Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 28 November 2019	**Paper No: 19/75b**

Title of Paper: CCG Executive Committee Minutes – 29 August and 24 September 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: 20 November 2019

NHS
Oxfordshire
Clinical Commissioning Group

MINUTES:

CCG Executive Committee

Thursday 29 August 2019, 09.30 – 12.00

Conference Room A, Jubilee House

Present	Ed Capo-Bianco	Jonathan Crawshaw	Catherine Mountford
	Miles Carter	David Chapman	Louise Patten – Chair
	Jo Cogswell (JCo)	Sam Hart	Sula Wiltshire
		Diane Hedges	
In Attendance	Ros Kenrick (Minutes)	Carole Rainsford (Item 5)	Jenny Simpson

Apologies	Kiren Collison	Shelley Hayles	Gareth Kenworthy
	Will O'Gorman		

		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 23 July 2019 and Action Tracker** With some minor amendments for clarity the minutes of the meeting held on 23 July 2019 were approved as an accurate record and the action tracker reviewed and updated. Action updates: 2. Finance Performance report May: PCNs: This work would be carried forward in the development of the clinical portfolios. Action to be transferred to KC. Action open 4. Vision Practice: Primary Care team following up. Action closed 6. Finance Performance Report July: One budget ready to sign off. Two remaining budgets not agreed for NCAs. Committee decision that they be signed off with caveats. Action open 7 Integrated Performance Report: Revised wording for mental health – action closed. Discharge summaries from Witney EMU – All bar 45 reviewed with no harm found to date. Remaining cases to be followed up with individual practices. Problem attributed to shutting down of an OUH server. Action open Joint IPR proforma – discussions underway. Action closed	

	10 Horton Maternity: LCDs to let LP know of any support required. Submit queries to CM in advance of Board workshop on 24 September. Action open Neil Fisher and OUH representatives invited to pre-meets. Actions closed. 11. Long Term Plan Implementation Framework: Actions closed.	
Operational Delivery		
3.	**Finance Performance Report** JS presented Paper 2. The financial position at the end of M4 had eased, with the forecast year to date plan at break even with a worst case scenario of £4.3m deficit and a best case of £0.1m surplus. Risks remained at £5.5m. There had been a £2.5m overspend in the prescribing budget at M2 and further price increases were expected in Category M drugs. There had been a significant and exceptional increase in Adult Continuing Healthcare (CHC) referrals in July. This had caused difficulties for the team. There had been a high use of agency nurses in Buckinghamshire The Funded Nursing Care charge increase of 4.7 per cent was being challenged nationally by care homes and could therefore increase pressure on this budget. The 20 per cent reduction in running costs impacted on recruitment. All recruitment requests would continue to be submitted to the Executive Directors for decision. It was noted that the savings target for OCCG was c£1.7m over the two years, but that this was to be achieved by the beginning of the 2020/21 financial year. The Executive was concerned that the "Better payment practice code" performance for non-NHS providers was not as good as for NHS providers. This could have a significant impact on a small provider. Staff would be reminded to authorise all invoices promptly. This would be monitored. **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: • The 52 week wait list had reduced. Harm reviews were undertaken, a root cause analysis is undertaken by the waiting list managers at 45 weeks. This will be included in the harm reviews in future. Cancer waits of over 104 days were receiving harm reviews. The situation was fluctuating and would be monitored; • Ambulance handover times were still below target at c65 per cent; • There had been five never events over the period; all of which	

	were being investigated. SW was able to assure the Committee that annual reports on never events and serious incidents were received at Quality Committee. Commonalities and themes were scrutinised; • Some Mental Health treatment waiting times were long. No reports of harm had been received, but the Committee asked that the Trust be challenged to confirm this. Harm reviews should be undertaken at 28 days, but patients were being reviewed at 56 days. SW would follow this up and inform Oxford Health that reviews should be done at both 28 and 56 days. • There was discussion that the additional Mental Health funding awarded into the contract in 2019/20 is not being spent on developing new services, but offsetting the OHFT deficits due to prior known levels of underfunding in this area. Confirmation needed to be reached in writing with Oxford Health around the levels of underfunding, agreements on essential performance targets such as crisis intervention and asking what the two Mental Health providers across the ICS were doing to reduce their back office function to help to offset the problem. • The Cancer Alliance now monitored cancer performance. Each CCG would be looking at the quality of performance, but it was felt that information was lacking at CCG level; • Children and Adolescent Mental Health Services: 36 per cent of patients were seen within twelve weeks. This was not a high enough figure but the Executive acknowledged that the access rate was high Patients were now being seen earlier, but there remained a large backlog. OCCG should set clear expectations for working through the backlog. **The CCG Executive Committee noted the Integrated Performance Report.**	**SW** **DH/LP**
5.	**Financial Benefits Realisation for MSK** Paper 4 explained a review that had been conducted to understand whether the Oxfordshire Musculoskeletal (MSK) assessment, triage and treatment service (MATT), which had been in operation since October 2017, was providing value for money. It gave an overview of the service and quality thereof. The paper showed that there was now additional capacity and some general improvements in the service had been noted. The majority of referrals remained those from GPs, but self-referrals were increasing with a view to reducing the workload on GPs in the future, although a number of self-referrals were being queried by Healthshare with GPs at the moment. Self-referral could only be done online which would limit the number of patients who could access the system. Patients had complained about a number of short notice cancelled appointments by the service. The figures showed c10 per cent were cancelled which was a concern. The Committee asked to see	**Carole Rainsford**

	comparative data from Healthshare services across the country. Waiting times had declined, but were now on the rise again. Pressure to progress urgent appointments had meant that routine appointments were delayed. A target date of 1 August 2019 had been set to improve this, but it had not been met. A new trajectory would be set at a meeting with Healthshare next week. It was noted that the numbers waiting for more than 18 weeks were fewer than before Healthshare took over the contract. The Executive Committee agreed that there had been a significant improvement in the service, but that there was further work to do. The review demonstrated there was value for money in the service. CR was congratulated on a comprehensive review and it was agreed that the paper would be sent to Buckinghamshire CCG as an example of good practice. **The CCG Executive Committee considered that there was value for money in relation to the key aspects of the service, both in terms of the service model and the service provision.**	
6.	**Vasectomy Service** Paper 5 highlighted that there was currently no vasectomy service in Oxfordshire and that it should be re-procured. The new service would have to remain within budget, as a result of which the service would not be able to meet current demand, leading to a long waiting list. GPs would be advised to prioritise those most in need and to advise patients of the alternative options. The Oxfordshire re-procurement would lead to inconsistencies across the three CCGs, but DH would look at aligning services and cross-ICS procurement for the future. **The CCG Executive Committee agreed to re-procure vasectomy services for Oxfordshire, but noted that the service that could be procured within budget would not meet demand.**	**DH**
ICS Update		
7.	**ICS Update** LP advised the Committee that ICS updates would be circulated as they came in. There was an expectation that the three CCGs across the Integrated Care System (ICS) would merge in April 2021. A case for change was to be submitted during Q3 and, subject to agreement the recruitment process for a new ICS Accountable Officer would begin in January 2020, with a view to being in post in June 2020. There would then be a process to move to a single management team and the one CCG. There was no plan to develop a shadow CCG, but the three CCGs would begin to work together more closely and reduce the number of governance meetings.	

	The Oxfordshire Integrated Care Partnership (ICP) Board would be in place in the next few months. The ICP was not an organisation, but a way of working. Key budgets, such as Mental Health, Community Services and Urgent Care would be delegated to the ICP. LP highlighted that there was misunderstanding that commissioning would not be required at place. OCCG would need to produce commissioning intentions for April 2020. **The CCG Executive Committee noted the ICS Update.**	
For Information		
8.	**Termination of Pregnancy Service** There was discrepancy across the ICS regarding costs of the various ToP services. This would need to be worked through. The Committee acknowledged that this service would meet demand. **The CCG Executive Committee noted the re-procurement of the Termination of Pregnancy Service for Oxfordshire.**	
9.	**Oxfordshire Screening Support Scheme update** **The Executive noted the Oxfordshire Screening Support Scheme paper.**	
10.	**Papers Circulated / Approved Between Meetings** No papers were circulated or approved between meetings.	
11.	**Other meetings for consideration** **The Executive Committee noted the other meetings due to take place before the next Executive Committee meeting.**	
12.	**Confirmation of meeting quorum and note of any decisions requiring ratification** It was confirmed the meeting was quorate and no decisions required ratification.	
13.	**Any Other Business** There being no other business the meeting was closed.	
14.	**Date of Next Meeting** 22 October 2019	

Oxfordshire
Clinical Commissioning Group

MINUTES:

CCG Executive Committee

Tuesday 24 September 2019, 09.00 – 11.00

Conference Room B, Jubilee House

Present	Ed Capo-Bianco	David Chapman	Catherine Mountford
	Miles Carter	Neil Fisher	Will O'Gorman
	Kiren Collison	Diane Hedges	Louise Patten - Chair
	Jo Cogswell (JCo)	Gareth Kenworthy	
In Attendance	Ros Kenrick (Minutes)	Helen Ward	

Apologies	Shelley Hayles	Sula Wiltshire	Jonathan Crawshaw

		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 29 August 2019 and Action Tracker** The minutes of the meeting held on 29 August 2019 were approved as an accurate record and the action tracker reviewed. Actions updates: 2. Finance Performance report May: Whilst there was no clinical lead, DC, KC and NF were providing commissioning support. Action closed 6. Finance Performance Report July: One budget was not agreed for NCAs. Action closed 7 Integrated Performance Report: Discharge summaries from Witney EMU would be taken to the Serious Incidents (SI) meetings. Action closed 10 Horton Maternity Update: Action closed 12 Finance Performance Report August: Clinical oversight of CHC referrals: There was an action plan for CHCs and a paper was to be taken at Finance Committee on 24 September. Rachel Pirie would co-ordinate quality actions. Action closed 13 Finance Performance Report August: Add to November Executive meeting agenda. Action closed 14 Finance Performance Report August: BCF JMG paper: An update would come to the October Executive meeting. Action closed	

	15 Integrated Performance Report: Harm reviews: Discussion moved to contract review meeting. Action closed 16 Integrated Performance Report: Letter to OHFT: A meeting would be held shortly. The letter had not yet been sent. 17 Financial Benefits Realisation for MSK: OCCG had received this information last year. The position had not changed. CR to refresh the paper submitted to include the data. 18 Vasectomy Service: Action closed	
Operational Delivery		
3.	**Commissioning Intentions** JCo introduced the presentation explaining that the suggested commissioning intentions were high level at this stage in order that they could be discussed here, then refined and reviewed at Clinical and Management Forum if required. Points discussed included; • How Oxfordshire could deliver services that reflect the 18% differential against national average funding; • Promotion of 'workforce without walls'; • That the commissioning intentions would show a clear strategy of developing integrated community teams – thus fitting with the Primary Care Networks' agenda; • A focus on the problems in Urology, Gynaecology and ENT; • Development of value-based decision making with partner organisations; • Redesign of pathways using population health management data; Timely access to Primary Care was discussed. It was recognised that patients wanted to access routine appointments sooner, but also that there was not always a requirement for this to be a GP appointment. Through the commissioning intentions, OCCG would be expecting partner organisations to work together to deliver services. Should a more optimal way to do this become apparent in year, then changes should be made in order to provide the best possible service. **Action: NF to word a commissioning intention around access to a Primary Care appointment with a professional within seven days.** **Action: DH/JCo to circulate a revised commissioning intentions document.**	**NF** **DH/JCo**
4.	**Setting the Roadmap for the Integrated Care Partnership** A discussion was first held about the potential merger of the three Integrated Care System (ICS) CCGs. A draft case for change existed and would be circulated shortly for comment. An engagement period would follow for eight weeks. LP noted that it would be important that all three CGGs did this at the same time. The engagement would be primarily with member practices and stakeholders.	

	The application to merge the three CCGs in April 2021 would need to be submitted by September 2020. LP flagged her concern that the Places had not yet been fully described and the ICS/merged CCG needed to build on this. A single management team would be developed from January 2020. Members of the Executive Committee queried whether a merger was the best way forward. This was a decision for the three CCGs to make, but would have to be made in light of decisions taken by the ICS around funding/delegating budgets. If the ICS retained more control, then there would be a need for local arrangements, such as the ICP, to be highly organised. Committee members were reminded that key directors would be called to ICS Boards and that that the local CCGs would be involved at the ICS level decisions. Local plans would involve local providers working together on two or three key areas. Suggestions were Mental Health, Primary Care and Community Services and Planned Care. Most areas of work would remain at Place and Committee members emphasised that more influence could be had by commissioners working with providers locally than more remotely at ICS level. GK noted that, as the Finance Lead for the ICS, he could place three contracts if there were three mature ICPs. Funding would have to be transparent to all. This would be facilitated by providers and commissioners being involved at all levels.	
5.	**The Future for Localities** KC reported that all locality meetings in September had discussed how to progress over the next few months. Most wanted to continue to meet to have ongoing commissioning input around the Integrated Care System (ICS), Integrated Care Partnership (ICP) and potential CCGs merger across the ICS, but would also focus on Primary Care Network (PCN) development. Work would be undertaken to ensure consistency across the Locality meetings. There would also be discussions with the PCNs about support available from CCG staff	
For Information		
6.	**Finance Performance Report** GK requested that this item was flagged for attention. A Long Term Plan exercise was being undertaken through the ICS. In the present financial year the forecast is that OCCG will break even. The use of non-recurrent funding in this year would leave no headroom to manage further recurrent pressures and currently this led to a potential pressure (deficit) of £12.6m in 2020/21 . Across the ICS the financial pressure currently identified is about £60m. This would result in an ICS-led financial recovery plan. **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.**	

7.	**Integrated Performance Report** **The CCG Executive Committee noted the Integrated Performance Report.**	
8.	**Papers Circulated / Approved Between Meetings** Business Continuity Policy and Plan	
9.	**Confirmation of meeting quorum and note of any decisions requiring ratification** It was confirmed the meeting was quorate and no decisions required ratification.	
10.	**Any Other Business** There being no other business the meeting was closed.	
11.	**Date of Next Meeting** 22 October 2019	