

Agenda Item: 8**Meeting:** Oxfordshire CCG Board

Date of Meeting	16 March 2021
Title of Paper	Accountable Officer's Report
Lead Director	Dr James Kent, Accountable Officer
Author(s)	Dr James Kent, Accountable Officer Diane Hedges, Deputy Chief Executive
Paper Type	For information.
Action Required	The Governing Body is asked to receive the report and note the updates provided.

Executive Summary

The Accountable Officer's report covers the following areas:

1. COVID-19 Wave 2
2. Vaccination Programme
3. CCG arrangements during wave 2
4. Staff Recovery
5. White Paper and Joint Working
6. Health, Education and Social Care (HESC) joint structure

1. COVID-19 Wave 2

Since December we have seen an increase in COVID cases leading to a second wave of the pandemic. Our provider colleagues across Primary and Secondary care have established additional services to respond to the demand and have had to reduce some elements of non-urgent care. At the peak of this wave our three acute hospitals were caring for ~750 COVID positive patients with ~260 on critical care (Level 3 and 2). Through February we have seen a reduction of COVID positive patients in the acute hospitals to fewer than 300 over the past week and less than 140 patients in critical care (Level 3/2) compared to a funded baseline of ~90 beds.

2. Vaccination programme

Each Place successfully met the Government target of offering a vaccination to all residents from the first 4 cohorts before the 15 February 2021 and at the time of writing we have delivered ~500,000 vaccines across PCNs, hospital hubs, vaccination centres and community pharmacies since mid-December. Coverage of the early cohorts has been 90%+ though we are working through with practice data to check the coverage in the harder to reach groups. Many people across the NHS, local authorities and volunteers have worked tirelessly to support the successful delivery of this programme and I want to take this opportunity to record my thanks to them. We are working through the next cohorts (5 and 6 and soon 7) with a view to vaccinating the top 9 cohorts by mid-April.

3. CCG Arrangements during wave 2

When appointed as the AO for the three CCGs and the ICS Executive Lead we were operating under Level 4 incident measures (National Directions) with the required Incident Control Centre. Ahead of the second wave we strengthened our incident response arrangements to increase resilience and effectiveness. The first stage of this took place in October/November 2020 which involved the CCGs releasing staffing resource (14 staff/ redeployed) to support the BOB ICS Incident Infrastructure (for example Deputy Incident Directors, support for the Incident Coordination Centre (ICC) rota and BOB wide cells such as vaccination and supplies). The areas where delivery was led and focused in place (eg flow, discharge, primary care) through “Place Gold” were confirmed. The BOB ICC call was also refocused at this point to ensure coordination and good communication between BOB wide work and place. The response structure was set up to be a single vehicle for managing COVID-19, winter and EU Exit.

Since January we have bolstered the response arrangements with up to 100 staff from the CCGs volunteering to be redeployed for at least some of their time to support either the COVID-19 response or the vaccination programme. I would like to put on record my thanks to all our staff who have demonstrated their willingness to adapt quickly and support priorities for the health and care system.

4. Staff recovery

Across the system the Chief Executives recognise the importance of providing time and support for staff to decompress and fully recover from this Wave and for the many stresses of the last year. Part of that support is our existing health

and wellbeing offer to staff, part is providing the space and encouragement to take leave, but the third is support specific to decompression and we are putting in place a programme which will be rolling out over March and April and open to all staff.

5. White Paper and Joint working

In February 2021 the Department of Health and Social Care published a white paper that included a broad set of proposals for legislation which will be introduced to parliament later this year with a view that they will be enacted ahead of March 2022. The proposals are broadly in line with previous documents and on the whole reinforce the current direction of travel. The paper proposes putting each ICS onto a statutory footing and described the governance at system level. The core CCG functions will be subsumed by the ICS. There is much that will be defined in guidance (vs legislation) as well as pointers that much will also be left to local flexibility. We are expecting significant further guidance over the coming months. We have held workshops with members practices for each of the CCGs

In terms of ICS / CCG development the consultation with impacted staff continues and will close mid-March. As well as the formal process we are holding engagement session with all CCG staff and seeking further input from system partners.

In the autumn the three CCGs agreed to align governance arrangements and move to holding “meetings-in-common” which was originally planned to be phased in over 2021. During the COVID response we stood down much of our “business as usual” and as we stand it back up we are taking the opportunity to bring things together and do once wherever possible, for example in developing a single performance report (as presented later on the agenda).

The three CCGs remain separate statutory bodies and we must organise ourselves so that they are enabled to deliver their functions effectively and efficiently in 2021/22 whilst we also plan the transition of these functions to the new ICS body. On this basis the three Chairs and I believe we will make best use of our skills and capacity if, from April 2021, we hold all meeting of the Governing Bodies and Committees in-common (the only exceptions would be Audit Committees would meet separately until Annual reports/Accounts are finalised and CCG Executive/Commissioning Committees would remain separate). The dates of the four in public meetings-in-common of the Governing Bodies would be:

June 2021	13:30 –15:30 Thursday 10
September 2021	13:30 – 15:30 Thursday 9
December 2021	09.00 – 11.00 Tuesday 14
March 2022	13:30 – 15:30 Thursday 10

We will have an opportunity to discuss the implications and working arrangements in our Governing Bodies workshop in-common in April

6. Health, Education and Social Care (HESC) joint structure

The structure is now live with Stephen Chandler, Corporate Director of Adult and Housing Services, OCC taking line management responsibility for the joint commissioning team which includes 18 joint posts with Oxfordshire County Council. The new structure is established to take a more preventative approach through a tiers of need model (Improve and Enable, Support and Protect, Promote and Prevent) applied to an all age approach (Start Well, Live Well and Age Well). A set of key behaviours have been agreed and have been tested in all appointments. The appointment process for all ring fences has been completed with staff confirmed in post and some appointments of interims to any significant short term gaps.

Suzanne Westhead has been appointed as Interim Deputy Director of Commissioning and commenced in post on the 17.02.21. The Interviews for permanent role are on 30.3.21 with other vacant posts following through external recruitment.

The HESC has developed a draft Terms of Reference for a Joint Commissioning Executive (JCE) to transfer responsibilities previously in the Joint Management Groups. This Terms of Reference will be reviewed in the OCCG Finance Committee and Commissioning Executive in March.

The Shadow JCE is now meeting and brings together the OCC Corporate Directors of Adult Social Care, Children's Services, Public Health and Wellbeing, with CCG Deputy CEO, Director of Finance and Lead clinicians for Urgent care/Older people and Mental Health and Learning Disabilities. The group is exploring the service priorities for the first year and updating the section 75 agreements. Key next steps will be to work with key partners and providers to design our approach to proposed system (Place in this instance) continuous improvement as laid out below with effective interface with the Integrated Care system to offer the opportunities of scale and best practice learning.

