

MINUTES:

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD MEETING

24 September 2020, 14.30-17.00 virtual meeting via MS Teams Live Events

	Dr Kiren Collison, Clinical Chair
	Stephen Chandler, OCC Director for Adult Services (non-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, Deputy Chief Executive (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 Guy Rooney, Medical Specialist Adviser (voting)
	Duncan Smith, Lay Member (voting)
	Dr Louise Wallace, Lay Member Public and Patient Involvement (PPI) (voting)
	Helen Ward, Deputy Director of Quality
In attendance:	Ros Kenrick, Senior Executive Assistant/Board Secretary - Minutes
	Ally Green, Joint Head of Comms and Engagement
	Will Johnsen, Executive Assistant
Apologies:	Ansaf Azhar, Director of Public Health Oxfordshire, OCC (non-voting)
	Dr Ed Capo-Bianco, South East Locality Clinical Director (voting)
	Dr Sam Hart, North East Deputy Locality Clinical Director (voting)
	Dr James Kent, AO Buckinghamshire, Oxfordshire and Berkshire West (BOB) CCGs/Executive Lead BOB Integrated Care System (voting)
	Sula Wiltshire, Director of Quality and Lead Nurse (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 Deputy Director of Quality read the Patient Story and thanked the patient for</p>	

	their consent.	
2	Apologies for absence Apologies were received from the Director of Public Health, the South East Locality Clinical Director, the North East Deputy Locality Clinical Director, the Accountable Officer and the Director of Quality and Lead Nurse.	
3	Public Questions The Chair advised that no questions had been received via the website.	
4	Declarations of Interest There were no declarations of interest pertaining to agenda items.	
5	Minutes of OCCG Board Meeting held on 28 July 2020 The minutes of the meeting held on 28 July 2020 were approved as an accurate record of the meeting.	
6	Matters arising from the Action Tracker The actions from the Action Tracker were reviewed and updates provided where these were not covered under items later on the agenda. <i>Action 03/20: Look into the usage of palliative care beds: A review of the bed usage was underway. OCCG was looking at capacity in Henley Rapid Access Care Unit (RACU), Sobell House and community hospitals. A public meeting has been offered in October.</i> <i>Action 07/20: Look into request for AccuRx funding: Update not yet possible because AccuRx is still under the interim COVID-19 funding. GK will investigate timelines.</i> <i>Action 09/20: Discuss plans for clinician input should primary care be mobilised by OCCG in an emergency: CM will arrange a meeting with DC around emergency preparedness.</i> <i>Action 10/20: Share evidence for achieving Goal 1.4 with Board members: The documents received require substantial editing.</i> <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: Keep open; the issue hadn't been relevant to the current COVID-19 financial regime, but may be to the second half of the year. Update to November Board.</i> <i>Actions 15/20, Take a comprehensive update on IT situation to Executive Committee, and 16/20, Take endoscopy referral form issue to Executive Committee for discussion, were completed and closed.</i>	
Business and Quality of Patient Care		
7	Finance Report Month 5 The Director of Finance presented the Finance Report. GK asked the Board to note that the year to date position in the report was mitigated by the NHS COVID-19 arrangements in which NHS organisations would be brought back to break even retrospectively for the first half of 2020/21. NHS organisations had submitted claims against the COVID-19 allocation. These had been scrutinised and the £9.3m claims from OCCG approved. There had also	

	<p>been non-COVID-19 claims against prescribing and funded nursing care pressures.</p> <p>New guidance was expected for the second half of the financial year. Details were being worked through as they arrived. OCCG's plans and the impact of the new financial regime would be submitted to and discussed at Finance Committee. A report would be brought to the next Board meeting.</p> <p>Action 17/20: Submit a report on the financial regime for the second half of 2020/21 to the November Board meeting</p> <p>The OCCG Board noted the Finance Report for Month 5 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>	GK
8	<p>Integrated Performance Report</p> <p>The Deputy Chief Executive introduced Paper 20/41.</p> <p>In light of the expectation that NHS services would return to near 100 percent performance as soon as possible, the Integrated Performance Report showed there was work to be done to achieve this.</p> <ul style="list-style-type: none"> • There were questions about the Royal Berkshire hospital's hospital standard mortality indicator (HSMI) rates. Coding issues were being investigated. • There had been significant growth in the numbers of patients waiting 52 weeks. • Ambulance handover times were not being met. Oxfordshire was measuring delays over 15 minutes rather than the nationally reported figures of delays over 30 minutes. <p>Mental Health:</p> <ul style="list-style-type: none"> • The City Locality Clinical Director reported that there was a drop in the usage of the service as appointments went online, but this had improved. Services were now working well online, with lower rates of non-attendance. • From October practices would be contacted to improve dementia diagnosis rates. • There was a long waiting list for the Children and Adolescent Mental Health services (CAMHs), but there were systems in place to monitor potential harm for those on the list. • Face to face appointments had returned. • Rates of physical health checks and severe mental illness health checks required improvement. These were vulnerable groups, so general practice should focus on them. These patients should be seen in the surgery, using PPE, although a surge in COVID-19 may affect this. • A dashboard of practices' achievements during COVID would be published and there would be encouragement to undertake health checks in the GP Bulletin. It was requested that this was added to the requirements in Primary Care Networks (PCNs) development. The North Locality Clinical Director agreed and asked that cancer was added to the PCN requirements. 	

	<ul style="list-style-type: none"> It was noted that health checks did not feature in carer contracts. The City Locality Clinical Director was working with the County Council to see if this could be added. <p>Acute activity:</p> <ul style="list-style-type: none"> Oxford University Hospitals Trust (OUH) emergency department was performing well compared with this time last year. InHealth 2 week waits were being achieved. There had been positive reporting on virtual appointments undertaken by HealthShare. The numbers of complaints registered on Datix were down. <p>The OCCG Board noted the Integrated Performance Report.</p>	
<p>9</p>	<p>Strategic Risks</p> <p>The Director of Governance introduced Paper 20/42 updating the OCCG Board on the strategic risks.</p> <p>AF34 Patient Experience: At a recent Directors Risk Review meeting it had been agreed that this was no longer a risk but an issue. The Board was asked to approve the closure of AF34 and agree the opening of a new risk focusing on elective risk. The long waiting lists required extensive harm reviews.</p> <p>The OCCG Board approved the closure of Risk AF34 and the opening of a new risk focusing on elective risk.</p> <p>AF35: COVID-19 impact on business as usual: There was less frequent reporting on this risk now.</p> <p>There was concern about failure to deliver on the trajectories in the Phase 3 letter. The end of the OxFed contract in the City could impact on services, although mitigations were in place. OCCG had offered support to the City practices for a different federated approach. However, the risk to the CCG was solely around the recommissioning of services.</p> <p>Concern was raised about the low rates of referrals from primary care. This indicated large number of patients waiting for hospital appointments in primary care. The matter would be raised at the next Executive Committee meeting. Board members noted that a few specialties remained closed; notably ENT and Ophthalmology. There were challenges nationally in these areas. The Lay Member (voting) asked that a paper on the bigger picture around challenged specialties was brought to a Board meeting.</p> <p>Action 18/20: Discuss the implications of the OxFed closure on City practices</p> <p>Action 19/20: Take item on low referral rates from primary care for discussion at next Executive Committee meeting</p> <p>Action 20/20: Bring a paper on the national picture around challenged specialties to a future Board meeting</p> <p>The OCCG Board noted the Strategic Risks Report</p>	<p>JC/DC</p> <p>DH</p> <p>DH</p>
<p>10</p>	<p>COVID-19 Update and Recovery</p> <p>The Deputy Chief Executive presented Paper 20/43 noting that this was to update</p>	

and assure the Board. It included the Oxfordshire winter plan and looked at the Phase 3 recovery work across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS).

- The Phase 3 requirements were for an accelerated return to normal, but there was concern at the rising numbers of COVID-19 cases in Oxford City. The Director of Public Health had developed a comprehensive plan to help reduce the spread in the City.
- The Thames Valley Cancer Alliance was leading the work to restore cancer services to normal across the area.
- There was a risk that all services would not return to normal levels as quickly as hoped. There were challenges in diagnostics, 52 week waits where patients were receiving harm reviews at 40 weeks, and outpatients.
- General practice had made a good recovery, but was now looking at the extended flu vaccine programme and increasing face to face appointments.
- Community services had been restored, with supported discharge programmes.
- Key learning had been around the use of digital services – including the caveat that not all had access and alternatives would always be required.

The Director of Adult Social Services explained that the winter plan had been built on last year's plan. An additional support grant had been received for care homes. The Home First project was key to the success of the plan. It was important to ensure the flu vaccine was available and offered.

The Director of Governance reported that work was being undertaken with the Equality and Diversity networks and Healthwatch Oxfordshire (HWO) to ensure engagement on the use of digital services also reached those who might have problems accessing services in this way. A toolkit had been devised to enable small groups to discuss the issues and report back to the CCG and HWO. The Communications team would also be inviting feedback through Talking Health.

The rise in eating disorders was noted. In CAMHs this had not been a big rise, but it was in autism and in adult services. Because of staffing issues in the adult services, only urgent and emergency cases were being seen. OCCG was trying to understand the problems and was discussing plans. An update would be brought to Board when available.

The City Locality Clinical Director asked the Board to note that there had been 4 million primary care appointments in Oxfordshire in the last year. Digital and telephone appointments had increased and 45 percent of appointments were now offered as face to face. He would welcome patient feedback on whether this arrangement was satisfactory.

There must be a focus on prevention and services must be restored inclusively. The Phase 3 letter advised that a Board member should be appointed to champion inequalities.

Board members were aware that there might be difficulties over the winter should there be a second wave of COVID-19 in addition to the possible effects on the

	<p>NHS of flu, recovery of services and the EU exit. There may be a need to flex the plans and services to cope with the pressures.</p> <p>The OCCG Board noted the COVID-19 Update and Recovery Report.</p>	
Governance and Assurance		
11	<p>Corporate Governance Report</p> <p>The Director of Governance introduced Paper 20/44 which reported on the use of the Seal, Single Tender Action Waivers, Declarations of Hospitality and Declarations of Interest.</p> <p>The Director of Governance asked the Board to note the single tender action waivers and to inform her of any changes to the declaration of interests or hospitality.</p> <p>The OCCG Board noted the Corporate Governance Report</p>	
12	<p>Communications Update</p> <p>The Director of Governance presented Paper 20/45.</p> <p>The Communications team had covered a large range of areas during the COVID-19 pandemic including signposting patients and the public to information on services that were safe to access; daily briefings had been sent to practices; there were regular staff updates and online briefings. Work had been undertaken with the County Council including system briefings on outbreak management.</p> <p>The Lay Member for Patient and Public Involvement (PPI) reminded the Board that there had been a resolution to review the situation of the six Locality Forums within six months. This had been postponed due to the COVID-19 pandemic, but she suggested that there should be a review of how the Primary Care Networks (PCNs) would support PPI in primary care. The Director of Transformation advised that, whilst there had been a pause during the pandemic, work had continued on PCN development and the requirements around PPI. There would be a different approach going forward, with PPI being embedded in all work, rather than an approach that focused on the Locality Forums. This was going to be one of the topics covered at the next Oxfordshire Primary Care Commissioning Committee (OPCCC) workshop.</p> <p>Healthwatch Oxfordshire was represented on the Health and Wellbeing Board and on the Health Overview and Scrutiny Committee and was working with commissioners to engage with Patient Participation Groups and practices amongst other stakeholder groups.</p> <p>The Director of Governance agreed provide a paper to a future Board meeting after OPCCC had undertaken some further work..</p> <p>Action 21/20: Submit a report on further PPI development to a future Board meeting</p> <p>The OCCG Board noted the Communications Update.</p>	CM
13	<p>Oxfordshire Clinical Commissioning Group Sub-Committee Minutes <i>CCG Executive Committee</i></p> <p>The Deputy Chief Executive as Chair of the CCG Executive Committee presented</p>	

Paper 20/46a, the minutes of the CCG Executive Committee held on 23 June and 28 July 2020, highlighting discussions on the Joint Strategic Needs Assessment for Oxfordshire and the good work undertaken in gynae cancer services. A staff consultation on the new joint commissioning structure with the County Council had begun. Work was underway on the winter and COVID-19 plans.

Finance Committee

The Lay Member (voting) as Chair of the Finance Committee presented Paper 20/46b, the minutes of the Finance Committee held on 28 July 2020.

Quality Committee

The Lay Member for Patient and Public Involvement gave a verbal summary of the Quality Committee meeting held on 14 July 2020, highlighting work on performance management, serious incidents, patient experience, a medicines optimisation report, the Home First (discharge to assess) project, learning disability complex cases and the preparations for the influenza vaccines.

The OCCG Board noted the Sub-committee minutes.

For Information	
	<p>Confirmation of meeting quorum and note of any decisions requiring ratification</p> <p>It was confirmed the meeting was quorate and no decisions required ratification.</p>
	<p>Date of Next Meeting: Thursday 26 November 2020, 09.00-12.00, MS Teams Live Event</p>