

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 25 January 2018	<b>Paper No:</b> 18/05
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<b>Title of Paper:</b> Locality Clinical Director Reports
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
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<b>Purpose and Executive Summary:</b> To update the Board on matters arising in the Localities.
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<b>Financial Implications of Paper:</b> There are no financial implications in the paper but items referred to in reports may have financial implications.
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<b>Action Required:</b> The Board is asked to note the content of the reports.
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<b>OCCG Priorities Supported</b> (please delete tick as appropriate)	
✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

<b>Equality Analysis Outcome:</b> Not Applicable
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<b>Link to Risk:</b> The paper does not directly link to risks on the Risk Register but items contained in the Locality Clinical Director Reports may do so.
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**Author:** Locality Clinical Directors

**Clinical / Executive Lead:**

**Date of Paper:** 15 January 2018

**North Oxfordshire Locality Group (NOLG)****Locality Clinical Director Report**

Dr Paul Park

**1. NOLG Primary Care Plan**

NOLG noted the proposed prioritisation and allocation of resources based on its draft place-based plan at its November and December meetings. The practices noted that the elements that had been approved for funding by the prioritisation panel were:

- Expansion of primary care visiting service (North locality level);
- Coordinated care home support from practices (North locality level);
- Social prescribing (North locality level, but likely in cooperation with North East and West localities);
- Clinical pharmacist support in practices (non-recurrent funding, at county level);
- Mental health workers in practices (non-recurrent funding, at county level)

Further issues discussed in the last two meetings include:

- **Social prescribing:** the locality was pleased to support a bid in partnership with Citizens Advice Banbury & Bicester, Cherwell District Council and West Oxfordshire District Council for a service across the North, North East and West localities. More news is expected in early 2018.
- **Proactive care for frail elderly and housebound patients:** the rural cluster proposals have not received priority for resources, but GPs hope to feed into the county-wide plans for developing an integrated pathway for frail and elderly patients across the acute trust, community services, and primary care.
- More discussion is planned in early 2018 on **implementing proposals** for mental health practitioners, pharmacists in practice, care and nursing home support and social prescribing as more information becomes available.

**2. NOLG Locality meetings**

Topics other than the locality primary care plan discussed at the NOLG meetings in November and December 2017 included:

- **Banbury Health Centre:** NOLG discussed the future options for the various components of the services currently provided by Banbury Health Centre (BHC), especially in light of feedback from the Health Overview and Scrutiny Committee in November and the planned consultation for early 2018. The conversation covered the range of options on which OCCG should consult in January 2018 for the three key components of the current service:
  - i. Registered list: standard general practice services (8-6.30 Monday-Friday) for the 6000 patients currently registered at BHC;
  - ii. Patients not on the registered list: BHC is currently contracted to see 15 unregistered patients per day (including weekends), which are mostly patients registered at other practices in Banbury;
  - iii. Extended hours service: BHC is currently open to see patients 8.00-8.00 7 days a week.

NOLG felt these options need to meet the needs of the varied Banbury population, and support primary care sustainability by making the best use of available staff and buildings by working at scale, and by reducing the current fragmentation of same-day access services.

- **Meeting expected population growth:** NOLG believes that the incremental growth expected as a result of continued house building, especially around Banbury, is best met by practices working at scale, rather than commissioning new providers. The plans for meeting this expected growth were discussed explicitly at NOLG, and included:
  - i. Plans for expanded premises and capacity for Hightown Surgery to cover growth south of Banbury;
  - ii. Plans for the collaboration between West Bar and Woodlands Surgeries to cover growth elsewhere in Banbury;
  - iii. Plans for expanded premises and capacity at Deddington Surgery to cover growth around Upper Heyford.
- **Primary care development:** Practices fed back on actions which they had been carrying out as part of the Local Investment Scheme 2017-18 High Impact Actions element. Particular themes included:
  - Enhanced clinical skill mix: pharmacists, Advanced Nurse Practitioners, mental health practitioners and physiotherapist working across the locality;
  - Improved signposting by receptionists to the wider range of options for patients, rather than to a face-to-face GP appointment as default;
  - Workflow optimisation making a big difference in several practices. This change involves non-clinical administration staff managing incoming hospital letters and reports, only directing those which need clinical action to the GP or other clinician;
  - New approaches to consultations including telephone and e-mail;
  - Building improvements underway or planned.
- **Minor Eye Conditions Service:** NOLG was informed and discussed the proposed changes to address inappropriate use of the service, signposting appropriate patients to other resources such as community pharmacies and better managing referrals to eye casualty.
- **Prescribing Incentive Scheme** and the various factors influencing spending in primary care prescribing.
- **New MSK service implementation:** GPs continue to monitor this and are pleased to see some emerging service improvements. NOLG GPs were generally positive about the service provided by Healthshare to date and supportive of the new arrangement.

### 3. Public and patient engagement

The North Oxfordshire Locality Public & Patient Forum (NOLF) held a public meeting in Chipping Norton on 14 November to discuss the locality plan. This followed the approach taken at the OCCG organised engagement meetings held elsewhere. This was a lively meeting with over 50 local people attending. Particular themes arising from table discussions included:

- Concerns about meeting future population needs;
- Variety of communication approaches and formats needed for different people;
- Concern about waits for routine appointments, desire for more consistency in seeing the same clinician, and reasons for scarce availability of GPs.

OCCG also held a public meeting in Banbury on 21 November covering similar topics, including some patient concerns about services.

The steering group met on 15 December and discussed the following main topics:

- Suggest more communication to patients about Patient Participation Groups. Chair to visit more practice PPGs;
- Infant mortality – NOLF want to monitor local statistics;
- Plan public meetings in Banbury June 2018 and Chipping Norton Sept 2018 to review progress on the locality plan.

#### **4. Federation development**

The NOXMED federation steering group continues to meet monthly after the NOLG meeting; there has been some recent concern about continuation of the services provided by Principal Medical Limited (PML) for rural practices, such as the mental health workers. PML continues to provide vital services for local general practice sustainability, namely the primary care visiting service (PCVS) and neighbourhood access hub (NAH) in north Oxfordshire, on behalf of the NOXMED federation, and has been increasing capacity at the NAH to meet expected winter pressures.

**North East Oxfordshire Locality Group (NEOLG)****Locality Clinical Director Report**

Dr Stephen Attwood

**Locality meetings**

Meetings took place on 13 December and 10 January with the next meeting planned for 14 February.

The following areas were a focus:

**New Chief Executive and Clinical Chair**

The interim Chief Executive, Lou Patten, and the new Clinical Chair, Dr Kiren Collison, were welcomed to the locality for the first time since their appointments and gave a presentation about how best to use relationships and good clinical engagement to build trust to help drive the system forward.

**Locality plans**

Place Based Plans were published in draft, and discussed with practices; it was felt that more emphasis should be given in the plans to services for children and younger people whilst acknowledging that some services like Urgent Access Hubs particularly benefit this cohort of patients.

A public engagement event was held at the Littlebury Hotel in Bicester on the 30 November, a presentation of the locality plan was followed by discussion and feedback.

Amongst the themes that emerged were:

- General support for the plan
- Support for urgent access hubs and the early visiting service
- A wish to maintain continuity of access to the same GP where patients have complex and on-going problems
- Support for developing more secondary care services locally
- Concern to ensure that there will be sufficient expansion both of infrastructure and primary care staff to match growing populations in the locality with housing development
- A concern that public transport made access to some secondary services in main hospitals difficult
- A wish to expand services offered at Bicester Community Hospital particularly around Minor injuries
- A wish to see the wider range of primary care appointments more widely advertised.

These and other comments received have been reflected in an update to the locality plan.

### **Upper Heyford Development**

Discussions are being held between the Bicester practices, the CCG and developers about the provision of primary care for the planned new housing development in Upper Heyford. We are aware from the patient engagement event of the wish to explore the possibility of some local provision for primary healthcare delivery.

### **Federated working – ONEMed**

The federation continue to deliver the urgent access hubs and early visiting service. An announcement of new recurrent funding for primary care services will allow an expansion of these services.

The expansion of the urgent access hubs and early visiting services over Christmas had been felt to be very helpful in dealing with winter pressures.

Following the announcement of non-recurrent funding to explore the role of clinical pharmacists and mental health workers in practices, the federation will work to develop a scheme to deliver this service across practices.

### **Bicester Healthy New town**

Recent developments have included:

- Digital training event for voluntary organisations provided in November
- Social Prescribing scheme developed and bid submitted for national funding in partnership with Citizens Advice North Oxon and South Northants, Cherwell and West Oxfordshire District Councils
- Meeting with CCG, practices and Kingsmere developers around opportunities for a health and wellbeing centre
- Training for small businesses in making every contact count is planned for January 2018.
- Eat out Eat Well scheme is being tested by a few local food retailers
- Launch of a mental health website for teenagers to help support their needs and to offer advice to parents
- Plans for a second session of an integrated training programme for local health and care support workers following the initial successful training on 'recognising deterioration in health'.

### **Other clinical discussions:**

- a) The Locality Clinical Director presented an update on the Diabetes programme.

On the 15 January a Locality Diabetes meeting was held looking at how we can work as a locality to improve diabetes care. Dr Dawn Leedham has stepped forward to act as the Locality Diabetes Clinical Lead.

Discussions included:

- Provision of patient education
- Mentoring and education programmes for local primary care staff
- The use of Skype for virtual outpatient appointments
- The use and development of the Diabetes Dashboard to improve care

- Sharing of expertise between practices
- b) New Care home proposal was discussed and initial feedback was passed on the paper. Currently all but one Nursing Home in the locality are covered by one Practice
- c) Prescribing update for quarter two was provided, with discussion on the savings achieved and work still to be done
- d) A musculoskeletal (MSK) (Healthshare) update was given regarding numbers of patients seen and a considerable reduction in the inherited waiting list received of seven months, to around 10 weeks. Whilst patients will not be able to self-refer until the waiting list is further reduced, the significant effort made for patients was welcomed.

Changes planned to referral access for Cardiology at Oxford University Hospitals NHS Foundation Trust (OUHFT).



**Oxford City Oxfordshire Locality Group (OCOLG)****Locality Clinical Director Report**

Dr David Chapman

**Locality meetings**

Meetings took place on 14 December and 11 January with the next meeting planned for 8 February.

Place Based Plans were published in draft, seeking comments from practices on the general direction and intentions. The project areas have been supported and work will take place on delivery when all of the comments are in from the wider engagement. A public engagement event was held 23 November 2017

The group discussed the useful snapshot data now received on numbers of children on the Child Protection register, Children in Need and Looked after Children related to practices. This data whilst not 100% accurate aligned as expected to areas of deprivation and is the most robust information to date at a practice level.

The Locality Co-ordinator presented on the City workforce survey carried out, and issues highlighted around retirements and housing pressures will be aligned so that pressure points could be quickly identified. The Oxford City Executive Team will discuss this work further and work with the Head of Primary Care to establish levels of support available.

Social Prescribing Steering Group meeting took place to support the bid for national NHS England (NHSE) funding under the Health and Wellbeing umbrella. This bid was brokered by OxFed in collaboration with MIND and Age UK. The Locality Clinical Director has also met with Elemental in the context of a Social Investment Bond (SIB) meeting who produce software specifically to track patients through Social prescribing pathways so that outcomes can be tracked.

Health Inequalities was discussed with Oxford City Council, who have agreed to match fund a joint project around how to support people with housing issues due to complex issues such as mental health etc. This will include training around 'making every contact count' for housing officers, and sign-posting, as well as checking people are known to health. Deprivation areas will be targeted in particular and other focus areas will be considered.

The Locality Clinical Director has met with Oxford City town planners as part of regular meetings looking at planning issues to accommodate future growth and the building requirements of some groups of practices in Oxford City.

The interim Chief Executive, Lou Patten, was welcomed to the locality for the first time since her appointment and gave a presentation about how best to use relationships, good clinical engagement to build trust to help drive the system forward. A question and answer session followed.

**Other clinical discussions:**

- e) Prescribing update for quarter two was provided, with discussion on the savings achieved and work still to be done
- f) A musculoskeletal (MSK) (Healthshare) update was given regarding numbers of patients seen and a considerable reduction in the inherited waiting list received of 7 months, to c10 weeks now. Whilst patients will not be able to self-refer until the waiting list is further reduced, the magnificent effort made for patients was welcomed
- g) Audiology self-referral was discussed with a view noted that GPs added little value in most circumstances to these referrals, and therefore direct access should be supported. Consideration of more regulation contractually on the providers including thresholds would be appropriate with signed agreements to use by patients
- h) Comments on shaping the new Children and Young Peoples Plan were sought and the collected city view was fed back into the consultation.
- i) Changes planned to referral access for Cardiology at OUHFT are supported by the City and will be piloted by three practices
- j) Work by Dr Merlin Dunlop has resulted in a fix on the duplicate discharge letters previously sent out by OUHFT, and practices were asked to Datix any which evade the process. It now appears after work from Merlin that the fix has been achieved
- k) Respiratory project being led by Dr Karen Kearley was discussed and feedback sought. In principle a more integrated community response to respiratory problems was welcomed as an advance for patient care
- l) The proposed changes to the Care Home Scheme were aired. Flexibility to involve federations to deliver this in homes not yet covered in the city would allow more widespread uptake of the scheme in the city
- m) The chance of developing a primary care mental health model using money in a 1 year pilot was welcomed. Two broad models were discussed but it was felt that a social prescription model using MIND wellbeing workers would be most cost effective within year, perhaps also using Elmore type workers.
- n) Development of the frailty pathway alongside development of a home visiting service was also welcomed by the city GPs
- o) One year money to encourage more use of pharmacists within primary care was discussed and it was agreed that the city might use the money under the auspices of OxFed to help neighbourhoods.

**Papers** - were presented on the following:

OCCG November Board briefing, Planned Care project update, Clinical Chair update, Better Housing – Better Health, CQC Local systems review feedback, the approved Judicial Review for Phase 1 and City practice GP survey dashboard

**Barton Healthy New Town –**

A contract has been agreed and signed between Hedena Health and OCCG for Hedena to progress with the additional primary care services. This will be for both Hedena and Manor Surgery and will encompass some wider project management; additional social prescribing across both Practices and register searches to proactively target and invite patients to attend the planned services in the Neighbourhood Centre. These include services for mental wellbeing and activities

which prevent falls and improve health for patients with long term conditions. Some activities are ready to start in the next couple of weeks.

#### **OxFed Federation -**

OxFed continues to provide the 7-Day Access Scheme services in the City with strong uptake of evening and weekend appointments across a range of practitioners. OxFed now have a multidisciplinary team working in the clinics, including GPs, Practice Nurses, Health Care Assistants, Phlebotomists and Physiotherapists and continue to test different skill mixes. In addition to the daily clinic at their permanent base in East Oxford, clinics are also offered from locations west of the river on two evenings a week and on Saturdays. All practitioners have access to shared EMIS clinical records and the system is now integrated with Integrated Clinical Environment (ICE). OxFed continue to work closely with the Out of Hours service to ensure this does not destabilise their provision.

Following the successful NHS England bid for a three-year scheme to embed Clinical Pharmacists in practices across the city (to improve support for medicines management, chronic disease management, training and education), OxFed's clinical pharmacists will be in post (and in Practice) during January and February.

OxFed continues to deliver the Practice Care Navigator Service across the city and continue to pilot social prescribing while developing a more extensive service. They are making good progress with the wider Practice Sustainability package that has been funded through the City Locality. The new telephony provider has started serving OxFed and some Practices, the first volunteers are on-site in pilot Practices and rollout of GPTeamNet is underway with planning for integrated services taking shape.

OxFed continues to work with the Locality and CCG to develop proposals and rollout plans for next year. In addition, work continues to develop integrated working with other Federations and community services as well as with the wider system.

#### **Public and Patient engagement –**

A meeting of PPG representatives took place on 6 December 2017 looking at sharing ways in which best practice across the City can be replicated in other practices, what does and does not work well. This fruitful event was captured by Healthwatch, who will write it up for wider dissemination.

A public engagement event was held on 23 November 2017 to discuss the City plans further. There was awareness of the stress which primary care was under and that due to workforce issues changes in the delivery of general practice was likely. Geographical location and working in neighbourhoods was thought to be a way forward. Improved communication of such events may result in improved turnout, meantime patients are seeking ways in which they can be involved in the various projected planned or underway.

**South East Oxfordshire Locality Group (SEOLG)****Locality Clinical Director Report**

Dr Ed Capo-Bianco

Two meetings had been held since the last Board meeting, 5 December and 9 January.

At the December meeting a presentation was given on where the locality was placed for achieving reductions in spending on prescribing. The locality as a whole is on track to achieve savings, with some practices better placed than others. Support was offered by the medicines management team at OCCG.

At the January meeting, the extension of the care home locally commissioned service was presented, with those practices who partake in this reporting a reduction in visits and a more coordinated care of residents. Practices were interested to hear that assisted living facilities might also be eligible on a case by case basis.

The new smoking cessation service was also presented with practices learning that it was unlikely that practices in our area are going to be asked to provide the complete service as before as our demographic need is not a high priority.

Further discussions were had about the locality plan and the potential part funding for clinical pharmacist and mental health workers to work in GP surgeries. The majority of practices (eight out of ten) expressed a preference for looking at clinical pharmacists, with the other two practices considering that Mental Health workers might benefit them and their patients.

Care Navigator role for which funding of £30k has been agreed needs further discussion with the federation SEOX and also Age UK.

**Locality Community Services Group**

On 11 January I chaired our bimonthly meeting with the SE and SW Locality Community Services Group, where representatives from various services including OCCG, GPs, district nurses, Sue Ryder, Community hospitals and patient representatives meet and discuss any issues and projects that are currently going on in the locality. Age UK, the Community Mental Health Team (CMHT) and social services were unable to attend this time.

Wantage are piloting a multidisciplinary team (MDT) which included GPs, District Nurses, Occupational Therapists, and Physiotherapists, to discuss certain patients and their care. Social Services and Age UK are also invited to attend and the plan is to discuss specific patient groups at different meetings and involving specialist nurses e.g. Parkinson's, Heart failure.

Wallingford Community Hospital are piloting a virtual ward, supporting low intensity patients to get home after hospital stays.

Sue Ryder are increasing their community team to maintain and keep capacity of their service, so they are able to offer clinical nurse specialist (CNS) support seven days a week, 9.00 – 17.00. They have also employed a paramedic to support patients with Long Term Conditions at home and are setting up a befriending pilot for those patients whose 12 weeks of day hospices have come to an end.

The District Nurses are at capacity for staff, with good reports of staff morale and from Monday 15 January will be able to take back covering the gap of 16.00 – 18.30 which will help support GPs and take those patients back from Rapid Access Care Unit (RACU) and Hospital at Home (H@H).

### **Patient Participation Groups (PPGs)**

A public engagement event was held in Wallingford on 28 November 2017. The locality plan was presented by me and discussed openly and in groups. Themes that emerged included care of the frail/elderly, access to GP practices and continuity of care, concerns over building plans of houses and care homes, IT/digital issues and the need for better integration of services, especially social care.

South East Locality Forum (SELF) met on 23 November 2017 and discussed the locality plan prior to the public event and raised some concerns about negative press surrounding Townlands and that good news should be promoted. Housing growth and new care homes and the pressure these bring on GP practices were also raised. The next SELF meeting is due to take place on 18 January 2018, after this report is written.

**South West Oxfordshire Locality Group (SWOLG)****Locality Clinical Director Report**

Dr Jonathan Crawshaw

**Locality plan for primary care**

Practices in the locality continue to focus on the action plans laid out in our place-based plan for primary care:

- **Primary care estates:** funding for new primary care estates in Wantage, Didcot and Faringdon remains a priority; further progress has been made in December towards each of these goals
- **Workforce planning and training:** A detailed survey of current skills and training needs among healthcare assistants has been completed and this will allow a locality-wide training programme for healthcare assistants, to release practice nurse time for chronic disease management
- **Improving IT efficiency:** a pilot project is underway in which district nurses are using a new custom computer template to input data to the GP medical record. Specialist palliative care nurses are also using a template to input information into their patients' digital proactive care plans (previously these have only been edited by GPs).

**High Impact Changes for Primary Care 2017-18**

At the December South West Locality meeting, practices shared feedback from the changes they had implemented as part of the Local Investment Scheme. Common themes and highlights included:

- Enhanced training for receptionists/care navigators
- A move towards increased telephone triage (one practice reported that this had led to a 25% increase in the number of patient encounters each GP could manage in a day)
- Training for non-clinicians to process and action a higher proportion of clinical correspondence
- E-consultation models have been implemented by several practices.

**Planned care updates:**

The Suspected CANcer (SCAN) pathway is now open to patients in South West Oxfordshire, feedback about this new pathway from patients and GPs has been very positive.

Requirements for primary care spirometry have become much more complex in recent years, with additional training and more specialist equipment now considered mandatory. The locality is investigating the possibility of centralising this service at federation or locality level.

Patients and GPs continue to raise some concerns about the loss of local physiotherapy services in Abingdon and Wantage. We are working with the provider and hope to restore local services in 2018.

**Winter pressures:**

The recent influenza outbreak and resulting pressure on acute hospital beds and GP services has been reflected in increased demand across the health system in South West Oxfordshire. In response to these pressures:

- Practices and federations have offered extended opening and extra appointments during the Christmas and New Year period
- Abingdon Hospital opened extra beds on Ward 2, drafting additional staff at short notice
- Local care homes have allocated additional beds to receiving “intermediate care” patients from acute hospitals (who would otherwise need to remain in hospital while waiting for a more long term care solution).

The additional ward opened by Oxford University Hospitals at the Nuffield Orthopaedic Centre has been partly staffed by OCCG GPs from South West Oxfordshire.

**West Oxfordshire Locality Group (WOLG)****Locality Clinical Director Report**

Dr Miles Carter

**1. Deputy Locality Clinical Director**

WOLG has elected Dr Amar Latif as Deputy Locality Clinical Director following Dr Kiren Collison's move to be OCCG Clinical Chair. Amar was previously Deputy LCD in the South East locality, but has now taken up a post with Eynsham Medical Group in the West. The locality welcomes the experience he brings, and also thanked Dr Jessica Harris for her influential contributions to WOLG as GP representative of Eynsham for some years.

**2. Primary Care Framework – locality plan**

At its meetings in December 2017 and January 2018 WOLG had further discussions on the locality place-based plan to ensure it reflected local needs and ambitions:

- **Review of the stakeholder feedback** and discussion of key issues including:
  - Waits for routine appointment – the value of reliable same-day hub provision in freeing up pre-bookable appointments
  - Triage and signposting concerns
  - GP workload and retention – finding effective ways to explain the nature of current GP working patterns
- **Clinical pharmacists and mental health workers** - Discussion of the challenges of finding an effective model for deploying these practitioners across the 8 varying practices in a short timescale with limited resources. WOLG believes the greatest impact for the local area will come from focusing the resources on pharmacists working to support all practices with delivering high quality, more efficient patient care. Practices keen to work with OCCG commissioners to also improve liaison with Community Mental Health Teams for better patient care.
- **Social prescribing** – noted that Citizens Advice Bureau had submitted a partnership bid to NHS England on behalf of the West, North and North East localities plus West Oxfordshire District Council (WODC) and Cherwell District Council. WOLG grateful for WODC's involvement at short notice and anticipate the outcome of the bid in January 2018.

**3. WOLG Locality meetings**

At its meetings December 2017 and January 2018 WOLG also discussed the following issues:

- **Prescribing Incentive Scheme** – noting Q2 reports and discussion of:
  - whether the level of potential savings on over-the-counter prescribing were sufficient to justify the work required
  - budget setting for practices experiencing significant population change
  - issues relating to supply of medications from hospital
- **MSK pathway** – progress with waiting lists noted
- **Leg ulcer care** – recent marked rise in activity for practice nurses



- **Health improvement** - Agreed that this was a challenging area but that closer joint working with district and county council plus the public forum to shared aims could maximise the public health impact. The District Council particularly encouraged WOLG to assess how to increase patients' physical activity. Agreed to work together to seek smoother referral pathways and enhanced support for patients to participate
- **Care and nursing homes** – proposed changes to OCCG's Locally Commissioned Service welcomed, and increasing the reach of this enhanced service.

#### **4. Partnership with West Oxfordshire District Council**

WOLG has benefitted for some years from input to its meetings from the West Oxfordshire District Council (WODC) Healthy Communities team. Additional activity includes:

- Locality Clinical Director and Deputy meeting Cllr Jeanette Baker, the WODC Cabinet member for Health and Leisure to discuss impact of house development on health infrastructure, social prescribing and prevention
- Joint work to identify a suitable social prescribing model for the locality
- Plans to develop an improved approach on promoting exercise for health.

#### **5. Public and patient engagement**

Oxfordshire CCG has been carrying out enhanced public engagement in the West locality to further inform the locality place-based plan, and to address the recommendations of the Independent Reconfiguration Panel to the Secretary of State following the closure of Deer Park Medical Centre. Activities include:

- Public feedback event on 7 December in Witney
- On-line survey
- Meeting with the former Deer Park patients group

The PPPWO steering group also discussed in January 2018:

- The locality place-based plan, the recent engagement, the role of patients in developing and refining the plan and whether the plan was a sufficient response to the challenges ahead
- Plans for public events around the locality in 2018 focusing on "Keeping Well" with themes on antibiotic resistance, carers and prevention
- Emerging steps towards an accountable care system.

#### **6. Federation development**

The WestMed federation continues to work with the locality to help refine the locality plan and find routes for implementation.