

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

30 July 2020, 09.30-11.30 virtual meeting via MS Teams Live Events

	Dr Kiren Collison, Clinical Chair
	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 Sam Hart, North East Deputy Locality Clinical Director (voting)
	Dr Shelley Hayles, North Locality Clinical Director (voting)
	Diane Hedges, Deputy Chief Executive (non-voting)
	James Kent, AO Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCGs/Executive Lead BOB Integrated Care System (voting)
	Dr Amar Latif, West Deputy Locality Clinical Director (voting)
	Catherine Mountford, Director of Governance and Business Process (non-voting)
	Jenny Simpson, Deputy Director of Finance (for Gareth Kenworthy) (voting)
	Duncan Smith, Lay Member (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, Senior Executive Assistant/Board Secretary - Minutes
	Sarah Adair, Joint Head of Comms and Engagement
	Will Johnsen, Executive Assistant
Apologies:	Ansaf Azhar, Director of Public Health Oxfordshire, OCC (non-voting)
	Stephen Chandler, OCC Director for Adult Services (non-voting)
	Gareth Kenworthy, Director of Finance (voting)
	Dr Guy Rooney, Medical Specialist Adviser (voting)

Item No	Item	Action
1	<p>Chair's Welcome and Announcements</p> <p>The Chair welcomed everyone to the Board meeting in public via Microsoft Teams Live Events and reminded those present the OCCG Board was a meeting in public and not a public meeting.</p> <p>The Chair welcomed the new Accountable Officer, Dr James Kent and invited him</p>	

	<p>to introduce himself.</p> <p>The Director of Quality read the Patient Story and thanked the patient for their consent.</p>	
2	<p>Apologies for absence</p> <p>Apologies were received from the Director for Adult Services, the Director of Transformation, the Director of Finance, the Specialist Medical Adviser and the Director of Public Health.</p>	
3	<p>Public Questions</p> <p>The Chair advised that no questions had been received via the website. No questions from the members of the public were received during the meeting.</p>	
4	<p>Declarations of Interest</p> <p>Paper 20/31, Primary Care Networks 2020/21: GP practice partners and employees have a conflict of interest in relation to the Network DES contract held by participating GP practices, and associated payments. However given that this is a national contract with pre-defined funding the Board is not able to influence funding for practices. Therefore the conflicted parties should be able to participate in discussion.</p>	
5	<p>Minutes of OCCG Board Meeting held on 09 June 2020</p> <p>The minutes of the meeting held on 09 June 2020 were approved as an accurate record of the meeting.</p>	
6	<p>Matters arising from the Action Tracker</p> <p>The actions from the Action Tracker were reviewed and updates provided where these were not covered under items later on the agenda.</p> <p><i>Action 03/20: Look into the usage of palliative care beds:</i> A review of the bed usage was underway. . There was currently no delay in placing patients in palliative care beds. There were no concerns to report to the Board.</p> <p><i>Action 07/20: Look into request for AccuRx funding:</i> There remained concerns that the funding would cease when the COVID-19 provision ended. Financial guidance for next year had not yet arrived. The North Locality Clinical Director asked that the action remained open.</p> <p><i>Action 08/20: Communications, Patient, Public and Community Engagement:</i> An update would be provided to the Board meeting in September.</p> <p><i>Action 09/20: Discuss plans for clinician input should primary care be mobilised by OCCG in an emergency:</i> Work ongoing.</p> <p><i>Action 10/20: Share evidence for achieving Goal 1.4 with Board members:</i> Information now received; CM to circulate.</p> <p><i>Action 12/20: Provide more information about equal pay situation to Board members:</i> Extensive work being undertaken in the Trust. The outcome would be brought to Quality Committee. Action closed.</p> <p><i>Action 14/20: Prepare a report on the effect of the removal of provider organisations' deficits on the Oxfordshire healthcare system for a future Board meeting:</i> Action to remain open.</p>	

Strategy and Development

7 Primary Care Network Contract Directed Enhanced Service (DES) 2020/21
The Director of Transformation presented Paper 20/31.

Conflicts of interest were noted thus: GP practice partners and employees have a conflict of interest in relation to the Network DES contract held by participating GP practices, and associated payments. However given that this is a national contract with pre-defined funding the Board is not able to influence funding for practices. Therefore the conflicted parties should be able to participate in discussion.

Some practices had opted out of the DES, but the Board was assured that all Oxfordshire patients were covered by the other Primary Care Networks (PCNs). The Banbury PCN had now divided into two and the Bicester Network was too small to be acknowledged as a PCN, therefore OCCG was making alternative arrangements with the Bicester Network.

The City Locality Clinical Director noted concerns in practices over whether to sign up to the DES. The Director of Transformation explained that the concerns had been submitted as part of the feedback to NHSE on the draft DES, but not all had been addressed.

The Lay Member (voting) asked whether the request for funding for new premises from two practices would be affected by the fact that they had not signed up to the DES. The Director of Transformation answered that OCCG had a duty of general provision of primary care to the population of Oxfordshire.

The effect on general practice of the COVID-19 pandemic was acknowledged. Many more appointments were taking place online. This aspect of the discussion would be continued in Item 11.

Most of the PCNs had signed up in principle to working with the community services and local authorities.

The Board noted the paper and thanked the Primary Care team for the work involved in this area.

Business and Quality of Patient Care

8 Finance Report Month 3
The Deputy Director of Finance presented the Finance Report.

The NHS had been under a temporary financial regime for the first four months of 2020/21 to facilitate financial constraints not standing in the way of urgent COVID-19 requirements, to relieve pressures on staffing and to ensure cash-flow to providers.

OCCG had received its COVID-19 allocation for Months 1 and 2, but not the remainder of the funding required to bring the organisation to break even. A retrospective allocation for return to break even was expected soon. It was now anticipated that these measures would continue into Month 5 and possibly Month 6.

	<p>Pressures remained in the Prescribing and Delegated Primary Care budgets, but the CCG Executive Committee had been assured at its meeting on 28 July that OCCG was actively working on the areas on which it could have an impact (some pressures being out of the control of OCCG).</p> <p>OCCG was awaiting new guidance on the next phase of the financial regime, which was due soon.</p> <p>The OCCG Board noted the Finance Report for Month 3 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 had delivered its financial objectives.</p>	
<p>9</p>	<p>Integrated Performance Report</p> <p>The Deputy Chief Executive introduced Paper 20/33 updating the OCCG Board on quality and performance issues to date. The Integrated Performance Report (IPR) 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 curtailed this month due to the COVID-19 pandemic, but sought to direct members to instances of exception.</p> <p>Urgent Care: A&E was not meeting the 95 per cent target, but was close to it. The numbers of road traffic accidents and mental health referrals had risen and there had been more overnight breaches. However, delayed transfers of care numbers had reduced. This had been aided by the discharge to assess (D2A) scheme. The South East Locality Clinical Director updated the Board on the D2A pilot, which was known as Home First. A new pathway was being trialled in Banbury, Bicester, Kidlington and Woodstock.</p> <p>There was a new initiative for the 111 service that was being trialled in Portsmouth. Patients would need to call 111 before going to an urgent healthcare setting. There would be no walk-in provision. This was being worked up for national rollout by December.</p> <p>Planned Care: There had been a reduction in activity, with rising numbers waiting more than 52 weeks. Comprehensive work was being undertaken at all levels to address this. The Accountable Officer reported that he was involved in work with the Trusts looking at nine challenged areas. Work was required and being done across Buckinghamshire, Oxfordshire and Berkshire West (BOB) alongside local pathway development.</p> <p>The North Locality Clinical Director reported:</p> <ul style="list-style-type: none"> • Problems in cancer triaging, with staff having been redeployed during the COVID-19 response and the effect on capacity at the OUH. • The use of personal protective equipment (PPE) was slowing work and affecting theatre capacity. • Two week wait referral rates were rising, but there was now access to live data enabling more efficient use of capacity. • A 28 day target for ruling out cancer was to be introduced. <p>Post-COVID-19 it would be important to look at the patient pathway and whether</p>	

there was a need for additional capacity in elective care. The rate of throughput was lower than pre-COVID-19, but OUH was prioritising patients on clinical need.

The West Deputy Locality Clinical Director expressed his concerns about the impact of the delays in secondary care treatment on primary care. There were specialties to which primary care could not refer patients and he suggested that there would be a large number of patients ready for referral when they were opened. The North Locality Clinical Director advised that there was a focus on communications, with a webinar last week for OUH and GPs. OCCG was supporting GPs to communicate with their patients and the Accountable Officer was to hold a meeting with HealthWatch.

Mental Health: Meetings were underway between OCCG and Oxford Health (OH) to take forward relationships following the recent mental health mediation.

The City Locality Clinical Director reported that:

- There had been a reduction in routine referrals to the Child and Adolescent Mental Health service (CAMHS)
- There had been a significant increase in eating disorders, particularly in young adults with autism
- The 24 hour mental health helpline had been very successful and it was intended that this service continued
- There was a long waiting list for those awaiting assessment for autism since before COVID-19
- The incidence of psychoses had increased during lockdown
- There had been a drop in referrals to the improving access to psychological therapies (IAPT) service, but that was rising now, with no waiting list.
- 40 per cent of primary care work related to mental health. There was now a rise in incidences of anxiety, with the MIND mental health workers reporting an increase in demand.

The Board recognised the need to increase the numbers of learning disabled (LD) and severe mental illness (SMi) healthchecks, but also that there were potential inequalities for those without access to digital solutions, as most appointments were online. It was confirmed that face to face appointments (if required) had been available in primary care throughout the whole period.

The OCCG Board noted the Integrated Performance Report.

10 Strategic Risks including COVID-19 Risks

The Director of Governance introduced Paper 20/34 updating the OCCG Board on the strategic risks and the clinical risks being monitored during the COVID-19 pandemic.

There would be a full review of the strategic risks in September; the current key risk being AF35, *There is a risk the Oxfordshire healthcare system may be unable to balance the needs of patients with COVID -19 with those without COVID-19 in order to deliver safe and effective care which may lead to patient harm.* This was considered in detail by the Quality Committee.

	<p>The Director of Quality reported that the COVID-19 risks around cancer and planned care had now become issues, not risks.</p> <p>The North Locality Clinical Director raised the problem of planned care work being held up by a lack of IT capacity in OCCG, giving the example of a referral form for endoscopy needing approval.</p> <p>Action 15/20: Take a comprehensive update on IT situation to Executive Committee for discussion</p> <p>Action 16/20: Take endoscopy referral form issue to Executive Committee for discussion</p> <p>The OCCG Board noted the Strategic Risks including COVID-19 Risks Report</p>	<p>DH</p> <p>DH/SH</p>
11	<p>COVID-19 Update and Recovery</p> <p>The Director of Governance presented Paper 20/35 providing an overview of the approach to recovery being taken within Oxfordshire and how this fitted with the work being undertaken across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS). It also updated the Board on the work being undertaken to ensure OCCG continued to support its staff.</p> <p>Recovery work was underway, with discussions around which elements would be better done at scale (across BOB) and which locally (at Place). Board members asked that progress was communicated to colleagues in Oxfordshire. The Lay Member (voting) noted that this was a significant piece of work and asked whether there was capacity within the ICS office to support Place delivery. The Accountable Officer replied that the Senior Leaders Group (SLG) had agreed not to set up infrastructure and a Board at ICS-level because the majority of the work would be done at Place. Place plans were being developed in August. The Accountable Officer would share any SLG papers requested with the Board.</p> <p>All OCCG staff had been asked to complete a risk assessment on their personal situations and returning to the office. 78 per cent had been completed to date.</p> <p>The Board members thanked the Director of Governance for the staff update and noted their thanks to all OCCG staff for their hard work.</p> <p>The OCCG Board noted the COVID-19 Update and Recovery Report.</p>	
Governance and Assurance		
12	<p>Corporate Governance Report</p> <p>The Director of Governance introduced Paper 20/36 which reported on the use of the Seal, Single Tender Action Waivers, Declarations of Hospitality and Declarations of Interest.</p> <p>The OCCG Board noted the Corporate Governance Report</p>	
13	<p>Oxfordshire Clinical Commissioning Group Sub-Committee Minutes <i>Audit Committee</i></p> <p>The Lay Vice Chair as Chair of the Audit Committee presented Paper 20/37a, the minutes of the Audit Committee held on 27 May and 18 June 2020. He reported that both meetings had looked at the annual report and accounts. The year-end process had run smoothly with good cooperation between the Finance team and</p>	

	<p>the auditors. <i>CCG Executive Committee</i> The Deputy Chief Executive as Chair of the CCG Executive Committee presented Paper 20/37b, the minutes of the CCG Executive Committee held on 28 April and 26 May 2020. There had been changes in the focus of work. The Quality team had done a comprehensive piece of work on the COVID-19 risks. She highlighted the expansion of care home and hospice support.</p> <p><i>Finance Committee</i> The Lay Member (voting) as Chair of the Finance Committee presented Paper 20/37c, the minutes of the Finance Committee held on 28 May 2020.</p> <p>The OCCG Board noted the Sub-committee minutes.</p>	
For Information		
	<p>Confirmation of meeting quorum and note of any decisions requiring ratification It was confirmed the meeting was quorate and no decisions required ratification.</p>	
	<p>Date of Next Meeting: Thursday 24 September 2020, 14.00-17.00, venue tba</p>	

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