

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 28 November 2019	<b>Paper No:</b> 19/65
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<b>Title of Paper:</b> Chief Executive's Report
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<b>Paper is for:</b> <small>(please delete tick as appropriate)</small>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<b>Conflicts of Interest</b> <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	

<b>Purpose and Executive Summary:</b> To report updates to the Board on topical issues.
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<b>Engagement: clinical, stakeholder and public/patient:</b> Not applicable.
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<b>Financial Implications of Paper:</b> Financial information within, but paper is for information; no direct financial implications.
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<b>Action Required:</b> The OCCG Board is asked to note the contents of the report.
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<b>OCCG Priorities Supported</b> <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:** 11 November 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:

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- Attended our OCCG Annual Public Meeting;
- Joined the Trust for the Ministerial visit by Jo Churchill MP, Minister for Health to the Horton General Hospital
- Joined the visit by Dominic Hardy and Lord David Prior to Buckinghamshire
- Attended the South East NHS Leader's Summit
- Attended the South East Regional Talent Board;
- Attended the BOB ICS Commissioning Architecture Oversight Group
- Attended the NHS Clinical Commissioners Members Event – Delivering the Future NHS
- Along with other OCCG Directors, attended the Oxfordshire Provider Conference 2019
- Attended the Health Service Journal Awards
- Attended the Buckinghamshire Healthcare Trust Clinical Leadership Workshop
- Chaired the Healthcare Strategy Forum

### **2. Pre-election Period Implications**

During the pre-election period, also known as purdah, specific restrictions are placed on the use of public resources and the communication activities of public bodies, civil servants and local government officials. The start of the pre-election period was 00:01 hours on Wednesday 6 November 2019 and ends once a government has been formed, on or after 13 December 2019.

The guidance states that:

During a pre-election period there should be:

- No new decisions or announcements of policy or strategy
- No decisions on large and/or contentious procurement contracts
- No participation by official NHS representatives in debates and events that may be politically controversial, whether at national or local level
- Any policy decisions on which an incoming government may wish to take a different view, should be postponed.

These restrictions apply in all cases other than where postponement would be detrimental to the effective running of the local NHS, or wasteful of public money.

Regular planned meetings, such as Board meetings, can continue but must avoid discussing politically contentious issues. Board meetings should be confined to discussing matters that need a board decision or require oversight. Matters of future strategy should be deferred.

Using the above guidance we have reviewed our forward plans for papers to be presented to the regular planned meetings and in some cases these are able to

proceed as planned but in others will need to be deferred until a new government has been formed.

### **3. OX12**

Good progress has been made with the OX12 project work which was on track to meet its November deadline. However, the pre-election period, as explained above, has come into effect. Following discussions with the Health & Wellbeing Board (HWB) members it has been agreed to postpone the December HWB meeting to later in January to accommodate, as soon as possible after the election, the publication of the paper on the application of the health and care needs framework and OX12 project findings as this cannot be done during the pre-election period.

As a result the timeline has had to shift to January and will now be as follows:

- Early January – meeting with the OX12 Stakeholder Reference Group to share findings / outputs of applying the framework in OX12 before publication
- Mid-January – share paper with OX12 HOSC Task and Finish Group before publication
- Mid-January – HWB meeting (the paper will be published five working days before the meeting)
- Mid to late February – hold extraordinary HOSC to address OX12 project.

### **4. Long Term Plan Submission**

As agreed at the last Board meeting, the draft narrative for the LTP submission was circulated and Board members attended the CCG Executive Committee meeting on 22 October for a full discussion of the draft submission. The CCG Executive Committee was assured that the clinical and managerial leads had contributed to the development of the plan. The CCG Executive Committee and Board members were keen to ensure that the final version was realistic about the resources we have available to meet all the competing priorities. Assuming the draft plan was adapted to ensure it reflected caveats on availability of resources there was broad agreement with the priorities within the draft BOB ICS Long Term Plan submission. Comments were fed back and, in line with the agreement at the September Board meeting, the Clinical Chair and I signed off the final version which was submitted by the 1 November 2019 deadline.

### **5. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) Update – Developing the Commissioning Architecture**

The NHS Long Term Plan has set an expectation that each ICS will have more streamlined commissioning arrangements in place by April 2021. Building on work embarked on across BOB, there is recognition of the opportunity to build upon the at-scale commissioning already undertaken. We have a responsibility to make sure valuable resources are used wisely and in the best way to support people in living longer, happier, healthier and more independently into their old age. An Engagement Document has been shared with staff, member practices, the LMC, stakeholders, local authorities and the public asking for views on proposals about the future of commissioning arrangements across the BOB.

The document has been available on the OCCG [website](#) since 14 October 2019 and responses can be sent by completing an online questionnaire, by email or post. Responses need to be received by midnight on 1 December 2019.

## **6. Winter/Urgent Care Plan 2019/20**

OCCG, Oxfordshire County Council (OCC), Oxford Health NHS Foundation Trust (OHFT), Oxford University Hospitals NHS Foundation Trust (OUHFT), South Central Ambulance Service NHS Foundation Trust (SCAS) and partners will be working together to ensure the Oxfordshire health and care system is resilient throughout the winter period. The Winter Plan and Communications Winter Plan have already been shared with the Health Overview and Scrutiny Committee (HOSC) and discussed at their 19 September 2019 [meeting](#). The work will be led by Stephen Chandler, OCC Director of Adult Services, and Sam Foster, OUHFT Chief Nursing Officer.

The winter communications campaign was launched on 7 October. A major part of the campaign focuses on encouraging all those people in the 'at risk' groups to ensure they are vaccinated against flu.

## **7. Resignation**

The Board is aware that I have tendered my resignation to my respective Buckinghamshire and Oxfordshire CCG Clinical Chairs and my last working day will be the 31 March 2020. I fully support the development of a single BOB Accountable Officer/ICS Leadership but have decided not to apply for this post. I firmly believe the role will bring much needed consistency of approach and benefits of at-scale working, releasing time for local Integrated Care Partnerships (ICPs) to develop real integration with local authorities and the voluntary sector.

This has not been an easy decision. I remain very proud of our fantastic staff and am very aware of how hard they work to improve services for our patients across Buckinghamshire and Oxfordshire. This has been rewarded by BOB achieving third wave exemplar status as an ICS.

I want to thank both my Boards and our staff for the dedication and support over the last few years; we have together achieved a great deal. I will continue to drive the work to ensure we have our ICP up and running by April 2020. I remain completely committed to supporting our work over the next few months and will ensure my departure is as smooth as possible for our patients, our staff and our systems.