

**MINUTES:**

**OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING**

**28 November 2019, 09.00 – 11.30 Spread Eagle Hotel, Cornmarket, Thame**

	Dr Kiren Collison, Clinical Chair
	Louise Patten, Chief Executive
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr David Chapman, Oxford City Locality Clinical Director (voting)
	Jo Cogswell, Director of Transformation (non-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)
	Dr Amar Latif, West Deputy Locality Clinical Director (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)
	Stephen Chandler, OCC Director for Adult Services (non-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:	Ansaf Azhar, OCC Director of Public Health (non-voting)
	Dr Miles Carter, West Locality Clinical Director (voting)

Item No	Item	Action
1	<p><b>Chair’s Welcome and Announcements</b></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 read the patient story noting that on this occasion she was presenting a report about a social prescribing story as requested by the Board.</p>	
2	<p><b>Apologies for absence</b></p> <p>Apologies were received from the Director of Public Health and the West Locality</p>	

	Clinical Director.	
<b>3</b>	<p><b>Public Questions</b></p> <p>The Chair advised that no questions had been received via the website. The Chair invited questions from members of the public.</p> <p>Mr Graham Shelton noted concerns around the level of patient engagement in the Buckinghamshire, Oxfordshire and West Berkshire (BOB) Sustainability and Transformation Partnership (STP) around the co-design of services. Locality Forum Chairs had previously worked with the CCG's senior executives and he had been disappointed when the arrangements had changed. He was concerned that the NHS had outsourced Patient Engagement to HealthWatch.</p> <p>The Chief Executive responded by saying that, at the moment, the STP was looking at reorganisation of the management structures and not yet at services. Some services would be commissioned at scale across the STP, at which point there would be a need for full patient engagement in the co-design. HealthWatch had been commissioned to support Patient Participation Groups (PPGs) in the context of the development of Primary Care Networks (PCNs). The CCG would monitor progress and developments. The process had not been outsourced, as HealthWatch had been supporting the CCG in this for some time.</p> <p>The Director of Governance also noted that the Health and Wellbeing Board (HWB) would be developing an Oxfordshire Wellbeing Network, with the first meeting held on 18 November. This would be a means for patients and public to access senior leaders in all local organisations.</p>	
<b>4</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest relating to any of the agenda items. There were no new declarations of interest made.</p>	
<b>5</b>	<p><b>Minutes of OCCG Board Meeting held on 24 September 2019</b></p> <p>The Lay member for Patient and Public Engagement requested that individual actions arising from the decisions made about the Horton Maternity Services were added to the minutes. With this amendment the minutes of the meeting held on 24 September 2019 were approved as an accurate record.</p> <p><b>Action: Amend the minutes and action tracker</b></p>	<b>RK</b>
<b>6</b>	<p><b>Matters arising from the Action Tracker and Minutes of 24 September 2019</b></p> <p>The actions from the Action Tracker and 24 September 2018 minutes were reviewed and updates provided where these were not covered under items later on the agenda.</p> <p><i>Older People's Strategy for Oxfordshire:</i> This paper would be taken at the meeting in January 2020.</p> <p><i>Integrated Performance Report (IPR): Consultants' tax and pension concerns:</i> It was asked why this action had been closed when the problem remained. The Director of Quality reported that the Oxford University Hospitals Trust (OUH) identified this as a risk and were working with their clinical staff to mitigate it. The Specialist Medical Adviser said that interim arrangements had been made for this financial year, but that as this was a national issue, we had little influence locally. Action closed</p> <p><i>Integrated Performance Report: Ensure that practice-level data on learning disability health checks were reviewed at Quality Committee:</i> The data had been reviewed and would remain on the Quality Committee agenda. Action closed.</p> <p><i>Strategic Risk Register and Red Operational Risks: Reword the IPR to give more assurance around risks:</i> There had been a discussion about the difference between issues and risks. The risk linked to quality had been revised and work was ongoing. Action closed.</p>	

Overview Reports	
<p><b>7</b></p>	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive introduced Paper 19/65 updating the OCCG Board on topical issues including the restraints on public organisations during the pre-election period. The Chief Executive highlighted:</p> <ul style="list-style-type: none"> <li>• The pre-election period had affected the timescales for the OX12 project;</li> <li>• The HWB meeting date had changed to January for the same reason;</li> <li>• The STP Long Term Plan submission final version had been signed off by the Chief Executive and Clinical Chair following a discussion at the October Executive Committee meeting as agreed at the Board meeting in September. The request to note that it must be realistic in regard to available resources was still work in progress, but here too there had been a pause until after the election;</li> <li>• The OCC Director of Adult Social Services and the OUH Chief Nurse had been jointly appointed to lead Urgent Care work across the system;</li> <li>• The Chief Executive noted her resignation which would take effect from the end of March 2020. This had not been an easy decision because she had enjoyed working in Oxfordshire and Buckinghamshire.</li> </ul> <p>The Lay member for Patient and Public Participation asked about the recent ministerial visit to the Horton. The Chief Executive said that she and the Trust representatives had emphasised the need for capital investment in the hospital for improvements to services and for growth.</p> <p><b>The OCCG Board noted the Chief Executive's Report.</b></p>
<p><b>8</b></p>	<p><b>Locality Clinical Director Reports</b></p> <p>Paper 19/66 contained the Locality Clinical Director Reports.</p> <p>The South East Locality Clinical Director highlighted that the Primary Care Network (PCN) and Patient Participation Group (PPG) had held a meeting to discuss the future plans. It was well attended and a good starting point.</p> <p>The Lay Member for Patient and Public Participation noted no mention of Patient Engagement in the City report. The City Locality Clinical Director would investigate. The Director of Governance said that there had been a network meeting with HealthWatch and PPGs in October and that there had been representation from the City PPGs.</p> <p>Board members discussed the concerns about capacity for safeguarding in PCNs. The Clinical Chair informed the Board that this work would remain at practice level and so should not be a significant issue. The Primary Care and Quality teams were working with practices on these areas.</p> <p>Updates were requested on musculo-skeletal (MSK) performance and the Urology long waits.</p> <p>The Clinical Chair was pleased to see the emphasis on PCN development in the Locality Clinical Directors' reports.</p> <p><b>Actions:</b></p> <p><b>Find out why there had been no PPG update in the City Locality Report</b></p> <p><b>Submit a progress report on the development of PPGs and HealthWatch to the next Board meeting</b></p> <p><b>Take the safeguarding concerns to the Oxfordshire Primary Care Committee Operational Group (OPCCOG) meeting.</b></p> <p><b>Provide updates in the IPR on MSK and Urology</b></p>
	<p>DC CM JC/SW DH/SW</p>

The OCCG Board noted the Locality Clinical Director Reports.

## Strategy and Development

### 9 Development of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOC ICS)

- Memorandum of Understanding (19/67a)
- Commissioning Architecture (19/67b)

The Director of Governance reported that the documents presented had been discussed by the Audit Committee in October.

Points discussed at Paper 19/67a included:

- The Memorandum of Understanding was based on a national template and was required to enable release of the Transformation funding to the BOC ICS
- The majority of commissioning would remain at CCG level, but that the documents were about the commissioning at STP level. The wording was unclear and the governance structure was not yet published;
- The Finance Committee had been concerned about the system-wide control totals. There was work to do around the financial framework, management of risks and delivery of value for money;
- There was concern around ICS accountability to the statutory CCG Boards;
- Lay member involvement was unclear; there would be risks if not in place early in the development;
- Population Health Management would be used appropriately at different levels – PCN level to ICS level;
- The ICS had a clear role for the commissioning function through values-based commissioning which would be adapted at place;
- The concern amongst GPs at a perceived lack of control over spend;
- The Oxfordshire County Council (OCC) position was of concerns about the governance structure, whilst being fully committed to developing the ICS and taking a strong role in the ICP.

Discussion of Paper 19/67b included:

- That this was an interim proposal. The Joint Committee would make decisions on areas where the three CCGs were already working together, such as 111 services;
- There would be one vote per CCG. OCCG's Audit Committee highlighted that this allowed majority decisions, although a CCG could withdraw from a decision should it firmly disagree;
- That circulation of the meeting minutes might not be adequate. The CEO could brief the Board on the local impact of decisions at workshops
- Quarterly meetings might not be enough; however, special meetings could be called;
- OCC supported the proposal, but would not want to lose the joint committee of OCC and OCCG where there was no obvious gain;
- Clinical membership was four of eleven.

Paper 19/67c:

The Board felt that the documents were unclear and required much more

	<p>discussion and was not supportive of the Terms of Reference as they stood. The Director of Governance would arrange a Board workshop discussion on this topic.</p> <p><b>The OCCG Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Memorandum of Understanding for BOB ICS</b></li> <li>• <b>Agreed to the establishment of a joint committee with Buckinghamshire and Berkshire West CCGs to enable us to take certain decisions jointly under section 14Z3 (2)(b) of the National Health Service Act 2006 – with caveats:</b> <ul style="list-style-type: none"> <li>○ That there would be timely reporting to the CCGs;</li> <li>○ That the Terms of Reference would be reviewed at the request of any of the CCGs;</li> <li>○ That an urgent decision process was included;</li> <li>○ That this was a first step which would be reviewed as it developed.</li> </ul> </li> <li>• <b>Agreed that should agreement be provided by all three CCGs during November 2019 then the CCGs would agree to hold the first meeting of this Joint Committee in January 2020, following the adoption of the changes required to CCG Constitutions.</b></li> <li>• <b>Gave feedback on the Terms of Reference for:</b> <ul style="list-style-type: none"> <li>○ <b>BOB ICS Primary Care Board</b></li> <li>○ <b>BOB ICS Specialised Commissioning Planning Board</b></li> </ul> </li> </ul> <p><b>Action: Arrange Board workshop discussion of the Terms of Reference presented today</b></p>	CM
<b>Business and Quality of Patient Care</b>		
10	<p><b>Finance Report Month 7</b></p> <p>The Director of Finance presented Paper 19/68 providing the financial performance of OCCG to 31 October 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.</p> <p>The Director of Finance informed the Board that this report was consistent with the reports submitted this year and the forecast outturn remained on plan. He had informed the Finance Committee that there was a smaller, but material net risk around Primary Care prescribing, Continuing Healthcare funding and the 999 contract.</p> <p><b>The OCCG Board noted the Finance Report for Month 7 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.</b></p>	
11	<p><b>Integrated Performance Report</b></p> <p>The Chief Operating Officer introduced Paper 19/69 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.</p> <p>The OCC Director of Adult Services reported that the focus over winter for Urgent Care would be on adding resources and flexibility to the teams providing services to discharge patients as soon as possible. There had been a good reduction in delayed transfers of care (DTOCs) over recent weeks. GP support and night</p>	

	<p>sitting had been strengthened. He was pleased to report that staff in A&amp;E were highly professional and motivated. He remained concerned about the effectiveness of the Home Assessment Reablement Team (HART) and would be writing a report on reablement.</p> <p>Quality issues were being monitored and action was being taken by the Quality Committee and Team.</p> <p>Referral to Treatment (RTT) performance was being reported to the acute collaboration workstream. The Deputy Chief Executive and Director of Finance were looking at the run rate for the capacity and demand gap.</p> <p>The City Locality Clinical Director informed the Board that Oxfordshire had committed to a new model of care for Children and Adolescent Mental Health services (CAMHs) which involved an open referral system. This had resulted in access for 64 per cent of those deemed to be in need, despite a national target of 34 per cent. The new service model had not yet had a significant impact on waiting times. The Executive Committee had reviewed the situation and agreed that the current model was the right one for the children of Oxfordshire and there would be a continued focus on work to reduce waiting times.</p> <p>The innovative approach to CAMHs had attracted extra funding for Mental Health Support Teams (MHSTs) which were being rolled out first in the City and then in Banbury and Bicester. Further funding had been received to address the long waiters list. A company named Healios would be focusing on the longest waiters.</p> <p><b>The OCCG Board noted the Integrated Performance Report.</b></p>	
12	<p><b>Annual Reports from Oxfordshire Safeguarding Children and Safeguarding Adults Boards</b> The Director of Quality presented Paper 19/70.</p> <p>The reports had been presented to the Quality Committee. OCCG was a key partner in the Safeguarding Boards. Concern had been expressed about the numbers of children excluded from school.</p> <p><b>The OCCG Board noted the Annual Reports from Oxfordshire Safeguarding Children and Safeguarding Adults Boards</b></p>	
<b>Governance and Assurance</b>		
13	<p><b>EPRR Annual Report</b> This item was deferred to the January meeting.</p>	
14	<p><b>OCCG constitution to agree minor updates</b> The Director of Governance presented Paper 19/71.</p> <p>The proposed changes to the constitution were discussed. Locality Clinical Directors were concerned about changes to the wording around Locality meetings and the ability of Localities to influence OCCG decisions. It was agreed to discuss this further in a Board workshop and take a decision at the January Board meeting.</p> <p>Audit Committee Terms of Reference: The Board agreed updated Terms of Reference for the Audit Committee at the meeting in September subject to reviewing Committee membership. The Audit Committee proposed membership was changed to two Lay members and one Locality Clinical Director with a quorum of two.</p> <p>Remuneration Committee Terms of Reference: NHS England had circulated requirements for Remuneration Committees which stated that the committee</p>	

	<p>could no longer make decisions, but make recommendations to Board and that the Chair of the Audit Committee could not chair this committee. The Lay Vice Chair informed the Board that he had requested justification for the latter decision, but had relinquished the chairmanship of the Remuneration Committee and that the Lay Member for Finance had volunteered to chair the committee.</p> <p><b>The Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Decided to discuss the proposed revisions to the Constitution in a Board workshop prior to making a decision at the January Board meeting and submitting to NHS England for approval</b></li> <li>• <b>Approved the revised Terms of Reference for the Remuneration Committee</b></li> <li>• <b>Approved the revised membership and quorum for the Audit Committee</b></li> </ul>	
15	<p><b>Corporate Governance report</b></p> <p>The Director of Governance introduced Paper 19/73 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><b>The OCCG Board noted the Corporate Governance Report.</b></p>	
16	<p><b>Strategic Risk Register and Red Operational Risks</b></p> <p>The Director of Governance presented Paper 19/74 explaining that changes had been made to the risks. There was now a focus on quality-based risks. The Director of Finance noted that financial performance was no longer listed and he would therefore propose a new risk.</p> <p><b>Action: Propose a new risk for financial performance</b></p> <p><b>The OCCG Board noted the risk Register.</b></p>	GK
17	<p><b>Oxfordshire Clinical Commissioning Group Sub-Committee Minutes</b></p> <p><i>Audit Committee</i></p> <p>The Lay Vice Chair as Chair of the Audit Committee presented Paper 19/75a, the minutes of the Audit Committee held on 17 October 2019. He highlighted a weakness in cyber security which was reflected in a partial assurance in the internal audit report, but noted that this was being addressed. He also noted the Counter Fraud concern over payroll scams since moving to nhs.net emails.</p> <p><i>CCG Executive Committee</i></p> <p>The Chief Executive as Chair of the CCG Executive Committee presented Paper 19/75b, the minutes of the CCG Executive Committee held on 29 August and 24 September 2019.</p> <p><i>Quality Committee</i></p> <p>The Lay Member PPI as Chair of the Quality Committee presented Paper 19/75c, the minutes of the Quality Committee held on 8 October 2019. She highlighted the work of the Clinical Effectiveness Team.</p> <p><b>The OCCG Board noted the Sub-committee minutes.</b></p>	
<b>Papers for Ratification</b>		
	No papers were circulated for ratification.	
<b>For Information</b>		
	<p><b>Confirmation of meeting quorum and note of any decisions requiring ratification</b></p> <p>It was confirmed the meeting was quorate and no decisions required ratification.</p>	
	<p><b>Any Other Business</b></p> <p>There being no other business the meeting was closed.</p>	
	<p><b>Date of Next Meeting: Thursday 30 January 2020, 09.00 – 12.45, Jubilee House</b></p>	