



# OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

<b>Date of Meeting:</b> 30 January 2020	<b>Paper No:</b> 20/10
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<b>Title of Paper:</b> CCG Clinical Leadership and Network Areas
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b> ✓	<b>Decision</b> ✓	<b>Information</b>	
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<b>Conflicts of Interest</b> (please delete tick as appropriate)	
The changes outlined in the paper impact on the portfolios and areas of responsibility for the CCG Clinical Leaders including GP Board Members. Whilst this presents a conflict there is no proposed change to the number of GP Board roles. It is recommended therefore that GP Board Members both participate in the discussion and decisions as set out in the recommendations.	
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	

<p><b>Purpose and Executive Summary:</b></p> <p>On 5 July 2019 the Board requested that the Chair and AO work to establish a different approach for future CCG and partnership work, engagement and delivery with the three network of networks areas. Since that time consideration has been given to the future of GP Board roles and how the CCG engages with its member practices in the context of the Long Term Plan.</p> <p>The attached slide deck includes a summary of the considerations and work to determine a way forwards that will enable effective clinical leadership in response to the requirements of the Long Term Plan and place based working.</p> <p>Revising the Clinical Leadership roles will further strengthen clinical input and leadership of the CCG in meeting the requirements of the Long Term Plan.</p> <p>Creating a specific forum for member practice engagement and liaison will ensure that CCG : member practice relationships are maintained and respond to concerns raised that this relationship may be diminished.</p> <p>Subject to Board approval we will implement from 1 April 2020, having undertaken</p>
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appropriate HR process (and will update the Constitution in light of these changes). An indicative time table for this work is as follows:

Action	Dates (2020)
Complete consultation documents, defining roles	31 January
Commence 2 week consultation	3–14 February
Final response to <u>RemCom</u> for approval	W/B 24 February
Process for matching staff to roles	W/B 2 March

**Engagement: clinical, stakeholder and public/patient:**

The future of locality meetings and member practice engagement and liaison has been discussed in locality meetings and wider over recent months. Representation has been made by practices in relation to continued engagement and liaison. This is particularly relevant given the current level of change.

**Financial Implications of Paper:**

There is a budget within the Primary Care Team to support member practice engagement and liaison. This has historically taken the form of locality meetings. There are sufficient funds in the Primary Care Team budget to support the change to 3 member Practice Liaison Forums.

There is a budget for the provision of clinical leadership that is sufficient to meet the costs of the revised approach and portfolio roles as set out in the slide deck.

**Action Required:**

**Oxfordshire CCG Board is asked to**

- Support the change of GP Board member portfolios and clinical leadership roles as set out in this slide deck
- Agree to the development of 3 CCG Member Practice Liaison Forums

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

**Link to Risk:**

**AF31** Risk the system doesn't work effectively together requirements of the Long Term Plan won't be delivered.

**AF32** There is a risk that Oxfordshire will not deliver comprehensive services if resources (money and people) are not used optimally leading to poorer health outcomes.

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**Date of Paper:** 23 January 2020

# OCCG Board

## Clinical Leadership and Network Areas

**30 January 2020**

**Kiren Collison and Louise Patten**

# Context

- On 5 July 2019 the Board requested that the Chair and AO work to establish a different approach for future CCG and partnership work, engagement and delivery with the three network of networks areas. Since that time consideration has been given to the future of GP Board roles and how the CCG engages with its member practices in the context of the Long Term Plan.
- As previously reported the Oxfordshire system is increasingly moving towards collaborative delivery across 3 *Network Areas*, previously described as *networks of networks*. These areas, coterminous with District / City Council boundaries, represent a good fit with Oxfordshire's 19 Primary Care Networks but not the CCG's historic localities.
  - **North** – West Oxfordshire and Cherwell District Councils
  - **City** – Oxford City Council
  - **South** – Vale of White Horse and South Oxfordshire District Councils
- Work across health and all local authorities – County, District and City Councils will be critical to the successful delivery of integrated health and care, which is central to the requirements of the Long Term Plan.
- District / City Councils have responsibilities for many of the wider social determinants of health that we know have such a significant impact of the health and wellbeing of any population.

# Considerations

- The NHS Long Term plan sets out ambitious requirements of systems with specific deliverables in relation to integrated working arrangements across commissioners and providers. There are also key requirements and deliverables in specific service areas.
- Oxfordshire Integrated Care Partnership will champion multi agency collaborative working and problem solving at network area level, a project to mobilise these network areas is expected over the coming months. PCNs have begun to work together at network level with one another.
- The developing Oxfordshire ICP has agreed 4 priority transformation areas:
  1. Mental Health (LD and autism)
  2. Planned Care and Long Term Conditions
  3. Urgent Care
  4. Primary Care and Community Services Integration
- We can expect the network areas to drive forward local solutions in these priority areas.
- The CCG needs to be assured that whilst championing integrated system working there is still a forum in which to liaise with member practices and engage them in commissioning work.
- CCG locality meetings have developed and meetings are now largely focussed on PCN work.
- 2020/21 will be a transitional year for the CCG and the system.
- There is agreement that clinical commissioning leadership is essential to driving forward these changes but that the areas of focus have developed from the historic CCG portfolios.

# Clinical Leadership

Effective Clinical Leadership is required to take forward the CCG's response to the upcoming system changes. The following principles (as discussed with Board) have underpinned the work to consider the future of clinical leadership roles in the CCG.

- The CCG will maintain the number of GPs on the Board - 6 plus the Chair;
- There should be a balance between a geographical (practice and PCN) focus and a focus on specific service areas;
- The majority of commissioning responsibilities will remain at ICP level (place)
- The main clinical commissioning focus will be at place and some at ICS;
- 2020/21 is a transition year as new architecture (PCNs, ICP, ICS) develops. This should be supported by clear clinical leadership;
- The CCG will seek to widen multidisciplinary clinical input in all work (e.g. nurses, social workers, AHPs).

# CCG Clinical Leadership Roles

## Portfolio Directors x 3 (Board Position)

1. Planned Care
2. MH, LD & Autism
3. Urgent care

- Strategic context for commissioning
- Lead change and ensure there is clinical engagement and support for changes
- link with PCNs/ICP/ICS

## Non Board Positions

1. Primary & Community Integration (inc. Ageing Well)
  2. Digital
  3. LTCs
  4. Medicines Optimisation
  5. Employed clinicians
- Quality, Safeguarding, IFR, APCO, Priorities

## Pooled Fund live projects

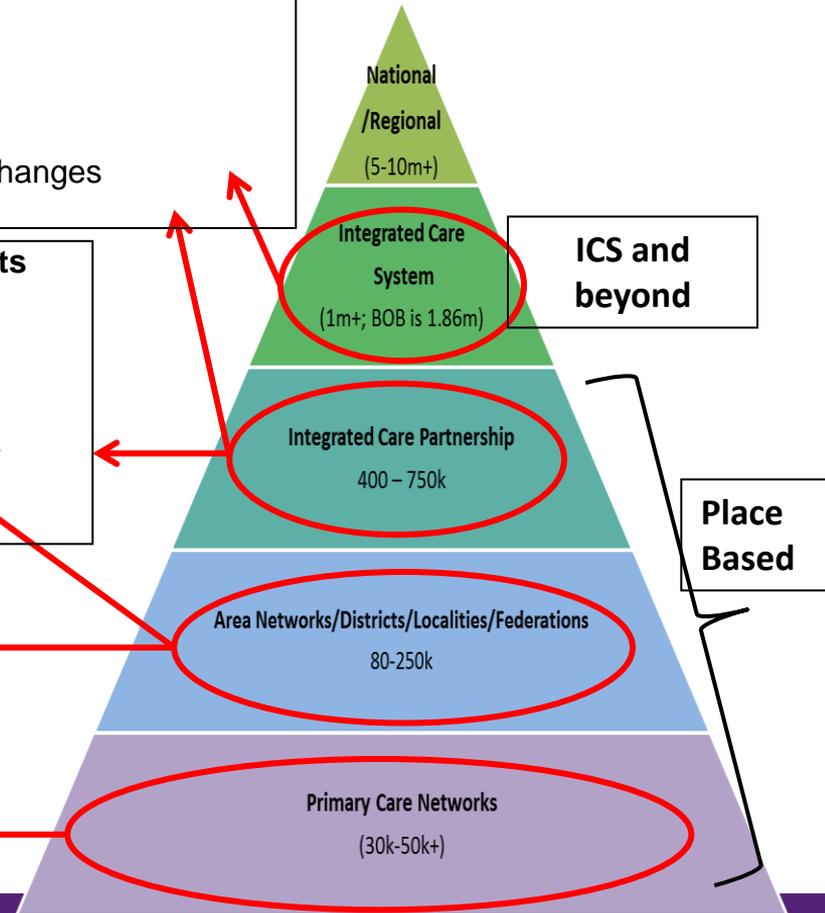
- EoL
- Care homes
- Respiratory

Wider use of clinicians for specific areas of work

## Clinical Directors x3 (Board Position)

- Support the development of Primary Care Networks
- Encourage continued engagement of member practices with clinical commissioning
- Develop CCG and provider partnership engagement
- Represent the network geography at Board meetings

Each would have a HWB Sub Committee responsibility, JMG, HIB, Children's Trust



ICS and beyond

Place Based

# Member Practices

- The CCG remains committed to involving member practices in commissioning and keeping them updated on the business of the CCG.
- Feedback provided by practices and Locality Clinical Directors has highlighted the value placed on regular contact and liaison between practices and between practices and the CCG.
- Concerns have been expressed as to how such interactions will be enabled in the future.
- Member practice have also highlighted the pace of change and levels of uncertainty.
- Whilst there is a recognition that Area Networks will become a key part of Oxfordshire ICP the exact make up and focus of those Networks is still in development.
- Given the scale and pace of change and the transitional nature of the 2020/21 year it may be prudent for the CCG to make specific provision for member practice engagement and liaison for the duration of the year.
- OCCG will engage fully with the development of the ICP Area Networks and encourage practices to do so.
- Should the Area Networks reach a point of close similarity CCG specific meetings could be reviewed.

# OCCG Member Practice Liaison Forum

In response to feedback from practices and the discussions at Board workshops It is proposed that the CCG develops 3 Member Practice Liaison Forums using the same boundaries as the emerging Network Areas.

These forums will provide member practices with:

- **Engagement in commissioning including (but not limited to)**
  - Commissioning intentions
  - Budgets
  - Review of the year
- **Liaison on key service issues including (but not limited to)**
  - Primary Care
  - Future service specifications / contracts
  - New service delivery
  - Projects and innovations
- **Opportunity to raise areas of concern and performance issues**

Each Forum will be led by a Board level GP and supported by a CCG Director. It is proposed that each forum meets in April, June, September, November and February.

**Note:** Should the Area Networks reach a point of close similarity CCG specific meetings could be reviewed

# Summary and Recommendations

Revising the Clinical Leadership roles will further strengthen clinical input and leadership of the CCG in meeting the requirements of the Long Term Plan.

Creating a specific forum for member practice engagement and liaison will ensure that CCG : member practice relationships are maintained and respond to concerns raised that this relationship may be diminished.

Subject to Board approval we will implement from 1 April 2020, having undertaken appropriate HR process (and will update the Constitution in light of these changes).

## **Oxfordshire CCG Board is asked to:**

- Support the change of GP Board member portfolios and clinical leadership roles as set out in this slide deck
- Agree to the development of 3 CCG Member Practice Liaison Forums