

**Agenda Item 8: item 8**

**Meeting:** Buckinghamshire, Oxfordshire and Berkshire CCGs Governing Bodies meetings in common

<b>Date of Meeting</b>	10 June 2021
<b>Title of Paper</b>	Accountable Officer/Directors update
<b>Lead Director</b>	Dr James Kent, Accountable Officer
<b>Author(s)</b>	James Kent, Accountable Officer and Directors
<b>Paper Type</b>	For information
<b>Action Required</b>	<p>The Committee Members are asked to</p> <ul style="list-style-type: none"><li>• Ratify the appointment of Wendy Bower as Lay member lead for Patient and Public Involvement for all three CCGs</li><li>• To discuss and note the contents of the report.</li></ul>

**Executive Summary**

This update outlines the focus of the ICS and key issues from individual CCGs over the last month.

Quality, performance and finance issues are covered in other agenda items

## **ACCOUNTABLE OFFICER UPDATE**

### **Vaccination programme**

1. Across Buckinghamshire, Oxfordshire and Berkshire West (BOB), the over 18 target population is 1.53m of which 1m have received their first dose (65%) and 615k their second dose (40%) as of 27 May 2021. We have additional supply for 3 weeks to support the policy shift for the second dose to be at 8 weeks vs 12 for Cohorts 1-9 and on track to complete these for 21<sup>st</sup> June. Vaccination remains a tremendous achievement due to the hard work of so many across health and care.
2. Analysis of the take up across ethnic groups has highlighted we are below the national average in some cohorts and the BOB Vaccination Inequality Group is working with each Place to address.
3. We are starting to plan for winter including flu immunisation, covid boosters and vaccination of those under 18 and we are awaiting national and regional planning assumptions.

### **COVID Incident Update**

4. Patients with COVID in the three acute Trusts fell to single digits in May with two of the acutes having no COVID +ve patients but community rates are starting to rise as lockdown restrictions ease and hospitalised patient numbers now starting to rise. The ICS continue to access a modelling group with WSP (Whole System Partnership Ltd) working across the SE who are advising on our 3rd wave planning (hospitalisation forecasts continue to fall).
5. In scoping the High Dependency Unit/Intensive Care Unit Covid+ capacity needed going forward the ICS is making progress with a BOB wide reservist model to support the staffing requirements. Plans for winter and a 3rd wave are being prepared to ensure we maintain our overall resilience and can restart our processes e.g. PPE, mutual aid, etc. at short notice.

### **Recovery of elective activity**

6. In April and May, the BOB acute trusts delivered elective activity just over 87% of the 2019/20 baseline; this was over the national threshold of 70%. We plan to be delivering >92% against the baseline by September on the way to being at or above pre-Covid levels by the end of 2021/22. When compliance with the infection prevention requirements are factored in this represents a significant productivity gain by our local providers.

### **CCG Development / ICS Interim Management Arrangements**

7. Following the national guidance on ICS Body recruitment we are only proceeding with the recruitment of the three Place Managing Directors at this stage. As a result, objectives across the CCG Director and ICS team are being reviewed to ensure clear interim management arrangements are in place. This will support the delivery of the operating plan as well as the work to close the CCGs, the setup of

the ICS, the safe transfer of functions to the ICS, and the right support to the system programmes and oversight boards.

#### **Preparing for CCG closure and development of ICS NHS Body**

8. Following publication of the White Paper we have started developing the plans to manage the close down of the CCGs and the safe handover of functions to the new ICS NHS Body. We are expecting guidance from NHSE to be published soon.
9. In the meantime, we are establishing a programme structure; Matthew Tait the Deputy ICS Lead will be the Senior Responsible Officer for the overall programme supported by SRO for workstreams. The work will be overseen by a Programme Board with weekly team meetings for the transactional elements.
10. The following transactional workstream SROs have been identified:
  - Governance – Catherine Mountford, Director of Governance OCCG
  - Finance, Contracts and Procurement – Rebecca Clegg, Director of Finance BWCCG
  - HR and OD – Ros Penny, Interim Director of HR and OD, BOB ICS
  - Place delegation, provider collaboratives and strategic commissioning – Andrew Statham, Director of Strategy Royal Berkshire Foundation Trust
11. Each SRO is developing their detailed plan and identify resource requirements needed to deliver it.
12. Communications and engagement will be a key enabling workstream and an early priority is to develop an engagement plan for transition and ensure that we have opportunities for our partners, patient and the public to be involved as we move forward.

#### **ICS MOU refresh 2020/21**

13. NHSE/ I have requested a revised memorandum of understanding on how the ICS works with the region, in partnership, to support the present oversight and intervention regime and the emerging system oversight framework during 2021/22. This will focus on the roles and responsibilities of the ICS and NHSE/I and how they work together through local governance mechanism to reduce any duplication and support system improvement. A draft is required to be submitted by the 7 June. NHSE/ I colleagues acknowledge this will be further shaped and developed as we move towards the creation of an ICS NHS body.

#### **CCG Governing Body Membership changes**

14. Following her appointment to a Deputy Medical Director role at NHS England this is also Dr Kiren Collison's last Governing Body meeting as Clinical Chair for Oxfordshire CCG. Kiren has been the Clinical Chair since December 2017 and on behalf of the Governing Body I would like to her for her leadership with a strong focus on reduction in inequalities and partnership working. We congratulate Kiren on this appointment and wish her well in her new role.

15. The process for appointment of replacement for Dr Collison is underway. Any Oxfordshire GP was eligible to apply for the role and following a panel interview two candidates have been put forward to the member practices. The election process runs until 28 June with the LMC Chief Executive acting as the returning officer. Once the results of the ballot are known the Oxfordshire Governing Body members will be asked to ratify the appointment of the new Clinical Chair.
16. As has been highlighted at previous meetings both Buckinghamshire and Oxfordshire CCGs have a vacancy for the Lay Member lead for Patient and Public involvement (PPI). Given this year is one of transition the CCGs have agreed to have shared posts wherever this makes sense and the Clinical Chairs, and I are delighted to report that Wendy Bower Lay Member lead for PPI Berkshire West CCG has agreed to cover this role for all three CCGs. Wendy will be appointed as a member of all three Governing Bodies; **governing body members are asked to ratify this appointment.**
17. This is also the last meeting in public for Roger Dickinson, Lay Vice Chair and Lay member lead for Governance Oxfordshire CCG and Graham Smith, Lay Member Buckinghamshire CCG. We thank them for all their support and work with the CCGs over the years and wish them well for the future. The Clinical Chairs and Accountable officer are discussion with other Lay members to agree how these vacancies will be covered.

### Preparation of Annual Reports and Accounts

18. The work to finalise the Annual Reports and Accounts for the three CCGs is well underway. The work of the finance, governance and communication teams has ensured this process has run smoothly and to plan; at this stage there have been no significant issues highlighted by our auditors and we are on track to have an unqualified audit opinion. The annual reports including the statutory accounts will be submitted to NHS England by 15 June and then made available to the public on the websites.

## BUCKINGHAMSHIRE CCG UPDATE

### Executive Committee Decisions

19. As well as updates on the Operating Plan / Financial plan submissions, Corporate Risks, Quality & Performance and Recovery the Executive Committee approved the following Thames Valley Priority Committee policy recommendations: -
  - **TVPC21** Chronic rhinosinusitis v2.0
  - **TVPC43** Use of biologic therapies for ulcerative colitis v2.0
  - **TVPC46** Sequential use of biologic therapies and Janus-associated tyrosine kinases (JAK) inhibitors in Psoriatic Arthritis v2.0
  - **TVPC48** Elective surgical hernia repair in adults v2.0
  - **TVPC51** Use of biological and immunomodulatory therapies in Rheumatoid Arthritis v2.0
  - **TVPC56** Therapeutic use of facet joint injections and medial branch blocks for chronic neck pain v2.0

- **TVPC72** Management of Haemorrhoids v2.
- **TVPC74** Adhesive Capsulitis (Frozen Shoulder) v2.0
- **TVPC75** Management of asymptomatic gallstones v2.0
- **TVPC77** The diagnosis and treatment of Foetal Alcohol Spectrum Disorders (FASD) in children, adolescents and adults

### **Integrated Commissioning Executive Committee (ICET)**

20. As well as receiving updates on the integrated commissioning / Section 75 areas the May committee agreed the 2020/21 year-end BCF template submission. A review for 21/22 is on-going and updated planning guidance for 21/22 is expected by the end of June 2021.

### **Integrated Care Partnership Board Update**

21. To support the delivery of the ICP priorities a Delivery Board is being set up (inaugural meeting 17 May) to support delivery of the priorities, alignment of organisations to delivery these and supporting co-production and co-design. The membership will be determined and will need to adapt / develop in line with the priorities and the development of ICS/ICP governance and accountabilities. In the initial time the Deputy Chief Officer will be CCG member (and Chair the meeting) alongside the CCG Clinical Chair/ Relevant Clinical Director.

Five initial priorities / workstreams are being worked through:

- Hospital Discharge
- Admissions Avoidance
- Mental Health
- Primary Care & Community
- Inequalities – CVD

### **CCG Senior Management Team changes**

22. We said goodbye this month to 3 members of the Senior Management Team – Russell Carpenter, Jane Butterworth and Ian Cave. We will miss them greatly!

## **OXFORDSHIRE CCG UPDATE**

### **Executive Committee Decisions**

23. As well as updates on the Operating Plan / Financial plan submissions, Corporate Risks, Quality & Performance the Executive Committee approved the following

- The case for integrated delivery of two palliative care beds in the south of the county (see paragraph 28-30 below)

### **Waiting time pressures**

24. In May the Governing Body was reminded three specialties at Oxford University Hospitals Foundation Trust (OUHFT) mainly remained closed (Ear, Nose and Throat (ENT), Maxillofacial and Ophthalmology) to routine referrals due to

existing long lists, and most Gynaecology could be accessed once a triage has taken place.

25. From 12 May Ophthalmology opened to all routine referrals (except cataracts). The business case jointly developed to increase capacity is being taken through the Trust executive. We continue to support referrals to other providers outside of Oxfordshire for cataracts and have seen some rise in the numbers of referrals to independent sector (IS) providers. Options to support cataract access is underway with BOB ICS planning, using Oxfordshire IS providers and the Trust are actively looking at when they can safely reopen.
26. ENT is similarly looking at the action plan to reopen to routine referral, audiology is already open and OUHFT/OCCG are looking to increase capacity through directing OUHFT routine audiology referrals to our any qualified provider procurement.
27. Waiting time pressures in children therapies continue whilst transformation work is put in place therefore the Joint Commissioning function with Oxfordshire County Council is seeking means to secure some additional funding to aid waiting list reduction.

### **Specialist Palliative Care Beds**

28. OCCG met with lead Councillors/Chair of Townlands Steering Group around the proposed multi-disciplinary team model for South Oxfordshire delivery of integrated specialist palliative inpatient beds.
29. Two beds are proposed within Wallingford Community Hospital supplemented by specialist input from the Sue Ryder team. To achieve this, it is proposed OCCG cease commissioning Rapid Access Care Unit (RACU) beds and divert resources to meet this identified service gap in local provision and secure a better use of the public purse. Historic take up of the RACU beds would indicate usage is so low as to not indicate any adverse impact on the local population or be a substantial change in service. Clinicians have designed the pathway and are supportive the changes will be an improvement in palliative care and have no impact on the effectiveness of RACU.
30. The agreed next step is a public engagement event to be hosted by Henley Townlands Steering Group and chaired by Healthwatch Oxfordshire. If the rationale is supported, then we would report this progress to the Health Overview and Scrutiny Committee.

### **Award Shortlists**

31. In partnership with others the OCCG Long Terms conditions team have been shortlisted for two different awards:
  - HSJ Partnership Awards 2021 – Category: Best Pharmaceutical Partnership with the NHS – Integrated Multi-Disciplinary Respiratory Team (Boehringer Ingelheim and OCCG)  
Awards Ceremony: 29 June 2021  
<https://partnership.hsj.co.uk/finalists-2021>



- HSJ Value Awards 2021 – Category: Diabetes Care Initiative of the Year - Using data to improve the care of people with diabetes across Oxfordshire (Oxfordshire CCG, OUHFT, Oxford Health FT, SCW CSU)  
Awards Ceremony: 2 Sept 2021  
<https://value.hsj.co.uk/finalists-2021>

### **Botley Medical Centre**

32. Botley Medical Centre recently underwent a Care Quality Commission (CQC) inspection to check on progress after a previous inspection in October 2019 when the CQC rated the surgery as 'requires improvement'. Regrettably, the practice has not made as much progress as hoped and the CQC has now rated it as 'inadequate' and has drawn up a series of urgent required actions. As part of this the CQC have placed Botley Medical Practice in special measures which means the practice will need to provide updates about their progress and another inspection will happen within six months. The CQC report is available [here](#).
33. Members of the CCG quality and primary care team have been working with the practice on a detailed plan to ensure patients can continue to have confidence in the care they are getting. We are supporting the practice to appoint a transformation partner to provide extra capacity and expertise to help the team address the issues. Progress will be carefully monitored and regular updates will be shared on the practice website.

### **BERKSHIRE WEST CCG UPDATE**

#### **Commissioning Committee Decisions**

34. Wokingham SEND Strategy had recently been reviewed and refreshed following a recent SEND inspection. The document had been developed and coproduced with parents and will become a public document used in inspections of children's services and SEND service for ages 0-25 years in Wokingham. CCC members noted and approved.
35. Memorandum of understanding (MOU) - Roles and responsibilities for an outbreak: BW CCC members discussed the need to agree a formal process in the event of potential outbreaks in the community i.e. measles, avian flu etc. (separate to the usual flu outbreak). BWCCG currently have a nominal amount set aside within the prescribing budget which is available in the event of an outbreak. CCC members noted Oxfordshire CCG currently have an MOU in place with their GP practices, which has the support of LMC, whereby they agree to pay their GP Practices £30. BW CCC members agreed to adopt Oxfordshire CCG approach and set in place an MOU. BW CCG will liaise with the LMC to confirm their support.
36. Long-acting reversible contraception (LARC) – CCC members noted RBH had been commissioned by Public Health to assist with the backlog of patients

requiring a LARC. This would be a temporary measure to assist where GP Practices were unable to provide the service due to COVID. CCC members noted the risk and associated cost pressure for this year.

### **Breathing Space -**

37. The CCG has awarded a contract to the national charity Together for Mental Wellbeing to run a new facility to offer help and hope for people with mental health needs is opening in central Reading later this year. Together for Mental Wellbeing has been working collaboratively with the CCG, Berkshire Healthcare Foundation Trust, the local Emergency Services, Primary Care and voluntary sector colleagues.

The Breathing Space will be open from Fridays to Monday evenings, offering short-term crisis support to people who have been signposted or referred. It will provide a safe, supportive, inclusive and homely environment where people can talk to people who have with lived- experience of mental health problems and seek support from sharing their experiences.

Visitors will be helped to access community resources (give an example) or secondary care mental health services, and it's hoped this work will help ease pressure on the hospital's Emergency Department (ED) and other emergency services.

The need for a Breathing Space facility was highlighted during last year's review of the mental health Crisis Service in Berkshire West. People with experience of mental health problems said there was a need for a one stop signposting service with more face-to-face interaction at times of crisis, support provided in a timely manner and a 'normalisation' of episodes of crisis and distress.