

## Briefing from the Board meeting held on 29 March 2018

This briefing is intended to give a summary of the key areas of discussion and decisions at the meeting of the Board of Oxfordshire Clinical Commissioning Group (OCCG) and is intended for circulation. The minutes will provide the official record of the meeting. The agenda and all papers related to the agenda are available on the OCCG website: <http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/>

**Chief Executive's Report:** Highlights include:

- In January 2018 performance against national targets deteriorated in the referral to treatment, patients waiting more than 52 weeks and A&E trolley waits. Enormous efforts are being made by front line staff in caring for patients.
- The Care Quality Committee (CQC) published a report on its review of the local system highlighting further development needed to improve whole system strategic oversight, recruitment challenges and fragmentation in the system.
- Following the CQC review, the Chair and Vice-Chair have been conducting a review of the Health and Wellbeing Board structure and governance. The outcome was presented to the Health and Wellbeing Board at their meeting on 22 March and is available on their website here <http://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CommitteeId=897>

**Locality Clinical Director Reports:** The Locality Clinical Directors' reports give an outline of activities in each of the six localities. The paper is available on the OCCG website

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper-18-16-Locality-Clinical-Director-Reports.pdf> Highlights include:

- North Oxfordshire practices want to highlight the important role played by practice reception staff. They are the first point of contact for the majority of patients and their role is more than administrative. They often work under significant pressure and should be valued for the work they do. This issue is being taken to their Locality Forum for further discussion.
- West Oxfordshire Locality have been discussing how funding can be accessed to support development of GP premises and the need for swifter support from OCCG.
- A Health Inequalities joint project with Oxford City Council is working on the identification of people with housing issues due to complex issues such as mental health, and the associated training requirement for housing officers around 'making every contact count', and sign-posting. Areas with the greatest health inequalities will be a focus for long term conditions (LTCs) which appear to be associated with emergency department admissions.

**Oxfordshire CCG Operational Plan:** The full report can be found here

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper-18-17-Operational-Plan-2018-19.pdf> The 2018/19 Operational Plan will be submitted on 30 April 2018 and is update of the two year plan that was agreed in January 2017. This includes an activity schedule for the year, a financial plan, a Self Assessment against the GP Forward View and a short narrative. Assumptions are used in the activity plan that are based on performance and planning growth assumptions set out in the planning guidance.

**Oxfordshire Transformation Update:** The paper provides a summary of the current position with challenges to the decisions made as part of Phase One. It outlines the work required to address the recommendations received and proposes a different way of taking forward what would have been Phase Two. The Board decided to approve this new way forward for tackling some of the future challenges in Oxfordshire's health and care system. This means that there will be a new approach to future developments for health services in each of the six localities in Oxfordshire and no changes will be proposed to A&E and paediatrics at the Horton General Hospital or to the provision of Midwife Led Units in Oxfordshire. This new approach will mean working with communities in localities across the county to understand the local health needs, the local resources and facilities available and together to plan integrated health and care services for the future. Patients, the public, local clinicians, local representative,

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voluntary organisations and others will all be involved in this work. NHS organisations and social care will be working closely together and a plan for how this engagement will work will be shared soon.

**Implementing a Provider Collaborative approach to complex commissioning:** This is a technical paper that needs to meet procurement law but is an important paper that moves towards a structure for delivering outcomes based commissioning using a provider collaborative approach. The important focus is that it helps to provide integrated care and improved outcomes for patients. This would formalise the collaborative arrangements already emerging with local providers..

**Finance Report Month 11:** The full report can be found here

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper-18-20-Month-11-2017-18-Finance-Performance-Report.pdf> OCCG is on target to deliver the financial plan of breakeven at the end of the year. Non-recurrent allocations were received in month 11 of which the largest were £417k for cancer and £143k for diabetes. Material overspends continue to be reported for Royal Berkshire Foundation Trust (Reading), Ramsay (Banbury) and Buckinghamshire Hospitals and for South Central Ambulance emergency services.

**Integrated Performance Report:** The full report can be found here

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper-18-21-Integrated-Performance-Report.pdf> Highlights include:

- OCCG is working with the specialities in the top ten areas under pressure for the referral to treatment constitutional target (orthopaedics, ENT, ophthalmology, gynaecology, dermatology, neurology, cardiology, urology, gastroenterology and maxillofacial). Each specialty has monthly meetings to monitor progress on plans.
- There is a slow improvement in the number of patients whose discharge from hospital is delayed. The lowest number for some time at Oxford University Hospitals was recorded this week. National expertise is supporting the trust in looking at improving the flow and stopping people deteriorating in a hospital bed. Age UK have been fundamental partners in this transformational work and have encouraged a shift in focussing on people's strengths.
- OCCG continues to be concerned about waiting times for the child and adolescent mental health service (CAMHS). There is a clear new contract mobilisation plan and new trajectories for additional activity. The single point of access has been opened up and other aspects of the new model are expected to become operational at the end of April/beginning of May.
- There have been no new cases of MRSA in January with a total of four cases to date for the year. C-diff rates continue to exceed the set limits with 17 cases identified in January (six in the community, 10 in OUH and 1 in a community hospital). Root cause analysis work continues and antimicrobial prescribing is carefully assessed for both community and hospital prescribing.

**Safeguarding Update:** The full report can be found here

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper-18-22-Safeguarding-Update.pdf> A summary of current safeguarding issues is included in this report including updates on:

- The Oxfordshire Safeguarding Children Board strategy to address neglect.
- Looked after children and the delays in assessments.
- Oxford Refugee Health Initiative which is working to enhance the health support for refugees.
- Domestic Abuse Information Sharing processes to improve support and care for vulnerable patients.

**Corporate Governance Report:** The full report can be found here:

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper-18-23-Corporate-Governance-Report.pdf>

**Strategic Risk Register and Red Operational Risks:** The full report can be found here:

<http://www.oxfordshireccg.nhs.uk/documents/meetings/board/2018/03/2018-03-29-Paper18-24-OCCG-Risk-Register.pdf>

All Board papers and this summary briefing <http://www.oxfordshireccg.nhs.uk/about-us/board-briefings.htm> are published on the OCCG website.

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