

NOTES:

Transformation Board

Tuesday 26 April 2016, 17:00–19:00

Conference Room A, Jubilee House, 5510 John Smith Drive, Oxford Business Park
South, Oxford, OX4 2LH

Present:	Stuart Bell (SB) (Chair)	Joe McManners (JMCM)
	David Smith (DS)	Peter Clark (PC)
	Andrew Stevens (AS)	Gareth Kenworthy (GK) (part)
	Andrew Elphick (AE)	John Jackson (JJ)
	Diane Hedges (DH)	Damon Palmer (DP)
	Kate Terroni (KT)	Ben Riley (BR)
	Jonathan Horbury (JH) (part)	Joanthan McWilliam (JMw)
	Rosie Rowe (RR)	Ian Hudspeth (IH)
	Stephen Smith (SS)	Mike McEnaney (MMcE) (part)
Attending:	Corrine Yates (CY)	Libby Furness (LF)
	Stuart Duncan (SD)	Sam Shepherd (SSh)
	Andy Whiting (AW)	Mike Denis (MD)
Apologies:	Bruno Holthof (BH)	Daniel Leveson (DL)
	John Black (JB)	Will Hancock (WH)
	Judith Heathcoat (JHe)	Mark Hancock (MH)

		Action
	<p>Welcome and matters arising</p> <p>Clinical Senate Attendance Dr Jane Barret, Chair of the Clinical Senate was invited to this meeting but unfortunately could not attend.</p> <p>Lay Representation There is a meeting of the Locality Forums Chairs on 28/04 where this will be discussed. The invitation has been welcomed and it is likely that there will be a rotation of two attendees with support from Healthwatch.</p> <p>15th April STP Submission</p>	

	<p>DS gave a brief presentation on the BOB footprint-level 15th April submission. Early assessment showed that, the BOB region was considered to be in the lowest category of risk by NHSE. DS outlined the identified emerging priorities for transformation at scale. There is a footprint development day on 04/05 which will have attendees from all 3 patches as well CCG, CC and acute trust participants. DS expressed his view that the STP should be light but targeted document with the majority of work going into developing the evidence base to support it. DS agreed to update the group as this work progresses.</p> <p>Healthy New Towns Submission RR informed the group that there are two sites in Oxfordshire out of ten nationally that have been included on the programme; Bicester and Barton. These new areas of housing growth will be used as a test bed for new digital innovation and technology to promote new models of care. This is an opportunity to progress at pace and receive national expertise and support in developing health and wellbeing and new models of care. SB encouraged workstream and support group leads to make contact with RR as the main point of contact for these projects. RR to report back to the group on progress in developing the Healthy New Towns projects.</p> <p>HOSC Update SB updated the group on the discussion that was had at the last HOSC meeting. The presentation was well received and HOSC was keen that everything is connected moving forwards. In June more specific options will be outlined.</p>	<p>David Smith</p> <p>Rosie Rowe</p>
	<p>Notes of the previous meeting Notes of the previous meeting held on 29th March were agreed.</p>	
	<p>Delivering the Sustainability and Transformation Plan and public consultation</p> <p>Financial Analysis AW presented the counterfactual or 'do nothing' scenario to the group measuring ~£1.2bn in commissioned services. The do nothing scenario would result in a projected £176m financial gap by the end of 2020/21 representing a significant challenge to the system.</p> <p>Although the majority of this gap is in specialised commissioning it was noted as important to challenge all parts of the system and target all areas of spending.</p> <p>AW, wanted to support workstream leads and asked what level of activity is expected to be avoided or shifted as a result of service redesign. This as yet has not been quantified but AW needed to make contact with workstream leads to factor in the impact of service change.</p> <p>It was agreed that there is a need to engage the right people in the County Council with this work. AW agreed to email JJ directly to be put in contact with the finance team at OCC.</p>	<p>Andy Whiting/ John Jackson</p>

	<p>Feedback from Clinical Pathway Redesign Workstreams DP outlined the outputs of the 2nd stage of the clinical pathway redesign process and the next steps.</p> <p>Enabler/support groups were encouraged to attend the next pathway redesign meeting on 29/04. DP agreed to work with BH to drive forward integration between service redesign and enabler groups.</p> <p>A patient, community & public stakeholder event is proposed for the 6th of June.</p> <p>Care Closer to Home Strategy, Including Locality Plans Approval was sought to share the care Closer to Home Strategy with workstream leads to use as a guide. It was agreed that this should also be considered by each locality and is a key part in the narrative around transformation in Oxfordshire.</p>	<p>Damon Palmer</p>
	<p>Feedback from the IM&T Group</p> <p>MD looked to identify how the IM&T enabler group could best provide cross-cutting support to service redesign groups. Interoperability will form a significant part of this work supporting new models of care and multi-organisational teams.</p> <p>The proposed programme is to be run as a joint venture and funded by a public/private partnership with an anchor partner and the potential for additional partner organisations.</p> <p>Due to the scale of the project and the change proposed, proper governance processes would need to be completed and sign off would be required by individual boards.</p> <p>Robust information governance at the centre of design was expressed as crucial to success. Questions were raised over the challenges of setting up a joint venture.</p>	
	<p>Feedback from the Workforce Group</p> <p>KT outlined the progress of the Workforce group to date and the high level of engagement experienced from all organisations; Oxford Brookes University is the latest addition to the group. Priority areas for the group included developing an Apprenticeship Academy for Oxfordshire across Health and Social Care and increasing Emergency Practitioner Placements to promote portfolio careers in Primary and Community Care.</p> <p>Challenges to the group included the consideration of affordable housing for lower paid workers and introducing an Oxford weighting.</p>	

	RR is providing primary care input to this group.	
	<p>Stakeholder Engagement</p> <p>CY updated members on the progress of the communication transformation plans with stakeholders and the public and outlined the plans for a stakeholder event on June 6th. It was agreed that a clinician should lead the engagement with the Clinical Senate.</p> <p>Communication leads have been nominated to work with clinical workstream leads to support engagement with service users in the development of their service redesign plans as appropriate.</p>	
	<p>Any other business</p> <p>None.</p>	
	The next meeting will take place on Tuesday 17 May, 17:00-19:00, Conference Room A, Jubilee House.	