

**Oxfordshire Clinical Commissioning Group
Board Meeting**

Date of Meeting: 29 November 2016	Paper No: 16/73b
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Title of Presentation: Minutes of the Extraordinary OCCG Board Meeting held on 25 August 2016
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Is this paper for (delete as appropriate)	Discussion		Decision	✓	Information	
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<p>Purpose and Executive Summary (if paper longer than 3 pages): The minutes of the Extraordinary OCCG Board Meeting held on 25 August 2016 were brought to the 29 September 2016 Board Meeting for approval. The Clinical Chair felt there were some omissions from the minutes and requested they were reviewed. The minutes have been amended and the area of change on page 3 of the minutes has been highlighted.</p>
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<p>Financial Implications of Paper: None</p>
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<p>Action Required: The Board is asked to review and approve the amendment to the minutes and agree these are an accurate reflection of the Extraordinary Board meeting held on 25 August 2016.</p>

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	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 delete tick and attach as appropriate)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

Author: Lesley Corfield, Business
Manager

Director Lead: Catherine Mountford, Director
of Governance

**MINUTES:****OXFORDSHIRE CLINICAL COMMISSIONING GROUP EXTRAORDINARY BOARD MEETING**

25 August 2016, 11.00 – 12.00 Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH

	Dr Joe McManners, Clinical Chair
	David Smith, Chief Executive
	Dr Stephen Attwood, North East Locality Clinical Director (voting)
	Dr Andrew Burnett, South East Locality Clinical Director (voting)
	Dr Kiren Collison, West Deputy Locality Director (voting)
	Mike Delaney, Lay Member (non-voting)
	Roger Dickinson, Lay Vice Chair (voting)
	Diane Hedges, Chief Operating Officer (non-voting)
	Gareth Kenworthy, Director of Finance (voting)
	Stuart MacFarlane, Practice Manager Representative (non-voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Dr Paul Park, North Locality Clinical Director (voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)
	Dr Andy Valentine, Oxford City Deputy Locality Director (voting)
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)
In attendance:	Ros Kenrick - Minutes
Apologies:	Dr Julie Anderson, South West Locality Clinical Director (voting)
	Dr Miles Carter, West Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Clinical Director (voting)
	John Jackson, OCC Director of Adult Social Services (non-voting)
	Dr Jonathan McWilliam, Director of Public Health Oxfordshire (non-voting)
	Duncan Smith, Lay Member Governance (voting)

Item No	Item	Action
1	Chair's Welcome and Announcements The Chair welcomed everyone to the extraordinary meeting and reminded those present the OCCG Board was a meeting in public and not a public meeting.	

2	<p>Apologies for absence Apologies were received from the South West Locality Clinical Director, the West Locality Clinical Director and the Oxford City Locality Clinical Director.</p>	
3	<p>Public Questions The Chair noted the questions that had been received from the Local Medical Committee and invited Dr Paul Roblin to summarise his questions. Dr Roblin said that they were statements of belief. He asked Board members to consider the end of year prediction of excessive spend with failure to agree a block contract without using the money. The consequence of removing funds from fragile organisations, who were working on new models of care, could impair their survival. He questioned the wisdom of the moratorium on uncommitted spend and why the acute trust would be receiving more funding than had been budgeted. He wondered what could be used to fund the £8.0m. The Chair noted that the Board would try to address the questions as the meeting progressed. He invited questions from members of the public.</p> <p>A question was asked on the redesign of Musculoskeletal (MSK) services. The Chief Operating Officer replied that Oxfordshire Clinical Commissioning Group (OCCG) had been working with the trusts to design a new process, but the most capable provider application had not been successful. OCCG was now looking to procure a new service. However, this had paused to allow for more time to work on the connections with the physiotherapy service. OCCG was now working with Oxford University Hospitals Foundation Trust (OUHFT) to understand what could be used from the current MSK hub in the interim.</p> <p>Another member of the public said that the paper to be presented appeared to be one of accountants talking to finance staff. It only mentioned the financial implications, not the impact the cuts would have on patient services. He asked the GPs on the Board to remember that this proposal was not in their or their patients' best interests. As Board members they would be accountable for adherence to the NHS business rules, but that they had duties of care to the patients. He asked them not to succumb to the threat and to challenge the premise on which the paper was based.</p>	
4	<p>Declarations of Interest There were no declarations of interest over and above those already recorded.</p>	
5	<p>Update on the CCG Financial Plan and Financial Recovery Actions The Chief Executive introduced Paper 16/59. He reminded the Board that OCCG was obliged to adhere to the NHS business rules to provide the best care possible within its resources. It meant that OCCG was in an uncomfortable situation. If the Board did not take action at this time, the situation would worsen. He noted that OCCG had received an extra £50.0m of funding this year, but that next year's allocation would increase by just £14.0m, putting more pressure on the system. He proposed to instigate a Savings Taskforce to be led by the South West Locality Director and the Director of Finance. More details of this would be submitted to November's Board meeting.</p> <p>The Director of Finance presented Paper 16/59 explaining at the Board meeting on 28 July 2016 the following recommendations from the Chief Executive were accepted: to put an immediate moratorium on any uncommitted spend; to review all budget lines to see where we can reduce expenditure this year; and to hold an Extraordinary Board Meeting at the end of August to agree further actions.</p> <p>The paper provided an update to the Board on the work undertaken since the 28 July Board meeting and proposed a number of actions for approval including the approval of an in-year financial recovery plan.</p>	

The Director of Finance confirmed that the increased surplus lodged by OCCG with NHS England of 1.5 per cent could not be reclaimed at this point and that the national increase in funded nursing care costs would cost OCCG c£5.0m. In addition an extra £8.0m had been required to secure a block contract with OUHFT. If a block contract had not been agreed, there would have been a greater risk to OCCG's finances. Activity in the acute trust was growing year on year. OCCG had been very clear about the direction of travel with regard to the redesign of services. Transformation would continue to be progressed throughout the duration of the contract.

The recovery plan had been constructed with reference to the last Board's decision to place a moratorium on all uncommitted spend and to review all budget lines. The Director of Finance recognised that some savings would have a greater impact than others and that some would be more difficult to release. The proposal to commit the transformation reserve and contingency reserve totalling £9.2m would leave a gap of £5.0m which would be the minimum savings required. OCCG should set a plan to acquire more headroom for managing risks. The Director of Finance identified low, medium and high risk savings. The low risk savings could release the required minimum.

There had already been slippage on primary care schemes and Board could decide to defer the start of the schemes into the next year. Locality Clinical Directors were concerned to emphasise the instability of primary care. Practices were 'falling over'. The Board felt that it would not be appropriate to make additional savings in this area. If there were no effective support for practices from the proposed saving on the primary care budget line, this would lead to much greater problems for the future. New models of care and the Federations should be supported. The good relationships between primary and secondary care in Oxfordshire should be fostered.

Board members made suggestions of other areas in which savings might be made, such as prescribing and slippage on the end of life (EOL) care scheme. These would be looked into by the Director of Finance and the Chief Executive. In particular around EOL, consideration would be given as to whether other ways to fund EOL proposals were possible and discussion would be held around how proposal could affect budgets. The finance report to the November Board would include proposals for savings in the next financial year. **The Board agreed all relevant savings proposals should have quality impact assessments associated with them and seek to uphold a principle of avoiding patient harm. The Board also agreed that savings proposals should avoid adding longer term costs to the healthcare system including, whenever possible, the actions taken to deliver short term financial recovery.**

OCCG would continue the joint contract discussions with the trusts and the Board meeting in September would receive recommendations. The Chief Executive said that, should a joint contract not be agreed next year with OUHFT and OHFT, OCCG might have to consider procurement. He asked Board to endorse the direction of travel.

The OCCG Board approve:

- **The proposal to commit the transformation reserve and contingency reserve totalling £9.2m.**
- **The adoption and implementation of the plan, including the reduction of the relevant budget lines with the exception of the proposed**

	<p>savings in primary care.</p> <ul style="list-style-type: none"> • The establishment of a Savings Taskforce to produce proposals for reducing our expenditure and reporting back to the Board in November. <p>The OCCG Board noted and endorsed the direction of travel on developing contracts that enabled and supported service integration.</p>	
6	<p>Any Other Business</p> <p>There being no other business the meeting was closed.</p>	
7	<p>Date of Next Meeting: Thursday 29 September 2016, 14.00 – 17.00, Jubilee House, Oxford, OX4 2LH. The OCCG Board will be followed by the Annual Public Meeting which will be held from 18.00 – 19.30 in Jubilee House.</p>	