

**NOTES:**

**Transformation Board**

**Tuesday 14 June 2016, 17:30–19:30**

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

<b>Present:</b>	Stuart Bell (SB) (Chair)	Joe McManners (JMCM) (part)
	John Black (JB)	Judith Heathcoat (JHe)
	Andrew Stevens (AS)	Stephen Smith (SS)
	Andrew Elphick (AE)	John Jackson (JJ)
	Diane Hedges (DH)	Damon Palmer (DP) (part)
	Helen Van Oss (HVO)	Carol Moore (CM)
<b>Attending:</b>	Corrine Yates (CY)	Stuart Duncan (SD)
	Libby Furness (LF)	Daniel Leveson (DL)
	Kate Terroni (KT) (part)	Ian Cave (IC)
<b>Apologies:</b>	Bruno Holthof (BH)	Jane Barret (JB)
	Ben Riley	Jonathan McWilliam (JMw)
	Peter Clark (PC)	Mark Hancock (MH)
	David Smith (DS)	Ian Hudspeth (IH)

		<b>Action</b>
	<p><b>Welcome and matters arising</b></p> <p><b>Welcome to Ian Cave</b> SB welcomed IC to the Transformation Board meeting.</p> <p><b>LMC to be invited as member</b> This was raised by SS; it was agreed by the group as important that there is an LMC representative invited.</p>	<b>Damon Palmer</b>
	<p><b>Notes of the previous meeting</b> Notes of the previous meeting held on 17<sup>th</sup> May were agreed.</p>	
	<p><b>BOB STP Update</b></p> <p>IC outlined that Oxfordshire is 'ahead' in terms of engagement and that</p>	

	<p>NHSE wanted to know further plans so that they could identify the best way to support. The STP submission at the end of June will be a draft document (work in progress written by IC, DP &amp; workstream leads which focuses on the key priorities). As an example it would cover:</p> <ul style="list-style-type: none"> <li>- Prevention: Within NHS also.</li> <li>- Access (111): Right place first time, helping to manage the demand for A&amp;E and primary care.</li> <li>- Workforce: Retention and rotation.</li> <li>- Specialist Areas: Cancer work and mental health services (Forensic and Tier 4 CAMHS).</li> <li>- Primary and Integrated Care: Coordination across BOB to general principles.</li> <li>- Health Gains &amp; Quality Improvements</li> </ul> <p>It was noted that there would be the opportunity to comment on the work as it goes forward through the leads in the system leaders group.</p> <p>Questions were asked about how the STP would 'tie in' with the consultation documents and how the messages from it could be communicated, now that it is not going to be published at the end of June. To have an open and honest conversation with the public, patients, clinicians and stakeholders, the facts and figures need to be included.</p> <p>Initially, back in April, it had been believed that this June meeting would review the STP before publish. However, feedback from NHSE is likely to take place in July. It was agreed that an STP review should be timetabled for the July/August meeting.</p> <p>It was agreed that the focus of this group for messaging should now be on the Oxfordshire Narrative. It was outlined that this was a means of communicating and engaging and not consulting as the latter would not take place until assurance has been received from NHSE and the TV Clinical Senate.</p>	<p><b>Damon Palmer</b></p>
	<p><b>6<sup>th</sup> June Stakeholder Event Feedback, presentation &amp; Key Messages</b></p> <p>SB offered his thanks to all those that attended and helped to organise and run the event. He also stressed that we use the messages that were reported back to further develop the Narrative. The event was well-attended with 70-80 representatives. In the morning SB, BH and JMcM described the clinical work, the emerging thinking and the case for change. In the afternoon a patient panel described their recent experiences of the health &amp; care system. This was found to be helpful, powerful and humbling. SB asked the Transformation Board to ensure that the feedback from this event is worked into plans.</p> <p>DP described this as a productive and valuable launch. He outlined to the group that there is a lot more engagement planned for the summer including 6 locality-based 'roadshow' events which would be open to the public. Details of these future events will be shared once the dates are set. Furthermore, all of this information and material will be collated</p>	

	<p>onto the Transformation website, which will be launching soon.</p> <p>KT suggested that there should be a 'You Said, We Did' section on the website where input on the process could be visually demonstrated.</p> <p>CM noted that the prevention case for change was outlined well at the Kassam event on June 6<sup>th</sup>. However, there could have been more done to better explain the financial gap. This change is for a number of reasons, but there is a need to highlight the challenge identified over the next 5 years.</p>	<p><b>Damon Palmer</b></p>
	<p><b>Programme Director Update</b></p> <p><b><i>Programme Update</i></b>  DP outlined that at the end of June, the publicly-facing Oxfordshire Narrative would be used to set out ambitions, articulate the technical STP document and outline the implications of service redesign. The message is that this is a clinically driven process which enables people to get involved.</p> <p>The key thing in this period is to ensure that there is a clear case for change with a compelling narrative.</p> <p>DP outlined the plans to share the Pre Consultation Business Case (PCBC) with NHSE in September as part of the gateway stage 2 process of assurance. There will also be a pre-gateway 2 meeting, roughly a month before, which should help to identify any early issues.</p> <p>Sequencing: There are many options, but it is important to get to a shorter list via a process of selection. DP informed the group that this selected criteria could change over the course of the process.</p> <p>DP outlined that he was keen to avoid purdah, with the local authority elections in May 2017, wherever possible. Also, a decision before this date would tie in with the CCG's commissioning intentions.</p> <p>It was raised that not all workstreams are in the same place; for example learning disabilities are implementing change that was consulted on 2 years ago.</p> <p><b><i>Update on Pre Consultation Business Case</i></b>  Paper 2 provided an overview of what is likely to be published in September. The PCBC enables the decision to go to consultation, however the consultation documents will be public-friendly.</p> <p><b><i>Clinical Senate ToR Update</i></b>  Currently setting out expectations for working with the Clinical Senate over the summer. Clinical champions are being identified who will also help support the communications &amp; engagement activities with public and patients.</p>	

	<p>There is a clinical engagement event planned for July 19<sup>th</sup> which is being organised by Joanne Fellows and Sula Wiltshire. Locality coordinators have been provided with the slide set from the Kassam event on 06/06. There are a series of opportunities for clinicians to get involved. The question was asked how to get a proper discussion with area GPs about the details and implications of the programme.</p> <p><b>Community Hospitals Business Case</b> This item was to inform the group that this had been commissioned. An internal stakeholder event will be set up for July to which key staff will be invited.</p>	
	<p><b>Update on Emerging Oxfordshire Transformation Narrative</b></p> <p>LF has pulled out the key messages from the Kassam 06/06 event slides to develop an Oxfordshire Transformation narrative document. CM has fed back into this draft. All agreed that the narrative is very important and needs to be clear. It was agreed that the job of the Transformation Board was to facilitate the programme and set the strategy. This document needs to be checked by workstream leads and should also feature some feedback from the 06/06 event. It was agreed that LF would circulate online and that members would feedback comments to LF via email by next Tuesday 21<sup>st</sup>.</p>	<p><b>Libby Furness, All</b></p>
	<p><b>Preparation for HOSC 30<sup>th</sup> June '16</b></p> <p>It was not possible to submit papers to HOSC due to the fact that the STP will not be published at the end of June. Instead, this meeting will be to seek approval for the case for change. It was raised that HOSC was not an executive body and therefore could only 'receive, consider and comment' on the case for change rather than 'approve'. This is an NHSE process so DP agreed to check with the wording with NHSE re HOSC engagement.</p> <p>Options are not being presented to HOSC, but the process for the development of those options.</p>	<p><b>Damon Palmer</b></p>
	<p><b>Comms &amp; Engagement plans for Stakeholder public consultation, including forthcoming events</b></p> <p>More events are planned which aim to set the context and provide information on the Oxfordshire Transformation Programme. CY stated that the team were working with the community hospital team to identify effective stakeholder involvement opportunities. It was agreed that GPs should be involved in these wherever possible.</p> <p>CM offered to share the case for change document at any one of the ~50 public events that Healthwatch are attending this summer.</p>	
	<p><b>Stakeholder Reference Group</b> Healthwatch do not have the time to run this group. It was agreed that this item would be picked up next time.</p>	<p><b>Damon Palmer</b></p>

	<b>Any other business</b> None.	
	The next meeting will take place on Tuesday 26 July, 17:30-19:30, Conference Room A, Jubilee House.	