



## OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

<b>Date of Meeting:</b> 09 June 2020	<b>Paper No:</b> 20/28b
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<b>Title of Paper:</b> CCG Executive Committee Annual Report 2019 - 20
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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)	
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> As a formal sub-committee of the Board and in accordance with best practice, the CCG Executive Committee presents an Annual Report to the Board. The report covers a twelve-month period from April 2019 to March 2020.</p> <p>The report is submitted to the OCCG Board to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.</p>
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<b>Engagement: clinical, stakeholder and public/patient:</b> Not Applicable
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<b>Financial Implications of Paper:</b> Not Applicable
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<b>Action Required:</b> The OCCG Board is asked to note the CCG Executive Committee Annual Report for 2019/20
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<b>OCCG Priorities Supported</b> (please delete tick as appropriate)
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✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**  
Not Applicable

**Link to Risk:**  
Not Applicable

**Author:** Catherine Mountford, Director of Governance

**Clinical / Executive Lead:** Dr James Kent, ICS Lead and BOB Chief Executive

**Date of Paper:** 18 May 2020

## **Annual Report from the CCG Executive Committee April 2019 to March 2020**

### **Executive Summary**

As a formal sub-committee of the Board and in accordance with best practice, the CCG Executive Committee presents an Annual Report to the Board. The report covers a twelve-month period from April 2019 to March 2020.

This report was considered at the CCG Executive Committee meeting on 9 June 2020 and is now submitted to the Board to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.

### **Overview of Committee**

The CCG Executive is a formal committee of the Board with defined Terms of Reference that were agreed at the Board meeting in July 2018.

### **Membership and meetings**

There were 10 meetings in the period covered by this report (April 2019 to March 2020). Nine of the meetings were quorate. The May 2019 meeting was not quorate but no decisions were taken that required ratification. The November 2019 meeting was quorate but those GPs who were partners in their practices were conflicted for the item on the Earwax Proposal. It was agreed they could take part in the discussion but not vote on the decision. As a result the Committee was not quorate for the item and the decision of the remaining members required ratification by the CCG Lay Members. The March 2020 meeting was cancelled because of the COVID-19 pandemic.

The membership of the Committee has been as follows:

<b>Member</b>	<b>Title</b>	<b>Attendance</b>
Ed Capo-Bianco	Locality Clinical Director	9/10
Miles Carter	Locality Clinical Director	7/10
David Chapman	Locality Clinical Director	9/10
Jo Cogswell	Director of Transformation	10/10
Kiren Collison	Clinical Chair	8/10
Jonathan Crawshaw	Locality Clinical Director (until 31/10/2019)	5/7
Shelley Hayles	Locality Clinical Director	8/10
Diane Hedges	Deputy Chief Executive	10/10
Gareth Kenworthy	Director of Finance	7/10
Catherine Mountford	Director of Governance	9/10
Will O’Gorman	Locality Clinical Director	7/10
Louise Patten (Chair)	Chief Executive	9/10
Sula Wiltshire	Director of Quality/Lead Nurse	9/10

## **Duties within Terms of Reference**

The purpose of the Committee is to deliver the remit of the CCG, in line with the Scheme of Delegation.

The CCG Executive Committee will make recommendations to the CCG Board on strategy and commissioning plans and take day to day decisions on performance, management and risk management to provide robust assurance to the CCG Board. The CCG Executive will support the Chief Executive to ensure that OCCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population. The duties of the CCG Executive will be driven by the priorities of the Clinical Commissioning Group and will be flexible to new and emerging priorities.

In particular on behalf of the Board the CCG Executive will:

- Monitor and manage delivery of the CCG plan
- Maintain oversight of the performance of main providers
- Maintain oversight of the CCG financial position
- Provide assurance to the Board on the management of procurement processes
- Ensure the CCG has access to the capacity and capability it needs to deliver its functions. This will include the management of the contract for commissioning support services.

The work of the Committee in discharging its duties was as follows:

### **Monitor and manage delivery of the CCG plan**

At every meeting the Committee reviews progress on priority projects. In addition over the nine months the following items were considered:

- GP Workload in the Community
- Primary Care Networks
- Barton Healthy New Town
- Primary Care Services and Strategy
- Long Term Plan
- Horton Hospital Maternity Services
- Continuing Healthcare
- Integrated Care Partnership
- Buckinghamshire, Oxfordshire and Berkshire West Commissioning Architecture
- Gender Diversity in Medical Leadership

The Committee also had oversight of the development of the Operational Planning process for 2020/21 (until it was halted in March 2019 to enable to NHS to respond to COVID-19).

## **Maintain oversight of the performance of main providers and the CCG financial position**

The Committee reviews the Performance Report and Finance Reports at every meeting. Of particular concern this year has been the poor performance in delivering cancer targets, the numbers of individuals waiting over 52 weeks for planned surgery, referral to treatment, urgent care, A&E and the Child and Adolescent Mental Health Service. A concern in 2019/20 had been CCG representation on the Cancer Board at the Oxford University Hospitals NHS Trust and the Committee had been pleased to note this issue was resolved.

There had been a number of cost pressures during 2019/20 including, amongst others, continuing healthcare cost pressures and primary care prescribing. The Committee provided input and oversight of the review of discretionary spend that was undertaken using an impact assessment. This enabled the Committee to balance the delivery of financial control whilst minimising service impacts. Although at year end the CCG had reported a surplus of £0.019m against planned breakeven for the year, it was forecasting a deficit for 2020/21 and an Integrated Care System (ICS) financial recovery plan would be implemented. The Oxfordshire plan was being scoped through a joint group involving the CCG, NHS Trusts, a Federation representative and the County Council. Areas to be considered in Oxfordshire would include:

- Referral demand management;
- Outpatient transformation;
- Adoption of population health management approaches through Primary Care Networks (PCNs);
- Provider productivity;
- Out of acute hospital bed based care;
- Workforce;
- Estates;
- Continuing Healthcare.

Another area that would be considered for inclusion was mental health residential places.

## **Provide assurance to the Board on the management of procurement processes**

The Committee maintains oversight of proposed and actual procurement processes. During this year the Committee considered proposals for:

- Continuing Healthcare procurement and delivery (which was not progressed)
- Healthshare musculoskeletal contract renewal
- Oxfordshire Adult Mental Health Outcome Based Contract extension
- Pregnancy service
- Vasectomy service

## **Ensure the CCG has access to the capacity and capability it needs to deliver its functions.**

Over the last year the CCG has been working with system partners to develop stronger joint working. This means that we look more widely when considering the capacity and capability required in delivering work programmes and ensuring that we minimise duplication of approach. This has been most evident in development of stronger joint working with Buckinghamshire CCG in the elective care programme, quality and some corporate functions. Within Oxfordshire joint working approaches have been developed in outpatient transformation (CCG member of staff seconded to support the programme) and urgent care (joint leadership of this is undertaken by the Chief Nursing Officer (OUH) and the Director of Adult Service (OCC)) and in the priorities for the urgent care pathway.

The Committee were involved in the work lead by the Clinical Chair and Board to review the clinical leadership structure to ensure that this was aligned with the developing partnership approaches within Oxfordshire and across the ICS..

### **Looking Forward**

The Committee is proactive in planning its activities and continuing to consider the way in which it works. The work-plan for the Committee has been reviewed and in addition to its regular activities, in line with the expected system developments in the Long Term Plan, has agreed that a main focus needs for 2020/21 needs to be on:

- Service transformation and recovery post-COVID-19
- Addressing inequalities
- Continuing to support the development of PCNs, ensuring they are supported to develop as key provider units within the system and as wider community integrated teams in order to establish resilience for out of hospital services
- Inputting to and taking an overview of the emerging system governance framework and inform the discussion on areas of work that should be undertaken in partnership with providers and those which should be undertaken at ICS level
- Supporting the system wide clinical forum to enable it to provide a consistent, multidisciplinary clinical voice for the oversight and assurance of system wide proposals
- Supporting the work to develop agreed system wide approaches to developing clinical cases for change and supporting business cases through the clinical forum; this will enable the system to focus on best use of the resources available
- Supporting the move to a single management team across the BOB ICS.

Diane Hedges, Deputy Chief Executive and Chair of the CCG Executive Committee  
March 2020