

Minutes

Oxfordshire CCG Board
26 November 2020
Microsoft Teams

Members			
Name	Role	Initials	Attendance
Ansaf Azhar	Director of Public Health, OCC (non-voting)	AA	Apologies
Ed Capo-Bianco	Urgent Care Portfolio Clinical Director (voting)	EC	Present
Stephen Chandler	Director of Adult Social Care, OCC (non-voting)	SC	Apologies
David Chapman	Mental Health Portfolio Clinical Director (voting)	DC	Present
Jo Cogswell	Director of Transformation (non-voting)	JC	Present
Kiren Collison	Clinical Chair (voting)	KC	Present
Heidi Devenish	Practice Manager Representative (non-voting)	HD	Present
Roger Dickinson	Lay Vice Chair (voting)	RD	Present
Sam Hart	North Network Clinical Director (voting)	SHa	Present
Shelley Hayles	Planned Care Portfolio Clinical Director (voting)	SH	Present
Diane Hedges	Deputy Chief Executive (non-voting)	DH	Present
James Kent	Accountable Officer and Executive ICS Lead Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (voting)	JK	Present
Gareth Kenworthy	Director of Finance (voting)	GK	Present
Catherine Mountford	Director of Governance (non-voting)	CM	Present
Guy Rooney	Specialist Medical Adviser (voting)	GR	Apologies
Duncan Smith	Lay Member (voting)	EDS	Present
Andy Valentine	Oxford City Network Clinical Director (voting)	AV	Present
Louise Wallace	Lay Member, Patient and Public Involvement (voting)	LW	Present
Sula Wiltshire	Director of Quality and Lead Nurse (voting) (from 10.30)	SW	Present
Others: (Standing Invitees or In attendance)			
Ros Kenrick	Senior Executive Assistant and Board Secretary	RK	Present
Mike McEnaney	Director of Finance, Oxford Health NHS Foundation Trust (Item 11)	MM	Present
David Walliker	Chief Digital and Partnerships Officer, Oxford University Hospitals NHS Foundation Trust (Item 11)		Present

Standing Agenda Items		
1.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone to the meeting. There were two Board members who would be leaving OCCG before the next meeting. Louise Wallace would be stepping down as Lay Member for Patient and Public Involvement after her two terms in office. The Chair thanked her for all her work in this area and for the chairing of the Quality Committee. Sula Wiltshire would be retiring from the NHS and her position of Director of Quality. The Chair thanked her for leading this area of work, which latterly included the Quality Director role for BCCG.</p>	
2.	<p>Apologies for Absence</p> <p>Noted above.</p>	
3.	<p>Declarations of Interest</p> <p>The Chair reminded Board members of their obligation to declare any interest they may have on any issue arising at Board meetings that might conflict with the business of Oxfordshire CCG.</p>	
4.	<p>Minutes of the meeting held on 24 September 2020</p> <p>The minutes of the meeting held on 24 September 2020 were approved as an accurate record of the meeting.</p>	
5.	<p>Oxfordshire CCG Board Action Log</p> <p><i>03/20: Look into the usage of palliative care beds:</i> A meeting had been held with local councillors to discuss the usage of the beds.</p> <p><i>07/20: Look into request for AccuRx funding:</i> The Director of Finance recommended that this action should be taken off the paused state. He continued to seek clarity on the funding of AccuRx from NHS England. A decision on the service provision beyond this financial year needed to be made before the end of March 2021.</p> <p><i>09/20: Discuss plans for clinician input should primary care be mobilised by OCCG in an emergency:</i> This has been completed and the outcome is within the EPRR Annual Report at Item 17. Action closed</p> <p><i>10/20: Share evidence for achieving Goal 1.4 with Board members:</i> The Director of Governance reported that she had had no capacity to undertake this work to date.</p> <p><i>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> It was not possible to brief the Board on individual organisations. Top up to break even for the first half of the year had been confirmed. Challenges around non-NHS income flows remained a challenge for provider trusts. The Director of Finance would be holding meetings with partner organisations as the financial situation developed. Action closed</p> <p><i>17/20 Submit a report on the financial regime for the second half of 2020/21 to the November Board meeting:</i> On agenda. Action closed</p> <p><i>18/20: Discuss the implications of the OxFed closure on City practices:</i> The Director of Transformation would be meeting with the Mental Health Portfolio Clinical Director and the Oxford City Network Clinical Director to discuss support to the City practices.</p> <p><i>20/20: Bring a paper on the national picture around challenged specialties to a future Board meeting:</i> Comparative data had been added to the Integrated Performance Report.</p>	
6.	<p>Accountable Officer and Deputy's Report</p> <p>25 CCG staff had been redeployed to support the response to COVID-19, Winter and Flu through the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Incident Control Centre (ICC). A system-wide team was working on preparations for the COVID vaccine delivery. Oxford Health had been</p>	

	<p>identified as the lead provider for the mass vaccination initiative for BOB.</p> <p>The winter plans for BOB had all received either green or amber-green ratings.</p> <p>The BOB System Leaders Group (SLG) had highlighted that planned care should be protected.</p> <p>Primary Care was praised for achieving their recovery trajectories.</p> <p>There had been a successful bid for national funding for the key worker pilot in the Oxfordshire Children and Adolescent Mental Health Service (CAMHS).</p> <p>The teams across Oxfordshire who had worked on the innovative suspected cancer (SCAN) pathway were congratulated for winning the Cancer Care Team of the Year award at the BMJ Awards.</p> <p>The Chair thanked the Accountable Officer and Deputy Chief Executive for the paper that showed a great deal of behind-the-scenes work and all the teams involved in the work under such difficult circumstances. The Accountable Officer cautioned that there was much more to come.</p>	
Risk		
7.	<p>Risk Management and Assurance</p> <p>The Director of Governance asked the Board to note that risk had been moved higher on the new agenda. She welcomed feedback where Board members felt this was not working properly. There was no risk summary paper on this occasion because of problems related to the recent IT transfer.</p> <p>Board members were asked:</p> <ul style="list-style-type: none"> • To approve the rewording of AF 34, Quality Impact of Non-delivery, to “There is a risk that Oxfordshire will not meet the NHS phase 3 recovery trajectories we have set and that we could have more patients waiting 52 weeks than forecast.” • To close AF28, Provider Workforce, because there was now a BOB People Plan and the work would be done at BOB-level, not in Oxfordshire alone. • To note that AF30, Implementation of Digital Solutions, would be reviewed now that the Health Information Exchange was live. • To note that the title of AF31 had been changed to Integrated System Risk and had been linked to recovery and the Phase 3 letter. <p>AF28: The Lay Member (voting) said that whilst he accepted that OCCG would not lead on workforce, the Board needed assurance that the workforce would not collapse. The Director of Governance agreed to reflect on this and discuss with the Director of Quality. If there were no assurance on primary care business continuity, this should be noted as a gap in Emergency Preparedness Response and Resilience (EPRR).</p> <p>Primary Care now relied on AccuRx and the uncertainty about future funding would be a risk to the CCG.</p> <p>Action 22/20: Reflect on and discuss with the Director of Quality, the workforce risk assurance</p> <p>The OCCG Board approved the rewording of risk AF34, but did not approve the closure of Risk AF28, which would be reviewed. The Board</p>	CM

	noted the changes to AF30 and AF31.	
Operational Performance		
8.	<p>M06 Integrated Performance Report</p> <p>The Deputy Chief Executive introduced Paper 20/51. Areas highlighted included:</p> <ul style="list-style-type: none"> • A&E performance: There had been a recovery in the A&E numbers, but challenges in performance had been discussed at the Oxfordshire A&E Delivery Board. • There were fewer patients with delayed transfers of care, in part due to the new Home First project which comprised a single cross-organisational team with coordinated resources. • 111 First was an initiative that would be rolled out nationally on 1 December, but was already running in Oxfordshire. All patients wishing to attend A&E should call 111 first; GPs and ambulance staff were able to refer patients directly to specialities. • Ambulance handover times at the Horton General hospital had deteriorated due to pressure on beds. This was under investigation. • Referral to Treatment (RTT): some specialities had not opened following closure during the pandemic and performance was low as a result. Referrals from GPs were higher, with the electronic referral system open again, but not for all specialities. The gynaecology waiting list was benefitting from the new community service. There appeared to be a gradual easing of waiting times. • The Director of Nursing advised that issues at the Royal Berkshire hospital were being looked into. Harm reviews were ongoing and if deemed at harm, treated as serious incidents. • Primary Care was now undertaking face to face appointments at approximately 50 per cent because there were limits to the usefulness of e-consultations. • Annual health checks for those with learning disabilities and serious mental illness were very important. The target had not been met so far this year and would be increased next year. These must be encouraged in Primary Care. The Director of Transformation advised that there had been a paper at Executive Committee this week and the Primary Care team was working with the Quality team on how to promote the health checks. There was additional funding, but this would not help without additional staffing resource. 	
9.	<p>M07 Finance Report</p> <p>The Director of Finance reported that OCCG would achieve the financial plan. The M07 report was reporting against the financial regime for the first half of 2020-21. The earlier forecast of a £6.5m deficit at the end of the year had been revised to £4.5m. OCCG expected further reimbursements for COVID-19 and the hospital discharge scheme costs. Further updates would be reported through the Finance Committee.</p> <p>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 would deliver its financial objectives.</p>	
10.	<p>Financial Plan Months 7-12</p> <p>The Director of Finance presented Paper 20/53, noting that because of awkward timings the Finance Committee had already considered the financial plan and the Board was asked to approve it in retrospect.</p>	

	<p>The financial year 2020-21 had been divided into two financial regimes in the wake of the COVID-19 pandemic. During the first half of the year all NHS organisations were brought back to break even to cover additional costs associated with COVID-19. In the second half of the year organisations were expected to spend within their funding envelope. Oxfordshire’s plan would leave an underlying deficit of £4.5m in the second half of the year. The deficit was attributed to prescribing and continuing healthcare costs in the main.</p> <p>The Director of Finance warned that there remained £7.6m in risks to the financial plan. This was an unusual position for OCCG as it had historically managed within plan. However, there was still some uncertainty about the situation under the new financial regime. At the moment, it appeared that OCCG’s historic surplus had been removed, but the Director of Finance was following this up with NHS England.</p> <p>The OCCG Board approved the Financial Plan for months 7-12 of 2020-21.</p>	
11.	<p>Horton and Warneford Hospitals Redevelopment Mike McEnaney, Director of Finance, OHFT and David Walliker, Chief Digital and Partnerships Officer, OUH, attended to present each organisation’s paper.</p> <p>Warneford Redevelopment: Mike McEnaney informed the Board that the Warneford was the oldest adult mental health inpatient facility in the country. It had long lengths of stay for patients which resulted in other patients being sent out of the county for treatment. The new development would not impact on the existing mental health facilities at the Horton. Work was underway with OUH to make the new facility a research college. The cost of the redevelopment would be offset by income from the research college and reduction in out of county costs.</p> <p>Horton Redevelopment: David Walliker advised that COVID-19 had occasioned changes at the Horton in the use of digital as default for many consultations. The vision was for a building that was fit for the future, with continuing A&E facilities. More detail would follow on the plan once it had been finalised for submission. There had been clinical input and the developing clinical strategy would be the driver for the redevelopment. The Board members requested sight of the master plan and timescales. They would expect redevelopment to include a high performing district general hospital in Banbury.</p> <p>The Deputy Chief Executive explained the context of these proposals was the opportunity to develop eight hospitals across the country. There were several proposals from across the Integrated Care System (ICS) and it was not clear how these could be prioritised. The proposals had been brought to the Board for information.</p> <p>Points of discussion included:</p> <ul style="list-style-type: none"> • Health inequalities: the Horton redevelopment should be linked to the local primary care services in the developing Primary Care Networks (PCNs) • OCCG should take the opportunity to discuss with OUH at an early stage the movement of elective care to the north • There was no mention in the paper of the provision of services at the Horton to patients from South Northamptonshire and other nearby counties. • There were currently no adequate facilities for the vulnerable patients with learning disability. 	

	<ul style="list-style-type: none"> • Mike McEnaney would be discussing children and adolescents mental health service (CAMHS) provision with the Director of Quality. • The design of the new Warneford hospital would include elements to suit the sensory needs of patients. • Next steps for the Warneford involved a joint application from OH and OUH in July 2021, with planning permission anticipated in July 2022. Funding would need to be identified before then. <p>The OCCG Board thanked the presenters for attending the meeting and noted the proposals for redevelopment of the Warneford and Horton hospitals.</p>	
12.	<p>COVID-19: a Safe Winter and Protecting Elective Care</p> <p>The Director of Governance reported that OCCG was expecting Phase 4 guidance from NHS England. It was known that emphasis would be placed on having a safe winter, on working through COVID-19 Wave 2 and on the protection of elective care.</p> <p>Recent published infection rates of COVID-19 for Oxfordshire had decreased in all ages, although there had been a slight increase in the numbers of patients admitted to hospital. Arrangements made during Wave 1 had been stepped up again for Wave 2.</p> <p>The Deputy Chief Executive informed the Board of the adult social care winter plan under which extra beds had been commissioned for COVID patients requiring discharge.</p> <p>The Director of Transformation explained how the COVID-19 Community Assessment, Liaison and Monitoring (CALM) clinics had been relaunched in three locations for face-to-face appointments. These were being organised by the GP federations. There was also a GP visiting service for the most infections and highest priority patients.</p> <p>The report from the Flu Board was that flu vaccination of the 50-64 year olds could begin.</p> <p>21 sites across Oxfordshire had been identified for general practice to begin giving the COVID-19 vaccine. All staff involved in this work were thanked. OCCG was working with Oxford Health to prepare for vaccinations in care homes and for the housebound. All preparations should be in place for 01 December, although the vaccines would not be available on that date.</p> <p>The Mental Health Portfolio Clinical Director asked whether enough was being done to encourage patients to come back to secondary care, as non-attendance figures were high. However, it was noted that some services were already under pressure. He suggested a letter was sent to the independent sector from the Board about the plans for recovery from the pandemic.</p> <p>Action 23/21: Draft letter to independent sector around pandemic recovery</p> <p>The OCCG Board noted the COVID-19: a Safe Winter and Protecting Elective Care report</p>	DH
13.	<p>Patient Story</p> <p>The Director of Quality read the Patient Story and thanked the patient for her</p>	

	consent. She stressed the importance of patient experience. Too often the system appeared deaf to the patient voice and needed to improve. The clinical effectiveness report to Board would include items from the patient experience library in future and this should become more central to the work the CCG undertook.	
Governance and Assurance		
14.	<p>Prioritisation of Workload</p> <p>Paper 20/56 informed the Board of areas of work that would be reduced should OCCG staff come under greater pressure in Wave 2. 25 members of staff had already been seconded to the Incident Control Centre. The paper showed how objectives had been reviewed to focus on priorities. It was noted that there was nothing in the document about mental health. The Deputy Chief Executive would discuss this with the Accountable Officer. The Lay Member for Patient and Public Involvement (PPI) noted that work was needed on perinatal mental health.</p> <p>The Director of Quality agreed to circulate guidance around the Patient Safety Strategy to Board members. There was no strategy in place locally as yet.</p> <p>The Deputy Chief Executive asked that all Board members check the paper for the assumptions made around the priorities.</p> <p>Action 24/20: Discuss the absence of mental health in the priorities document with the Accountable Officer</p> <p>Action 25/20: Circulate guidance on Patient Safety Strategy to Board members</p> <p>Action 26/20: Board members to check the assumptions in the priorities document and send feedback to the Deputy Chief Executive</p> <p>The OCCG Board noted the Prioritisation of Workload paper.</p>	<p>DH</p> <p>SW</p> <p>All</p>
15.	<p>Oxfordshire Safeguarding Adults Board Report</p> <p>Oxfordshire Safeguarding Children’s Board Report</p> <p>The Safeguarding Boards’ annual reports had been discussed at the Quality Committee and were presented here for information. It was noted that there was less detail in the reports this year, but that there was more information on the County Council website.</p> <p>The Lay Member (voting) asked that the outcomes from the recent ‘Let’s Talk about Loneliness’ workshop be discussed at a future Board workshop.</p> <p>Action 27/20: Take outcomes of the ‘Let’s Talk Loneliness’ workshop to a Board workshop</p> <p>The OCCG Board noted the Safeguarding Adults and Children’s Board reports</p>	<p>CM/SW</p>
16.	<p>Corporate Governance Report</p> <p>The Director of Governance asked the Board to note the standard Corporate Governance Report and that single tender action waivers noted within the report had also been notified to the Audit Committee.</p> <p>The OCCG Board noted the Corporate Governance Report.</p>	

17.	<p>EPRR Annual Report</p> <p>The Director of Governance presented Paper 20/58.</p> <p>Oxfordshire’s emergency preparedness response and resilience had been tested this year. COVID-19 had influenced plans for the future. Primary care was not included in the Civil Contingency Act and this would be looked at in light of the response required during the pandemic. This would include the individual private business contingency plans, the expectation of other agencies of practices and general practice responses.</p> <p>The European Union exit preparedness was again on the agenda, although the health response would mostly be at a national level.</p> <p>There would be an EPRR review meeting with NHS England next week.</p> <p>The OCCG Board noted the EPRR Annual Report.</p>	
18.	<p>Member Practice Commissioning Meetings</p> <p>The Director of Transformation presented Paper 20/60 asking the Board to note that member practices would continue to be involved in commissioning through these meetings. These would not be decision-making meetings, but a discussion forum for key items on which the CCG would be making decisions.</p> <p>The three Network Clinical Directors had each led one meeting at which the future of the Primary Care Visiting Service and Social Prescribing had been discussed. Those items would next be presented to the Oxfordshire Primary Care Commissioning Committee for decision.</p> <p>It would be important to receive regular updates from the network areas, but how and when to do this would need discussion.</p> <p>The Lay Member for PPI noted that there had been no reports from Patient Participation Groups recently. The Director of Governance replied that her reports to Board would include PPI, but that PPGs were one element of the whole.</p> <p>The OCCG Board noted the report on the Member Practice Commissioning Meetings.</p>	
19.	<p>Delegated Committees’ minutes</p> <ul style="list-style-type: none"> • Audit Committee 15 October 2020: The Lay Vice Chair highlighted that the internal auditor’s report noted that OCCG had a well-controlled framework for its contracts. • Executive Committee 25 August, 22 September 2020: The Deputy Chief Executive highlighted there had been discussions on the financial allocations, with key messages on what OCCG could do and must invest in, and on performance issues. • Finance Committee 23 July 2020: The Lay Member (voting) asked the Board to note the assurance work of the Finance Committee. • Oxfordshire Primary Care Commissioning Committee 04 August: The Lay Member (voting) asked the Board to note the minutes. • Quality Committee 14 July 2020: The Lay Member for PPI highlighted the work of the clinical effectiveness team and commended them to the Board. <p>The OCCG Board noted the delegated committees’ minutes.</p>	

AOB and For Information		
20.	Questions submitted in advance No questions from the public had been submitted in advance.	
21.	Questions from the floor One question was submitted from a member of the public regarding CAMHS: The waiting times for the various CAMHS pathways seem to be ticking up significantly post schools reopening. We're a digital therapeutic intervention provider for children and young people's mental health that can help provide timely early intervention support in line with "Getting Help" and amplifying the the work of the Mental Health Support teams. Who would be the best person for us to engage with on this? The Deputy Chief Executive invited the questioner to email the CCG in order to receive the required information.	
Date of Next Meeting: 09.00-12.00, Tuesday 16 March 2021		