
MINUTES:

Locality Forum Chairs Meeting

Thursday 26 April 2018, 14:00-16:00

Conference Room B

Present:	Dr Kiren Collison, Clinical Chair, OCCG (KC)
	Lou Patten, Chief Executive, OCCG (LP)
	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)
	Tracey Rees, City (TR)
	Graham Shelton, West (GS)
	Shelagh Garvey, South West (SG)
	Anita Higham, North (AH)
	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)
	Hilary Seal, Patient and Pubic Member of Quality Committee (HS)
In attendance:	Hannah Tombs, Executive Assistant, OCCG (HT) <i>Minutes</i>

		Action
	<p>Welcome, Introductions and Apologies LW welcomed everyone to the meeting. LW has agreed to chair the LFC meetings going forward.</p>	
1.	<p>Introduction session LFCs and Lou Patten all gave brief introductions.</p>	
2.	<p>Minutes of the Meeting Held on 22 February 2018 The minutes of the meeting held on 22 February 2018 were approved as an accurate record.</p> <p>JH and HO wanted to note that they have not been involved in the online consultation workshops but have had separate conversations with Hannah Scarisbrick-Rowe.</p> <p>It was agreed in the meeting for the minutes to be approved via email before the next LFC Meeting.</p>	
3.	<p>Action Log The action log was discussed and updated.</p> <p>CLOSED ACTIONS: 02/18/01: A link for OCC consultation page to be included in the Talking Health Newsletter. - AG has asked for a link to be routinely there and anything specific to be highlighted.</p> <p>02/18/03: AG to find out if the VOXY group has replaced the Youth Parliament. - The Youth Parliament no longer exists; this was set up via school elections. VOXY does replace this, as a broader and wider engagement. The VOXY group will feed in to the Children and Young People Plan.</p> <p>The LFCs raised that due to safeguarding they are not able to identify those involved in VOXY in their own localities to help feed into the PPGs.</p> <p>OCCG to contact OCC to invite individuals from VOXY to contact the LFCs. ACTION: 04/18/01</p> <p>02/18/07: Improving communications to circulated to LFCs between meetings - To consider as part of discussion on updating communication and engagement strategy. HT to send links to Board Briefing and OPCCC briefing.</p>	AG/ CM
4.	<p>Forum Updates <u>West Locality</u> GS provided an update from the West Locality. There is a pop up carer's day in Eynsham Village Hall being held in June. A Prevention Health Fair being held in September. There will also be a misuse of antibiotics event held later in the year.</p> <p><u>South East</u> JH provided an update from the South East Locality. There have been a number of successful public meetings; there has been one on eye care which was well received. In Henley, at Townlands Hospital there has been a</p>	

<p>consultant led PPG meeting on specialities.</p> <p>Next month Benson, Wallingford and Chalgrove are holding an end of life fair, this is following a model that started in Sonning Common, will making, powers of attorney and funeral Directors will be in attendance.</p> <p>The South East Locality are users of talking health website, we log all our documents on this. Recently we have been unable to access it and the papers have been archived. ACTION: 04/18/02- CM, AG and RP to look in to this and update outside the meeting.</p> <p><u>North East Locality</u> HO provided an update from the North East Locality. The locality has a successful locality community service group. As part of a survey undertaken, the locality looked at patient history, how they were coping, and then their admission to hospital. Issues highlighted were availability of carers, and service coordination and difficulties of communication between professionals. .</p> <p>The North East is also going to have a stroke awareness day.</p> <p><u>North Locality</u> AH provided an update from the North Locality. The steering group meets every 2 months, but has not been able to have a representative from all 12 PPGs. Where invited AH visits PPGs that do not engage consistently.</p> <p>AH has been asked to write an article in the Banbury Guardian for the Voices section on PPG week, which should be published on 7 June 2018.</p> <p>The North will have a public meeting on social prescribing. AH thinks the CCG should have a strategy raising the attractiveness to work as a GP in the North of the Locality due to the increase in housing development.</p> <p>AH reported on the Horton issues and the CQC report on Maternity.</p> <p><u>South West</u> SG provided an update from South West Locality. The locality has written to LP to invite to the locality meeting.</p> <p>Following a front page feature in the Didcot Herald, listing Town Councillors' healthcare demands, SWOLF members were concerned that politicians were getting involved late in the day, having largely ignored public engagement events, and were basing some of their arguments on inaccurate or out of date information. SG wrote a letter in response, on behalf of SWOLF, which was published in full.</p> <p><u>City Locality</u> TR provided an update for the City Locality. The co-ordinating group has lost another member and continue to get less involvement in the meetings. An event has been organised for 15 May 2018, OxFed are invited. The meeting will discuss the changing face of general practice. TR will report back following the discussions.</p>	<p>CM, AG/ RP</p>
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	<p>The City locality is also looking at more publicity for PPGs.</p>	
5.	<p>Reviewing our Communications and Engagement Strategy LP provided a presentation from a Healthwatch meeting, to help us think about different ways of engaging. Local areas are different and we need to understand the local health and care challenges.</p> <p>People get engaged when they are interested in the subject. OCCG's engagement will have to develop across different clinical conditions, in different locations and with different age groups. OCCG will need to map engagement and create a comprehensive directory of different groups.</p> <p>OCCG will also looking into technology and key messages as a system.</p> <p>Why reviewing our communications and engagement:</p> <ul style="list-style-type: none"> • New leadership in OCCG • Feedback from CQC following the whole system review. • Growing support for an integrated care system (ICS) in Oxfordshire. • Experience of Phase One consultation and subsequent challenges. • Benefits of using co-production as a method of working. • Experience of commissioning primary care. • Feedback from patient and public members working with OCCG <p>Questions:</p> <p>Q What would success look like for you and your locality?</p> <p>Q How can we demonstrate co-production?</p> <p>Q How do we ensure we have the right level of engagement of patients/public inside the CCG? Committee members – which committees? Term of office? Voting? Recruitment process? Roles?</p> <p>Q The past 18 months have been difficult for us all. We have been doing a lot of reflecting and are prepared to work differently. Is there anything you can do differently to help?</p> <p>GS asked what outcomes can patients expect from this review, and that the review should be patient centred. It was suggested that the public asked what they would like.</p> <p>LP reported that there is work being completed on patient outcomes, the difficulty is asking what does the patient want, this will need to be scoped appropriately. Co-Production is good, but it is not always done.</p> <p>JH suggested that there needs to be a reflection on why it has not worked well in the past. Need to take a clear definition forward to allocate the right resource. JH raised that the OPCCC papers are not sent out in time for patient involvement on the papers. CM responded that the papers are for a Board committee and not for public consultation. HS and CW are on the committee as public members not representatives.</p>	

	<p>JH stated that in the letter of intent that the LFCs need to have a forward plan of rolling issues, to ensure that the feedback is correct.</p> <p>LW suggested that there could be a forward annual plan and advance warning.</p> <p>KC reported that the public needs to be informed on the context, and then ask what the public's wants. JH agreed but also stated that things change regularly.</p> <p>AH suggested that more work on engagement with different cultures. AG reported for the CCG and for the system, there will be groups that are missed, but will try and communicate with as many communities as much as possible.</p> <p>AG reported learning from the phase 1 consultation concerns that OCCG were not reaching the different communities, has indicated that what we should have done was to build on positive personal relationships with the community. AG also reported that we need to work better with the councils in the different areas.</p> <p>CW reported that with communication commissioners and providers need to keep it simple, as there is a large volume of information out there.</p> <p>HO felt that from a patient voice OCCG need to have rapid response to incorrect information that is in the press. This needs to be done clearly across and squash rumours. AG reported due to social media this is now more difficult to kill the rumours. OCCG will look into impact and strategy on key communication.</p> <p>The LFCs feel that a workshop is still needed.</p> <p>The LFCs also feel that there needs to be clarity on communication, smaller documents presented, clarity on terminology and what is being asked of the patients. SG emphasised that there needs to be shared understanding of key terms, e.g. consultation, engagement and information, to avoid misunderstanding and disappointment.</p> <p>What will we do next: Due to the ICS and building on relationships with the partners, the development of the overall approach/communication strategy will be looked into outside the meeting, on how it is move forward alongside the ICS. LP raised whether we should hold a workshop on how we engage or do we make it tangible and make it about the challenge we have on getting patient participation with locality place based plans within 18 months. Proposals for a practical workshop will be developed for consideration. Another planning meeting will be arranged with HO and JH. ACTION: 02/18/04</p> <p>The LFCs agreed to take the questions posed back to their localities and bring feedback to the next meeting. ACTION: 04/18/03</p>	<p>AG/ CM</p> <p>LFCs</p>
6.	<p>Communications and Engagements update Is provided in paper 4, AG will share questions with LFCs via email on</p>	

	particular items.	
7.	<p>OCCG Update</p> <ul style="list-style-type: none"> • Approach to ICS development in Oxfordshire Not discussed. • Patient access to electronic records A paper was provided for information. The LFCs would like the data broken down by practice. ACTION: 04/18/04 	JAH
8.	<p>Other Topics from LFCs:</p> <ul style="list-style-type: none"> • Healthshare Contract update The Planned Care team provided an update for information. LFCs would like confirmation of where the services are being provided and to be updated on OCCG website. OCCG to get confirmation on the triage wait times and self-referral. ACTION: 04/18/05 • Social Prescribing Update Maggie Dent, Equality and Access Manager, provided an update on social prescribing for information. The LFCs have growing concerns on the allocation of funds. There is a need for care navigators to help with the social prescribing due to GPs not having the time. 	CM
9.	<p>Healthwatch update</p> <p>RP reported that the PPG at Luther Street practice have produced a video which will go live on 1 May 2018 on what it is like to work in a PPG.</p>	
10.	<p>Any Other Business</p> <p>GS reported that local media has suggested that OCCG are having secret meeting with HOSC. LP reported that there are no secret meetings, LP raised that she would like to be able to meet with the Chair of HOSC outside the full public meetings.</p> <p>JH reported that GPs in the South East are reluctant to use technology and felt there needs to be a clear policy to change the way they are working.</p> <p>AH reported that the OUHFT have been awarded £10 million for IT services spread across Primary Care and Secondary Care. GK will be attending the next meeting to discuss the overall approach digital IT. The IT strategy is across the Thames Valley.</p> <p>TR asked for simple guidance on GDPR for PPGs and Practice Managers for communications. ACTION: 04/18/06</p>	CM
	<p>Date of Next Meeting</p> <p>28 June 2018, 14:00-16:00, Conference Room B</p>	