

Agenda Item 14: Item 14g

Meeting: Buckinghamshire, Oxfordshire, and Berkshire West CCGs (BOB) Governing Bodies Meetings in Common (in public)

Date of Meeting	10 June 2021
Title of Paper	OCCG Executive Committee Draft Annual Report
Lead Director	Diane Hedges, Deputy Chief Executive
Author(s)	Diane Hedges, Deputy Chief Executive
Paper Type	Indicate whether the report presented is for: <ul style="list-style-type: none"> • Discussion
Action Required	The Governing Body Members are asked to discuss and note the contents of the report.

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 2020 to March 2021.

This report was agreed at the CCG Executive Committee meeting on 27 April 2021 is submitted to the Governing Body to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.

DRAFT Annual Report from the CCG Executive Committee April 2020 to March 2021

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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 11 meetings in the period covered by this report (April 2020 to March 2021). All the meetings were quorate. Due to the National Level 4 incident announced 3 March 2020 requiring a total NHS and Care focus on managing COVID-19 all CCG meetings and priorities were revisited. Meetings not essential to COVID-19 were removed or shortened and refocused. This refocusing equally impacted on the Executive Committee, papers from Executive committee were circulated to all Board members to enable wider Board members understanding and assurance on the CCG business.

The membership of the Committee has been as follows:

Member	Title	Number of meetings attended 2020/21
Ed Capo-Bianco	Urgent and Emergency Care Portfolio Clinical Director	9 of 11
David Chapman	Mental Health, Learning Disability and Autism Portfolio Clinical Director	10 of 11
Jo Cogswell	Director of Transformation	10 of 11
Kiren Collison	Clinical Chair	7 of 11
Sam Hart	North Network Clinical Director	8 of 11
Shelley Hayles	Planned Care Portfolio Clinical Director	11 of 11
Diane Hedges	Chief Operating Officer/Deputy Chief Executive	9 of 11
Gareth Kenworthy	Director of Finance	10 of 11
Fiona Wise	Chief Executive - (until 17 May 2020)	2 of 3
James Kent	Chief Executive (from 18 May 2020)	3 of 9
Amar Latif	West Oxfordshire Locality Clinical Director (until 30 September 2020)	5 of 6
Catherine Mountford	Director of Governance	11 of 11
Jenny Simpson	Deputising for Director of Finance	1 of 1
Andy Valentine	City Network Clinical Director	5 of 6
Sula Wiltshire	Director of Quality/Lead Nurse (until 31 January 2021)	8 of 10

Helen Ward also attended 2 out of 2 meetings from December once the Director of Quality retired to offer additional insight to quality

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.

In this extraordinary year of COVID-19 the contracting regime was suspended and funding flows to main Providers were set in line with prior year spend. Independent sector providers were taken under national contract. Funding was provided to COVID-19 management and within reasonable limits funding was not to be the constraining factor – all focus was on saving lives from COVID-19 and ensuring essential service care and throughput. This changed the nature of commissioning work in the CCG and the Committee.

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

Monitor and manage delivery of the CCG plan

The Committee usually undertakes oversight of the development of the Operational Planning process. However, in March 2019 the process for 2020/21 was suspended to enable the NHS to respond to COVID-19. The Executive committee emphasis switched to reviewing the newly emerging risks, suspending non-essential work, determining essential COVID-19 commissioning and any actions to support the system respond to the COVID-19 pandemic. This risk stratified approach worked to focus CCG resources appropriately.

Other specifics to COVID-19 management addressed were the financial regime and pressures. The executive reviewed the approaches to primary care response, locally commissioned services and then to recovery for recommendation to the Oxfordshire Primary Care Committee (OPCCC). The

Committee reviewed actions to ensure that all the necessary Care home support was focused on this priority group of residents. It also received the COVID-19 Data Overview.

The arrival of the vaccination programme again brought a further shift of emphasis to ensure all efforts were ranged on delivering a successful vaccination programme. All evidence to date is that Oxfordshire has performed well in this regard.

In areas outside of COVID-19 the Executive continued its work to understand the population needs through presentation by the Director of Public Health of his Annual report and reviewing the Joint Strategic Health Needs Analysis. This shone a light on the significant inequalities existing in the County further expanded by review of the ward profile on Banbury Ruscote. Strengthened awareness of the areas which benchmark less well and also the 10 most deprived wards have positively impacted in service delivery in Coronary Vascular Disease and most recently in vaccinations.

The Executive continued to oversee the required improvements in mental health reviewing the mental health programme and Improving Access to Psychological Therapies (IAPT). Having highlighted a risk on performance there was focussed discussion on what more could be done to deliver the required number of Learning disability and Mental health Annual Health Checks. For Learning disability checks this has enabled the CCG to exceed the target level at 72% (target 70%), this ambition will be taken further with learning from Buckinghamshire data. The Executive considered the outcome of the Mental Health mediation resolution process, its impact on overall CCG finances and the need to see improvements driven into outcomes as a result.

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. COVID-19 again brought a rationalisation of this work. The Committee ensured Provider time was released to front line work by the standing down of all contract forums. Non-essential performance measures were not tracked and a slimmed version of performance monitoring was used in year. The focus became monitoring waiting list back logs, redesign of pathways to minimise these and the ensuing recovery challenges alongside continuing to monitor any high risk assessed areas such as mental health.

There was particular concern this year over the impact on and risk of deterioration in delivering cancer targets and the numbers of individuals waiting over 52 weeks for planned surgery. The Executive noted and supported the new ways of working to support prioritisation of cancer and urgent operations. Also supporting means to redirect outpatients or deliver through non face to face means.

As we entered the second surge there was acknowledgment that because of the backlog of patients already waiting for treatment, it would not be helpful to stop

services as had been done in the first wave of COVID-19. The Executive supported a continued focus on maximising throughput including supporting a gynaecology triage pilot that due to its evidenced effectiveness was agreed to be expanded across the county and championing FIT testing to maximise effective use of endoscopy capacity. The Committee reviewed the Principles for Prioritisation of Elective Care Patients also Primary care recovery and winter plan and surge capacity.

There was support for e-consultations but also a noted need for understanding of patient experience and more work was commissioned to understand this.

The Executive Committee noted the temporary service changes due to COVID-19 and ensured communication to NHSE and the system GOLD group as necessary.

As noted above the financial regime changed. The Executive initially agreed commitments to support COVID-19 such as a hospice investment, costs related to the new discharge guidance and gave views on primary care arrangements and investments for recommendation to OPCCC. It oversaw any significant bids to the COVID-19 funds as they then moved to ICS allocation and it was notable all the requests deemed essential by the Executive for reimbursement were supported. In year funding priorities were reviewed and agreed as COVID-19 primary care clinics, Gynaecology triage project, Housebound Flu jabs and Mental health helpline. This enabled the Committee to balance the delivery of financial control whilst minimising service impacts. The CCG is reporting a surplus of £236k against planned breakeven for the year.

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 and supported procurements for:

- Diagnostics procurement
- MSK Re-procurement
- Expansion of Gynaecology Community Service
- Audiology Procurement
- Joint commissioning of Carers support services

During the year OxFed indicated its intention to cease trading from March 2021 and the Executive committee advised on the service response to recommend to the OPCCC and ensure safe landing of all OxFed services.

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

The Executive agreed the revised operating arrangements for effective governance in a Command and Control led incident structure and the locally required operating cells and escalation reporting arrangements. Having sought

the learning from the first surge these arrangements, and the numbers of supporting cells required, were then revisited for the second surge.

Priorities were set and activities ranked in terms of when and what should be dropped when increases in COVID-19 needed additional resource from the CCG. These priorities were recommended to the Governing Body.

Emphasis of work was supported to shift from demand management and savings work to finding means to ensure patients were accessing the services they needed to. Our rate of referrals to 2 weeks waits and cancer screening dropped, and we needed campaigns to encourage people to come to their GPs or A and E. There was emphasis on public campaigns to safely return patients to services and the Committee tracked the successful return to primary care of prior activity levels.

Staff were redeployed at all times to the most essential work. The executive supported many OCCG staff being deployed to the BOB Incident control centre.

Where there are potentially overlapping NHS and Care resident needs the Executive supported the development of a Joint Commissioning function with the Council. This will strengthen our strategic approach whilst seeking the most efficient means to commission services. A new staffing structure was 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). The scope applies to those areas in our pooled/aligned budgets where greatest benefit from being joint could be delivered. The Executive have agreed a new governance structure to oversee this including two Board clinical leads and the two executive directors. Notably this also brings in the Director of Children's service and the Director of Public Health. The structure is now live with Stephen Chandler, Corporate Director of Adult and Housing Services, Oxfordshire County Council taking line management responsibility for the joint commissioning team which includes 18 joint posts between the CCG and County Council.

Over the year the Executive reviewed the digital support to the CCG. This included agreement on the most pressing issues for improvement and the means to resolution. In year there have been solutions on telephony and a transfer of IT support function to the Commissioning Support Unit. Notably the pressure from COVID-19 also expedited our care record interoperability across the system.

Looking Forward

The Committee is proactive in planning its activities and continuing to consider the way in which it works. The move to an ICS approach for CCGs and system leadership as signalled in the White Paper mean there are many considerations going forward:

- The BOB CCGs review of governance including Executive meetings where other committees are moving to meeting in common. This is to ensure the Accountable Officer has a line of sight on all decisions

- Given the many facets of BOB and increasing NHSE shared oversight of funding and performance at BOB level there is increasing need for significant CCG decisions in one place to ensure things are not done which set precedents in others
- Contributing to the work to ensure a strong primary care voice at place and ICS levels
- The Joint Commissioning function will now be reporting directly to the Governing Body reducing the workload of the Executive
- The new Operational Planning Guidance setting six priorities that will have lead Chief Executives across BOB, supported by SROs and Place will input to these ensure where relevant Place based delivery.
- 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 to establish resilience for out of hospital services
- 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, Interim Chair of the CCG Executive Committee
April 2021