

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 30 January 2020	Paper No: 20/15a
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Title of Paper: CCG Executive Committee Minutes – 22 October 2019
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Paper is for: <small>(please delete tick as appropriate)</small>	Discussion	<input checked="" type="checkbox"/>	Decision	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	<input checked="" type="checkbox"/>
Conflict noted: conflicted party can participate in discussion and decision	<input type="checkbox"/>
Conflict noted, conflicted party can participate in discussion but not decision	<input type="checkbox"/>
Conflict noted, conflicted party can remain but not participate in discussion	<input type="checkbox"/>
Conflicted party is excluded from discussion	<input type="checkbox"/>

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.
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Engagement: clinical, stakeholder and public/patient: Not Applicable
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Financial Implications of Paper: None

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

OCCG Priorities Supported <small>(please delete tick as appropriate)</small>	
<input checked="" type="checkbox"/>	Operational Delivery
<input checked="" type="checkbox"/>	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: 21 January 2020

MINUTES:

CCG Executive Committee

Tuesday 22 October 2019, 09.30 – 12.00

Conference Room B, Jubilee House

Present	Ed Capo-Bianco	Sam Hart	Catherine Mountford
	Miles Carter	Shelley Hayles	Louise Patten - Chair
	Kiren Collison	Diane Hedges	Andy Valentine
	Jo Cogswell (JCo)	Gareth Kenworthy	Sula Wiltshire
	Jonathan Crawshaw		
In Attendance	Ros Kenrick (Minutes)	Roger Dickinson (Item 2)	Duncan Smith (Item 2)
	Sarah Adair (Item 2)	Guy Rooney (Item 2)	Louise Wallace (Item 2)
	Gillian Douglas (Item 6)		

Apologies	David Chapman	Will O’Gorman	
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1.	<p>Declarations of Interest Pertaining to Agenda Items</p> <p>Item 8: it was recognised that GPs would be conflicted over Commissioning Intentions. As this item was presented for discussion only it was agreed that all GPs could remain and participate.</p> <p>Item 2: GK noted that he had a potential conflict through his secondment as Lead for Finance to the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) for two days per week. It was agreed GK could remain and participate in the discussion.</p>	
2.	<p>BOB ICS Long Term Plan submission</p> <p>KC thanked Board members for their attendance for this item at today’s meeting.</p> <p>Board members were invited to comment on the draft submission, noting that these comments would be fed back but may not appear in the next iteration as this was due imminently.</p> <p>Points of discussion included:</p> <ul style="list-style-type: none"> As agreed by the Board as the national planning timetable did not fit with already arranged meetings this joint Executive/Board meeting was being used to inform the Chair and CEO in signing 	

off the final draft for submission on 1 November;

- There were items that would require investment. Given the financial forecasts for 2020/21 onwards, an independent assessment of the finances and narrative would be advisable;
- A risk assessment such as the one in the workforce chapter would be useful for other chapters;
- There was little mention of innovation;
- There was inconsistency around inequalities across the chapters
- Population Health Management was included, but not explained;
- The training hubs were a good initiative about which there could be more detail;
- The learning disability chapter was well-received, although access to hospitals or other mainstream services was not mentioned;
- There was no reference to sexual and domestic abuse, breast feeding or the baby-friendly hospital approach;
- The significant workforce issues, with little reference to mitigations;
- The need for extra funding to deliver the plan; Primary Care Networks (PCNs) would struggle under the current financial arrangements;
- There was no mention of the local authorities' involvement;
- Long term conditions such as end of life were missing from the document.

GK explained the financial forecast for all NHS organisations within the ICS was for a significant deficit in 2020/21. This would necessitate a financial recovery plan and turnaround across the ICS. It would be important to refine the wording in the submission from definite delivery to ambition constrained by affordability and existing commitments, such as Mental Health and Primary and Community Care as dictated by the Long Term Plan, Learning Disability and Autism, Cancer and 52 week waits. Elements that would then become ambitions would be Elective Care waits and Urgent Care initiatives.

There must be a greater emphasis on solving the digital problems in Oxfordshire. A Joint Chief Information Officer (CIO) had been appointed in Buckinghamshire who would be invited to a future Oxfordshire Executive Committee meeting.

Clarity on delegation and lines of accountability would be developed over the next year as plans for what is delivered at ICS level and what at place are defined.

The Executive Committee and Board members broadly agreed with the priorities within the draft BOB ICS Long Term Plan submission. It was agreed that the comments received today would be fed back and in line with the Board decision in September LP and KC would sign off the final version for submission.

	<p>Actions: GK to invite Buckinghamshire CIO to an Executive Committee meeting BOB ICS LTP submission to be shared with the Board.</p>	<p>GK LP</p>
3.	<p>Minutes of the Meeting Held on 22 October 2019 and Action Tracker The minutes of the meeting held on 22 October 2019 were approved as an accurate record and the action tracker reviewed.</p> <p>16: Integrated Performance Report: letter to OHFT. This has moved on and work is ongoing with OHFT. 17. Financial Benefits Realisation for MSK: The latest RightCare data show Oxfordshire as an outlier, but that is for 2017/18. This topic will be included in the next RightCare review. 19 and 20: Commissioning Intentions: on today's agenda.</p> <p>All actions were closed.</p>	
Operational Delivery		
4.	<p>Finance Performance Report GK presented Paper 3. He highlighted that OCCG expected to deliver on plan this year. However, all NHS organisations in Oxfordshire had forecast a deficit for 2020/21 and the BOB ICS would be undertaking a financial recovery plan.</p> <p>MC raised the issue of GP practices not being able to achieve their prescribing budget targets and therefore not being eligible for incentive scheme payments. Because of the recognised conflict of interest for the GPs present, a brief discussion was held to fully understand the problem. A decision on the issue would be made by the Finance Committee.</p> <p>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.</p>	
5.	<p>Integrated Performance Report DH introduced Paper 4. Items highlighted included:</p> <ul style="list-style-type: none"> • That waiting times for Mental Health and Child and Adolescent Mental Health services (CAMHs) were not being met. Clarity around the use of the 2019/20 monies was required. OCCG expected progress in both areas to be measured throughout the next twelve months at which point they should be benchmarked again. The Mental Health Outcomes Based Contract had resulted in no increase in funding to the voluntary sector organisations since the contract started. OHFT would need to consider this in light of the need for the help of the voluntary sector to deliver this contract. • Urgent Care leads for the system had been appointed. Sam Foster and Stephen Chandler were preparing a proposal for the next A&E Delivery Board meeting. 	

	<ul style="list-style-type: none"> Challenges in cancer and referral to treatment times; the Planned Care Board would need to decide on the priorities and invite the relevant clinicians to the table; Special Educational Needs and Disability (SEND) inspection in Oxfordshire; A previous inspection had identified five areas for improvement. Three of those had improved sufficiently for the recent inspection. Further work was required on oversight and care plans. <p>The CCG Executive Committee noted the Integrated Performance Report.</p>	
6.	<p>Market Position Statement Supplement – Extra Care Housing Gillian Douglas, Assistant Director Housing and Social Care Commissioning, presented Paper 5.</p> <p>The supplement explained how Oxfordshire County Council (OCC) intended to proceed with negotiations over future new build extra care housing applications in Oxfordshire. A balance needed to be found between providing high and low dependency housing. This, of course, impacting on local health provision. The discussion points included:</p> <ul style="list-style-type: none"> Acknowledgement that extra care housing was effective, but a concern that it encouraged higher dependency; That future housing developments should all be dementia- and autism-friendly to encourage independence; Transport and staffing difficulties across the county: Rural bus services were being reduced and it was increasingly difficult to attract carers. Larger organisations such as the Orders of St John usually fared better than home care providers, but all were beginning to struggle; The need to involve local practices in the housing developments. The impact on local practices should be monitored; Would extra care housing developments encourage older people to move to Oxfordshire? The importance of linking into social prescribing which, in other areas, had reduced the dependency on healthcare. <p>The Executive Committee was asked to support the initiative and to encourage GPs to be champions advocating extra housing developments. Feedback on the challenges identified would also be welcomed.</p> <p>The Chair thanked Gillian Douglas for attending to present the paper.</p> <p>The CCG Executive Committee noted the Market Position Statement Supplement – Extra Care Housing.</p>	
7.	<p>Review of Oxford Health Adult Mental Health Outcome Based Contract (OBC) 2019 DH presented Paper 6.</p>	

	<p>The independent report on the Mental Health OBC recommended that the contract be extended. The Executive Committee was asked to support this recommendation. Discussion points included:</p> <ul style="list-style-type: none"> • That this was an innovative pathfinder and should be pursued; • Frank conversations were continuing with Oxford Health around the money flow to the voluntary sector; • The OBC would be refined as the contract extended; • A Lead provider model was the preferred option, but there had been a move away from the original incentive mechanism. Committee members would prefer a move back towards incentives. • The Executive Committee agreed that another recommendation around money flow to the voluntary sector must be included and that an action plan would be developed. <p>The CCG Executive Committee approved the recommendation in the Mental Health OBC Review paper with the additional recommendation that money flows to the voluntary sector and that a report on the OBC position was received by the Committee.</p> <p>Action: A report on the OBC to be brought to the Executive Committee meeting in December or January</p>	DH/GK
Place Programme Delivery		
8.	<p>Commissioning Intentions JCo introduced Paper 7.</p> <p>The Commissioning Intentions document indicated the direction of travel for the system. It was not stating contractual changes. JCo asked the Committee members to read the document and the notes and supply any feedback to her or DH by Monday 28 October. The Committee noted that this document had to be understood in the light of the proposed financial recovery plan for 2020/21.</p> <p>Action: All Committee members to send comments on the Commissioning Intentions paper to DH and JCo by Monday 28 October</p> <p>The CCG Executive Committee noted the Commissioning Intentions paper.</p>	All
9.	<p>BOB CCG Commissioning Architecture Engagement paper LP presented Paper 8</p> <p>The engagement paper would be discussed at November Locality meetings. Little feedback had been received to date. There was a proposal for a Clinical Directors and PCNs parliament, drawing on the Berkshire West model. There remained questions about whether PCNs would represent each other at meetings or go through the Local Medical Committee (although some PCNs were nurse-led) and on the role of Federations.</p>	

	The CCG Executive Committee noted the BOB CCG Commissioning Architecture Engagement paper.	
For Information		
10.	Papers Circulated / Approved Between Meetings No papers were circulated or approved between meetings.	
11.	Other Meetings for Consideration The other meetings to be held before the next Executive Committee meeting were noted.	
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 LP noted that this would be JCr's last Executive Committee meeting and thanked him for all he had done whilst working at OCCG. She wished him well for the future. There being no other business the meeting was closed.	
14.	Date of Next Meeting 26 November 2019	