NHS
Oxfordshire
Clinical Commissioning Group

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

25 July 2019, 09.00 – 11.35, Corn Exchange, Witney

	Dr Kiren Collison, Clinical Chair
	Louise Patten, Chief Executive
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr Miles Carter, West Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Locality Clinical Director (voting)
	Dr Jonathan Crawshaw, South West Locality Clinical Director (voting)
	Heidi Devenish, Practice Manager Representative (non-voting)
	Roger Dickinson, Lay Vice Chair (voting)
	Dr Shelley Hayles, North Locality Clinical Director (voting)
	Diane Hedges, Chief Operating Officer (non-voting)
	Gareth Kenworthy, Director of Finance (voting)
	Val Messenger, Interim Director of Public Health Oxfordshire (non-voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Dr Will O'Gorman, North East Locality Clinical Director (voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)
	Duncan Smith, Lay Member (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)
In attendance:	Ros Kenrick - Minutes
Apologies:	Jo Cogswell, Director of Transformation
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)

Item No	Item	Action
1.	**Chair's Welcome and Announcements** The Chair welcomed everyone to the meeting and reminded those present the OCCG Board was a meeting in public and not a public meeting. She advised the public would have the opportunity to ask questions under Item 3 of the agenda. The Director of Quality read the Patient story and the Chair thanked the patient for her consent.	
2.	**Apologies for absence** Apologies were received from the Director of Transformation and the Lay Member for Patient and Public Engagement.	

3.	**Public Questions** The Chair advised no questions had been received via the website. No questions were asked at the meeting.	
4.	**Declarations of Interest** There were no declarations of interest relating to agenda items.	
5.	**Minutes of OCCG Board Meeting held on 23 May 2019** An action allocated to the North East Locality Director should have been allocated to the North Locality Director. With this change, the minutes of the meeting held on 23 May 2019 were approved as an accurate record. *Post-meeting addendum*: The minutes of 23 May contained a sentence around primary care for which some clarification was requested. It was agreed through email exchange to include the sentence: "There had been an attempt to include primary care as a provider in the discussions and it was felt there might be a need to review the approach for the future."	
6.	**Matters arising from the Action Tracker and Minutes of 23 May 2019** The actions from the Action Tracker and 23 May 2018 minutes were reviewed and updates provided where these were not covered under items later on the agenda.	
Overview Reports		
7.	**Chief Executive's Report and Long Term Implementation Framework – Next Steps** The Chief Executive introduced Papers 19/40 and 19/40a updating the OCCG Board on topical issues including the formal announcement of the Berkshire West, Buckinghamshire and Oxfordshire (BOB) Integrated Care System (ICS). An ICS was a way of working, not a new organisation and the BOB ICS had been recognised as an early adopter of this. It was good news for Oxfordshire. The Chief Executive highlighted: • There were constructive discussions taking place with Oxford Health NHS Foundation Trust (OHFT) around mental health funding; • The safeguarding children reforms; • The progress made by the Integrated Respiratory team; • The long term plan (Paper 19/40a); this plan would be written for the next 5-10 years in conjunction with Berkshire West and Buckinghamshire CCGs. There was a very tight timescale and it would be a challenge to acquire input from all stakeholders, but public engagement had already begun, with HealthWatch representatives being involved from the start. The would receive a draft plan in September, with a final document being submitted for Board approval in November. The Chief Executive would discuss public involvement, trajectories and growth with the BOB ICS Lead. A shorter document would be developed for circulation to the public. The Board acknowledged that member practices of OCCG should be engaged now in order to gain their input. **The OCCG Board noted the Chief Executive's Report.**	**LP**
8.	**Locality Clinical Director Reports** Paper 19/41 contained the Locality Clinical Director Reports. The South West Locality Clinical Director reported that plans were progressing for the new Great Western Health Centre in Didcot using information from the Joint Strategic Needs Analysis (JSNA). There followed a discussion about data that could be obtained from the JSNA and whether information could be gathered at PCN level. Because there were many data sources at different levels it was thought that this could not correspond exactly to the PCN areas. The amount of work that had been put into creating the JSNA and the ongoing work for this dynamic document were acknowledged and welcomed. West Oxfordshire Locality Report: The Lay Member (voting) had noted the	

	reference to bureaucratic barriers in the 2 week wait process. He wondered whether this was a problem for the West locality or for the county. The West Locality Clinical Director would look into this. The Clinical Chair highlighted: • A very good discussion session at the integrated primary care workshop on 13 June; • The reference to group consultations in the North East Locality report. These were gathering momentum across the country. • Leaflets explaining PCNs had been produced by the North East Locality Forum Chair. They had been well-received The Lay Member indicated there were some good videos on-line produced by London PCNs. https://www.youtube.com/watch?v=wlJvkeRpvqc&feature=youtu.be The Communications team would collate good practice and ensure it is shared). • Lessons learned from the City Frailty pilot. **The OCCG Board noted the Locality Clinical Director Reports.**	**MC**
Strategy and Development		
9.	**Primary Care Network Development** Oxfordshire now had 100 per cent coverage of PCNs. In Paper 19/42 the Board was introduced to the concept of 'networks of networks' which would provide planning at scale for services that need greater catchment than some of the smaller Primary Care Networks (PCNs) could sustain. There would be three: North, City and South which almost corresponded to the Local Authority boundaries. The Chief Executive asked how PCNs would affect links with the Patient Participation Groups (PPGs) Chairs. A discussion on the way forward had been planned for the next Locality Forum Chairs meeting. Board members were concerned to understand where PCNs, Locality groups and other groups fitted together in the new ways of working. It was important to keep the input from the member practices and the Clinical Chair and Chief Executive were taking this aspect forward. The Director of Governance was looking at the potential impact on current governance arrangements. The City Locality Clinical Director asked about finances for the PCNs. He was concerned that the additional workforce was underfunded and that individual practices might have to fund the shortfall. The Clinical Chair would discuss PCNs' funding weighting with the Head of Primary Care. **The OCCG Board noted the progress of the Primary Care Network development and implementation undertaken to achieve 100% population coverage;** **Supported and would help to progress the transformation change required to achieve the integration of primary care and community services;** **Supported the Chair and CEO in establishing a different approach for future CCG partnership work, engagement and delivery with the three network of networks areas.**	**KC**
10.	**Horton Hospital Maternity Services update** The Director of Governance presented Paper 19/43, thanking all who had contributed to the work and those who had taken part in the scoring panel. The paper provided an overview of the work to date, with links to the detailed backing documents, and explanations of the options considered with the reasons for taking forward two.	

The two options were:
1. Making permanent the current arrangements of one obstetrics unit at the John Radcliffe hospital and a Maternity Led Unit (MLU) at the Horton hospital;
2. Providing two obstetrics units with MLUs alongside.

These options would be worked up, with full costings, for the Board to make a decision at its September meeting.

It was noted that what was required now might not be the option needed in several years' time, given the changing population, for instance.

The Lay Member for Patient and Public Engagement had been unable to attend today's meeting, but had sent in questions:

1. Why was there no analysis of the patient engagement survey responses from South Warwickshire? There were three practices in South Warwickshire which referred patients to the Horton. Of just over 300 survey questionnaires sent out to their patients, nine responses were received. This was too small a return for analysis.
2. Workforce – there exist small units working a hybrid rota. Is there an over-exaggeration of the numbers of doctors required to fill such a rota at the Horton? The rotas worked up in Oxfordshire were compliant with the 2016 junior Doctors contract and British Medical Association recommendations for consultant resident on-call duties and Royal College of Obstetrician and Gynaecologists workforce report 2017. Oxfordshire would not support a non-compliant rota. The Medical Specialist Adviser noted that non-compliant rotas were considered unsafe. The Director of Governance would be organising visits to smaller units to understand how they managed their rotas.
3. Could the Deanery be called upon by OCCG to consider the options including accreditation of the HGH within a trust wide training accreditation? This question was being followed up with the Deanery.
4. Would there be Patient and Public involvement in the planned visits to small units? This was under consideration but depended on the arrangements made with other Trusts.

The City Locality Clinical Director asked whether the views of all Oxfordshire patients were being considered because changes at the Horton would affect other service provision in the rest of the county. The Director of Governance confirmed that it had been a countywide survey and the final paper would cover the needs of Oxfordshire patients at the current time and into the future. It was recognised that the paper needed to address current and future needs.

The Lay Member (voting) welcomed the paper, but pointed out that the finance analysis would need to be presented to Finance Committee for scrutiny before the September Board meeting. **CM**

A discussion followed on patient and stakeholder engagement at the OUHFT public meeting on 23 July, the feedback from which was generally positive. The Specialist Medical Adviser challenged the Board to ensure that the option chosen must be deliverable. If sufficient members of staff could not be sourced, it would not be safe. If locums and agency staff were used, it would also not be safe or sustainable in the long term. The cost of locums would be heavy.

The OCCG Board:

- **Noted the work completed and the outcome of the option appraisal process.**
- **Noted that OCCG and OUH would now work on pulling together the findings from the work streams, and any additional information, into**

	papers for the CCG Board meeting in September. • **Discussed further areas where additional information would be required prior to decision-making**	
Business and Quality of Patient Care		
11.	**Finance Report Month 3** The Director of Finance presented Paper 19/44 providing the financial performance of OCCG to 31 May 2019; the risks identified to the financial objectives and the current mitigations. Detailed scrutiny of the full Finance Report had been undertaken at the Finance Committee. The Director of Finance highlighted emerging pressures in continuing healthcare, mental health and acquired brain injury care costs. As these were small numbers of patients each case was being monitored. There had been significant investment into continuing healthcare, but funding had risen by c2 per cent per annum, whereas actual costs in Oxfordshire had risen by c7 per cent per annum. The Director of Finance had elected not to put in place a formal financial recovery plan because, although there were risks, he was seeking mitigations. The Lay Member (voting) asked whether there was a higher level of financial risk this year given the range of the savings plan. The situation would be closely monitored and discussed at Finance Committee. The Clinical Chair requested clarity on the BOB ICS finances and the impact of each CCG's financial situation on the others. The Director of Finance explained that there was a Finance Oversight Group (FOG) to support the development plan submission and to develop a financial framework across BOB. The City Locality Clinical Director had noted the year on year pressure on patient transport and wondered if this was not predictable. The Director of Finance explained that the current pressures on patient transport were non-demographic and due to the changes in hospital behaviour. **The OCCG Board noted the Finance Report for Month 3 and considered sufficient assurance existed that OCCG was managing its financial performance and risks effectively, that it could mitigate any risks identified and that it was on track to deliver its financial objectives.**	
12.	**Integrated Performance Report** The Director of Quality and the Chief Operating Officer introduced Paper 19/45 updating the OCCG Board on quality and performance issues to date. The Integrated Performance Report was designed to give assurance on the processes and controls around quality and performance. It contained analysis of how OCCG and associated organisations were performing. The report was comprehensive but sought to direct members to instance of exception. The Director of Quality noted that this paper was also submitted monthly to the Executive Committee and quarterly to Quality Committee where more detailed scrutiny took place. It was proposed to change the format of this paper to be more streamlined, higher level and with less narrative. The Referral to Treatment (RTT) plan agreed at the last Board meeting was being progressed. The OCCG Head of Planned Care and Long Term Conditions was to be seconded to OUHFT to oversee a co-ordinated primary and secondary care approach within the hospital. The Buckinghamshire CCG Head of Planned Care would support the OCCG Planned Care team. The Lay Member (voting) asked that figures for the 42-51 week waiters were added to the IPR to provide a sense of whether the 52 week wait figure might rise in future. OCCG had more assurance on cancer now that the North Locality Clinical	**DH**

	Director, as the clinical lead for cancer, was a member of the Cancer Board. A&E Delivery Board priorities were rates of attendance at the Horton, the Home First initiative and Operational Pressures Escalation Levels (OPEL). Children's and Adolescents Mental Health Services (CAMHS) were under pressure. There was a new scheme in schools, but numbers of referrals were still rising. Long waiters were the focus, with a 12 month trajectory for improvement. It had been recognised that Oxfordshire was performing above the national average which had attracted extra funding. However, the rate of referrals had exceeded those expected. The Chief Operating Officer would bring more assurance on CAMHS to the Board. The Director of Quality raised the issue of possible harm to the patients on the 52 week wait list. Clarification had been requested on the patients' experiences. Recent figures had shown a reduction in the numbers waiting. The South West Locality Clinical Director was concerned about the higher tax penalties incurred by consultants working extra hours to help with the backlog of patients. Some consultants were drawing back from offering extra NHS work. The Director of Quality would investigate and share the information received. The Chief Operating Officer reported that physiotherapy waiting times should reduce with the introduction of more Healthshare appointments. There was more OUHFT senior oversight of the Home Access Reablement Team (HART) service with solutions being proposed and some pathway redesign in community hospitals. **The OCCG Board noted the Integrated Performance Report.**	**DH** **SW**
Governance and Assurance		
13.	**Corporate Governance report** The Director of Governance introduced Paper 19/46 which reported on formal use of the seal and single tender action waivers. It also included details of hospitality and declarations of interest. The Specialist Medical Adviser noted that he had recently updated his declaration of interests which had arrived too late for this Board paper, but that there was nothing that would affect items at this meeting. The Deputy Director of Public Health suggested that updates should be received for the new Directors of Public Health and Adult Services. **The OCCG Board noted the Corporate Governance Report.**	
14.	**Proposed New Strategic Risk Register** The Director of Governance presented Paper 19/47 explaining that the current risk register would benefit from a restructure to reflect the new situation with regard to the BOB ICS and development of the Oxfordshire Integrated Care Partnership. The Board had considered this at a workshop session and Directors had then provided definitions and suggested risk scores for the proposed risks. The Board was asked to approve the proposals. Risk 4, Workforce: the workforce risk level of 16 was perhaps too low, particularly if including primary care. The Director of Quality said that this was a dynamic situation and the level could rise or fall as work progressed. The Lay Member (voting) suggested that if OCCG did not have sufficient assurance then this risk should have the highest level of all the risks.	

	Risk 5, Digital: The Director of Finance had proposed that this be split into two risks: implementation of digital solutions and cyber security. It was agreed that the threat to cyber security would never be low and did not relate to the need to implement digital solutions. The Board noted some overlap on the delivery (risk 3) and national target (Risk 6). it was requested this was reviewed. **The OCCG Board agreed the proposed risks subject to delivery overlap being reviewed and to split Risk 5, Digital into two risks; digital solutions and cyber security**	**DH**
15.	**Oxfordshire Clinical Commissioning Group Sub-Committee Minutes** *Audit Committee* The Lay Vice Chair as Chair of the Audit Committee presented Paper 19/48a, the minutes of the Audit Committee meetings held on 18 April, 21 May and 20 June 2019. The Committee had received an overview of the ICP and considered the potential conflicts of the ICS and CCG activities. The Committee had discussed digital interoperability issues around patient records and the GPs' concerns about sharing of records. The Chief Executive asked that the Audit Committees of all three CCGs in the ICS work together to avoid duplication. *CCG Executive Committee* The Chief Executive as Chair of the CCG Executive Committee presented Paper 19/48b, the minutes of the CCG Executive Committee held on 23 April and 28 May 2019. *Finance Committee* The Lay Member (voting) as Chair of the Finance Committee presented Paper 19/48c, the minutes of the Finance Committee held on 9 May 2019. He reported that the minutes presented had been superseded by the meeting held on 23 July 2019. Recommendations about the pooled budgets concerns had been taken forward. A good paper had been received on HART. *Oxfordshire Primary Care Commissioning Committee (OPCCC)* The Lay Member (voting) as Chair of the OPCCC presented Paper 19/48d, the minutes of the OPCCC held on 4 June 2019. He highlighted the workforce gap in the workforce strategy; the award of a contract to St Bartholomew's practice; good engagement on the homelessness issues; the Principal Medical take-over of the Horsefair contract which would be good for long term sustainability. *Quality Committee* The Director of Quality, on behalf of the Chair of the Quality Committee presented Paper 19/48e, the minutes of the Quality Committee held on 9 July 2019. **The OCCG Board noted the Sub-Committee minutes.**	
16.	**Oxfordshire Clinical Commissioning Group** **Sub-Committee Annual Reports** • **Quality Committee Annual Report:** The Director of Quality introduced Paper 19/49. The Specialist Medical Adviser stressed the importance of research and innovation within the Quality agenda, especially looking to the future.	
For Information		
	Confirmation of meeting quorum and note of any decisions requiring ratification It was confirmed the meeting was quorate and no decisions required ratification.	
	Any Other Business There being no other business the meeting was closed.	

	Date of Next Meeting: Thursday 26 September 2019, 14.00-17.00, Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH **26 September 2019, 18.00 – 19.30, Annual Public Meeting, Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH**	