

MINUTES:

**Locality Forum Chairs Meeting
Thursday 30 August 2018, 14:00-16:00
Conference Room B**

Present:	Dr Kiren Collison, Clinical Chair, OCCG (KC)
	Gareth Kenworthy, OCCG (GK)
	Louise Wallace, Lay Member, OCCG (LW) <i>Chair</i>
	Fergus Campbell, Locality Co-ordinator (FC)
	Rosalind Pearce, Healthwatch (RP)
	Helen Van Oss, North East (HO)
	Vivienne Sieber, City (VS)
	Graham Shelton, West (GS)
	Shelagh Garvey, South West (SG)
	Anita Higham, North (AH)- until 3pm
	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>

Apologies	Lou Patten, Chief Executive, OCCG (LP)
	Catherine Mountford, Director of Governance, OCCG (CM)
	Tracey Rees, City (TR)
	Julie-Anne Howe, Locality Co-ordinator (JAH)

		Action
	Welcome, Introductions and Apologies LW welcomed everyone to the meeting. The apologies are noted above.	
1.	Minutes of the Meeting Held on 26 April 2018 The minutes of the meeting held on 26 April 2018 were approved as an accurate record.	
2.	Action Log The action log was discussed and updated.	

	<p>Following the discussion on Action 04/18/04 access to electronic records, Hannah Scarisbrick-Rowe to share details of localities and practices involved with online triage. JH reported that information needs to be circulated and engagement with patients' needs to happen otherwise the initiative will not work. GK will liaise with HS-R on funding and communication. ACTION: 30/08/01</p>	HS-R
3.	<p>Forum Updates</p> <p><u>North Locality</u> AH provided an update from the North Locality and reported that there are concerns in the North over the overuse of the Horton A&E and the poor follow up CQC report on Horsefair Practice, LW reported that Horsefair is being picked up through OCCG Quality Committee and the practice is being supported by OCCG. AH also reported that the Super HOSC is meeting in Banbury Town Hall on 28 September to discuss the independent reconfiguration panel review on the Horton.</p> <p><u>South East</u> JH provided an update on the South East Locality and reported that the locality has seen the integrated respiratory report, there are 11 recommendations in the report, and this has raised concerns on how the teams will go live in September. The South East locality are still waiting to see the documents following the report, there also continues to be communication issues with the project. GK raised that a paper will be reported at the September OCCG Board meeting.</p> <p>JH reported that there are still concerns with Healthshare, the waiting list continues to grow and the self-referral option has been postponed to October due to the size of the waiting list. The South East remains concerned on how the contract has been implemented. AG added that HOSC has set up a task and finish group where pieces of work and actions have been produced. A report on Healthshare will be presented at HOSC on 20 September 2018.</p> <p>JH has been involved in the tender for the digital eye screening and is concerned that similar issues to Healthshare could occur again if not managed appropriately.</p> <p>Patients in the South East feel that they have not been part of the communication on the changes in the vasectomy service. AG stated that there was no advance communication on the stopping of the service to patients or the public. AG reported due to a number of people on the waiting list, the service will continue for that cohort, but there is a pause in any new referrals. Engagement will go ahead regarding the future of the service.</p> <p>JH also reported that there is a concern of ear wax removal appointments, the Locality Plan suggests care closer to home, and therefore patients should not be referred to outpatients ENT for this service and should be treated in the community. KC raised that the planned care team have looked into these issues and are taking these forward.</p>	

	<p>JH also reported that there is a concern regarding repeat prescriptions.</p> <p>The South East now has a District Council representative on the Locality Forum.</p> <p><u>North East Locality</u> HV provided an update for the North East Locality and reported that the locality is still in limbo on new buildings and space as more houses are being built.</p> <p><u>City Locality</u> VS provided an update on the City Locality and reported that the volunteer project has been funded, but have lost project leads. The Locality is still trying to get feedback from the older people strategy.</p> <p>The City is taking place on health walks.</p> <p><u>West Locality</u> GS provided an update from the West Locality, there continues to be concerns surrounding the future of Cogges Surgery, the Patient Reference Group have not heard anything since the last communication. Patients would like to know the plan for Cogges Surgery.</p> <p>The West will hold a public meeting with OCC regarding prevention and looking at patients health and how they score.</p> <p><u>South West</u> The SG provided an update for the South West Locality, the locality hold the same concerns surrounding Healthshare and ear wax removal.</p> <p>Didcot Town Council are holding a public meeting, which OCCG have been invited, the meeting will inform what is happening in the South West Locality.</p> <p>Wantage Hospital has been closed for 2 years, there is lots of talk in the community about what is going to happen, there have been a lot of marches and press time.</p> <p>Patients have raised concerns regarding EMIS and the transfer of the patient access page and patient information page. Patients have said that it is difficult to navigate around the site.</p> <p>CW reported that EMIS changes the links very often, which creates confusion.</p> <p>CW also raised that Cogges has been an important topic in OPCCC, and had asked if GS has been kept in the picture, but is now clear that he has not been kept up to date. CW feels that it is a good idea to communicate with the forum in that area and share information.</p>	
4.	<p>OCCG Update</p> <ul style="list-style-type: none"> • Appointment of Permanent CEO KC provided an update on the appointment of a permanent CEO, KC reported that Lou Patten has been appointed as interim CEO for 12 months, 	

LP has been in the role for 6 months. The Board is in discussion and making a decision on what OCCG needs as a system as a whole.

There are no plans to merge Bucks CCG and OCCG together, LP will continue to be a Joint CEO. There is work ongoing for joint working across where appropriate and shared learning across the CCGs to eliminate duplication of work.

Questions were raised on how the STP will fit in with the future of the CCG, LW reported that the STP is a NHS E driven approach, there is an ICS plan for BOB and for Oxfordshire these are not the same.

KC perspective is that it is key to keep individuality for Oxfordshire, some plans are useful to have a blanket approach to avoid duplication, but some plans will need to be specific and will need to be implemented at the right level locally.

GK added that there will also need to be a cultural change for providers and the council to all work together and have joint working. Frailty has been a good example of this.

AG reported that as a result of the system CQC review HOSC and the Health and Well-being Board will receive a report on progress of the action plan. The recommendation from the report will form part of the ICS. Kate Terroni is taking a lead on this. It was raised by the LFC that there needs to be patients and public involvement. AG reported that there is patient and public involvement within the separate strands of the report, there will be engagement where necessary.

- **Financial Recovery Plan (FRP)**

GK presented the Financial Recovery Plan which had been presented at the July 2018 Board Meeting. The plan is being instated due to activity in month 2 being higher than it should be, there has been a £14 million over spend. The paper sets out the difference between recovery and turn around.

There are 3 key work streams identified, the first area identified was the overspend against the OUHFT contract, OCCG have been looking into the causes and drivers of the over spend. It has been identified that urgent care performance was a trigger for overspend; A&E received a 3.4% increase on patients being admitted year on year. This has an knock on implications for the provider. This is not just a local concern this is a national concern.

OCCG is also looking through the pathways e.g. ambulatory pathways, which is designed for short stay to avoid admissions.

The 2nd workstream, looks into the delivery of the short term delivery plans. There is an issue with the short term plans due to the influence of patient activity.

	<p>The 3rd workstream, is looking at all areas of budget and spend, doing so OCCG will reduce on discretionary spend, which will have an assessment criteria in place.</p> <p>GS supports the FRP but advised that the OCCG should speak to staff within the services who are effected as they will have a better insight of the issues. AG reported that Lou Patten had spent half a day with a district nurse and had suggested ways of improvement and how we can support frontline staff. This piece of work is sitting within the winter plan.</p> <p>GK added that there are other regions that have got similar problems and there are a lot of resources including case studies that could be shared across and applied to this area. GK reported that Oxfordshire has the lowest application CCG and the lowest funded CCG.</p> <p>HS was interested that amber assessments were presented at Finance Committee but not at Quality Committee, due to the impact of quality of services. GK reported that the quality impact assessment will cover this in the process; the Quality Impact Assessments are completed by a quality manager and will speak to the lead clinician. There is also a GP lead on Finance Committee.</p> <p>JH asked if the reporting figures were correct from OUHFT, as the increase in A&E and in Urgent Care has produced an over production in finances, why was this not forecasted. GK reported that this was based on NHSE impact assessment; this was on top of the growth that was built in.</p> <ul style="list-style-type: none"> • Digital GK provided a presentation on digital transformation. GK is the lead for digital and IT. <p>GK reported that the digital transformation will involve primary care, OUHFT, OHFT and the Council.</p> <p>HV stated that patients cannot access their whole patient record and that there is a time limit on what they can view. There are also patients who are not IT illiterate; these patients will struggle to get on board. GK reported that the team have explored other ways for patients to access their data.</p> <p>JH asked if there milestones can be included in the programme document. ACTION: 30/08/02</p>	
5.	<p>Communications and Engagements update AG provided a paper on communication and engagement, this has a selection of items.</p> <ul style="list-style-type: none"> • Oxfordshire Clinical Commissioning Group response to the Secretary of State and Independent Reconfiguration Panel (IRP) recommendations 	GK

OCCG presented an outline approach to the plans to address the recommendations from the Secretary of State. A Oxfordshire Joint Health Overview and Scrutiny Committee with Northamptonshire and Warwickshire has been arranged for 28 September at Banbury Town Hall. The first meeting will set out the work to be completed.

- **Winter 2018/19**

The communication teams from OCCG, OHFT, OUHFT and OCC are working together to support the production and delivery of the Oxfordshire's system Winter Communications plan. The plan aims to support Oxfordshire's System Winter Plan objectives. The plan also advises communication to patients and to services to ensure that the public are aware of the services in the community and to take action to keep well (themselves, family and friends) and help avoid an admission this winter.

Evidence shows that the 'choose well' campaign did not work, what has proved successful was the 'stay well' campaign. GP practices are part of this campaign, especially the flu vaccination campaign.

- **Cogges**

AG apologised that there has been little communication with GS and would like to talk to GS about improving.

AG reported that there has been communication and engagement with a smaller patient participant group. An update feature on the front page of the OCCG website on Cogges. OCCG are looking for a local solution to the problem such as a branch surgery approach.

The patient reference group should be for patients of the practice, there has been interest raised by councillors who also want to be present at the meetings, but OCCG are reluctant, as OCCG would like the meeting to be kept patient focused and not political.

GS raised that this is not just an issue about one practice but about all general practice as a whole in the county.

RP supported GS statement and added that the 7000 patients at Cogges need to be kept informed of the wider picture.

CW added that the OPCCC executive should be charged with learning on engagement with practices and patients of that practice.

- **Workshop**

AG provided an update on the previous meetings item on communication and engagement. OCCG is working with partners across Oxfordshire to agree a framework for engagement that would ensure consistency in approach. The framework will be co-produced with the involvement of public representatives. The co-production team at OCC will be involved in this work and the Framework will include the expectations for using co-

	<p>production.</p> <p>There needs to be a common agreed approach and a flush out of different terminology and definitions to be agreed.</p> <p>An event will bring representatives together and to complete the work together. AG will contact the LFCs.</p>	
6.	<p>Other Topics from LFCs:</p> <ul style="list-style-type: none"> • Primary Care Update Was provided for information • Older People (OP) Strategy Update Was provided for information 	
7.	<p>Healthwatch update RP reported that Healthwatch is finishing the report on Healthshare, there will be recommendations in the report and the report will be in the public domain.</p>	
8.	<p>Any Other Business None, therefore meeting closed.</p>	
	<p>Date of Next Meeting 25 October 2018, 14:00-16:00, Conference Room B</p>	