for new safeguarding children arrangements, MASA, has been submitted to NHS England (NHSE) and NHS Improvement (NHSI). A national summit for key health leaders and influencers will be held by NHSE/I later in the summer and will bring together key agencies to consider how the reforms are impacting on the health system and to agree what 'good' will look like, what the indicators of success might be and what assurance systems need to put in place. The summit will also provide an opportunity to discuss and explore the changes taking place across the health system with the development of Integrated Care Systems (ICSs) and establishment of Primary Care Networks (PCNs), learning from areas where outstanding benefits are being realised.

Attached to this report is a letter from the Chief Nursing Officer, England.

6. Oxfordshire University Hospitals NHS Foundation Trust (OUHFT) PET CT Scan

The Department of Health & Social Care has decided not to refer the OUHFT PET CT issue to the Secretary of State at this moment in time due to the on-going discussions between OUHFT and InHealth to find a workable solution as part of the legal procurement process.

In the longer term, OCCG continues to work with the Specialised Commissioning team to look at the opportunity for us to be more involved in specialised commissioning at STP level. This is being received very positively and meetings have been held as part of the commissioning functions review. Once this is complete a full report will come to the Governing Body and in the longer term we can start to influence local involvement in wider procurement decisions.

7. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)

David Clayton-Smith has been appointed to the role of Independent Chair of the BOB ICS. David is currently the Independent Chair of Epsom and St Helier Improving Healthcare Together 2020-30 Board and the Chair of the Kent, Surrey and Sussex Academic Health Sciences Network (AHSN). David has extensive experience in Board level roles within the NHS and in major blue-chip businesses.

The appointment to the role of Independent Chair follows an extensive recruitment process to find someone with the necessary leadership skills and experience to be a key ambassador for the ICS. As Independent Chair David will work with the ICS Executive Lead and Chief Executives from across the BOB ICS patch to support and promote partnership working, while making sure there is the appropriate level of independent oversight and assurance of ICS decisions and delivery of strategic priorities.

8. Integrated Respiratory Team (IRT) Pilot Project

In September 2018, the Board approved a joint-working pilot project with pharmaceutical company Boehringer Ingelheim (BI) to develop an enhanced integrated respiratory team, working initially in the North Oxfordshire and Oxford City localities.

The IRT pilot project aims to improve the care of patients through earlier identification of respiratory disease, such as chronic obstructive pulmonary disease (COPD) and asthma. It is also enhancing holistic and end of life care and, by implementing a population approach to care, providing extra focus on people at risk of emergency hospital admissions or in need of additional care.

The new integrated team enhances existing community, hospital-based and primary care by providing a respiratory consultant to work in the community along with additional respiratory nurses and physiotherapists, respiratory GPs, dedicated psychologists, a pharmacist, dedicated smoke-free advisor from Smokefreelife Oxfordshire, (the County Council's stop smoking service partner) and palliative care consultants and practitioners.

The total funding for the IRT project is £1,656k until end of March 2020. BI's contribution is £747k (45%) and OCCG's contribution (including new spend and existing staff/services) is £909k (55%).

BI will not have access to any patients or any information or data about individual patients and their health, or other personally sensitive information.

The success of the project will be measured in terms of better health for respiratory patients receiving this care. The evidence to demonstrate this will be gathered from pooled data combined for all patients rather than individual patients. The project evaluation, which is qualitative as well as quantitative, will be independent and overseen by the Oxford Academic Health Science Network and the University of Oxford.

The project has been running for six months and initial feedback has been positive from patients and staff. A detailed progress report will be presented to OCCG Board in January 2020.

More information is available on the OCCG website:

<https://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/09/2018-09-27-Paper-18-58-Integrated-Respiratory-Team-Pilot.pdf>