Minutes

Oxfordshire CCG Executive Committee
27 April 2021
Microsoft Teams

Members			
Name	**Role**	**Initials**	**Attendance**
Diane Hedges	Deputy Chief Executive - Chair	DH	Present
Ed Capo-Bianco	Urgent Care Portfolio Clinical Director	ECB	Present
David Chapman	Mental Health Portfolio Clinical Director	DC	Present
Jo Cogswell	Director of Transformation	JC	Present
Kiren Collison	Clinical Chair	KC	Present
Sam Hart	North Network Clinical Director	SHa	Present
Shelley Hayles	Planned Care Portfolio Clinical Director	SH	Present
James Kent	Accountable Officer and Executive ICS Lead Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System	JK	Apologies
Gareth Kenworthy	Director of Finance	GK	Present
Catherine Mountford	Director of Governance	CM	Present
Andy Valentine	Oxford City Network Clinical Director	AV	Present
Others: (Standing Invitees or In attendance)			
Ros Kenrick	Senior Executive Assistant/Board Secretary	RK	Present
Ansaf Azhar	Director of Public Health, OCC	AA	Present for item 4
Philippa Dent	Analyst, Public Health, Oxfordshire, OCC	PD	Present until 10.35
John Courouble		JCo	Present until 10.35

Standing Agenda Items		
1.	**Welcome and introductions** The Chair welcomed everyone to the meeting.	
2.	**Apologies for Absence** Noted as above.	
3.	**Declaration of Interest** The Chair reminded Committee members of their obligation to declare any interest they may have on any issue arising at Executive	

	Committee meetings that might conflict with the business of Oxfordshire CCG. No declarations of interest were made.	
4.	**Joint Strategic Needs Analysis (JSNA)** AA, PD and JCo attended to present the aspects of the JSNA that they considered to be those on which OCCG should focus its commissioning during 2021/22. They also highlighted the areas of inequality. The data could be interrogated in the Public Health inequalities dashboard. PD presented highlights from the JSNA. • Issues previously noted in the ten most deprived Wards in Oxfordshire had been exacerbated by the COVID-19 pandemic. • There had been increases in unemployment, young people's mental health problems, domestic abuse and depression. • Children's exercise levels had dropped. • Preventable deaths were down in cancer, but higher in liver disease, cardiovascular disease (CVD) and respiratory illnesses. Oxfordshire remained better than the national average. • There were more older people living in the county. There was a question about whether people had longer healthy lives or they were living longer with long term conditions. • The incidence of falls was higher in Oxford City and rising in Cherwell. • Reablement referrals were low in the county. Committee members requested more benchmarking data in the JSNA summary slides. Areas of inequality included the City, Banbury and Abingdon. Specific areas were worse than the national average. Having highlighted Ruscote Ward in Banbury last year, DH asked whether anything had been done to improve the situation there. AA replied that there were many healthcare assets in the area, but that people said they were unaware of what was on offer. AA reported that he co-chaired the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Inequalities group which was focusing on CVD and on closing the inequalities gap across BOB. ECB flagged that 2000 blood pressure monitors had been purchased and were being sent to practices and that a heart failure initiative was to begin, both in the more deprived areas. AV advised caution when choosing initiatives for individual areas. It was possible that those who needed help most were not those who spoke out. It was for Public Health and the CCG to be their advocates. CM noted that decisions to provide services were based on many factors.	

	GK highlighted that the NHS needs indices on which CCG funding was based did not reflect the data in the JSNA. He would share the most recent document with AA and PD. The issues identified in the JSNA should be addressed by all in the Oxfordshire health and social care system. The wider determinants of health were not all under the control of the NHS. **Action 21/07: PD to circulate revised JSNA summary presentation** **Action 21/08: GK to share the NHS Needs Indices document with AA**	**PD** **GK**
5.	**Minutes of the Meetings held on 23 March 2021** The minutes were approved as an accurate record of the meeting.	
6.	**Executive Committee Action Log** The action log was reviewed and updated. *Action 20/77: DH suggested a collective action for the clinical leadership to further discuss planning and opportunities for joint commissioning.* ECB and DC are members of the joint commissioning groups. Clinical Leads would flag relevant items for HESC or JCE to them. Action closed *Action 20/78: CM to follow up on the progress of recruitment for the OCCG Network Leads for the South and for Primary Care.* Permission to recruit had been received and expressions of interest would be sought. Action to update Executive Committee to remain for JC. *Action 21/01: SH to discuss the TVCA strategy with Ruth Wilcockson:* Action closed *Action 21/02: DH to meet with Sara Randall and Ruth Wilcockson to discuss breast screening*: Action closed *Action 21/05: SH to flag the BW MSK model to Sharon Barrington:* Further information has been received and discussions ongoing in Primary Care. Action closed *Action 21/06: CM and IB to pick up the key areas of feedback on the community strategy:* Feedback included in paper submitted to HOSC. Action closed	**JC**
7.	**Feedback from** • **Joint Commissioning Executive (JCE) (agenda):** DH explained the topics covered at the last JCE meeting. These included the learning disabilities 3 year plan and finances. There was work to do around governance. DH would share papers if requested. • **ICS / SLG (agenda):** DC noted a lack of primary care input into the System Leaders Group. It was confirmed that Raj Bajwa, Clinical Chair of Buckinghamshire CCG was a member of SLG. This had been raised on a number of occasions. JC said that links were being developed between SLG and the Primary Care	

	Transformation Board. It was expected that the current SLG would meet for the rest of the year, but that a revised membership would be developed for the Board of the ICS NHS Body. **The Executive Committee noted the JCE and SLG agendas.**	
Operational Performance		
8.	**BOB Quality and Performance Report** DH informed the Committee that the report presented today was a highlight report and not the usual report that would be written for the in-common meetings. • Significant red areas were listed on the front cover of the report. • Work was underway to define the role of an Urgent Care Director for the Oxfordshire system. • DC noted that mental health and dementia diagnoses figures had improved. The figures for annual health checks for those with learning disability or serious mental health ought to be included in this report regularly. • SH informed the committee that Thames Valley Cancer Alliance (TVCA) had largely taken over the monitoring of cancer performance. • There was some concern about how commissioners could hold providers to account over referral to treatment times (RTT) in the ICS. JK would be appointing leads for the operating plan and going forward there would be a responsible officer within the ICS. SH suggested that it would be helpful if JK were to discuss such items with the clinical leads. There were operational hurdles at the OUH of which he should be aware. **Action 21/09: DH to flag the request from SH to discuss operational issues at OUH at her meeting with JK on Friday** **The Executive Committee noted the BOB Quality and Performance Report.**	**DH**
9.	**M12 Finance Update** GK informed the Committee that a Month 12 report would be circulated as soon as possible, but that the Finance team had been prioritising the end of year reports. The CCG had ended 2020/21 with a surplus of c £300k. **The Executive Committee noted the Month 12 Finance Update**	
10.	**Draft H1 Plan to include Cost Pressures** GK presented Paper 7 stating that a draft position would be submitted on 6 May. Oxfordshire CCG expected to submit a £2.83m gap to envelope. This was driven buy the mental health mediation investment, with OCCG having no headroom to manage the pressure. The situation in the other BOB CCGs was similar. The ICS was declaring a draft gap to envelope of £27m. Directors of finance across the three CCGs were working together to understand their different approaches.	

	GK reassured the Committee that the intent was to fund the mental health investment. The ICS had agreed that mental health was a priority and would likely have to support the Oxfordshire investment. GK suggested that they would look to DC to understand where best to invest the money. **The Executive Committee noted the Draft H1 Plan and Cost Pressures paper**	
11.	**Operational Plan – Delivery of Recovery Trajectories** Paper 8 provided a summary of the activities to date and a timeline. DH informed the Committee that the operational plan would be submitted as one for BOB, but each CCG would send local data for inclusion. A&E activity had reduced recently, and the submission would be for 95 per cent activity. ECB cautioned that activity appeared to be on the rise. DC advised that primary care attendance had risen to 105 per cent of its pre-COVID level, 50 per cent of which were face to face appointments. He wondered whether that gave adequate access to primary care. There was, in addition, a hidden waiting list of 2-3 weeks for patients to be seen in practices. The operational plan guidance stated that primary care should be restored back to its pre-pandemic levels, but what was actually required? This was to offer the best service to patients. Practices needed to be able to flex their services to suit the needs of their populations. **Action 21/10: JC to consider how to take forward the points raised. She would also share draft notes of the primary care workshop last week.** **The Executive Committee noted the Operational Plan – Delivery of Recovery Trajectories paper**	**JC**
12.	**COVID-19 Update – Vaccinations** **Coverage for Phase 2** JC reported that Oxfordshire had delivered 400,000 of the 1.0m vaccinations given across BOB, most of which had taken place at the 21 Primary Care Network (PCN) sites. A small number of people had declined the vaccination, but all in cohorts 1-9 would be offered a vaccine by the deadline. The Moderna vaccine roll out had begun last week, but due to short term limited availability of the Pfizer vaccine, there would be only second doses given this week and next. Pop up clinics were being held in churches and mosques and there were new communications around the vaccine and Ramadan.	

	Phase 2 of the COVID vaccine programme would cover people in cohorts 10-12. Pharmacies were now ready to begin vaccinating. All PCN sites would complete their second doses, but six PCN sites would not be covering Phase 2. The vaccination team were looking at appropriate coverage across the county for Phase 2. Pharmacies were accessible on the national booking system, with some PCNs trialling this before roll out to others. PCNs would be allowed to vaccinate people outside their PCN areas. **The Executive Committee noted the COVID-19 Update**	
Strategy / Policy and Decisions		
13.	**Specialised Palliative Care Beds in the South of the County** DH reported that she had taken this item for discussion at the BOB Combined Executive. Berkshire West CCG had reduced the number of beds it commissioned from Sue Ryder at the Duchess of Kent hospice in Reading. Having looked into the matter, DH found that the cost of the beds there was in excess of those at Wallingford, so OCCG would plan to procure the beds locally. The contract was being looked at by Oxfordshire County Council before this could be taken forward. DH would take the proposal for local engagement and would hope to gain agreement from local councillors. ECB noted that he was discussing the proposals with local GPs and thought it made sense for the local population. **The Executive Committee approved the proposal for the procurement of specialised palliative care beds in the south of the county.**	
14.	**Executive Committee Annual Report** DH presented the draft Executive Committee Annual Report for approval. **The Executive Committee approved the Executive Committee Annual Report**	
AOB and For Information		
15.	**Papers Circulated / Approved Between Meetings** Audiology Update – for information	
16.	**Meetings to Note:** The Executive Committee noted the upcoming meetings.	
17.	**Confirmation of meeting quorum and note of any decisions requiring ratification** The meeting was quorate. No decisions required ratification.	
18.	**Any Other Business** **Update on the Combined Executive meeting:** DH informed the committee that the Chair and Accountable Officer of the ICS were required to go through a reappointment process in June. This might	

	also apply to the appointment of the Director of Finance, but this had not yet been confirmed. The BOB Architecture Oversight Group had agreed to move forward with the recruitment of the Place Managing Directors. CM said that more interim staff had been brought into the ICS. Amanda Lyons would be working for three to four days a week on ICS development. An interim Recovery Director would be appointed, who would likely have provider Chief Operating Officer experience. Directors had submitted their proposed objectives and JK had shared his. Each director would have three to six objectives to cover all the priority areas. Where there were gaps, interim staff would be brought in. There would be matrix working and the interim structure would be based on the priorities. National guidance was expected to mandate certain posts such as Chief People and Chief Digital Officers. Directors would receive the results of the consultation on the proposed SMT structure at the end of the month. It was unclear when or if the directors would be put at risk. KC offered support for the directors. CM also informed the committee of discussions around the ICS boundaries. It was possible that Berkshire East might join BOB, or that Berkshire West might leave. A decision was expected in June. **Clinox:** SH asked the committee to note that the member of staff who managed the Clinox information for GPs was leaving the CCG. This had been a useful means of communication with the PCNs and she hoped that a successor could be identified for this work.	
Date of Next Meeting: 25 May 2021		