

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 30 January 2020	Paper No: 20/03
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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.
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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.

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Clinical / Executive Lead:

Date of Paper: 17 January 2020

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 also:

- Attended a roundtable discussion hosted by the RCN and Queens Nursing Institute to discuss District Nursing
- Attended an NHS Leaders Meeting
- Attended the South East NHS Leadership Summit
- Met with the Keep the Horton General Campaign Group

2. Future Arrangements for NHS Commissioning and CCG Architecture

The first stage of engagement on future NHS commissioning arrangements in Buckinghamshire, Oxfordshire and Berkshire West (BOB) closed on 1 December 2019. Over 200 responses were submitted.

The outcome of the engagement process and the subsequent recommendations are covered as a separate agenda item at this Governing Body meeting.

3. Feedback on the BOB ICS Long Term Plan submission

Further action and assurances were required to NHS England/Improvement as a result of our Long Term Plan submission. This included a review of our financial efficiencies to meet a 2% efficiency improvement requirement and details of what urgent action was being taken to close the deficit gap. Some significant work is now required by all organisations across the BOB ICS to identify potential efficiencies at the larger ICS scale.

For operational performance, additional assurances were sought on how we are working collectively to provide a greater level of system resilience and improve our performance on key delivery standards such as 4 hour performance and wider urgent and emergency care delivery, 52 week waits and Cancer performance.

4. Sue Ryder South Oxfordshire Palliative Care Hub

The Sue Ryder South Oxfordshire Palliative Care Hub is planning to close its hospice inpatient unit at Nettlebed at the end of March 2020, whilst continuing with its specialist palliative hospice care in the home service in the South Oxfordshire community. Sue Ryder has entered a process of formal consultation with affected employees over the proposal to close its inpatient unit.

The South Oxfordshire Palliative Care Hub's Hospice at Home service, now in its second year, has so far supported 539 patients. As members of the local community increasingly choose to be cared for at home, there has been a steady decline in the number of patients being referred to the inpatient unit which led to the charity halving the amount of inpatient beds it operates in April 2019.

The numbers of patients coming into the inpatient unit has continued to decrease with an average of four people being cared for at any one time. After careful investigation with referral partners, the charity feels assured that the decline in patient numbers is due to a decrease in hospice based demand.

Over the past year, Oxford Health NHS Foundation Trust (OHFT) and OCCG have worked hard to develop alternative options for Sue Ryder; however, the charity has decided not to progress this further. During the charity's search for an alternative location for its inpatient unit, some clear patient trends for a home service model became apparent to the provider. The CCG will continue to monitor the Hospice at Home service closely in order to ensure that all needs are met for the local community.

5. Operational Planning for 2020/21

As the Board is aware the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) developed and submitted the ICS plan indicating how the NHS Long Term Plan would be delivered locally. The Operational Plan for 2020/21 will be the more detailed delivery plan for what is year 2 of implementation of the NHS Long term Plan. Whilst the detailed national guidance has not yet been published (it is expected by the end of the month) locally we are building on the work undertaken last year and also our contributions to the ICS plan.

The Director of Governance will co-ordinate the preparation of the Operational Plan for Oxfordshire CCG. This is being supported through working closely with Directors from the main partner organisations (Oxfordshire County Council, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust and primary care representation). Where there are agreed Oxfordshire wide Programmes (Primary and Community Services, Mental Health, Learning Disabilities and Autism; Planned Care; Urgent and Emergency Care) the content for the plan is being developed through these leads; it has been agreed we build on the format used for last year's plan with more detail on the overall aspiration and constraints as well as detailing what will be delivered in 2020/21. As usual the details for the financial plan will be considered at the Finance Committee.

A first draft of the plan will be shared with the Board in February.

6. Suspected CANcer (SCAN) Diagnostic Pathway

I am delighted to congratulate the SCAN Pathway Team on winning the Improvement and Innovation category at the Oxfordshire University Hospitals NHS Foundation Trust (OUHFT) 'Staff Recognition Awards' in December 2019.

The service, which is now commissioned by OCCG, is based at the Churchill and John Radcliffe Hospitals in Oxford. It diagnoses illnesses in patients who display 'non-specific' symptoms, such as tiredness or weight loss, which might indicate a more serious condition.

The pilot service was a team effort originally funded by Cancer Research UK to ensure patients with these symptoms are seen by the team within two weeks following a referral by a doctor. Since its launch 145 patients who underwent a CT scan were found to have cancer (9.4% of patients who met the criteria for investigation) and were then able to start appropriate treatment quickly. Laboratory tests are also used to detect cancer and other illnesses.

Dr Shelley Hayles, Planned Care and Cancer Clinical Lead and Zoe Kaveney, Project Manager, attended the awards ceremony held at the Oxford Town Hall along with other members of the pathway team and I am delighted that they and the dedicated clinicians and other staff have been recognised for their success in detecting cancer and other serious illnesses in patients in Oxfordshire.