

MINUTES:

Locality Forum Chairs Meeting

25 February 2016

Conference Room A, Jubilee House

Present:	David Smith, Chief Executive, OCCG	Sharon Barrington, Head of Planned and Urgent Care, OCCG
	Joe McManners, Chair, OCCG	Martin Tarran-Jones, South West
	Julie-Anne Howe, Locality Co-ordinator, OCCG (JAH)	Sue Boyce, Communications and Engagement, CSCSU
	Anita Higham, North	Graham Shelton, West
	Jeremy Hutchins, South East	Louise Wallace, Lay member, OCCG
	Nicholas Lawrence, City	Carol Moore, Healthwatch
	Helen Van-Oss, North East	
In attendance:	Hilary Seal, Patient and Public representative	Ros Kenrick, Minutes Secretary

Apologies	Diane Hedges, Director of Delivery and Localities, OCCG	Michael Leech, City
	Julia Stackhouse, Communications and Engagement, CSCSU	

		Action
	Declarations of interest: Anita Higham declared that she was an elected council member of the OUHFT. It was agreed that a conflict of interest declaration form would be circulated for each member to complete and return to Ros Kenrick.	RK/All
1.	Notes of Last Meeting, 08 October 2015, and Matters Arising The notes of the last meeting were agreed. a) Matters arising: <ul style="list-style-type: none"> • IG training: No dates for training sessions had been set since the last meeting. Future dates will be circulated. • Update on Public Health funding: This was to be reduced, but ring fenced. Update to be requested from Jonathan McWilliam. • Best practice paper: Stuart MacFarlane would be approached again as Practice Manager rep. on Board. Martin Tarran-Jones had circulated a document that looked at ways to enhance and support PPGs. Best practice would be highlighted. It was agreed that another meeting of a smaller group would be held to discuss the options. Attendees to this 	RK RK RK

	<p>one-off meeting would be Louise Wallace, Locality Co-ordinators and LFC representatives. LW will chair this Group.</p> <ul style="list-style-type: none"> • MSK pathway update: The OHFT bid to provide the new service had not met the capability assessment. OUHFT had been approached to continue the service for the time being. A new approach would be required in the near future. • Choose and book: DBS has improved the situation. The matter will be left for now. • Children’s Centres: A meeting had been held with OCC. OCCG would work with OCC going forward. • Podiatry: The current waiting time was three months. There was a plan to reduce this. • OCCG Structure Chart: An updated chart would be circulated to LFCs. • Meeting on 18 October: Anita Higham asked that this date be changed if possible. 	<p>JAH</p> <p>RK</p> <p>RK</p>
<p>2.</p>	<p>Revision of Letter of Intent: LFCs had requested no amendments to the Lol. OCCG had suggested a few which were agreed. The Lol mentioned the forward plan. LFCs requested sight of the forward plan in order to identify where patient input might be required. Action: David Smith to pick this up.</p> <p>LFCs requested a review of the terms of reference.</p> <ul style="list-style-type: none"> • A quorum need not be identified because these are not decision-making meetings; • Chair to be either CEO or Clinical Chair: David Smith and Joe McManners had these meetings in the diary and would chair whenever possible. • LFCs had requested that if a meeting is cancelled because of unavailability of CEO and Clinical Chair, it will be rearranged within 28 days: If neither was available (and this would be occasional, not regular) deputies would be Diane Hedges and Paul Park. Finding another date within 28 days would be difficult given that Joe McManners attends the CCG on Tuesdays and Thursdays only and David Smith’s diary is very full. The principle that their attendance showed OCCG’s commitment to patients and the public was acknowledged. LFCs were concerned that a precedent might be set if deputies were to attend on a regular basis. David Smith noted the concern and advised that all attendees should trust that suitable attendance would be sought whenever possible. More activity was requested between meetings, particularly with regard to progressing minuted actions. • Agreed minutes should be added to OCCG’s website: agreed. • Minutes to be circulated within 5 working days: It was acknowledged that this is difficult given the workload at the CCG and that the minutes should be read by the Chair before circulation. It was agreed that they would be circulated within 10 working days. 	<p>DS</p>

3.	<p>Transformation:</p> <p>a) Update from OCCG: A Sustainability and Transformation Plan should be developed by the end of June. It would look at gaps such as financial, inequalities and quality and at changes in service. If there were to be significant changes a public consultation would be needed. With the Council elections in May and the EU Referendum in June and the associated purdah, a public consultation was likely to be delayed until the autumn.</p> <p>b) Plans to match health services to Oxon population growth (e.g. Science Vale Project): A project team meets on the first Monday of the month. There would be 18 months-2 years to organise the plans. The project would cover more than the Didcot area and more than GP services. Given the similar situation in other areas such as Bicester, these projects should link and learn from each other. It was noted that there would be some radical solutions required in a very short timescale. LFCs thanked OCCG for committing to sorting out this vital issue.</p> <p>c) Key commissioning priorities for 2016/17: Commissioning priorities were being discussed at Board level and would be circulated when ready. There should be no surprises in the document.</p>	
4.	<p>OCCG update including:</p> <ul style="list-style-type: none"> • Devolution/Integration: preventative strategies: The plan would be to develop one Health and Social Care management team, co-locate if possible, strengthen and move executive authority to the Health and Wellbeing Board (aiming for a balance of political and clinical members). OCCG had noted the development this week of a plan for Oxfordshire to have four unitary councils and abolish the County Council. Public Health would come back to OCCG. Jeremy Hutchins raised the problems that non-paid carers have been facing. Relationships between the social care team and residential, nursing and care homes needed to be improved, with the help provided by unpaid carers being fully recognised and valued. Action: David Smith and Joe McManners to follow up • DToC plan: Numbers were on the way down, but slowly. OCCG would need to consider what to do should the target of 30 not be reached by the end of March. Rebalancing by temporarily closing acute beds and buying more beds in homes had eased the situation. Louise Wallace informed the group that the quality of patient care was being monitored at Quality Committee and that all deaths of these patients during this process were being investigated. End of Life patients seemed to be faring better out of hospital and OCCG had received compliments from families about the pleasant environment patients found themselves in. 	DS/JM
5.	<p>Forum update reports paper (“Round Robin”)</p> <p>David Smith thanked the LFCs for the work that had gone into preparing this paper. He asked that they continue to produce such a document going forwards. It would be added to Locality meeting agendas for information. Each locality forum had highlighted different issues. In future PPG best practice would be included.</p>	

6.	<p>Healthwatch Update Healthwatch would keep five staff members and would be moving premises (perhaps to Witney) in the next two months. A project list would be circulated soon. This would include Care Home inspections and a look at Minor Injury Units' (MIU) quality and how/why patients had gone there. Action: Carol Moore to circulate projects list when ready</p>	CM
7.	<p>Lavender statements: forward policy and management Lavender statements are guides as to who should be given which treatment. They are developed by the Thames Valley Priorities Forum in line with NICE guidance. LFCs were concerned that the statements had been changing. The cataract policy was mentioned. This had not been changed, but it appeared to patients that the criteria for treatment had. OCCG would need evidence of the hospital changing the rules. It was recognised that there had been some backlog issues, but a consultant letter should be sent explaining why the treatment had not been appropriate. If GPs were encountering these problems for their patients, they would report so on Datix. LFCs would like to be informed of any changes to the statements. Action: Sharon Barrington would look at whether OCCG could identify whether changes could easily be identified for, and communicated to, the LFCs.</p>	SB
8.	<p>LFC-led discussion on poor Secondary Care administration The LFCs highlighted the huge cost of poor administration to the NHS through examples submitted to this meeting. Other examples would be circulated with the minutes. Action: Ros Kenrick In order to explain to the LFCs what processes the CCG has to identify such issues, Helen Gandy would be invited to the next meeting to talk about Datix. Action: Ros Kenrick It was suggested that Anita Higham should speak to the governors at OUHFT about these issues. Action: Anita Higham Carol Moore noted that during March Healthwatch would undertake an interim review of the eye hospital where several administration issues had been highlighted.</p>	RK RK AH
9.	<p>Lay representation on:</p> <ul style="list-style-type: none"> • The Oxfordshire Primary Care Commissioning Operational Group, and the PAG: The PAG last met in October. Action: Louise Wallace to speak to Catherine Mountford about whether OCCG had the right patient representation in its areas of work. • Health Inequalities Commission: LFCs had been reassured about this group and were invited to attend. Dates would be added to the minutes if known. Action: Ros Kenrick • Transformation Board: Discussion led to an action for David Smith to take Healthwatch's suggestion that the public should be represented on TB from the start to the next TB meeting for discussion there. Action: David Smith Corrine Yates from the Comms team would be running the stakeholder reference group for TB. She would be asked to set up a meeting with some of the LFCs. Action: Ros Kenrick to ask Corrine to arrange a meeting. 	LW RK DS RK

10.	Update on commissioning intentions for OOH and 111: The 111 service was being re-procured and a written update would be circulated when ready. Action: Sharon Barrington	SB
11.	PMCF progress, evaluation and future funding of pilot projects: Some of the pilot schemes would be continued, especially those that have been beneficial. There had been much anecdotal support, but little evidence of a reduction in acute activity as had been planned. Another central government fund was expected to help with buildings and technology needs. OCCG had received no details to date. Details of the PMCF schemes continuing into next year would be announced at the March Board meeting. Evaluation would be ready by the summer.	
12.	Any other business An item on finances would be added to the next meeting agenda.	
13.	Date of Next Meeting: 2pm – 4pm, 28 April 2016 in Conference Room B	

Further dates for 2016

Date	Time	Venue
30 June	14:00-16:00	Conference Room B
25 August	14:00-16:00	Conference Room B
*18 October	14:00-16:00	Conference Room B
22 December	14:00-16:00	Conference Room B

*I have put a hold on 27 October from 14:00-16:00. Please would LFCs advise whether they are able to attend? (I would point out that that is the only time and date in October that Joe and David are free together – even at this point in time!)