

Agenda Item: 14

Meeting: Oxfordshire CCG Board

Date of Meeting	26 November 2020
Title of Paper	Prioritisation of workload
Lead Director	Diane Hedges, Deputy Chief Executive
Author(s)	All Directors contributed
Paper Type	For information
Action Required	The Board Members are asked to note the development work underway to create revised draft prioritised objectives and to understand the likely workload which may be deprioritised in light of increased COVID pressures.

Executive Summary

The Governing Body will be aware that in a Level 4 pandemic there must be recognition of the necessity of focussing on priority work. In line with this our governance was refocused and agreed as in the paper received in June 2020.

<https://www.oxfordshireccg.nhs.uk/documents/meetings/board/2020/06/2020-06-09-Paper-20-26-Governance-Framework.pdf>

Whilst we have had a period where we could widen this approach we are preparing for a second phase of intense support being needed for COVID. Appendix A outlines the priorities for the system/ICS and CCG. This requires reorientation of efforts. It is imperative therefore that the CCG and our staff understand what is priority work in the face of increased COVID demand. Delivery of the key objectives and staff wellbeing require this clarity.

Extensive work has been undertaken to review workloads and ensure we are resourced to deliver to the priority needs. OCCG, alongside the other BOB CCGs, has resourced additional capacity into the BOB wide Incident control centre (ICC). This has resulted in the release of many OCCG staff from their usual duties in the CCG.

Given the need to deliver place based focus on COVID and also resource the ICC we have developed some priorities. These are still draft as we have further work to do across directorates to reconcile interdependencies and cross-system confidence. This will therefore be an iterative process and it is important the Board has the opportunity to input into these iterations. The priority work to date has sought to drop, or reduce work and remove risk of dilution of effort on non-priority work. Each of the Directorate Teams in OCCG has completed an exercise to set out the key delivery objectives. This has been done in line with the ICS areas of priority, our mandatory responsibilities, key aspects of the LTP and any legislation or quality driven responses.

A categorisation approach highlighted which of the priority considerations are met by each objective. These are captured by Directorate and shared and tracked through MS Teams. A detailed spreadsheet has been used to determine priorities. By necessity not every detail of all the CCG does is recorded and therefore prioritisation is already implied before we categorised the work list in the full sheet. The priorities have gone in full to the Executive Committee. Executive Directors lead areas have been advised to the Remuneration Committee. Across the CCG we have shared our prioritised work programme at senior management team level and beyond.

The Board is invited to contribute any further comments, then going forward, each team will review the priority delivery objectives and set out the detailed activities to deliver them. This will be looking to describe areas for explicit delivery and the impact of actions. We will continue to share and talk through across the Director teams. This is to understand gaps, dependencies, resources. We have worked with direct reports and wider teams to ensure what we are seeking to do is manageable.

These draft priority objectives have been ranked 1-4 in terms of priority for continuation as the COVID surge pressure increases. The list in Appendix B shows where items have been identified as likely to be in the lower surge priorities of 3 and 4. As pressure mounts these are the areas which we can no longer resource with scarce management capacity.

Appendix A

System Priorities have been set out for the Integrated care system	
Reset : maximise services for patients <ul style="list-style-type: none"> • Planned care, Cancer, Diagnostics, Primary Care, Community 	Ensure CCGs are working jointly Live within agreed £ envelope Further develop system collaboration Progress CCG and ICS development and SMT
Urgent care, winter and flu: prepare and build resilience <ul style="list-style-type: none"> • Place-based plans, building in resilience where possible, implement 111 First • Deliver on the largest ever flu vaccination programme / prepare for COVID vaccine 	
COVID: monitor, prepare, respond <ul style="list-style-type: none"> • Prepare for and set-up to manage 2nd Wave and balance COVID vs UEC vs planned care • Leverage lessons from Wave 1 	
Inequalities: create tangible wins <ul style="list-style-type: none"> • Focus on reducing inequalities for BAME communities due to COVID 	
Workforce: well-being, flexibility, racial equality <ul style="list-style-type: none"> • Reinforce and extend well-being offers for staff • Support flexible working and use of common agency • Support BAME colleagues – extend work on WRES and racial equalities 	

Appendix B

		<p>1 = Work assisting covid surge response will not stop</p> <p>2 = Priority work assisting pressing BAU need or ICS/NHSE requirement. Will not be stopped unless covid surge escalates to red or black</p> <p>3 = Work taking forward key areas of LTP/Developments. Stop if covid surge reaches red.</p> <p>4 = BAU first level work to continue until covid surge reaches Amber.</p>	
Lead Director	Team / Service	Key Objective / Deliverable	Priority
Diane Hedges	Women & Childrens	Perinatal Access and LTP ambitions – strive to achieve the 2020/21 perinatal target for women accessing the service; focussing on streamlining referral processes and triaging of women.	3
Diane Hedges	Medication Management	Increased collaboration across the ICS including LPC, LMC & PCNs. Support workforce development activity to create a sustainable healthcare system, with particular emphasis on the pharmacy workforce within GP practices & medication review	3
Diane Hedges	Joint Commissioning	CHC: Financial control through nursing home block contract, FNC, CYP transition	3
Diane Hedges	Joint Commissioning	Equipment: support management of NRS contract to deliver £ efficiencies from reuse of specials and standardisation of prescriptions and extend for children and hospital discharge	3
Diane Hedges	Joint Commissioning	Community health services: identify alignments and dependencies to assure greatest impact and value from community health services across AW and HDP	3
Diane Hedges	Joint Commissioning	Personalisation and PHB: TBC delivery of LTP programme	3
Diane Hedges	Joint Commissioning	To be allocated: review of stroke pathway alongside new model for reablement and dom care and HDP	3
Diane Hedges	Urgent Care	SCAS: PTS Ensure effective use of existing resource	4
Diane Hedges	Urgent Care	Support Development of a System Wide Urgent Care approach	3
Diane Hedges	Urgent Care	Review Oxfordshire NOF pathway	4
Jo Cogswell	Primary Care	To work in support of a sustainable clinical workforce for primary care including work to maximise the opportunities presented by the Additional Roles Reimbursement Scheme (ARRS) bringing maximum investment and benefit to PCNs and patients across Oxfordshire	3
Jo Cogswell	Transformation	To engage with local authorities, health and care partners and members of communities to identify health and care needs and develop suitable plans to provide for those needs now and in the future	3
Jo Cogswell	Transformation	To take an active role in developing and supporting partnerships and partnership working with local authorities and community sector organisations to ensure community resilience through the pandemic and winter	3
Jo Cogswell	Transformation	Delivery of 3 + 3 PCNs through the Population Health Management accelerator programme maximising the insights to support targeted interventions for optimum benefits	3
Jo Cogswell	Primary Care	To commission and recommission services in line with population need mindful of approach and scale and supporting stability and continuity during Winter and future COVID surge	3
Jo Cogswell	Primary Care	To promote Member Practice engagement and involvement in commissioning through new Member Practice Commissioning Forums in the north, city and south areas	3
Jo Cogswell	Transformation	To work with system partners to confirm an operational Integrated Care Partnership for Oxfordshire, working to advance key health and care integrated approaches in Oxfordshire within BOB ICS	3
Gareth Kenworthy	Finance and Contracts	Agree contracts for 21/22 in line with national guidance, within affordable envelope and with agreed position on volume and delivery. Complete 20/21 FOT review (Jan 21) Consider national planning, tariff and contract guidance (Dec 20 - Feb 21) Prepare negotiating strategy including envelopes and costed IAPs (Feb 21) Prepare and share offer(s) through negotiations (Feb-Mar 21) Conclude agreements (Mar - Apr 21)	4
Gareth Kenworthy	Digital and BI	Embed the Oxfordshire Digital Strategy Group and associated agenda as part of ICP transition and BOB level Digital transformation agenda (Mar 21)	3
Gareth Kenworthy	Digital and BI	Support to new urgent digital initiatives such as virtual ward digital roll out, BI/IT/IG implications of joint commissioning restructuring, N365 and any other deemed urgent scheme impacting IG/IT/BI (Mar 21)	3
Gareth Kenworthy	Digital and BI	Oversight of the transfer of CCG IT support arrangements to CSU. (Nov 20)	4
Gareth Kenworthy	Digital and BI	Re-commission EMIS datasets and pro-forma service (May 21)	4
Sula Wiltshire	Quality	Patient Experience – Monitor all available PE info to identify areas for improvement to ensure patients in Oxfordshire have a positive experience of the healthcare system.	3
Sula Wiltshire	Quality	Ensure the implementation of the new Patient Safety Strategy across the ICP To oversee the investigation of patient safety incidents within provider services. To ensure patient safety specialists are in place across the system.	3
Sula Wiltshire	Quality	R&D Deliver the R& D requirements for OCCG.ver the R&D requirement for OCCG	4
Sula Wiltshire	Women & Childrens	Lead the NHS response to the SEND Accelerated Progress Plan (APP)	3