

MINUTES:

Locality Forum Chairs Meeting

Thursday 31 August 2017, 14:00-16:00

Conference Room B

Present:	Dr Joe McManners, Clinical Chair, OCCG (JMCM) <i>Chair</i>
	David Smith Chief Executive, OCCG (DS)
	Catherine Mountford, Director of Governance , OCCG (CM)
	Graham Shelton, West (GSh)
	Julie-Anne Howe, Locality Co-Ordinator, OCCG (JAH)
	Rosalind Pearce, Healthwatch (RP)
	Helen Van Oss, North East (HVO)
	Paul Park, Deputy Clinical Chair, OCCG (PP)
	Ally Green, Head of Communication and Engagement, OCCG (AG)
	Peter Branson, West (PB)
	Louise Wallace, Lay Member, OCCG (LW)
	Hilary Seal, Patient and Pubic Representative on Quality Committee (HS)
	Anita Higham, North (AH)
	John Reid, South East (JR)
	Chris Wardley Patient and Public Representative on Oxfordshire Primary Care Commissioning Committee (CW)
	Shelagh Garvey, South West Locality (SG)
	George Smith, Chair of Healthwatch (GSm)
In attendance:	Hannah Tombs, Executive Assistant, OCCG (HT) <i>Minutes</i>
	Clive Walsh, Clinical Development Transformation Lead, (CIW)
	Sharon Barrington, Head of Planned Care and Long Term Conditions, (SB)
	Laura Carter, Lead Commissioning Manager Planned Care, (LC)

Apologies	Jeremy Hutchins, South East (JH)
	Tracey Rees, City (TR)

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	<p>Welcome, Introductions and Apologies JMcM welcomed everyone to the meeting. The apologies are noted above.</p>	
1.	<p>Minutes of the Meeting Held on 29 June 2017 The minutes of the meeting held on 29 June 2017 were approved as an accurate record.</p> <p>JMcM provided an update on the Clinical Chair Role, the candidates will take part in an assessment centre on 12 September, GSh and GSm will be on the stakeholder panel. Voting by the Practices will be held in mid-October.</p> <p>The Chief Executive role will be advertised shortly.</p>	
2.	<p>Action Log The action log was discussed and updated.</p> <p>Action 2/17/02, was discussed in more detail (patient stories to illustrate ILTs). JAH provided an update on the action. Patient stories have gone out to PPG to get people to encourage people to sign up to on-line services. So far there have been 8 different patient stories to take forward, these will be available on the website to encourage and show what is going on in the service. There are a number of patient stories on YouTube, these have been filmed nationally and are no OCCG ones. (Email from JAH circulated with Minutes).</p> <p>AH raised that patient stories are read out at OUH Board meetings, these are mainly positive experiences. CM reported that the patient stories read out to the OCCG Board were often negative</p> <p>An update will be provided at the next meeting.</p> <p>CW raised that a practice could not agree if the electronic access to the patient record should start when asked or from when a patient joined the practice. There seem to be different interpretations. OCCG to take this back to the technical support team.</p>	OCCG
3.	<p>Transformation</p> <ul style="list-style-type: none"> Phase 1 <p>CIW stated that the paper shows what has been agreed at the 10 August Board meeting. The Judicial review permissions hearing is on 5 September 2017 and HOSC has stated its intent to refer the decision on Horton Obstetrics to the Secretary of State.</p> <p>OCCG have been clear to OUHFT that these are the decisions that have been made but no further changes should be made to the Horton maternity service until the other processes have concluded.</p> <p>GSh asked why the CCG ignored the patient views in the decision. CIW explained that CCG did not ignore the patient's views, a decision had to be made balanced with clinical evidence, patient safety and service</p>	

<p>sustainability. CM added that there was a lot of information that went into the Decision Making Business Case (DMBC) case that tried to show what the CCG had heard and give a response.</p> <p>AH stated that she had listened to what LW said at board, and thought it was a sensible proposal to wait till Phase 2 work has been completed. AH had also written to DS and had not received a response. CM responded that it was not general practice to respond individually to responses to a full public consultation; themes were picked up in the consultation report. CM and DS to take away and think about a response.</p> <p>The LFCs would like to have more communication in the consultation for Phase 2, this was a big issue in Phase 1. JMcM reported that elements of the consultation will not be changed due to communication; elements will be changed because of feedback.</p> <p>CIW reported that OCCG are looking at the responses from Phase 1 to learn from and input into phase 2, the main response received was the lack of option and choices. For Phase 2 OCCG need to be clear and go out to consultation to discuss the options in more detail and why they are (or are not) viable.</p> <p>OCCG to work with Healthwatch to help get public engagement. RP suggested to include information from a patients perspective, what do we care about, describing the changes, how it will look to an individual, and how the services will look in 5 years' time.</p> <ul style="list-style-type: none"> • Preparing of Phase 2 <p>The period of engagement will commence soon, hopefully October 2017.</p> <p>In Phase 2 there will be 6 work streams:</p> <ul style="list-style-type: none"> • Maternity • Mental Health • Children's Services • Urgent care • Community Hospitals including Midwife Led Units • Primary Care and Community Services <p>The proposal is to have an extended public engagement in late October early November. The aim of the engagement is to develop a list of options which will be evaluated with criteria and to be developed with public involvement. The proposal for Phase 2 will then be released next year (May 2018), with a range of options for people to look at.</p> <p>GSm stated that OCCG should not underestimate the intelligence of Oxfordshire, the budget is limited then that will limit choices. It would be useful to show more details on the costings and why the options are not</p>	<p>CM/DS</p>
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	<p>deliverable.</p> <p>A discussion was held on future planning with the money that the CCG has. The LFCs had asked how much discretion the CCG has on the money and how the CCG will deliver alongside hitting national targets.</p> <p>DS responded that the services cannot carry on as they are, there is not enough money. There will be pilots for new models and then there will be a change in service.</p> <p>There may not be a need for formal public consultation on Primary Care, there is scope for additional services to be provided alongside the GP practices.</p> <p>AG raised that reflecting on issues, there was a misunderstanding of the impact of population growth on demand for health services</p> <p>LW reported that it would be good to include details in Phase 2 on distance and transport, especially access to transport. Phase 2 also needs to consider county boundaries and county boundary councils.</p>	
4.	<p>Primary Care</p> <ul style="list-style-type: none"> <p>Framework and Locality Plan Update</p> <p>JMcM gave an update on the framework and Locality Plans. These are longer term plans for developing and investing in primary care services. The plans are at different stages of development and some groups have met to discuss, more of these discussions will be held in September/October.</p> <p>Oxford City Locality and North Oxfordshire Locality have held public events, however North East and the other localities will be presented to the PPG leads first not the wider public. AG and RP are working with Healthwatch and supporting forums to help with discussions, emerging locality plans and engagement for phase 2. It will be useful for each practice to work with each locality and each forum to help with broader communication.</p> <p>JR felt like the locality plan in South East Oxford is failing, in July there was a good discussion but since then nothing has happened. At recent Locality meetings there has not been a lot of discussion. Co-production is not working, morale seems to be bad among GPs, and various GPs are retiring. The LFCs agreed there needs to be a good process, all LFC are ready to help support, a lot have identified what challenges have been raised.</p> <p>GSm asked how we can be representative of the locality, there are lots of groups that we do not have any idea about, it would be more useful to get PPGs more engaged.</p> <p>GSm raised that there is scope to learn from digging deeply into what</p> 	

	<p>has happened in the last few year e.g. birth rates.</p> <p>AH raised that there are pockets of areas that are not addressed in the plans to address health inequality. LFC to feed back to JAH and JD.</p> <ul style="list-style-type: none"> • Update on Secretary of State Referral for Deer Park <p>A paper was provided on the update on the action being taken by OCCG following the response from the Secretary of State to the HOSC referral of Deer Park closure. NHSE have confirmed that they would seek to identify a third party to review the plan. OCCG are working with GSh to develop an approach to a wider patient/public survey.</p> <p>On the 27 July there were still about 400 patients who have not registered at another practice, some of the patients on the list may have moved away or will not register until they need to. OCCG have given support to the other practices in Witney.</p> <p>The LFCs felt it would be good to learn from the experience, listening to the views of the patients and how OCCG can engage with the public, so not to be in this situation again in the future.</p> <p>GSm reported the IRP report was a valuable steer and to take account of planned future development.</p>	LFCs
5.	<p>Communications and engagement update</p> <p>Was covered elsewhere on the agenda. A paper was also provided.</p>	
6.	<p>Patient Survey Plans</p> <p>There will be a meeting on 7 September to discuss, as patient surveys are a great opportunity for Oxfordshire patients to express how they feel and for OCCG to explore what patients really think is important.</p>	
7.	<p>Other Topics from LFCs</p> <ul style="list-style-type: none"> • <u>'Altogether Better' update</u> <p>CM raised that it was recorded in the previous minutes that LFCs would identify key practices for piloting the 'Altogether Approach'. The LFCs asked for a bigger item next time. Maggie Dent has been completing work on this. AH to have a discussion with Maggie Dent.</p> <p>JMcM and Jackie Wilderspin are to bring together a framework, to have consistency as there are other pilots that are ongoing.</p> <ul style="list-style-type: none"> • <u>Explanation of the Reduction of funding for Sobell house Bereavement Services</u> <p>It was raised there has been a reduction to funding for Sobell House Bereavement Services. LC reported that there has been a duplication of funding for people using the service, people using the service will not see a difference in what the service provides.</p> <p>The service had been receiving funding from the OCCG contract, and through the OUHFT for the same service, the contract has since been</p>	AH

	<p>amended. It has been asked that over payment of money be used for an advice line for GPs.</p> <ul style="list-style-type: none"> • <u>LFC involvement with the CQC systems audit.</u> The audits will be being held at the end of November beginning of December, and there will be an opportunity to engage the LFCs. There will also be focus groups set up before CQC come in. There will be a meeting with the inspector on 2 November. 	
8.	<p>Healthwatch update RP gave an update from Healthwatch. Healthwatch have appointed a new member of staff to work with the Locality Forums, they should start on 11 September. The new person in post will offer support with events, and can be extended to PC PAG. LFC to send RP the meeting dates.</p> <p><u>Availability of forum papers and minutes</u> Healthwatch are proposing to set up a locality forum page on their website, the minutes will be uploaded on there and will include what the LFCs want.</p>	LFCs
9.	<p>OCCG Update Covered elsewhere on the agenda.</p>	
10	<p>Forum Updates</p> <p><u>North Locality</u> No update was given.</p> <p><u>North East Locality</u> No update was given.</p> <p><u>South East Locality</u> No update was given.</p> <p><u>South West Locality</u> SG gave an update on the Didcot Garden town plans have been released, healthcare was only mentioned briefly, the majority was about electric cars and green spaces.</p> <p>There is the South of Vale Growth Board, DS and JMcM have been invited to sit on the Board.</p> <p><u>City Locality</u> No update was given.</p> <p><u>West Locality</u> No update was given.</p>	
11	<p>Any Other Business It was raised that the MSK HUB will be discussed at all locality meetings in September.</p> <p>Publicity for the 111 services was raised, it was reported that more</p>	

	<p>information will be sent out next week, as this is a national service it will be rolled out nationally so OCCG are not in charge of the publicity.</p> <p>The number will not change, the LFC found it would be useful to have more information on this in practices as it could avoid people going to A&E. Care homes and Nurse Homes could also be using this. LFC to go back to PPG to check that practices have received and are putting out the posters.</p>	LFCs
	<p>Date of Next Meeting Due to JMcM and DS not been available for the 26 October meeting it was agreed to move the LFC meeting to Tuesday 17 October 2017, 14:00-17:00 , Conference Room B.</p>	