

Oxfordshire Transformation Programme

Transformation Board

Jubilee House

14th February 2017, 5:30pm

1. Welcome & Introduction

The following members attended the February Transformation Board:

- Stuart Bell, Chair (SB)
- Simon Angelides, Programme Director (SA)
- Diane Hedges (DH)
- David Smith (DS)
- Andrew Stevens (AS)
- Tony Berendt (TB)
- Dr Joe McManners (JMCM)
- Dr Jonathan McWilliam (JMCM)
- Ben Riley (BR)
- Anita Higham (AH) – for HvO

The following individuals were in attendance:

- Lucinda Kenrick (LK)
- Clive Walsh (CW)

Apologies:

- Rosalind Pearce (RP)
- Peter Clark (PC)
- Cllr Ian Hudspeth (IH)
- Dr Paul Roblin (PR)
- Helen Van Oss (HvO)
- Bruno Holthof (BH)
- Lucy Butler (LB)
- Helen Shute (HS)
- John Black (JB)
- Kate Terroni (KT)
- Cllr Judith Heathcoat (JH)
- Andrew Elphick (AE)
- Mark Hancock (MH)
- Libby Furness (LF)

1. Chairs Introduction and Quoracy	
<p>1.a. SB chaired the meeting</p> <p>Anita Higham, standing in for Helen van Oss, declared her position as a governor for the OUH and the chair of her locality's PPG Forum group as a possible conflict of interest.</p>	
2. Minutes / Action and Agreement Log	
<p>2.a. With the amendment of a spelling mistake on the fourth page; the minutes were agreed.</p>	
3. BOB Update	
<p>3.a. The BOB STP group will be posting an executive summary of the notes of their meeting along with a copy of the BOB STP on their website once it is up and running. Copies of the notes of this meeting will be shared with the BOB STP Programme Director to ensure full oversight of Oxfordshire's Transformation Plans as part of the BOB STP.</p> <p>DS stated that at a national level there is a focus on reconciling the financial assumptions of STP plans (e.g. contracts and operational plans for BOB). He is currently waiting for a letter from Simon Stevens that will provide guidance on delivery plans and outline milestones.</p> <p>DS noted that he is aiming to establish a better system for bidding for transformation funds for the programme across BOB.</p>	
4. Programme Director Update	
<p>4.a. SA noted that the main focus is the Phase One consultation (notes on this are in section 6)</p>	
5. Primary Care Clinical Workstream	
<p>5.a. JMcM provided an overview of the Primary Care Framework that provides a broad framework that will inform plans for practices, neighbourhoods, and localities across the county. JMcM explained that the framework brings together different strands of work framed within a set of objectives and a 10-point plan. It allows localities to sign up to the direction of travel whilst continuing to flesh out specific details and targets.</p> <p>DH explained that there is a fine line around achieving consistency in plans whilst allowing flexibility for individual practice plans and localities in a way that ensures that Primary Care are fully engaged. However, the framework has been to locality meetings and is both</p>	

<p>recognised and widely accepted.</p> <p>AH noted that members of the public would find this document a difficult read. AH suggested that ‘Educating people to understand what’s available, for what needs and how to access the right service’ would be helpful.</p> <p>This was accepted but DS noted that it was important to have a framework document that was clear to GPs and one that they could sign up to.</p> <p>TB wished to clarify secondary care’s relationship with the framework as interactions between OH and OUH would play a big part in providing detail for primary care plans and our ability to demonstrate integration of services.</p> <p>The final Primary Care Framework will inform Oxfordshire’s Phase Two Transformation Plans, and through the Primary Care workstream will link into the Phase Two PCBC.</p>	
<p>6. Phase One Consultation Update</p>	
<p>6.a. SA noted that QaResearch would be conducting a survey and compiling and analysing this to create a report on consultation with hard to reach groups. An update will be provided at the next meeting.</p> <p>6.b. SA agreed to update the next meeting on OCCG leaflet drops and those done by local action groups.</p> <p>6.c. Clinicians are part of the presenting panel, however the group felt that more visible clinical support would strengthen the public’s confidence in our plans. It was also agreed that the public is not clear about the distinction between acute and community hospitals and nursing home provision. It will be useful to establish this clarity in Phase Two to help people understand why there may be changes to services and bed use.</p> <p>6.d. SA advised that the referral letter from HOSC to the Health Secretary regarding the temporary closure of the Obstetrics unit at the Horton had been recieved and SA agreed to circulate to the members of the Transformation Board for information.</p>	<p>Action: SA</p> <p>Action: SA</p> <p>SA to circulate this letter for information</p>
<p>7. Phase Two – Development</p>	
<p>7.a. SA update the group on meetings of the groups within the new governance structure including; the Programme Executive, the finance and modelling groups and some of the clinical working groups.</p>	

<p>SA also noted that the first Integrated Impact Assessment (IIA) meeting had taken place with Mott Macdonald. There have also been meetings with SCAS to discuss the ambulatory care pathways and travel/transport queries.</p> <p>7.b. The draft Phase Two Case for Change was sent for comment to Capsticks. The feedback they provided was that the topics covered were wide-ranging, but required more detail. It was also suggested that the links with the surrounding areas over the borders needed strengthening to ensure synergy of Oxfordshire’s plans with those in neighbouring areas.</p>	
<p>8. NSHE/CCG Lessons Learned Meeting</p>	
<p>8.a. SA noted that the meeting had taken place with the following points raised:</p> <ul style="list-style-type: none"> – Greater engagement would be needed in Phase Two, including securing additional communication and engagement support. It was suggested that engaging with the GP Federations would prove useful for Phase Two. – SA explained that we will be using a new set of templates that will be shared with the Clinical Senate ahead of formal sign off to ensure that our plans are robust and meet the Clinical Senates requirements. 	<p>LK to circulate population Catchment and Secondary Care Needs document for information.</p>
<p>9. AOB</p>	
<p>None</p>	
<p>10. Close of Meeting</p>	
<p>The next Transformation Board meeting will be held on 20th March, 2017, 10:00-12:00 at Jubilee House.</p>	