



MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

23 May 2019, 09.00 – 12.45 Jubilee House, 5510 John Smith Drive, Oxford, OX4 2LH

	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)
	Jo Cogswell, Director of Transformation
	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)
	Duncan Smith, Lay Member (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (voting)
In attendance:	Lesley Corfield - Minutes
Apologies:	Lucy Butler (LB), OCC Director for Children, Education and Families (non-voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)

Item No	Item	Action
1	<p>Chair’s Welcome and Announcements</p> <p>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.</p> <p>The Director of Quality introduced the Patient story and thanked the patient’s family for their consent (https://www.youtube.com/watch?v=3lf5UZfHsQ).</p>	
2	<p>Apologies for absence</p> <p>Apologies were received from the OCC Director for Children, Education and Families, the Medical Specialist Adviser and the Lay Member PPI.</p>	
3	<p>Public Questions</p> <p>The Chair advised no questions had been received via the website. The Chair</p>	

	invited questions from members of the public but none were posed.	
4	Declarations of Interest There were no declarations of interest relating to agenda items or over and above those already recorded.	
5	Minutes of OCCG Board Meeting held on 28 March 2019 The minutes of the meeting held on 28 March 2019 were approved as an accurate record.	
6	<p>Matters arising from the Action Tracker and Minutes of 28 March 2019 The actions from the Action Tracker and 28 March 2018 minutes were reviewed and updates provided where these were not covered under items later on the agenda.</p> <p><i>Integrated Performance Report</i> Children and Young People Eating Disorders: the performance in January had improved but the target was not yet being achieved and there had been issues with recording data. Individual cases were being reviewed at assurance meetings and any issues would be escalated. The action was closed.</p> <p>New Service Model: The model had gone live in 34 trailblazer schools. Oxfordshire had been invited to bid for a second wave of national funding. The bid needed to be submitted to NHS England (NHSE) on 23 May 2019. Cancer: Assurance on capacity to manage demand would be picked up under Item 11, the Integrated Performance Report.</p> <p>Mental Health Routine Referral Assessments: These were reviewed as part of the Quality Committee agenda and to date there had been nothing negative to report. The action was closed.</p> <p>Travel time: The OCCG contract paid for care hours and travelling expenses. There was a review of the way Oxfordshire County Council (OCC) was contracting the service as the care was a joint responsibility to enable OCCG to influence and coproduce the way the service was commissioned. There was active work underway but travel time between patients was not currently paid. The action was closed as the issue was being picked up elsewhere.</p> <p><i>Developing OCCG's Approach to Public and Patient Engagement</i> A proposal from Healthwatch to develop a wider stakeholder network with themed events to cover the whole work of the Health and Wellbeing Board (HWB) had been presented to the HWB Workshop on Tuesday 21 May 2019. The HWB had agreed the proposal and that the Director of Governance should work with the Executive Director of Healthwatch to make the proposal a reality. OCCG would be very engaged and the work would be an overall approach rather than a number of separate pieces of engagement. The action was closed.</p> <p><i>System Governance</i> There had been discussion following the publication of the NHS Plan and the Chief Executive and Director of Governance would discuss outside of the room when and to what fora to bring pieces of work. The Chief Executive advised system governance would be discussed at a Board Workshop. The Chief Executive reported the interviews for the Sustainability and Transformation Partnership (STP) Independent Chair were on Friday 24 May 2019 and once the Chair had been appointed work was expected to accelerate in the next month. There would be a need for layers of governance from the STP through to the Integrated Care Partnership (ICP).</p> <p><i>Locality Clinical Director (LCD) Reports</i> The Director of Transformation advised each of the LCD reports contained details on Primary Care Network (PCN) development progress and a culmination report</p>	<p>LC</p> <p>LC</p> <p>LC</p> <p>LC</p> <p>LC</p> <p>LP/CM</p>

	<p>would be brought to the next Board meeting. A full map was not yet available but there was confidence of 100% population cover and for the next meeting there would be stronger narrative on how PCNs were being delivered and working with partners towards more integrated care.</p> <p><i>Older People's Strategy for Oxfordshire</i> Held over to the next meeting.</p> <p><i>Operational Plan</i> Narrative: to be picked up under Item 9, Final Operational Plan 2019/20. The action was closed.</p> <p>Cancer Plan: to be reviewed under Item 11, the Integrated Performance Report.</p> <p><i>Risk Register</i> To be picked up under Item 17, Strategic Risk Register and Red Operational Risks. The action was closed as the issue was being picked up elsewhere.</p>	<p>JCo</p> <p>LB</p> <p>LC</p> <p>LC</p>
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Overview Reports

<p>7</p>	<p>Chief Executive's Report</p> <p>The Chief Executive introduced Paper 19/27 updating the OCCG Board on topical issues. The Chief Executive highlighted the STP Chair interviews on 24 May 2019 advising she would be participating on one of the stakeholder groups; interviews for the Director of Adult Services would take place in early June; the Quarterly Assurance meeting had gone well and had provide an opportunity for NHSE/NHS Improvement (NHSE) to talk through their new approach. NHSE and NHSI were undergoing a major organisational change which was not expected to be completed until September. NHSE/I were planning to support OCCG as it continued the journey to become a self-assuring organisation at STP level. NSHE/I were expecting a report on the system priorities at the next meeting.</p> <p>The Chief Executive advised the Mental Health Joint Managing Director post between Oxford Health NHS Foundation Trust (OHFT) and the Buckinghamshire and Oxfordshire CCGs had initially been considered as a joint post but an easier and more straightforward route through the governance processes would be via a delegated commissioning budget for the whole of mental health. This would be worked up and brought back to the Board.</p> <p>Jonathan Horbury had joined OCCG on secondment to develop the ICP. At the Integrated System Delivery Board (ISDB) on 21 May 2019 it had been agreed to appoint a shared partnership Managing Director. The Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP roadmap would be available to view on the STP website shortly (https://bobstp.org.uk/).</p> <p>The Interim Director of Public Health reported the new Director of Public Health, Ansaf Azhar, would be commencing in post from 1 August 2019.</p> <p>The Director of Governance observed the changing view of Mental Health work was in line with several previous ways of working such as outcome based contracts (OBC) where organisations worked together to deliver the outcomes wanted. She advised the delegated commissioning budget was the next step and a clearer approach in governance terms. Other CCGs were proposing to adopt this approach and some had already implemented it. The detail and development needed to be presented to both the CCG Executive Committee and the Board as the body that delegated functions. The Oxford City LCD commented OBC had worked as it had been driven by the outcomes patients wanted and it would be necessary to engage patients to ensure this approach worked. The Chair stated the importance of the Oxford City LCD and the Buckinghamshire Mental Health lead being part of the work.</p>	
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<p>8</p>	<p>Locality Clinical Director Reports Paper 19/28 contained the Locality Clinical Director Reports.</p> <p>Localities had been focussed on helping PCNs to form and get going. The South West LCD remarked that to ensure the success of PCNs there was a need for practices to look out as well as to each other and involve community services and the third sector.</p> <p>The Chair reported since the last Board meeting Workshops had been held jointly with the LMC which had been well received and it was now important to help PCNs move towards the next steps. She anticipated there was likely to be slower progress this year as there was a need to establish relationships and building blocks but noted there were very positive signs in the LCD reports that things were moving in the right direction.</p> <p>It was commented there was disquiet in public about what these changes meant and that communication would be vital. Patient and Participation Group (PPG) involvement was another clear theme in the reports. Patients wanted to get involved and were enthusiastic. There was a need to harness this enthusiasm as development moved forward.</p> <p>The North East LCD reported on the public meeting held in Bicester mentioned at the last meeting around the planning for development of primary care premises. With the new growth in Bicester practices were running out of space. A lot of work had been undertaken to plan new premises for two practices. The meeting had been good and productive but was difficult as there were a lot of unknowns. The Locality was trying to be as open as possible with the patients and hoped they understood it was not yet possible to provide definitive answers. The Lay Vice Chair advised he had attended the meeting and had been impressed by the presentations from the three practices. Over 200 people had attended. The public had been more concerned about the location of the new premises but the engagement had been well received.</p> <p>Responding to a query concerning Luther Street, the Director of Transformation advised the practice provided services for homeless patients in Oxford City. It was a small practice covering about 490 people and was unique in the Thames Valley area. It was believed a solution had been found which was being worked up and would meet the needs of the patients.</p> <p>On the moratorium for referring gynaecological patients to the Oxford University Hospitals NHS Foundation Trust (OUHFT) the North LCD advised patients were being asked to choose other locations. Patients were at liberty to still opt to attend the OUHFT and GPs were informing patients of the length of the waiting list. Fertility and miscarriage patients were still attending at the OUHFT and other areas would be fed back in as the backlogs were cleared. OCCG was working with the OUHFT to manage demand across the patch. The North LCD offered to produce a report for the Board on the improvements being made.</p> <p>The Chair remarked that the diabetes education evenings in Bicester sounded like they had been a positive experience. The North East LCD advised 500 people had attended and there had been a lot of enthusiasm. Dietary and life style changes had been a key component and other areas had expressed an interest. Discussions were taking place around holding meetings elsewhere.</p> <p>The OCCG Board noted the Locality Clinical Director Reports.</p>	<p>WOG</p>
<p>Strategy and Development</p>		

9 Final Operational Plan 2019/20

The Director of Governance presented Paper 19/29 detailing the final 2019/20 Operational Plan that was submitted to NHS England on 4 April 2019.

The Director of Governance thanked everyone involved in producing the final plan and advised it was not very different to the version seen at the end of March. The plan was clear about the priorities for the system to deliver: 52 week waits, delivery of the cancer improvement trajectory and A&E delivery. Conversations were continuing with NHSE over some of the other national targets such as the Improving Access to Psychological Therapy (IAPT) target where it was clear OCCG would not be able to guarantee delivery. Delivery would now be monitored against the plan.

Responding to the Lay Member (voting) the Director of Governance advised consideration of the overall monitoring would be taken away together with mapping of responsibilities and how assurance was provided to the Board. The Director of Quality stated workforce was a challenge explaining it was difficult to create a plan as each organisation had its own workforce plan. Consideration would be given to how to bring back information on what each organisation was doing to recruit and retain staff and to provide assurance to the Board. OCCG was working with provider trusts and Buckinghamshire CCG to ensure quality and safety was maintained. The Lay Member (voting) stated he wished the management team to be assured and the Board to receive high level assurance.

The Director of Finance proposed monitoring against risks as a great deal of work had been undertaken in their identification.

The Oxford City LCD observed there were three partners who deliver patient care but quite often only two of the partners were referred to. Reference was made to primary care being overfunded in Oxfordshire but it was not possible to limit primary care activity. Although PCNs would have more power he felt the plans should be written more carefully. The Director of Governance advised a representative from primary care had been at meetings. There was a need to look in more detail where Oxfordshire seemed to be an outlier in the services consumed by its population and give more consideration to where money should be spent to best effect.

The Chair pointed out most GPs were conflicted when discussing funding for primary care but that this did not take away the important point being made. The advantage of PCNs would be more influence within primary care and there would be a need to harness this as effectively as possible. There had been an attempt to include primary care as a provider in the discussions but there might be a need to consider if it was the correct approach.

The Chief Executive advised there would be investment directly from NHSE to primary care and PCNs over the next few years which would be helpful.

Financial Plan

The Director of Finance presented paper 19/29a updating the Board on the final plan submission for 2019/20 as submitted to NHSE on 4 April 2019 and advised formal reporting against the plan would start in Month 2.

The paper covered two areas: the primary care delegated budget, the detail to be worked through at the Oxfordshire Primary Care Commissioning Committee (OPCCC); the net risk for OCCG which had reduced due to the outcome of contract negotiations with providers but the Board needed to know there was still a £5.9m net risk in the financial plan and it would be necessary to form strategies to manage the risk should any crystallise. The four risk areas in the paper were

in-year acute activity risk and referral to treatment (RTT) pressure; the continuing healthcare increase in numbers/cost of Care Homes and Funded Nursing Care; the prescribing budget risk; unidentified efficiency savings.

The Director of Finance explained the business rules set for the NHS and CCGs did not allow for draw down on the previous surplus. It was advised in statements that CCGs would be able to draw down the money when NHS finances improved.

The OCCG Board:

- **Approved the final 2019/20 Operational Plan narrative incorporating the financial plan**
- **Noted the plan had prioritised delivery of zero 52 week waits and delivery of the cancer and A&E 4 hour standard in accordance with the improvement trajectories submitted**
- **Noted the Operational Plans for 2019/20 were submitted to NHS England on 4 April 2018.**

Business and Quality of Patient Care

10 Finance Report Month 12

The Director of Finance presented Paper 19/30 providing the financial performance of OCCG to 31 March 2019 for the 2018/19 financial year. Detailed scrutiny of the full Finance Report had been undertaken at the Finance Committee. The paper aimed to provide an overview of the financial position at year end.

The Director of Finance stated the report was consistent with previous reports brought to the Board but advised on the changes through the year-end as OCCG closed down the final contracting positions with provider organisations.

The Director of Finance commented OCCG should celebrate the success in terms of achieving the financial objectives as an organisation. Key to underpinning this success was the Financial Recovery Plan (FRP) enacted in year. The FRP had been triggered in response to considerable over performance at the OUHFT and the actions taken had secured the position. There were wider benefits as the process had been well received and adapted and adopted for budget setting procedures. The outcome had been shared with system partners.

The Director of Finance advised activity growth had been reflected in the contracts for this year. The previous year had ended with significant over performance on provider contracts.

The OCCG Board noted the Finance Report for Month 12 and considered that OCCG had managed its financial performance and risks effectively during 2018/19 in order to deliver its financial objectives.

11 Integrated Performance Report

The Chief Operating Officer introduced Paper 19/31 updating the OCCG Board on quality and performance issues to date. The Integrated Performance Report was designed to give assurance of 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 Chief Operating Officer advised overall it had been a better year but there were still some key performance challenges. A&E was 4% better although issues remained and it had been stated in the Operational Plan that some of the standards would not be met. The Buckinghamshire Winter Director had been approached to undertake an overview of delivery approach, governance and priorities and a report for the A&E Delivery Board (AEDB) was expected in a

	<p>couple of months' time.</p> <p>RTT remained a challenge and the full RTT target would not be delivered leading to the prioritisation of cancer and 52 week waits in the Operational Plan. There was an improvement in 52 week waits with only five at the end of March.</p> <p>At the last meeting assurance around capacity to manage demand in cancer had been raised. There had been a number of spikes last year and it was not known if these would continue. There was a workforce issue with diagnostics although some improvements had been seen but the target was not expected to be achieved until December 2019. Considerable efforts were being deployed to improve efficiency with a whole range of areas being reviewed and consideration to improve the cancer pathway rather than just concentrating on the workforce issue.</p> <p>The North LCD had joined the OUHFT cancer meeting where there was a lot of focus on specific areas. There were four main pathways and the issue appeared to be diagnostics and streamlining pathways once the patient was in the system. The number of radiographers was also an issue and sharing reporting across the STP was being investigated. . Attending the meetings would help in being able to maintain focus. There had been discussion around unification of the cancer plan in a primary care and tertiary setting to produce a single comprehensive plan. The Director of Quality advised the work to ensure there was no harm to 52 week waits would continue until the issues were resolved.</p> <p>There were issues in all providers across the Thames Valley but Oxfordshire performed poorly compared to other areas although this was due to the movement of patients from other Alliances into Oxfordshire.</p> <p>The data in the IPR would be checked against the Trust Board briefings as there were some discrepancies. The Chief Executive commented that seeing the same data was a valid point and one of the main benefits about working better as a system would be moving to a single performance dashboard.</p> <p>The Chief Operating Officer undertook to come back on all the points raised by the Lay Member (voting) around community delayed transfers of care having an impact on beds and patient experience; reports from the Child and Adolescent Mental Health Service; falling indicators; the Royal Berkshire RTT performance and the OHFT contract and waiting times.</p> <p>The Chief Operating Office advised the HART service had been discussed in the Finance Committee and issues related to the community hospitals. The level of concern around the reablement service was understood and more work was being undertaken around repositioning the service in the OUHFT and leadership. There was a lot of focus in the Trust which needed to be shown in the results. The Chief Operating Officer would pick up with the lead commissioners.</p> <p>The OCCG Board noted the Integrated Performance Report.</p>	<p>DH</p> <p>DH</p> <p>DH</p>
<p>12</p>	<p>Oxfordshire Clinical Commissioning Group Annual Report 2018/19</p> <p>The Director of Governance presented Paper 19/32 which included the Performance Report and Accountability Report sections of the Annual Report for 2018/19. The Performance Report consisted of:</p> <ul style="list-style-type: none"> • A summary providing the public with information to understand the organisation, its purpose, key risks, objectives, achievements and performance in year • A performance analysis to report on the organisations most important performance measures. 	

	<p>OCCG was obliged to include in the Accountability Report:</p> <ul style="list-style-type: none"> • A corporate governance report • A Remuneration and Staff Report • A Parliamentary Accountability and Audit Report. <p>The Annual Report needed to be submitted to NHSE by 28 May 2019. The Board was asked to note that there were still some outstanding performance and finance figures which would be included in the final report.</p> <p>The Director of Governance thanked the Communications Team for pulling the report together and meeting the deadlines advising there had been lengthy guidance on the content and structure. There had been few comments from Auditors and NHSE on the draft submitted in April and the current version had been reviewed by the Audit Committee, the Chief Executive and the Chair.</p> <p>A check would be made on the number of hits the Annual Report received on the website and the number of copies requested although it was advised a summary report, which was an easier to read version, was always produced and would be available at the Annual Public Meeting in September.</p> <p>The Chair reiterated the thank you to the Team and highlighted the number of positive areas in the report observing there was always discussion of the negatives and it was good to see some of the wonderful things that had happened.</p> <p>The Lay Vice Chair agreed commenting it had been the most readable report in the five years. He particularly liked the table on page 8 of the Annual Report and page 9 of the Operational Plan and felt it should be used more often. The Lay Vice Chair advised the Audit Committee was comfortable with the report and recommended adoption to the Board. The Lay Vice Chair thanked the Director of Governance and the Communications Team for pulling the report together in such a professional manner.</p> <p>The OCCG Board approved the report on the basis of a detailed review by the Audit Committee.</p>	
13	<p>Oxfordshire Clinical Commissioning Group Annual Accounts 2018/19</p> <p>The Director of Finance presented Paper 19/33, the latest version of the draft accounts as submitted to the Audit Committee on 21 May 2019. The External Audit of the accounts was ongoing but no significant changes had been identified.</p> <p>Delegated arrangements were in place to authorise any changes required between the date of the Audit Committee and the planned submission date of 24 May 2019 (national deadline for submission was 09.00 on 29 May 2019) as the audit process still needed to be concluded.</p> <p>The Audit Committee had considered the draft report from Ernst & Young and whilst there was still work to complete there were no issues at that point to give any concerns around their audit opinion and the auditors felt an unqualified opinion on the accounts would be given. The Director of Finance thanked the people in the Finance Team and the Commissioning Support Unit responsible for compiling the report advising the auditors had commented that it was a well-run ship.</p> <p>The Lay Vice Chair on behalf of the Audit Committee concurred with the comments from the Director of Finance. He stated there had been a smooth process in compiling the report and the Finance Team led by the Deputy Director of Finance deserved commendation. The Audit Committee was happy to</p>	

	<p>recommend adoption of the accounts to the Board subject to any final changes required.</p> <p>The OCCG Board approved the annual accounts for 2018/19.</p>	
Governance and Assurance		
14	<p>Corporate Governance report</p> <p>The Director of Governance introduced Paper 19/34 which reported on formal use of the seal and single tender action waivers. It also included details of hospitality and declarations of interest.</p> <p>The OCCG Board noted the Corporate Governance Report.</p>	
15	<p>Strategic Risk Register and Red Operational Risks</p> <p>The Director of Governance presented Paper 19/35 explaining there were no new Strategic Risks, no changes to Risk Titles, there was one Red/Extreme Strategic Risk with a current risk rating of 20: AF19 Demand and Performance Challenges, and two Extreme/Red Operational risks with a current risk rating of 20: 797 A&E Four Hour Wait and 798 Performance of RTT and Cancer NHS Constitution Standards.</p> <p>The Director of Governance advised the approach to the Risk Register had been reviewed at the Directors Risk Review meeting and with the wider team. There was a need to take a step back and assess, to take stock and consider the big risks to the organisation and delivery for the population of Oxfordshire. The work would be taken to a Board workshop to consider and then the Risk Register would be refreshed. It was intended the discussion would be at the June workshop. The action around review of the primary care risk and the Oxfordshire Primary Care Commissioning Committee to reflect the work required to establish PCNs and the effect on general practice would be picked up as part of the Risk Register review.</p> <p>The Lay Member (voting) suggested the BOB STP and deliverables in the Operational Plan were key to OCCG achieving the plan and should be part of the risk assessment.</p> <p>The OCCG Board:</p> <ul style="list-style-type: none"> • Noted there were no new Strategic Risk • Noted there had been no changes to Risk Titles • Noted the one Red/Extreme Strategic Risk: AF19 • Noted the two Extreme/Red Operational Risks: 797 and 798. 	
16	<p>Oxfordshire Clinical Commissioning Group Sub-Committee Minutes</p> <p><i>Audit Committee</i></p> <p>The Lay Vice Chair as Chair of the Audit Committee presented Paper 19/36a, the minutes of the Audit Committee held on 21 February 2019 advising the Audit Committee had discussed at length the use of the Risk Registers and the need for both an STP and system risk as they became apparent going forward.</p> <p><i>CCG Executive Committee</i></p> <p>The Chief Executive as Chair of the CCG Executive Committee presented Paper 19/36b, the minutes of the CCG Executive Committee held on 26 February and 26 March 2019.</p> <p><i>Finance Committee</i></p> <p>The Lay Member (voting) as Chair of the Finance Committee presented Paper 19/36c, the minutes of the Finance Committee held on 5 March 2019 and 19/36d, the minutes of the Finance Committee held on 21 March 2019. The Lay Member (voting) highlighted the financial implications reinforced by the net risk OCCG was carrying into 2019/20 - £5.9m of risk that was not yet fully mitigated, and advised</p>	

the 2019/20 savings plan had been discussed at the 21 March meeting and would be returned to at a later meeting. He drew attention to the Action Required section of the front sheet where Board members were asked to consider if they were receiving sufficient information in the Board's finance report and through the minutes of the Committee meetings to assure themselves in relation to OCCG's financial performance commenting it would be helpful to receive positive assurance from the Board.

Quality Committee

The Director of Quality presented Paper 19/36e, the minutes of the Quality Committee held on 29 February and 9 April 2019 advising the Safeguarding report on the new statutory arrangements would be brought to the Board and drawing attention to the Gosport Mortality Review.

The OCCG Board noted the Sub-committee minutes.

17 **Oxfordshire Clinical Commissioning Group Sub-Committee Annual Reports Audit Committee**

The Lay Vice Chair as Chair of the Audit Committee presented Paper 19/37a, the Annual Report 2018/19 for the Audit Committee. The Lay Vice Chair commented the Board would note most of the activity in the Looking Forward section was around engaging and working with colleagues in other bodies in the Oxfordshire system on developing mechanisms and gaining assurance to feedback to the Board on the development of integrated working in Oxfordshire.

CCG Executive Committee

The Chief Executive as Chair of the CCG Executive Committee presented Paper 19/37b, the Annual Report 2018/19 for the CCG Executive Committee. This was the first annual report for the Committee which had been established in July 2018. The Chief Executive drew attention to the bullet point under the Looking Forward section relating to the formation of a clinical and care forum which would provide a clinical voice across system. She observed that this was an interesting development as the forum would take on the role which had formally been left to the CCG Executive Committee.

Finance Committee

The Lay Member (voting) as Chair of the Finance Committee presented Paper 19/37c, the Annual Report 2018/19 for the Finance Committee. The Lay Member (voting) felt the Committee could demonstrate a high degree of compliance against the self-assessment checklist. The Board was asked to note the areas within the Looking Forward section and to notify the Lay Member (voting) of any other areas the Board felt should be covered.

The Chief Executive suggested the Finance Committee should undertake a 'deep dive' on the Better Care Fund (BCF). The Lay Member (voting) advised the Audit Committee had already undertaken a governance review of the BCF and proposed scoping any further work outside of the meeting.

Oxfordshire Primary Care Commissioning Committee (OPCCC)

The Lay Member (voting) as Chair of the OPCCC presented Paper 19/37d, the Annual Report 2018/19 for the OPCCC. The Board asked that the attendance table was checked.

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For Information

18 **Confirmation of meeting quorum and note of any decisions requiring ratification**

It was confirmed the meeting was quorate and no decisions required ratification.

19 **Any Other Business**

There being no other business the meeting was closed.

20 **Date of Next Meeting:** Thursday 25 July 2019, 09.00 – 12.45, The Corn

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