



**Oxfordshire Clinical Commissioning Group
Governing Body**

Date of Meeting: 26 March 2015	Paper No: 15/19
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Title of Paper: Chief Executive's Report

Is this paper for	Discussion		Decision		Information	✓
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Purpose of Paper: To report updates to the Governing Body on topical issues.
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Financial Implications of Paper: Financial information within but paper is for information, no direct financial implication.
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Action Required: The Governing Body is asked to note the contents of the report.
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NHS Outcomes Framework Domains Supported (please tick ✓)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please tick and attach)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

Author: David Smith, Chief Executive	Clinical Lead: Dr Joe McManners, Clinical Chair
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Chief Executive's Report

1. Introduction

Since the last meeting:

- I have spoken at a House of Lords seminar on integrating health and social care.
- I attended the laying of the Foundation Stone for the new Order of St John care home in Henley.
- The Health and Wellbeing Board met on 5 March.
- Our Quarter 3 assurance meeting with NHS England will take place on 24 March.

2. Serious Case review into Child Sexual Exploitation in Oxfordshire: from the experiences of Children A, B, C, D, E, and F.

The Serious Case Review was published on 3 March and has attracted significant attention and this is likely to continue for some time. The report is a graphic and harrowing account of what happened to these girls. The report also details the actions that have been taken by all agencies. A report on safeguarding is also on our agenda.

3. NHS Constitution indicators and Delayed transfers of care (DTOCs)

Data for the latest period to 31 January 2015 shows that the system in Oxfordshire is failing to deliver against a number of the NHS Constitution commitments:

- 18 weeks from referral to treatment for admitted patients (84.85% in January against a standard of 90%)
- Patients waiting over 52 weeks (3 against a standard of zero)
- A&E 4 hour wait (88.77% against 95% - 8 March 2015)
- Maximum 62 day wait from urgent GP referral to first definitive treatment for cancer (76.61% against a target of 85%) (Q3 performance – January performance not in the public domain shows similar performance level)
- Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers (85.19% against 90%) (Q3 performance – January performance not in the public domain shows similar performance level)
- Category A ambulance calls resulting in an emergency response within 8 minutes (Red 1 - 70.97% against 75%; Red 2 – 73.73% against 75%) - these are the Oxfordshire CCG area figure – at a Thames Valley level, performance is 74.9% and 76.7% respectively
- Category A ambulance calls resulting in an emergency response within 19 minutes (94.26% against 95%) this is the performance for Oxfordshire. At a Thames Valley level, performance is 96.1%.

Further detail is in the Performance report.

Performance of hospitals in Oxford in delivering the A&E 4 hour target continues to be below the expected standard. Performance in Quarter 3 was 87.49% which was a deterioration compared to Quarter 2. The Quarter 4 performance to date is 85.92% This target is one of the NHS Constitution commitments and it is of significant concern that performance continues to be so poor.

We were required by NHS England to produce a plan to deliver a 50 per cent reduction in DTOCs within 4 weeks; to reduce the number of DTOCs at OUHT from 173 down to 86. Initially delivery was positive and the numbers reduced to 122 (a 30% reduction), however this has not been sustained. The figures for the latest week 49 show a figure of 137.

We remain seriously concerned that OUHT is failing to deliver these targets, despite substantial additional investment.

4. Outcome Based Contracting – Most Capable Provider Outcome

In November the Governing Body agreed to delegate authority to the Chair and Chief Executive to receive the final recommendation from the Programme Board regarding the outcome of the most capable provider assessment. I am pleased to report to the Governing Body that the submission from the Oxford Health NHS Foundation Trust (OHFT) and Oxford University Hospitals Trust (OUHT) has met the criteria for the two trusts to be designated the Most Capable Provider of services for older people. This decision is subject to being able to agree a mutually acceptable contract.

Whilst running the MCP assessment process, the Five Year Forward View was published and there was a call for expressions of interest for the New Care Models Programme. In reaching the decision to award the two trusts alliance MCP status, we considered whether there was an inherent conflict between the MCP and the expression of interest for the New Care Models Programme. However, on balance it was felt that the two can be joined in such a way that the aspirations of both GP practices/federations and the alliance can both be achieved. This has the potential to deliver a better outcome for our population, than the alliance or our practices developing separate models. We now know that the expression of interest has not been successful, however this does not negate the need to develop a single model.

This does mean that the negotiation of the contract will have an added complexity. OUHT and OHFT will be considering the vehicle to be established by the alliance to run the joint services and we have asked that they also look at how GP practices and federations are involved with establishing this. Given the significance of the contract we will eventually sign, this will be brought back to the Governing Body for approval prior to signing the contract.

5. System Leadership Development

The Governing Body is aware of the formation of the System Leadership Group and the three supporting groups: System Resilience Group; Transformation Board; and the Commissioning Board. The first meeting of the Oxfordshire Commissioning Board was held on 16th March and the first meeting of the Transformation Board will be held on 31 March. NHS England has approved our proposal for the joint commissioning of primary care. To comply with legislation, we need to agree terms of reference for the joint committee. This is a separate item on our Governing Body agenda.

6. 2015/16 contracts

We are involved in very difficult negotiations with Oxford Health FT and Oxford University Hospitals Trust with the aim of securing contracts by 31 March. The processes have been

delayed this year, as a number of trusts formally objected to the tariff published by Monitor. As a result, NHS England and Monitor put forward two alternative options for trusts to consider. We are holding the line that we must use a significant proportion of the additional money we have received for 2015/16, for transformation; however we are faced with serious challenges from both trusts who are presenting us with requests for more money to fund current services. An update will be provided at the meeting.

7. Quality concerns

An internal meeting to pool collective knowledge and concerns about the quality of a number of services has been held. In the light of the publication this week into the failures at Morecambe Bay hospital, we have to be ever more vigilant about what is happening within the services we commission and take appropriate action where we have concerns. We will update the Governing Body at the next meeting.

8. Better Care Fund

Our plan has now been assessed by the national team and “approved with support”. The approval letter is attached

9. New Care Models Programme and Prime Ministers Challenge Fund (PMCF)

We submitted an expression of interest to join the New Care Models Programme (attached). The level of national interest was such that 269 expressions were received and our proposal was not successful. Whilst this is disappointing as the programme would have provided us with resources and support to test new models of care delivery, the process of developing the expression of interest was enthusiastically supported across Oxfordshire. We are currently assessing how we can still develop new models and to this end have a workshop on 21 April to take this forward.

At the time of writing this report we have not been informed of the outcome of our bid for funding for primary care from the Prime Ministers Challenge Fund.

10. Southern Health

The final report following the CQC inspection of Southern Health NHS Foundation Trust in October 2014 has been published. The final report is made up of seventeen individual service reports, and an overview provider report. Seventy per cent of the individual ratings for Southern Health services are ‘Good or better’, and the overall rating is ‘Requires Improvement’. The Community mental health services for people with learning disabilities which is one of their main services provided locally was rated good overall.