Oxfordshire
Clinical Commissioning Group

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 26 September 2019	**Paper No: 19/62**

Title of Paper: CCG Executive Committee Minutes – 23 July 2019

Paper is for: (please delete tick as appropriate)	**Discussion**	✓	**Decision**		**Information**	✓

Conflicts of Interest (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

Purpose and Executive Summary:
The CCG Executive Committee minutes are designed to provide assurance to the OCCG Board that there is focus and wider input on clinical issues and operational delivery including performance, finance and delivery of major work programmes.

Engagement: clinical, stakeholder and public/patient:
Not Applicable

Financial Implications of Paper:
None

Action Required:
The Board is asked to note the minutes of the CCG Executive Committee.

OCCG Priorities Supported (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care

✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:
Not Applicable

Link to Risk:
Not applicable. Papers presented to the CCG Executive Committee identify the risk they are linked to.

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Clinical / Executive Lead: Dr Kiren Collison, Clinical Chair; k.collison@nhs.net

Date of Paper: 10 September 2019

MINUTES:

CCG Executive Committee

Tuesday 23 July 2019, 09.30 – 12.00

Conference Room B, Jubilee House

Present	Ed Capo-Bianco	Jonathan Crawshaw	Catherine Mountford
	Miles Carter	David Chapman (from 10.50)	Will O'Gorman
	Kiren Collison	Shelley Hayles	Louise Patten – Chair
	Jo Cogswell (JCo)	Diane Hedges	Sula Wiltshire
In Attendance	Ros Kenrick (Minutes)	Rachel Pirie (Item 5)	Jenny Simpson

Apologies	Gareth Kenworthy		

		Action
1.	**Declarations of Interest Pertaining to Agenda Items** There were no declarations of interest pertaining to agenda items.	
2.	**Minutes of the Meeting Held on 26 June 2019 and Action Tracker** The minutes of the meeting held on 26 June 2019 were approved as an accurate record and the action tracker reviewed and updated. Action updates: 1. GP workload in the community: Closed, with a paper in preparation for Board. 2. Finance Performance Report PCNs: JCo is working with CEO OHFT to identify commissioning and provider leads. Open 3. Draft BOB STP Primary Care Strategy: Closed 4. Vision Practice: Support had been offered, but the practice wished to stay with their current system. Open 5. Thames Valley Priorities Committee: Closed 6. Finance Performance Report: Three outstanding queries remained which were all being addressed. 7. Integrated Performance Report: Planned Care initiatives were circulated. Reporting of harm reviews has been included. Harm review undertaken at OUH. Monitors to be agreed at alliance level. SH will progress this through the Cancer Board. The psychological harm is difficult to assess. These actions closed 8. Horton HOSC: Closed 9. PCN baseline Exercise: Paper circulated. Closed	**JCo** **JCo** **EDs** **SH**

Operational Delivery		
3.	**Finance Performance Report** JS presented Paper 2. At 30 June 2019 NHS Oxfordshire Clinical Commissioning Group (OCCG) reported year to date and forecast outturn on plan i.e. a forecast breakeven position. This had been achieved by the release of the risk reserve. OCCG risks remained at £5.5m. £5.1m additional allocation had been received of which £3.2m was held by OCCG for the BOB Integrated Care System (ICS). £1.1m had been received for Children and Young People Mental Health. Overspends listed in the paper were noted and the Committee understood that the Finance team would flag any particular problems should they arise. As highlighted last month, £477k was required to be transferred from the Risk Reserve to Diabetes, Respiratory and Gynaecology to cover these high priority investments. The Committee was asked to approve the Virement. The Committee discussed the community gynaecology project which had not yet begun, but the allocated funding of £100k would be required going forward. **The Executive Committee approved Virement 13; the transfer of £477k from the CCG risk reserve to the Long Term Conditions budgets.** **The CCG Executive Committee noted the Finance Performance Report and considered Oxfordshire CCG was managing its risks effectively in order to deliver its financial objectives.**	
4.	**Integrated Performance Report** SW introduced Paper 3. Items highlighted and discussed included: • Cancer performance: Funding for the cancer alliance project manager had ceased, but work would continue to improve the performance of the multi-disciplinary teams (MDTs) following an audit that identified that there was potential for a 40 per cent improvement. • Endoscopy: Concerns had been raised as to the quality of the endoscopy service from one specific provider as evidence presented to the Cancer Strategy group implied significant numbers of repeated procedures. SW confirmed scoping work had commenced and would report back to the Exec as soon as practicable • Mental Health prioritisation: DH would discuss with the Head of Mental Health a revised approach for more appropriate wording in the IPR. • Test results: A concern had been raised regarding some	**SW** **DH**

	discharge summaries not being sent from the Emergency Medical Unit (EMU) in Witney. SW would assess this and report back to the Executive. • Children and Adolescent Mental Health Services (CAMHS): Much good work was being undertaken, but the Committee noted that demand was growing. • 52 week waits: The paper did not assure that no harm had been experienced by patients on this waiting list, although the Committee noted that harm reviews were also undertaken at 42 weeks. All would have suffered psychological harm. It was confirmed that detail behind the headline in the IPR was regularly discussed at Quality Committee. • Changes to the IPR: A new proforma was being developed to improve the IPR. It would need more input from the Commissioning Support Unit (CSU). There would be discussion with Bucks CCG about producing one report for the two organisations. • The Executive Committee noted the challenges in the Home Access Reablement Team (HART) and the rising delayed transfers of care (DTOC) figures. The challenges in HART would need to be linked to the workforce challenge in Oxfordshire. Finance Committee would receive papers on the HART service later today. **The CCG Executive Committee noted the Integrated Performance Report.**	**SW** **DH**
5.	**Market Position Statement (MPS)** RP presented Paper 4. The MPS had been co-designed with all stakeholders in order to present a unified approach to the market on social care provision across Oxfordshire. The Executive Committee welcomed the co-produced paper and that it had been well-received by the provider organisations. **The CCG Executive Committee approved the Market Position Statement**	
6.	**Preservation of Fertility for Patients other than those with Cancer** SW presented Paper 5. OCCG was an outlier in the BOB ICS region in not having adopted the changes to the Commissioning Policy 235 (TVPC17) Preservation of Fertility which included treatment of those patients who do not have cancer. Legal and financial risks were difficult to quantify, but there would be a clear risk if OCCG did not support this change. **The CCG Executive Committee approved the recommendations in Paper 5.**	
7.	**Horton Maternity update** CM presented Paper 6. The paper would be presented to Board this week and a decision-making paper would be brought to the Board in September. The Executive Committee was asked to note the work undertaken, the options and how they scored, and identify any further	

	work required prior to decision-making in September. Areas discussed included: • The two options of the current situation and that of two obstetric units each presented challenges and would be worked up for September. • The review had looked at whether there been harm to patients as a result of the transfers to the John Radcliffe hospital. No evidence for this had been identified. • Clinical leads agreed to read all the backing documents to familiarise themselves with the detail. Neil Fisher, who had been involved in the options appraisal, would be invited to a Clinicians' meeting on a Tuesday before the Board meeting for a discussion. • Representatives from the OUHFT would be invited to a Board pre-meet to provide assurance that all has been done to address the Horton obstetric staffing issues. The Chief Executive had flagged the issue to NHS England. • Member practices would be encouraged to read the details within the documents to understand the options and therefore the decisions that could be made by the Board. **The CCG Executive Committee noted Paper 6.**	**LCDs** **KC** **CM**
8.	**Continuing Healthcare Delivery** DH presented Paper 7. The Executive Committee discussed the request to delay the re-procurement of the Continuing Healthcare Assessment Service and agreed to the delay. **The CCG Executive Committee approved Paper 7.**	
9.	**Long Term Plan Implementation Framework** JCo presented Paper 8. • The appendix presented (*Delivering a new service model for the 21st century*) had since been updated with named leads for key areas. This would be circulated. • There was no clinician on the Delivery Oversight Group and JCo agreed to try to map out the OCCG clinical leads to ICS work and to provide an organisation diagram of the ICS • There was concern that there should be input from all three places. OCCG Board would need to agree the ICP plans from the Oxfordshire point of view. • There would shortly be an ICP financial plan for OCCG to complete. **The CCG Executive Committee noted Paper 8.**	**JCo** **KC**
10.	**Capacity Alert for Urology** DH presented Paper 9. Urology appointment waiting times were increasing, therefore the Committee was asked to agree a capacity alert. Neighbouring Trusts would be approached to take extra patients. A request for a pause on urology referrals had already been declined. The Committee noted that the recent gynaecology capacity alert alone	

	had not resulted in behavioural change; the restriction on referrals had made a difference to referral rates and long wait outliers figures had improved. The diversion has now been lifted on most elements of gynaecology. **The CCG Executive Committee agreed the urology capacity alert**	
STP Update		
11.	**STP Update** • The BOB STP had been recognised for its fast track work in terms of integration and had been awarded Integrated Care System (ICS) status (early adopted) by NHSE & I. • Further to the collective commissioning work across BOB, an ICS level Commissioning Board would be set up with members from the three CCGs. Clinicians and managers would look at what could be delivered at scale and what locally. It was anticipated that areas to consider for scale within the next quarter would be Primary Care Commissioning and Specialised Commissioning. • The Committee requested a regular ICS update of highlights, rather than routinely receiving minutes. **The CCG Executive Committee noted the STP (ICS) Update.**	**LP**
For Information		
12.	**GP Disease Monitoring** Discussions with OUHFT regarding a pathology monitoring software system that was compatible with the Local Health Care Records Exemplar (LHCRE) were underway. The solution must fit the Cancer Alliance, OUHFT and LMC specifications. All organisations emphasised that patient safety was paramount. **The CCG Executive Committee noted the GP Disease Monitoring paper.**	
13.	**Papers Circulated / Approved Between Meetings** No papers were circulated or approved between meetings.	
14.	**Confirmation of meeting quorum and note of any decisions requiring ratification** It was confirmed the meeting was quorate and no decisions required ratification.	
15.	**Any Other Business** There being no other business the meeting was closed.	
16.	**Date of Next Meeting** 27 August 2019	