
MINUTES:

Locality Forum Chairs Meeting

Thursday 29 June 2017, 14:00-16:00

Conference Room B

Present:	David Smith Chief Executive, OCCG (DS)
	Sula Wiltshire, Director of Quality, OCCG (SW)
	Julie-Anne Howe, Locality Co-Ordinator, OCCG (JAH)
	Louise Wallace, Lay Member, OCCG (LW)
	Hilary Seal, Patient and Public Representative on Quality Committee (HS)
	Rosalind Peace, Healthwatch (RP)
	Anita Higham, North (AH)
	Helen Van Oss, North East (HO)
	Graham Shelton, West (GS)
	Shelagh Garvey, South West (SG)
	Jeremy Hutchins, South East (JH)
In attendance:	Hannah Tombs, Executive Assistant, OCCG (HT) <i>Minutes</i>
	Hannah Mills, Head of Contracts and Procurement, (HM) <i>Item 3</i>

Apologies	Catherine Mountford, Director of Governance , OCCG (CM)
	Dr Joe McManners, Clinical Chair, OCCG (JMcM)
	Ally Green, Head of Communication and Engagement, OCCG (AG)
	Chris Wardley Patient and Public Representative on Oxfordshire Primary Care Commissioning Committee (CW)
	Tracey Rees, City (TR)

		Action
	<p>Welcome, Introductions and Apologies</p> <p>DS welcomed everyone to the meeting. The apologies are noted above.</p> <p>JH added that it is with sadness to see David Smith and Dr Joe McManners leave OCCG, and thanked them for the work they have completed. JH asked when recruiting that someone from the LFC to be added to the interview panel. DS agreed to explore this.</p> <p>The new Clinical Chair, will go through an interview process, and then will be elected into the position by the OCCG membership.</p>	
1.	<p>Minutes of the Meeting Held on 27 April 2017</p> <p>The minutes of the meeting held on 27 April 2017 were approved as an accurate record.</p> <p>Matters Arising</p> <p>DS reported on the ongoing work surrounding RTT, external consultants have been commissioned to support this work. This is to help get underneath the problem, and how OUH are proposing to evaluate the data and developing initiatives.</p> <p>OUH have been issued an enforcement notice, this can be found on their website here.</p>	
2.	<p>Action Log</p> <p>The action log was discussed and updated.</p>	
3.	<p>Topics from LFCs</p> <ul style="list-style-type: none"> • <u>Formal Response to the Nuffield Trust's report on 'shifting the balance of care'</u> <p>Hannah Mills, Head of Contracts and Procurement presented this item.</p> <p>JH stated that he raised this at the last LFC meeting on 27 April and felt that there was not much of a response from OCCG to the Nuffield Trust report.</p> <p>JH commented that the draft response given has several references made to the MSK hub, a question was raised if the contract had been awarded. HM reported that the contract has been awarded to Health Share Limited. The contract will be operational on 1 October 2017. The contract is in line with the new specification.</p> <p>A query was raised over the links with the Royal Berkshire and if the services can be used over the border. HM reported that this is an Oxfordshire service, so will not impact the work in Royal Berkshire.</p> <p>A discussion was held regarding the initiatives to upskill GPs, it was highlighted this was already in place for some specialties, for example dermatology, cardiology and neurology. OCCG have been working with the OUH to develop models that support increased community provision</p>	

<p>delivered through a specialist GP model, supported through consultant supervision. This is creating a mini referral hub in itself, ensuring only those referrals requiring the specialist input of secondary care are made wherever possible,</p> <p>GS raised a query from a West Locality public meeting in Burford, regarding how patients with severe mental health are managed in the community, will GPs be upskilled to look after those patients with severe mental health, as this would be useful to have in the community.</p> <p>SW reported that there is a community mental health team who should be providing the psychological and psychiatric care, however SW will take back to Ian Bottomley.</p> <p>HO stated that if GPs are going to be trained in cardiology, this can take up to two years to be able to interpret echoes, in term of time scales this would take too long. HM confirmed GP training was part of the mobilisation plan to support the roll-out of both the neurology and cardiology community services and that consultant advice and guidance would be available to the GPs providing the service.</p> <p>HM reported that OCCG have looked into referral management centres, but there is limited evidence that they are cost effective to roll-out and often don't address the underpinning issues resulting in increased levels of demand. A more effective approach is to look at speciality level triaging of referrals and providing advice and guidance prior to a patient being booked.</p> <p>Dr Shelley Hayles has been doing lots of work on the cancer pathway, to help with referrals regarding diagnostic tests, direct access and endoscopy.</p> <p>OCCG have been looking into the telephone advice initiative for a GP to speak to a Consultant to find out how they would manage the patient in primary care instead of referring a patient to a consultant, this is already happening in mental health and diabetes.</p> <p>AH asked if there could be less acronyms used, HM apologised and stated that this is an internal document, but will amend this going forward.</p> <p>JH stated that the new mapping of the report to the STP, produced by HM was excellent and most useful, as this is a work in progress, the LFCs would like to keep this on the agenda to map progress made.</p> <ul style="list-style-type: none"> • <u>Progress report on integration of health and social care</u> <p>DS and JMcM have been having conversations about creating an 'accountable care system' and a paper has been produced. HT to share the paper.</p>	<p>HT</p>
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	<p>A question was raised to how all the organisations will deliver and work separately, DS reported that there has been discussions with Oxfordshire County Council, as there is lots of work going on with briefing the new councillors.</p> <p>AH asked if OCCG has heard about 'Oxford Clinic' as this was raised by someone in her Locality, the Oxford Clinic is working with Oxford University to support the university, clinicians are not involved. AH to feedback more information at the next meeting.</p> <p>The integrated localities model is not widely known, it would be useful to know what way Oxfordshire is heading. The locality plans are with the practices. Salford has completed similar work.</p> <p>Leadership integration is continuing to progress, an update at the next meeting will be useful.</p> <ul style="list-style-type: none"> • <u>'Altogether Better'</u> <p>JH raised this item, to look into having an integrated altogether approach, what has been described in the paper fits well with what Oxfordshire want to achieve.</p> <p>It would be useful to pilot this is a few practices, there is a cost of £15,000 per practice, then it is self-sustaining, with the cost, you are given a project manager, and training. A question was raised on how this project would be sold to practices. This will also take several years to implement and see results.</p> <p>There are currently two models in the City Locality using care navigators, one is through Bury Knowle practice. There is good evidence that social prescribing works well. JAH to share the Bury Knowle document/presentation, this approach will work well in clusters.</p> <p>LFC's are to find three practices where this would work well in and consider it a pilot would be useful to link with Rosie Rowe to how this might work as this needs to be completed properly, there is a provisional agreement, which OCCG will support.</p>	LFC's
4.	<p>OCCG Update</p> <p>DS updated the group on the work around RTT with McKinsey and on the progress with Phase 1 of the consultation. There will be a decision made at the 10 August Extraordinary Board meeting. In the run up to the Extraordinary Board meeting, there will be a meeting to discuss the decision with HOSC and with the MPs so everyone is sighted.</p> <p>DS assured the LFCs that despite the changes in leadership, Phase 2 of the consultation will continue. Decisions are made by the board and not by individuals.</p>	

	<p>There should be enough time for the document to be shared with the LFC's before the Extraordinary Board.</p> <p>The LFC's asked DS if there is any information to be shared regarding the judicial review made by Cherwell District Council, Banbury Town Council, South Northamptonshire Council and Stratford-Upon-Avon District Council. DS reported that this is still with the courts and OCCG have not heard anything. The decisions made by the Phase 1 consultation will be made on quality and safety.</p> <p>SW reported on the CQC visit at Horsefair surgery. The partnership was with the Horsefair partners and IMH. The Horsefair partners will be leaving on 1 July, and OCCG will continue to work with IMH to improve the quality in practice.</p> <p>SW also provided an update on the change of providers for the LD services; LD services were provided by Southern Health Foundation Trust and from 1 July 2017 will be provided by Oxford Health NHS Foundation Trust. There is still a lot of work to do with Transforming Care.</p> <p>Today's Quality Committee was presented with OCCG's response to the Mazars report. OCCG have reviewed all patients who have died in Oxfordshire with LD who were under the care of the Ridgeway Partnership Trust and Southern Health Foundation Trust. The review will go to Oxfordshire Safeguarding Adults Board (OSAB) and to OCCG Board.</p> <p>The Vulnerable Adults Mortality Group, a subgroup to (OSAB), meets bi-monthly and looks into all the vulnerable adults' deaths in Oxfordshire.</p>	
5.	<p>Forum Updates</p> <p><u>North Locality</u></p> <p>AH gave an update on the North Locality, there are a few issues with Banbury practices mainly in the centre and not the rural areas. AH has been asked to attend a meeting on 11 July regarding the practices.</p> <p>There is a public meeting being held on 6 July in the Town Hall, Richard McCrann has worked very hard to organise the event, the meeting will raise the issues with Primary Care with the public. JAH, Fergus Campbell and Dr Shelley Hayles will be attending, JAH to confirm if Julie Dandridge will be attending and RP to confirm if someone from Healthwatch can also attend. AH reported that even though the event is regarding Primary Care, the Horton will be mentioned. AH reported that she reassures her locality that the Horton will not close, but there is a lack of trust in the community towards OUHFT.</p> <p><u>North East Locality</u></p> <p>HO gave an update from the North East Locality. HO reported that</p>	

	<p>patients like care closer to home, and do not want GPs to take on further work, as they feel that GPs are under huge amounts of stress due to the area expanding. With younger people moving to the area the GPs can change the way they see patients, however there are a huge number of elderly who like to have face to face appointments.</p> <p><u>South East Locality</u> JH gave an update on the South East Locality, J H reported that the locality plan is moving ahead, the next meeting is being held on 20 July. In the meeting we will be reviewing the Primary care framework, and will feedback with the view from the PPG's own patient groups.</p> <p><u>City Locality</u> JAH gave an update on the City Locality on behalf of TR. The City Locality are holding a public event on 5 July, at the Old Fire Station. There will be two areas of focus, looking at the access to the practice website for making appointments and ordering prescriptions. The 2nd workshop will look at the work place plan and locality plans, and discuss/receive feedback on what patients would like to see in the City Locality. There will be 12 market stalls in the middle of the event, which will be manned by staff, the City Locality would like Healthwatch to attend if possible.</p> <p><u>West Locality</u> GS gave an update on the West Locality, GS reported that there is a growing population in the West Oxfordshire and questions are being asked how this will be managed. A survey will be conducted in Witney or Eynsham to see what services will be needed and what the community would like to see in the future. The West Locality would like to see more effort and improvement from Public Health by educating the community about their health.</p> <p><u>South West</u> SG gave an update from the South West Locality. The PPGs have looked at the Primary Care Framework, the structure map and where the gaps are, the team felt uncomfortable regarding the costs and resources needed. SG asked how we get this out to patients before the media does.</p> <p>The South West has been looking at the phase 1 and 2 consultation provisions and proposals, and how we get people to be realistic. The impact of the garden town is being reviewed to understand the plans. There has not been any mention of practices.</p> <p>There was a really good meeting at the recent PPG APM, and there was a very good turnout.</p>	
6.	<p>Healthwatch update RP gave an update from Healthwatch, regarding the recent meeting with CM on the contract to support the Locality Forums in the future, this</p>	

	has been agreed. Healthwatch is currently in the recruitment process, Tracey Rees and Helen Van Oss are on the panel for interview. Healthwatch are hoping to have someone in place in September and support will start in the October.	
7.	Any Other Business JH updated on the recent telephone conversation with Sarah Adair on the coordination of communication, JH reported that it was an assuring conversation and that the communication team are well aware of gaps in communication and are changing the ways that items are communicated.	
	Date of Next Meeting Thursday 31 August 2017, 14:00-17:00 , Conference Room B	