Agenda Item 4: Paper 4b

Minutes

Oxfordshire CCG Board
16 March 2021
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	Present
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	Present
Duncan Smith	Lay Member (voting)	EDS	Present
Andy Valentine	Oxford City Network Clinical Director (voting)	AV	Present
Sula Wiltshire	Board Nurse (voting)	SW	Present
Others: (Standing Invitees or In attendance)			
Ros Kenrick	Senior Executive Assistant and Board Secretary	RK	Present
Will Johnsen	Executive Assistant	WJ	Present

Standing Agenda Items		
1.	**Welcome and introductions** The Chair welcomed everyone to the meeting.	
2.	**Apologies for Absence** Noted above.	
3.	**Declarations of Interest** 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. There were no declarations of interest pertaining to items on the agenda.	
4.	**Minutes of the meeting held on 26 November 2020** The minutes of the meeting held on 26 November 2020 were approved as an accurate record of the meeting.	
5.	**Action Log** *03/20: Look into the usage of palliative care beds*: The Deputy Chief Executive reported that she was in discussion with local councillors regarding the use of Rapid Access Care Unit beds. *07/20: Look into request for AccuRx funding:* The Director of Finance informed the Board that the Regional team at NHS England (NHSE) had extended the functionality of video consultations until the end of June 2021. This would give more time to consider the use of AccuRx at an Integrated Care System (ICS) basis. *18/20: Discuss the implications of the OxFed closure on City practices*: The Director of Transformation updated the Board on progress. OxFed services were to be provided by a number of other organisations. There were currently no plans for a replacement Federation. OCCG would work with city practices to ensure resilience. Action closed *21/20 Submit a report on further PPI development to a future Board meeting:* This action will be reviewed in line with the move to in-common meetings and a single forward plan. Action closed *25/20: Circulate Guidance on Patient Safety Strategy to Board members:* Document circulated. Action closed *26/20: Board members to check the assumptions in the priorities document and send feedback to the Deputy Chief Executive:* There would be a report at the next Executive Committee meeting on 23 March. Action closed *27/20: Take outcomes of the 'Let's Talk Loneliness' workshop to a Board workshop:* This action will be reviewed in line with the move to in-common meetings and a single forward plan. Action closed	
6.	**Questions Submitted in Advance** **From Joan Stewart – Keep Our NHS Public** Question 1. Communications and Engagement Strategy *Background*: The previous strategy (2020-March 2021) set out OCGG's approach to communicating and engaging with people in Oxfordshire. The introduction stated that the strategy was based 'on the principle of open and continuous communication with patients, the public, OCCG members, staff and key stakeholders. It also acknowledges OCCG's statutory responsibilities (see appendix 1) and the NHS commitment to involve patients in the way in which health services are planned and managed.' Elsewhere in the strategy, OCCG states that its values and principles will	

include: to be 'honest and transparent', 'to be open and clear from the start what our plans are', and 'to be timely by informing and involving stakeholders as early as possible in the process of communications or engagement'.

https://www.oxfordshireccg.nhs.uk/documents/work%20programmes/Who%20We%20Are/OCCG_CE_Strategy_Final_2020_2021.pdf

While the public acknowledge that understandably OCCG's focus has been on developing a collaborative response to Covid, it has not impeded the progress and process of transitioning to a BOB ICS. The lack of publicly available information and public engagement in this process is of considerable concern. The values and principles of the Communications and Engagement Strategy are not being upheld by OCCG. The public are being side-lined.

The current strategy is due to end this month. When will a revised Communications and Engagement Strategy be publicly available and implemented?

Answer: The Director of Governance responded that as the ICS develops and becomes a statutory body the majority of engagement will continue to be delivered locally but coordinated across the ICS to ensure joined up messaging and activity wherever possible and / or appropriate. Best practice will continue to be shared to reduce duplication and share feedback generated locally. As we have focused on response to the Covid-19 pandemic we have not been able to update the strategy therefore we will continue to work to this one and a review and development of a new strategy will take place in the context of the proposed legislative changes including development of the ICS and more partnership arrangements within Oxfordshire
Patient and public engagement remains very important to Oxfordshire CCG and the team who lead this continue to widen approaches and ensure it is embedded in all we do. We have always recognised that there are a range of approaches and different groups/individuals to involve depending on the subject. Some of our work is highlighted in the PPI Annual report for 2019/20 which shows an enormous amount of work and demonstrates the impact this has. This was part of the evidence reviewed by NHSE that led to us being given a "good" rating for the NHSE Patient and Community Engagement Indicator 2019/20 which contributes to the overall assurance framework for CCGs.

Question 2. Replacement of the Lay Member of the Governing Body with responsibility for Public and Patient Involvement.
The matter of public involvement and engagement do not appear to be of concern to OCCG. When will a replacement lay member be appointed?

Answer: The Clinical Chair stated that as highlighted in the Accountable Officer's report the three CCGs have agreed to move to greater alignment and will be holding Governing Body meetings in common from 1 April 2021. As part of this work, we are reviewing our membership and composition to ensure that we have all the input we need including a Lay Member for PPI. Given the changes proposed by the White Paper we are thinking about the most effective way to do this.

From Professor Louise Wallace

	QUESTION 1: What has the OCCG done and what plans does it have about replacing the Lay Member (PPI) and succession planning for Non-Executive members of OCCG, as their positions as full voting Governing Body members are a requirement in its constitution? Why has this matter been omitted from the Board minutes of November 2020 which are to be approved at this meeting? This relates to Board paper 2021-03-16 (Minutes) and Agenda item 8 (Accountable Officers' Report- White Paper and Joint Working). The matter was raised by the outgoing Non-Executive Director/ Lay Member (PPI), Professor Louise Wallace at the November public meeting. There is an omission from the minutes of a commitment made at the public Board meeting by the Chair Dr Kiren Collison to have a proposal to present to the next Board meeting covering this matter, as well as the representation of Clinical Directors. At that time the next Board meeting was scheduled for January 2021. This meeting was cancelled and replaced with the March meeting. The matter was also noted in the OCCG Quality Committee minutes from October 2020 presented at this meeting. *"Lay members bring a wealth of experience at senior or board level and play a pivotal role in ensuring that governance is maintained, and CCGs make the best possible decisions for patients*"- Susanne Hasselmann, Former Chair of Lay Members Network, NHS Clinical Commissioners. **Answer:** The Director of Governance replied that the first part of this question regarding the replacement of the Lay Member lead for PPI had been addressed by the Clinical Chair in answering the question from Joan Stewart. She also stated that OCCG believed the minutes to be accurate; the handwritten notes and audio recording of the meeting have been checked. Whilst there is reference in the chat from the meeting members to a successor there is no commitment to bring a proposal to the next Board meeting. QUESTION 2 Why has the Board's quality report failed to include any report on the quality of maternity and neonatal services experienced by women and families during the pandemic including the additional travel required and restrictions placed on visiting families? (This is of particular concern given the Governing Body approved a proposal that the Quality Committee would a county wide report on maternity including the MLUs following the downgrading of The Horton unit). **Answer:** The Director of Governance replied that the quality and performance report presented at the Board today is the first iteration of a BOB wide report prepared whilst we are still operating under a Level 4 incident. A detailed report on maternity is being prepared for the next Quality committee who will consider it before reporting to the Board. **From Maggie Winters on behalf of Keep our NHS Public Oxfordshire** *We note that OCCG Executive Committee has approved the Audiology Procurement paper (OCCG Agenda 16 March 2021 Item 15 Paper 21-10a). Does the procurement include provision of ear wax removal services at primary or community level as in the guidance from NICE (QS185), and at no charge to the patient for patients suffering from hearing loss or requiring referral to audiology services for a hearing assessment? If not, could OCCG*	

	explain why not? **Answer:** The CCG signed off the procurement for delivery of hearing aid provision in the community. A new element to that service is that providers will be delivering aural care (ear wax clearance) where appropriate to ensure hearing tests can be carried out accurately and hearing aids fitted. This will cover GP referrals into the hearing aid services in the Community and will be offered without charge to the referred patient. Ear wax removal in secondary care will continue to be in line with the Priority committee statement https://www.oxfordshireccg.nhs.uk/professionalresources/documents/commissioning-statements/305-Management-of-Earwax.pdf . General patient information can be found at Earwax build-up - NHS (www.nhs.uk) Patients are encouraged to undertake self-care before ear wax removal can be offered by the provider unless there is justifiable reason that the patient is not able to perform self-management e.g. due to disability. **From Sally Povolotsky** When can we expect the GP surgery on GWP (Great Western Park) to be built and ready for residents to use? By providing this, does the CCG expect the subsequent increase to healthcare provision for Didcot and surrounding area to meet the need?' If there is an alternative plan, can the CCG set out what it is and on what timescale they expect to deliver it?" **Answer:** The CCG recognises and has acknowledged in our primary care estates strategy, the expected population growth in Didcot as a result of the new housing developments. Our latest data shows that the number of GP registered patients in Didcot has increased by just over 3800 between October 2017 and October 2020. We have been working with the practices, councils and more recently the practice Patient Participation Groups to ensure that there is adequate primary care provision in Didcot. We are currently working with the Council planning for a new surgery on the GWP site. However, there are many hurdles / hoops to still go, including planning permission, business case approval, affordability and value for money as defined by the District Valuer. Therefore, at this stage we are unable to provide a date by which any new surgery will be ready to use. Alongside this we continue to work with the local councils to ensure that we achieve developers' contributions for new housing developments in order to support health infrastructure for the new population. **From Mr Keith Dickinson** Bucks and Oxfordshire both received this set of questions in January (from the same individual) 1. Have resources originally dedicated to critical care been given over to Covid patients? 2. Has critical surgery been cancelled / deferred / delayed due to the admission of Covid patients?	

	if so 3. Who made this decision and was it made on the basis of clinical, financial or political considerations? 4. Will you now restore and ringfence critical care resources? **Answer:** For the majority of 2020/21 the NHS has been working under national and regional direction to ensure a consistent response to the pressures that it has been under in terms of responding to the COVID-19 pandemic. This has covered both the financial/contractual arrangements we have been working under and also nationally agreed priorities for service delivery. CCG Governing Bodies have discussed this pandemic response and are also aware that NHS England is reimbursing additional costs incurred. Since early November 2020 systems nationally have been operating at the highest level of command-and-control emergency alert (Level 4) with regular oversight by NHS England. All critical care resources, driven by clinical priorities, have been utilised to: 1. Support clinical management of patients with COVID who require critical care 2. Maintain services for patients who require emergency or urgent surgery such as for those with cancer. To ensure that all patients can access the critical care they need all our local hospitals have worked together to create additional "surge" critical care capacity. They have also linked into the wider South East and national picture in a process known as "mutual aid". Our baseline number of funded critical care beds across Buckinghamshire, Oxfordshire and Berkshire West is 91 and at the peak of the pandemic in January we were caring for nearly 260 patients in critical care. However, we have sustained priority 1 surgery throughout, and the majority of priority 2 surgery. A gradually reducing number of COVID-19 admissions since the peak has meant we have almost returned to normal capacity, with further work ahead to address the resultant backlog in priority 3 and 4 surgery.	
7.	**Questions from the Floor** No questions were submitted during the meeting.	
8.	**Accountable Officer and Deputy's Report** The Accountable Officer introduced Paper 21/03 stating that following a peak of 750 COVID positive patients in the acute hospitals across Buckinghamshire, Oxfordshire and Berkshire West (BOB), there were now approximately 200. The COVID vaccination programme had offered vaccinations to all in Cohorts 1-4 by 15 February and was on track to deliver to Cohorts 1-9 by mid-April through the various primary care, mass vaccination and community routes. 14 CCG staff had been redeployed to support the BOB Incident Control Centre (ICC), with over 100 staff volunteering to be redeployed into various short-term roles. The Accountable Officer offered his thanks to all staff for their flexibility at this time. Staff would be encouraged to decompress and recover through the health and wellbeing programme which would begin in April. The Health and Social Care white paper was expected to go through parliament in May. The statutory commissioning arrangements would move from CCGs to the Integrated Care Systems (ICSs) in April 2022. The competition and procurement arrangements set up in the Lansley bill would cease.	

	There would be acceleration towards joint working with BOB Governing Bodies and most Committees meeting in common from April 2021. The Deputy Chief Executive spoke of the Health Education and Social Care (HESC) arrangements in Oxfordshire to support joint commissioning. Joint Commissioning between the County Council and OCCG would be based on tiers of need and the shadow Joint Commissioning Executive (JCE) would include representatives from Adult Social Care, Public Health, and Children's Services, together with the OCCG Deputy Chief Executive, Finance Director and Lead clinicians for Older Care/Urgent Care, Mental Health and Learning Disabilities. The Deputy Chief Executive offered her thanks to staff involved in the development of this team. Some roles remained vacant and interim staff were being appointed until there had been successful recruitment. The Board Nurse noted the support from staff over the COVID-19 vaccination programme. The Accountable Officer agreed and said that the high level of vaccine uptake in the harder to reach groups indicated a higher level of trust and would pay dividends in the future for COVID and flu vaccines uptake. The Board Nurse asked what were the criteria for success for the HESC team. The Deputy Chief Executive replied that outcomes were being developed for all areas. The Mental Health Portfolio Clinical Director advised that these should be patient care outcomes. The Lay Member (voting) asked a question about staffing for recovery of services and scenario planning should there be a further wave of COVID infection. The Accountable Officer said that recovery was being driven by NHSE and that an update was expected next week, to be followed by a letter and templates for recovery plans to be submitted in April. Provider trusts were looking at the backlogs of patients and the potential clinical harm that might have been experienced by the delays in treatment. The Accountable Officer flagged that NHSE had been drafting priorities, containing approximately 33 workstreams. It might be necessary to request external support to assist with this work. CCG staff who had been redeployed would be returning to their substantive roles and were being encouraged to take annual leave and engage in the support to be offered by the Human Resources team (HR). **The OCCG Board noted the Accountable Officer and Deputy's Report**	
Risk		
9.	**Risk Management and Assurance** The Director of Governance presented Paper 21/04. The paper represented the CCG's risk position at the end of the financial year. It would form part of the governance statement and annual report. The Director of Governance asked the Board to take the paper as a point in time and advised that it would be reviewed before submission. Additional work was being done to align the risk registers of the three ICS CCGs. The Directors Risk Review recommended closure of AF28 – Provider Workforce. The Lay Member (voting) disagreed with this decision, saying that it was the biggest risk to the CCG. It was anticipated that there would be	

	a significant workforce gap in the next five years. If OCCG could not mitigate this situation, the risk remained with OCCG applying pressure on the providers who could affect the position. The Lay Vice Chair agreed that there was a risk, but that it should be closed for the CCG and opened for the ICS where there would be more opportunity to affect the situation. The Lay Member (voting) reminded the Board that the ICS was not a statutory organisation and that the CCGs needed to own the risks, but it was flagged that the CCGs would work together to manage the risks. **The OCCG Board noted the Risk Management and Assurance report.**	
Operational Performance		
10.	**Quality and Performance Report** **• Including Restoration and Recovery** The Deputy Chief Executive introduced Paper 21/05. The paper was a new format and included information across the ICS on key areas. Points highlighted included: • Medically Optimised for Discharge (MOFD): Oxfordshire's figures had reduced, but further improvements were being sought. Delay days in community hospitals were now fewer than 10. The use of hotels to assist with MOFD was being investigated across the ICS. • The use of pulse oximeters at home to avoid hospital admissions for COVID patients had been a success. • The COVID vaccination programme had been a very positive story. 650,000 people had been vaccinated across the ICS, with 275,000 of those in Oxfordshire. There was confidence that the target set for the offering of vaccines to all in Cohorts 1-9 would be achieved. • The Lay Member (voting) welcomed the changes to the report but advised against losing the focus on mental health. He also asked to see trends against performance trajectories in future reports. • The Lay Vice Chair was concerned about the 2 week waits. The Deputy Chief Executive had raised the sudden change with the Thames Valley Cancer Alliance and would circulate the response. The Planned Care Portfolio Clinical Director advised that clinics were to be extended to clear the backlog. • The Mental Health Portfolio Clinical Director asked what was the percentage of vaccination of health and social care workers. The Director of Transformation was looking at the trends. It appeared that there was a lower percentage take up in women in their 20s and 30s. • The situation around virtual wards was discussed. Oxfordshire was looking at a centralised service because of the lower numbers of COVID patients. It was suggested that this could be extended to other conditions. **Action 01/21: Deputy Chief Executive to continue to look into the 2 week wait situation and forward the response from TVCA to Board members** **Action 02/21: The Specialist Medical Adviser and the North Network Clinical Director to discuss the options for the use of virtual wards** **The OCCG Board noted the Quality and Performance Report**	**DH** **GR/SHa**
11.	**M10 Finance Report** The Director of Finance reported that the situation had been complex this year. There had been two financial regimes, different flows for funding and OCCG had been acting as banker for the ICS funds. All key financial targets were rated green except for the cash draw down	

	which was due to NHS providers being paid early to ensure cash flow was maintained. For the second half of 2020/21, OCCG had improved its forecast position to now declare a forecast of a deficit of £2.1m, although it was anticipated that this position would improve further in Month 11. Looking towards 2021/22, OCCG was currently unable to formulate a financial plan because the financial regime had not been announced. It was expected that the current regime would be extended for the first half of 2021/22. Information would be submitted to Finance Committee and then Board when available. During the second half of 2021/22 OCCG would need to return to a situation in which savings would need to be made because there was likely to be a significant gap. The Lay Member (voting) noted that savings would need to be addressed in Quarter 1, with clinicians being released to pick this up. The Deputy Chief Executive informed the Board that where there were currently long waiting specialities, there was work on pathway redesign. The focus would be on Ophthalmology, followed by ENT. Proposals would need to be agreed by the ICS. **The OCCG Board noted the Finance Report for Month 10 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.**	
Decisions		
12.	**Quality Committee Terms of Reference** Paper 21/07 was presented to the Board for approval. The Deputy Chief Executive stated that the Quality Committee changes signalled the new ways of working. The new Quality Committee would comprise members from OCCG, Oxford University Hospitals Trust (OUH) and Oxford Health (OH). Primary Care Networks (PCNs) would also have members on this Committee. The Committee would see clinical effectiveness reports and be an opportunity to discuss these with the providers. The Director of Governance noted that changes in the proposed membership altered the quoracy arrangements which would need amending. Points raised included: • A request to ensure that the patient was at the centre of discussions • Queries about the governance arrangements. More clarity was requested around where the Committee reported and whether there would be a member of the public or lay representative. • The previous Quality Committee had quality oversight of the provider contracts. It was unclear where this would now sit. • Mental health quality was not solely the responsibility of OH. Other specialists would be invited to attend for particular aspects of care. • This proposal would take Oxfordshire through to March 2022. The arrangements proposed would need to be reconsidered should there be a requirement for this Committee to continue past that date. • OCCG used to hold Quality Review meetings with each provider to	

	discuss issues in detail. This may need to be reviewed. It was agreed that the terms of reference should be reviewed in light of this discussion. **Action 03/21: Deputy Chief Executive, Director of Governance and Accountable Officer to discuss review of Quality Committee terms of reference** **The OCCG Board did not approve the Quality Committee Terms of Reference as presented.**	**DH/CM/JK**
13.	**Annual Accounts/Delegated Authority** Paper 21/08 asked the Board to delegate authority for approval of the annual report and accounts to the Audit Committee. This had been necessary because of the changes to the dates of the Board meetings. ICS CCGs Governing Bodies would meet in common from April 2021. **The OCCG Board approved the request for delegation of authority for the annual accounts.**	
Governance and Assurance		
14.	**Corporate Governance Report** 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. Statutory and mandatory training compliance required improvement, and it was requested that all staff completed their training by the end of March. **The OCCG Board noted the Corporate Governance Report.**	
For Information		
15.	**Committee Reports and Minutes** • **Executive Committee minutes 03 and 24 November 2020:** The Deputy Chief Executive highlighted the deep dive into learning disability annual health checks. • **Finance Committee, 23 October and 19 November 2020:** The Lay Member (voting) noted that the Committee would be focusing on the underlying deficit next year. • **Oxfordshire Primary Care Commissioning Committee, 08 December 2020:** The Lay Member (voting) highlighted the Committee had approved the Estates Strategy which would now require a clear financial investment plan. Concerns had been raised about the numbers of completed learning disability annual health checks in Oxfordshire as they were lower than in the other ICS CCGs. This was flagged for the Quality Committee to pick up. • **Quality Committee, 13 October 2020:** The Specialist Medical Adviser informed the Board that all outstanding actions from the previous Quality Committee had been cleared. The new Committee applied a new way of thinking and would focus on patient pathways. **The OCCG Board noted the Committee minutes.**	
Date of Next Meeting: 13.30-15.00, Thursday 10 June 2021 This will be a Governing Bodies in common meeting with Buckinghamshire and Berkshire West CCGs.		