MINUTES:
Locality Forum Chairs Meeting
22 December 2016, 14.00 – 16.00
Conference Room A, Jubilee House

Present: Mary Braybrooke, South West Tracey Rees, City
Fergus Campbell, Locality Co-ordinator, OCCG John Reid, South East
Paul Park, Locality Clinical Director, OCCG David Smith, Chief Executive, OCCG
Catherine Mountford, Director of Governance, OCCG Louise Wallace, Lay Member, OCCG
Ally Green, Head of Communications and Engagement, OCCG Anita Higham, North

In attendance: Rachel Kitson - Minutes James Limehouse, Senior Commissioning Manager, Urgent Care for Better Care Fund item
Daisy Camiwet, Patient Experience and Insight Manager, NHS England

Apologies Graham Shelton, West Dr Joe McManners, Clinical Chair
Hilary Seal, Patient and Public Representative

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<td>1. Notes of the Meeting Held on 27 October 2016 and Matters Arising</td>
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<td>The notes of the meeting held on 27 October 2016 were approved as an accurate record.</td>
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<td>JR reported that it was difficult to check the accuracy of the information from the survey of Practice Managers as the data was anonymised. TR reported that she has supplemented with questions for the PPG to give a more rounded view. TR to share questions with group. FC to see if information can be broken down to practice level.</td>
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<td>AH queried if OCCG would include requirement for practices to have a PPG within the contract now that they had taken on delegated commissioning of primary care. CM confirmed that the requirement to have a PPG was already part of the GP Contract but it does not specify what the PPG should look like. DS advised Locality Forum Chairs to continue to raise the requirement to have a PPG with practices. CM to forward to group contractual obligations.</td>
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SP to provide feedback regarding Oxfordshire Youth Forum.

Daisy Camiwet, Patient Experience and Insight Manager from NHS England circulated details of an event being organised by NHS England bringing together key stakeholders to discuss the best ways of working together in relation to STPs. DS confirmed he was unsighted on the event and would discuss with Rachel Pearce / Jan Fowler as Oxfordshire would be in the middle of the first phase of consultation on the proposed date.

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2. **OCCG Update 2017 / 2018**

DS explained that contracts with major trusts for 2017 / 2018 are to be signed by 23 December 2016. Agreement has been reached with Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust. A three way financial risk share has been agreed - further details will be circulated in due course. Proposed service redesign schemes will be worked on together. Work on other contracts will take place in the New Year.

**Consultation**

Currently going through NHS England assurance process and senate on case for change. Decision expected 3 January 2017. Informal feedback indicates that we have complied with requirements. A copy of the questionnaire to accompany the consultation has been shared with LFCs for comments with helpful feedback received which will be incorporated as appropriate. As a result of feedback the consultation document has been strengthened to reflect that changes will affect the whole county. GS had circulated concerns about the document and the lack of patient involvement and evidence base. Subject to sign off the consultation is planned to start on 16 January for 12 weeks. AH stated that there is confusion around the different consultations – BOB and Oxfordshire. DS confirmed that the Oxford consultation is the one that the public should be reviewing as there is nothing in the BOB STP that isn’t in the Oxfordshire document. AG confirmed that a public summary of the BOB STP had been posted on the OCCG website ([http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/12/Draft-BOB-STP-Public-Summary.pdf](http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2016/12/Draft-BOB-STP-Public-Summary.pdf)).

**Primary Care Investment**

DS confirmed that Oxfordshire bids submitted to NHS England for investment in premises totalled £50 million but only approximately £2 million had been received. A further bidding round will be held but it is anticipated there will remain a gap so the CCG needed to identify other solutions to fund the difference.

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3. **Topics from LFCs**

**Locality Community Services Group**

JR reported that the group is currently poorly organised and dysfunctional. FC reported that a new chair and administrator are now in place. FC to discuss with Anne Lankester, who will be undertaking the administration role, to ensure group operated effectively in future.

**Integrated Locality Teams**

FC shared paper giving an overview of integrated locality teams. DS suggested getting patient stores to use to highlight this good news story. FC
to check where / who provide services / interface with OUH.

**Better Care Fund: How is it Being Spent?**

James Limehouse gave feedback on the Better Care Fund and explained that funding was through existing money which was ringfenced with national conditions for accessing to promote integration of health and social care. For Oxfordshire the total funding is £40 million. Success measures for the scheme include a reduction of delayed transfers of care, reducing non-elective admissions to hospital, maximising time people spend at home. Schemes for 2016 / 2017 include EMU, long term conditions, enhanced medical care homes, falls pathway, home access and re-ablement team. TR asked how confident the CCG were that the actions and initiatives being undertaken were increasing integration and if all the money had been spent. JL confirmed that the majority of the money had been spent with some delays experienced in a couple of projects. DS confirmed a meeting had been arranged with the Director of Adult Social Care to review integration. JL to provide summary report detailing the schemes included within this funding for circulation to the group.

MB asked if these initiatives work well was there an opportunity to truly pool budgets. DS shared concerns that OCC would reduce social care funding resulting in more pressure on system. PP reiterated the progress that had been made over the last couple of years and the reduction from several pooled budgets to just two. Papers for these meetings can be found on OCC website here: [http://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CId=998&Year=0](http://mycouncil.oxfordshire.gov.uk/ieListMeetings.aspx?CId=998&Year=0)

**Short-Term Savings Plan**

DS explained that there is a long list had been identified which have the potential to make savings and that any which have a potential impact on patients will be subject to formal consultation / communication. GS shared his concerns in writing that there is a feeling that patients are not involved until the decisions are made when they are supposed to rubber stamp them. DS explained that some are not new such as low priority procedures but work would be undertaken to ensure these were systematically adhered to. One example of this is over the counter prescribing where there is a policy that GPs don’t prescribe medicines that can be purchased over the counter. Implementation of the policy is patchy and a public awareness campaign is planned. Drafts of posters to be shared with the group for comments.

DS confirmed that he working with HOSC to define what constitutes a significant change which would therefore trigger a consultation.

**Deer Park and Related Issues**

CM / Julie Dandridge attended a public scrutiny meeting at WODC Council in October; this was followed up by a more in depth discussion with a working group. No formal feedback has been received following the working group meeting. GS circulated his comments that the CCG would be wise to pause before proceeding and that he understood a legally-aided Judicial Review had been instituted. The position is that services from the Deer Park site will close at the end of March as the provider has terminated their contract. Patients will be written to explaining where they can re-register.

**GP Access**
Plan will be submitted to NHS England by 23 December. Paper to be circulated to group for discussion at next meeting. Primary Care Commissioning Committee will consider the overall framework at the next meeting on 3 January.

**Concerns over lack of Influence by OCCG over OUHFT / OHFT**
AH asked to what extend OCCG is aware of things that are going on and how tough they are at holding Trusts to account. DS explained that there are many routes used from informal discussions to formal meeting structure and Chief Executive to Chief Executive meetings. HS is involved in both this meeting and the CCG quality committee.

**Violence against young women and girls**
Issue that GPs need support with. Agreed to feed this into Safeguarding team and pick up any resulting actions through that route.

4. **Healthwatch Update**
   No update as RP not in attendance.

   It was agreed to add Prime Ministers Challenge Fund to the next agenda.

5. **Any other business**
   There were no items of any other business.

6. **Date of Next Meeting**
   23 February 2017, 1400 – 1600, Conference Room B.