
MINUTES:

Locality Forum Chairs Meeting

Thursday 22 February 2018, 14:30-16:30

Conference Room B

Present:	Dr Kiren Collison, Clinical Chair, OCCG (KC)
	Lou Patten, Chief Executive, OCCG (LP) <i>from 15:00</i>
	Catherine Mountford, Director of Governance, OCCG (CM)
	Louise Wallace, Lay Member, OCCG (LW) <i>Chair</i>
	Julie-Anne Howe, Locality Co-ordinator (JAH)
	Rosalind Pearce, Healthwatch (RP)
	Helen Van Oss, North East (HO)
	Graham Shelton, West (GS)
	Shelagh Garvey, South West (SG)
	Jeremy Hutchins, South East (JH)
	Ally Green, Head of Communication and Engagement, OCCG (AG)
	Chris Wardley Patient and Public Member of Oxfordshire Primary Care Commissioning Committee (CW)
	Nicola Perrett, Healthwatch (NP)
	Cyril Levicki, North East Deputy (CL)
In attendance:	Hannah Tombs, Executive Assistant, OCCG (HT) <i>Minutes</i>

Apologies	Anita Higham, North (AH)
	David Heyes, North (DH)
	Hilary Seal, Patient and Pubic Member of Quality Committee (HS)
	Tracey Rees, City (TR)

	Item 1, 2, 3, 5, 4 then per agenda.	Action
	Welcome, Introductions and Apologies LW welcomed everyone to the meeting. The apologies are noted above.	
1.	Minutes of the Meeting Held on 21 December 2017 The minutes of the meeting held on 21 December 2017 were approved as an accurate record.	
2.	Action Log The action log was discussed and updated. ACTION: 21/12/01- link to presentation has been provided. It is to be decided who attends a future meeting to discuss. ACTION: 21/12/04- CLOSED. KC is in the process to talking with the federations about patient involvement. GS provided an update from a conversation with Laura Spurs, that federations are more focused on GP involvement. The LFCs do not believe this is a good way forward, and there is a concern that there is no patient involvement when there are contracts and services are being set up to be reviewed. AG reported on the communication with PML and patients with the work on Banbury Health Centre, this has been positive experience and good involvement from the patients. CW raised that there has been concerns raised that there has not been any further engagement with the public on Banbury Health Centre. AG reported that the work did not get to that stage, as the decision was not to proceed with the plans. The plans were strongly influenced by early patient involvement. OXFed has been developing their approach to patient involvement. JH raised it would be useful to have a forward plan on decisions that need patient input, so the PPGs can plan a response. ACTION: 21/12/05- CLOSED. CM provided an update on the advice from CSU, the CSU have stated that there is no affect from the GDPR on PPGs holding of members records, as all member's would have consented for details to be held and shared in the group. ACTION: 21/12/06- CLOSED. AG provided an update on this action about pharmaceutical needs assessments; the responsibility sits with public health to consult on pharmaceutical needs assessments. The consultation was launched in December 2017 and finished 5 February 2018. There is a legal requirement for public health to share with mandatory recipients and other stakeholders; it was also available to the public via their website. The responses are now being reviewed and will be reported at the March Health and Wellbeing board. JH raised that there is no joined up working between Public Health and OCCG, it was by luck that some of the LFC's found out about the consultation. The	CM/HT

	<p>consultation should have been publicised more widely. This was one of the recommendations from the CQC review that there needs to be a joined up working across systems.</p> <p>AG pointed that there is learning from the CQC review. There are a number of consultations that are live on the OCC website, only some of these will relate to health. OCCG do not currently have process that automatically links across</p> <p>JH suggested that the link could go in Talking Health Newsletter. (ACTION: 02/18/01)</p> <p>ACTION: 21/12/07- CLOSED. The LFC's agreed to move the December meeting to 20 December, 14:30-16:30. (ACTION: 02/18/02)</p>	<p>AG</p> <p>HT</p>
3.	<p>Forum Updates</p> <p><u>West Locality</u> GS provided an update from the West Locality, the locality has been thinking on what they would like to achieve from their public facing activities. This year the West Locality would like to concentrate on the public health messages about how to keep us well.</p> <p>There will be a presentation from Carl Heneghan on the overuse of antibiotics on 3 March 2018. There will also be carer's forum meeting in June, the Health Fair will be held in September, exact date to be confirmed.</p> <p><u>South East</u> JH provide an update from the South East Locality. In January the South East had appointed a Chair and Vice Chair, JH noted that there has been no change in Chair and Vice Chair every year. There is going to be a workshop on succession planning, this will hopefully encourage more people to join. It would be useful for deputies to attend meetings to gain a better understanding.</p> <p>Within the discussion of the Locality Based Plans, to the Forum voted on the proposed public facing documents on the best layout and writing. The Forum welcomed the development of these and would like to continue but are not sure where this work has got to.</p> <p>Concerns have been raised with the primary care plans there has been lots of patient involvement, but are the GPs signed up to this?</p> <p>On a positive note the South East have a number of PPG led meetings, there will be an eye care meeting in April, in Townlands there will be a meeting on Heart Disease, in Benson there will be a meeting on End of Life Care.</p> <p><u>North East Locality</u> HO provided an update on the North East Locality. There have been Health Days organised. There has been some good work from the PPGs on patient leaflets being produced on exercise, how to go see your GP, what is available and patient transport to hospitals including volunteer transport. These will be shared at locality meetings and hopefully rolled out to other practices.</p>	

	<p>CM reported that these had been shared at the North East Locality meeting and were seen to be very good leaflets.</p> <p>HO now has got a deputy Cyril Levicki.</p> <p>A huge concern in the North East is there is a large amount of house building ongoing, with no confirmation for how many people will live there, and if there will be a new GP practice to help with the growing population.</p> <p><u>South West</u></p> <p>SG provided an update from the South West Locality. A large number of practices have started to attend the meetings again. A lot of the issues have already been raised in previous LFC updates. A common theme of concern is the language used in the Locality Plans and the PPGs found the language unhelpful, but are happy to work with OCCG to improve them.</p> <p>There are also concerns of GP commitment, PPGs in the South West have reported fewer GPs are attending PPG meetings due to workload and are sending Practice Nurses instead. This also raises concerns if GPs have time to look at the Locality Plans.</p> <p>Healthshare is still causing concerns in the locality. Transport from Didcot and Wantage is not good for getting to healthcare services.</p> <p>SG also raised that a member of the public has got a column in the local newspaper (Didcot Herald) on a weekly basis. The column may cover healthcare services.</p> <p><u>North Locality</u></p> <p>There was no representation from the North Locality.</p> <p>CW provided an update for the North Locality, Horsefair practice is now rated 'Requires Improvement' and no longer 'Inadequate'.</p> <p>AG reported about a meeting with Horsefair PPG which was held before the publication of the CQC report. The meeting was really positive; there was a conversation about the CQC report. The meeting members also looked at other ideas for the PPG and how to develop.</p> <p>CW has had a conversation with AH about the locality plans, AH and CW felt there needs to be a proper patient focusing group.</p> <p>KC pointed out that the GPs helped develop the Locality Plans so the GPs should be signed up to engage the plans. All GPs had a chance to engage.</p> <p><u>City Locality</u></p> <p>There was no representation from the City Locality. JAH updated that the City are planning a workshop later in the year.</p>	
4.	OCCG Update	

	<ul style="list-style-type: none"> • Update on ACS in Oxfordshire and the approach taken in Buckinghamshire The ACS is now known as the Integrated care systems (ICS). Buckinghamshire has been given the exemplar status for the ICS; this is due to strong working relationship with providers and commissioner relationships between organisations. LP is hoping to reflect this in Oxfordshire. • CQC update LP reported on the recent CQC inspections. Oxfordshire system leaders need to work more collaboratively across the system. LP's reflection is that there is fantastic work that is ongoing in Oxfordshire, good providers and good commissioners, there just needs to be more focus on working collaboratively. LP updated on the patient engagement and involvement, no matter how hard we try we will not reach all of our patients, OCCG should use patient forums like LFCs to see what has worked well and what to improve on. We will encourage a level of honesty across commissioners and providers in the new ICS, which will help identify problems sooner and we can reflect quality. 	
5.	<p>Communications and Engagements update AG reported on the communications and engagement paper. The paper illustrates the work that is ongoing.</p> <p><u>Locality Place Based Plans (pg. 4)</u> AG thanked everyone for feedback and comments on the public facing version of the Locality Place Based Plans. AG also apologised that due to illness, there has not been as much progress as planned.</p> <p>AG asked if any of the LFCs would be available on Wednesday 28 February at 13:00-15:00 for a meeting to go through feedback and comments to do the work together instead of email correspondence. JH and HO agreed to attend on behalf of the LFCs.</p> <p><u>Voice of Oxfordshire Youth (VOXY): engaging with young people. (pg. 9)</u> AG highlighted the work that has been ongoing with young people in Oxfordshire, there are regular meetings that various organisations attend, and there are over 40 young people who attend.</p> <p>The most recent meeting had a session on mental health. There were various activities for them to get involved with.</p> <p>HO raised that it has been brought up for the need for young people to join the health and wellbeing board. HO also raised that there was an excellent GP in Witney who did a lot of work with a teenage patient group, and really</p>	

<p>encouraged young patients to join and set up young patients clinics.</p> <p>JH raised if this group have replaced the youth parliament, AG will find out more. (ACTION: 02/18/03)</p> <p><u>Equality and Diversity Patient Reference Group (pg. 10)</u> The group consists of patient representatives across the nine protected characteristics; engagement has been positive and has formed part of the annual equality report.</p> <p>JH raised when this was discussed in the past, one of the key aspects of the report from the Health Inequality Commission was distribution of resources to meet need. CM responded that the equality group predominantly reflects on the 9 protected characteristics under the legislation which is not the economic health equalities. A paper at the previous board provided an update on progress with addressing the findings of the Health Inequality Commission.</p> <p><u>Balanced Survey (pg. 10)</u> GS has been championing OCCG on progressing the idea of commissioning a 'balanced survey' to support future planning of health services. OCCG have also been working with Ipsos Mori to looking into the methodology used to ensure there are representative of the population in the views that come back.</p> <p>From the feedback from Ipsos Mori, OCCG need to conduct more work on exploring methodologies with different providers and GS is to liaise with the LFCs to discuss possible questions to include in the survey. OCCG to also secure a budget for the work.</p> <p>GS reported that this in the work in progress, there needs to be more information on what the population feels, as there needs to be a long term plan, which is realistic.</p> <p><u>OPCCC and patient/public engagement (pg. 12)</u> This item reflects the discussion and concerns that have been raised following the last OPCCC in relation to patient and public engagement. OCCG is reflecting in the team and department on the feedback received, it is not just the feedback there is also other comments that have been received by OCCG on how we engage. OCCG are proposing to host a workshop that the LFCs will be part of, to look at and revise strategy and approach to patient and public engagement.</p> <p>There needs to be a better understanding of co-production, this will be brought into the workshop. OCCG would like an independent chair to give everyone involved a chance to participate.</p> <p>LP added that co-production should include early conversation and honesty. AG also added that there should also be good relationships and trust between parties.</p>	<p>AG</p>
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	<p>AH, JH and HO would like to be included in the workshop planning. (ACTION 02/18/04)</p> <p><u>Oxfordshire Transformation programme (pg. 3)</u></p> <p>LP reported on her own experience with running transformation programmes in Buckinghamshire and Westminster; there needs to be an understanding of the health needs of the population, and working together with local systems to design services in a better way which will address the issues. This experience had informed the proposal to have a different approach to the rest of the Oxfordshire Transformation Programme.</p> <p>JH noted that when the process was started it was driven by the fact that Oxfordshire had to save money. Is addressing the deficit still being used to drive phase 2? LP reported there will always be a gap, if we were not to do anything then the services would not meet the demand of the population, however the money is never enough to meet demand. In the last 5 years the commissioners have to discuss what is sensible. It is helped by having 2 year allocations. A common strategy is to help patients not stay in hospital and to use locally based services. There needs to be work ongoing in localities on social mobilisation about voluntary services and volunteers working with us, to help with early identification.</p> <p>JH also noted that this will be confusing for patients as they have been driven with the message that we need to save the money and this is why services are changing. The message is now that the services will change for better value for money.</p> <p>The LFCs stated that there needs to be a message on what is happening, is there going to be a phase 2? This message needs to come out. OCCG agree.</p> <p>HO asked where do OCC sit on all this, the biggest issue of getting patients out of hospital is the lack of carers, the voluntary sector is stretched, who is addressing the workforce problems. LP, do not have the answer to this, but some of the solutions from examples around the country, this changes from place to place, we need to look locally.</p> <p>JH asked if Oxfordshire is going to be an integrated health and social care system, there needs to be an integrated organisation from a public/patient perspective, there used to be one but OCC have disintegrated its public involvement, this would be helpful in gaining a joined up approach. LP assured there will be a joined up approach in the localities. This needs to be discussed in the workshop design.</p>	AG
6.	<p>Primary Care Update</p> <ul style="list-style-type: none"> • Signposting Training for Practice receptionist HS-R presented a presentation on signposting training for practice receptionists. 	



LFC Feb 2018.pptx

The funding for this training has come from NHSE. The training will be aimed at receptionists and practice managers. Receptionists will not be triaging, they will be directing patients to the correct service.

This fits in with the GP Five Year Forward View. The process can be set up in each practice, but can be modified to fit individual practices needs.

HS-R would like patient input into this, the training will be rolled out in April 2018.

What's most important to you?

- Do I need an appointment? Or can it be a call with the Dr?
- Patient feels in charge of process not being bullied into doing other things
- Language is appropriate

JH asked that OCCG needs to be mindful that some patients will not say over the phone, they would like the conversation to be confidential. Some patients would also like to be quick on the phone and not to discuss the reason for an appointment.

OCCG welcome feedback from the PPGs to help support. The LFC to contact [HS-R](#) with their feedback on the training.

- **Online Consultation update**

HS-R provided an update on the online consultation. There has been a delay from NHSE. OCCG have now started to engage with the first wave of which involves 9 practices. JH and HO have been involved with the workshop on how to engage with practices. This will start to roll out in April 2018.

JAH provided an update on NHSE group consultations, this is a formal piece. JAH will share the details from the webinar. This is a new way of working and would value the LFCs feedback.

7. **Other Topics from LFCs:**

- **Healthshare update**

CM provided a brief update on Healthshare. There was a lot of patient involvement, and work with local providers who did not take on the contract, therefore had to go out to procurement. Lessons have been learnt from the transfer.

The paper explains the assurance that has been given by Healthshare regarding patient access via the phone. The new phone line service is now up and running. There is also a notice on the website.

OCCG have been hearing from GPs around the localities that the service is

	<p>improving. GPs also notice that the waiting time is coming down. Patient self-referral will come in when waiting times have come down.</p> <p>Raised at HOSC, HOSC asked for a task and finish group.</p>	
8.	<p>Healthwatch update</p> <p>RP introduced Nicola Perrett who has replaced Veronica in supporting the LFCs. There will be a workshop on 20 March with the LFCs. There is a fortnightly update in the Healthwatch newsletter which can be subscribed to.</p> <p>RP updated the group on from a meeting in Bicester, there was a day of measuring blood pressures and hearing local views; a report of findings was produced. There was a meeting of a whole system, OUHFT did not attend. The Bicester report highlighted that there are issues in dental services, community hospitals, GP practices, and development of locality plans.</p> <p>JAH was pleased with the outcome of the meeting, Councillors were open to new models of working, and they had given pointers to what we should be doing.</p> <p>There was 3 questions raised:</p> <ul style="list-style-type: none"> • What is the future for community hospitals • What are you doing to involve local people • How is the system going to tackle demand <p>The meeting members will meet again in a year.</p>	
9.	<p>Any Other Business</p> <p>LP would like a 10-15 minute introductory section at the beginning of the next meeting. (ACTION 02/18/05)</p> <p>JH found the report from the system change workshop was very useful. CM stated that the document is on pause at the moment.</p> <p>JAH asked for Fergus Campbell to be added to the attendees for the previous meeting. (ACTION: 02/18/06)</p> <p>LFCs would like Interaction updates more regularly between meetings. (ACTION: 02/18/07)</p>	<p>HT</p> <p>HT</p> <p>CM/AG</p>
	<p>Date of Next Meeting</p> <p>26 April 2018, 14:00-16:00, Conference Room B</p>	