

## Oxfordshire Clinical Commissioning Group Annual Public Meeting

Thursday 24 September 2020, 5.15pm – 6.30pm

Virtual meeting: A recording of the meeting is available to view [here](#).

		Presenter	Time
1.	Welcome & Apologies	Kiren Collison	17:15
	Wellbeing & Mindfulness	Leila & Valerie	17:20
2.	Annual Accounts 2019/20	Gareth Kenworthy	17:30
3.	The Future – Priorities Ahead	James Kent	17:50
4.	Panel Discussion & Questions	Kiren Collison	17:55
5.	Final Comments & Close		18:25

**The meeting was attended by the following members of OCCG Board:**

Dr Kiren Collison, Clinical Chair

Dr James Kent, Accountable Officer

Ansaf Azhar, Director of Public Health, Oxfordshire County Council

Dr David Chapman, Oxford City Locality Clinical Director

Stephen Chandler, Head of Adult Services, Oxfordshire County Council

Jo Cogswell, Director of Transformation

Heidi Devenish, Practice Manager Representative

Roger Dickinson, Lay Member, Lead for Governance and Vice Chair

Dr Shelley Hayles, North Oxfordshire Locality Clinical Director

Diane Hedges, Chief Operating Officer and Deputy Chief Executive

Gareth Kenworthy, Director of Finance

Dr Amar Latif, West Oxfordshire Deputy Locality Clinical Director

Catherine Mountford, Director of Governance

Guy Rooney, Medical Specialist Advisor

Duncan Smith, Lay Member for Finance

Professor Louise Wallace, Lay Member for Public Participation and Involvement

**39 members of the public attended via a link provided on MS Teams.**

*By working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable*

### **Chair's introduction, welcome and announcements**

Dr Kiren Collison opened the meeting and welcomed members of the OCCG Board and members of the public to its first virtual Annual Public Meeting. She explained how the meeting would run and encouraged members of the public to use the 'chat' function to leave any comments or ask questions.

### **Apologies for absence:**

Dr Ed Capobianco, South East Oxfordshire Locality Clinical Director and Urgent Care Lead

Dr Sam Hart, North Network Clinical Director, OCCG

Sula Wiltshire, Director of Quality and OCCG Lead Nurse

### **Mindfulness and Wellbeing**

Before the meeting got underway for the formal business, a short session was led by Leila Javadi-Babreh and Valerie Knight for some simple stretching exercises and a mindfulness session. Everyone attending the meeting was invited to join in from home.

### **Presentation of Annual Accounts**

Gareth Kenworthy shared a presentation setting out the annual accounts for 2019/20. The presentation slides are available on the OCCG website [here](#).

This was the seventh year of operation for OCCG and the fourth year of being fully responsible for primary care commissioning. A number of financial risks were outlined and reference was made to the last month of the year being impacted by the COVID-19 pandemic. Gareth thanked his team who worked hard to complete and close the accounts on time whilst working remotely.

All financial duties were achieved with a small surplus of £19k. Together with the historic surplus, £23.4m was carried forward to 2020/21.

A breakdown of where the money was spent was shared. This indicated that almost half of the total budget of £982m was spent on acute hospital services (£466m). Other categories of spend included primary care (£111.5m), mental health and learning disability (£89.7m), continuing healthcare (£83.2m) and community health (£74.6m).

The national planning process was suspended in March to allow the NHS to focus on responding to the pandemic and for the first half of 2020/21 OCCG has been operating under a temporary financial regime. The key risks for 2020/21 include the ongoing impact of the pandemic along with the usual pressures of prescribing, continuing healthcare and the growing demand for services.

### **The future – Priorities Ahead**

Dr James Kent was invited to share some of the priorities for the coming six months. The ongoing pandemic was a key feature that impacted across the health and care system. Key elective services were identified as planned care, cancer care, diagnostics and primary care. With winter coming there is a priority to build resilience into local 'place-based' plans and implementing NHS 111 First will support this. The flu vaccination programme has been expanded to the largest ever and will play its part in helping to keep people well during the winter months.

Preparing for a second wave of the pandemic using learning from the last six months will help to balance priorities of maintaining access to urgent care and keeping access to planned care.

A significant priority for OCCG has been to reduce health inequalities and there has been some learning from the impact of COVID-19 on the BAME communities across Oxfordshire.

The final priority shared was that of workforce, looking to reinforce and extend well-being offers for staff and supporting BAME colleagues.

### **Panel discussion and Question Time – Focus on Better Health and Prevention**

Dr Kiren Collison thanked the presenters and invited three members of the Board to share some thoughts on Better Health and Prevention from their perspectives:

**Dr Ansaf Azhar** spoke about new approaches to tackling health inequalities in Oxfordshire. He outlined the health inequalities between the north and south of Oxfordshire and how the process of profiling Banbury Ruscotte ward in North Oxfordshire had been undertaken: by looking at the data around need, community assets and by engaging directly with residents. What this has highlighted is the need for tailored approaches to inequalities and that a one size fits all approach will not deliver.

**Dr Shelley Hayles** talked about what this means for the population in the north of the county. She focused on elective care and cancer and outlined how screening is vital for prevention and health improvement. Alongside COVID, work has been undertaken based on the Oxfordshire JSNA to improve preventative care in deprived areas such as Banbury. In the future, the aim is to link with the Public Health team to target specific areas of the county, as well as specific conditions such as obesity and smoking to best use limited resources. She also re-emphasised that despite COVID, it is important to visit the GP if a patient has symptoms which could be cancer.

**Dr David Chapman** reflected on how this related to mental health and learning disabilities. He outlined maternal health and how we can support pregnant women through perinatal services in Oxfordshire. There has been some effort to educate staff within the system on women's mental health and offer familial support in collaboration with Elmore and the Oxfordshire County Council, as well schools. In addition, he noted that a side effect of the council offering temporary housing to many homeless people had people engage effectively

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with drug and alcohol support and there are plans to continue the scheme.

Questions for the public had been submitted in advance of the meeting and others were posted during the meeting via the 'chat' function. Dr Kiren Collison selected a number of these for the panel to answer. A full list of questions and answers from the meeting will be published on the OCCG website [here](#).

**Q.** *Were people with a learning disability disadvantaged physically by COVID? Was there a higher rate of mortality among the group and were they able to attend hospital?*

**A.** David Chapman: We have carefully tracked this group of people and have not seen any increase; if anything the deaths among the LD population are lower than in other groups. In terms of services, many of them went online as a result of the pandemic, although many face-to-face services resumed earlier than in other areas due to accessibility concerns. Additionally, GP practices were alerted to vulnerable groups and care during COVID.

**Q.** *Who are new digital interactions working for and what can you do for those who don't feel it's suitable for them? How can we reassure patients that they can access the healthcare that they need?*

**A.** Jo Cogswell: The acceleration of the use of digital technology was the result of the pandemic but we do recognise that not all patients have the same access to digital technology and when patients do need to see practitioners that can be arranged. Post-COVID, we will be reflecting on what has and hasn't worked well and we are currently receiving feedback from the public via Healthwatch and sourcing feedback from 'seldom heard groups' on what has worked and whether the use of technology in practices will continue.

**Q.** *How can we engage minority and vulnerable groups and how can the public get involved?*

**A.** Catherine Mountford: OCCG follows NHS guidance and framework when reporting on the issue of equality in the formal annual report. The topic list was significantly reduced this year due to its publication at the height of the COVID pandemic. There is a separate annual equality report where we specifically address the 9 protected characteristics outlined in the Equality Act and which we take very seriously. To consult with people with protected characteristics we also have an 'equality reference group' which we routinely involve in reviewing how we perform in terms of inclusivity. If you email us or provide your contact details then we will get in touch to let you know how you can become more involved.

**Q.** *There has been significant population growth in north Oxfordshire and Banbury, are there any CCG plans to expand the Horton General Hospital?*

**A.** Diane Hedges: We have talked in the past about the importance of supporting the development of the Horton and we know the significance of the area in terms of population size and needs. The business planning work that had started this year has slowed down due to COVID, but the Trust recently installed a new MRI scanner at the Horton and the OUH and local stakeholders have continued to work on development plans at the site.

**Q.** *Are there any updates on the development plans for the Diamond Place Surgery in Summertown?*

**A.** Jo Cogswell: Funding for primary care estates is hugely complex. The CCG itself doesn't have capital funding that we allocate and we are required to apply to NHS England or to utilise developer contributions. As a CCG we are working on a primary care 'estates strategy' and are working together with Healthwatch on how we might establish some criteria so we can have good public involvement in developing estates. The strategy should be agreed in December 2020. For the Summertown development there is currently no specific timeline in place but we are working with the Council and University to try and understand development opportunities.

**Q.** *When are the departments re-opening and allowing hospital referrals?*

**Diane Hedges:** During COVID, all the hospitals were focused on maintaining cancer treatment and urgent care. Unfortunately that meant that routine work was postponed and we have been working with OUH to re-open as much as possible. Most specialties are now open, though there are a significant number that remain unable to continue routine care at the moment. In Oxfordshire we had a considerable amount of waiting time for patients before COVID and this has increased over the pandemic. We are now in the process of ensuring safety measures and re-booking all the patients who may have had cancellations as well as adding new patients.

### **Final comments**

Kiren Collison said that any public questions that had not been answered during the meeting would be answered and all responses will be on the OCCG website. She thanked everyone for attending and for their time.

The annual reports discussed at the meeting are available on the OCCG website:

[Full Annual Report and Accounts for 2019/2020](#)

[Summary Annual Report 2019/2020](#)

[Annual Report for Patient and Public Involvement 2019/2020](#)

Dr Kiren Collison thanked everyone for attending the meeting.

**Date of Next Annual Public Meeting:**

**30 September 2021, 5.30pm - 7pm, venue tbc**