

Clinical Commissioning Group Board Workshop 8th January 2016

Priorities for 2016/17

We discussed the draft priorities prepared by David. I've attempted to amend the note but I don't think I got everything down. The intention is that the final version will feature in public documents.

STP Footprint

NHS England want a Thames Valley (excluding Berkshire East) footprint. They have also said that this is the mechanism to secure transformation money. DS is discussing this with other CCG Accountable Officers how to react. There was widespread exasperation at the stance of NHS England. I said that there would not be any local government support for a footprint larger than NHS. There was a danger that there would be two plans emerging: a paper Thames wide (excluding Berkshire East) STP which was done solely to satisfy NHS England and the real plans for Oxfordshire. However, this would impose additional management burdens.

Transformation

- DS began by giving an overview of recent developments and next steps. Take broad concepts (such as Care Closer to Home) and turn them into specific proposals at a local level where appropriate.
- Governance: Transformation Board does not have any executive powers. This is a potential source of tension with those Boards which do have executive powers and also more widely as people perceive the Transformation Board as being comprised of very senior people and therefore making all the decisions.
- Other pieces of work: CCG – MSK, district nursing; OUHT strategic views of their services.
- No idea about the money. How much will Care Closer to Home cost or will it save? Need to have a different way of looking at resources – focus currently on income rather than cost base.
- Timescales: DS working back from April 2017 when there is no growth. This points to consultation in early summer as the only realistic way forward.
- Duncan Smith raised the issue about project management. DS agreed that this was right in principle but there were very limited resources going into this currently.
- There are challenges on the time of key people. In addition, we are not doing business in the most effective way. There are too many people at too many meetings discussing issues over and over again.
- We need to clarify how we are going to look at issues across the system. We need protocols on how we are going to progress issues. [Lukasz and I need to do something on this but we need Board member input into this]. There was a request to see the pathways showing how things will be progressed.
- We also need to look at the scrutiny arrangements to see if they can be brought together across organisations.
- My observation about this discussion is that we need to find a way to keep the Board and other boards up to date on developments at the Transformation Board.

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Right Care

- Launch of NHS Right Care 7th February 2016. Oxfordshire is in Wave 1. Launch attended by David Smith, Gareth Kenworthy, Lukasz Bohdan and Barbara Batty.
- Agreement that the CCG has not been successful at delivering savings to date. Reasons for not delivering: lack of engagement and ownership; lack of consensus; not identifying credible opportunities; getting contracts to reflect the savings.
- Right Care is about identifying where there is sub-optimal health care and sub-optimal value. It is a much more disciplined approach. Five key ingredients: clinical leadership; indicative data; clinical engagement; evidential data; effective processes.
- It is a development from Commissioning for Value (see documents in my file).
- There was some interest: some people commented that some elements already are applied but is it having an impact given our dissatisfaction with the delivery of savings to date?
- We are committed to finding out which are the pathways which require further investigation.
- We need to find a clinical lead.

John Jackson

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