

# Oxfordshire Transformation Programme

## Transformation Board

### Jubilee House

20<sup>th</sup> March 2017, 10.00am – 12.00pm

#### Draft - Action Notes

#### 1. Welcome & Introduction

##### The following members attended the March Transformation Board:

- Stuart Bell, Chair (SB)
- Simon Angelides, Programme Director (SA)
- David Smith (DS)
- Andrew Stevens (AS)
- Dr Joe McManners (JMCM)
- Dr Jonathan McWilliam (JMcW)
- Rosalind Pearce (RP)
- Mark Hancock (MH)
- Anita Higham (AH)

##### The following individuals were in attendance:

- Libby Furness (LF)
- Sarah Adair (SAd)

##### Apologies:

- Diane Hedges (DH)
- Tony Berendt (TB)
- Ben Riley (BR)
- Peter Clark (PC)
- Cllr Ian Hudspeth (IH)
- Dr Paul Roblin (PR)
- Bruno Holthof (BH)
- Lucy Butler (LB)
- Helen Shute (HS)
- John Black (JB)
- Kate Terroni (KT)
- Cllr Judith Heathcoat (JH)
- Andrew Elphick (AE)
- Helen van Oss (HvO)

<b>1. Chairs Introduction and Quoracy</b>	
<p><b>1.a.</b> 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>	
<b>2. Minutes / Action and Agreement Log</b>	
<p><b>2.a.</b> The minutes were agreed. Action 8a was clarified as circulation of list of templates and a blank example</p>	<b>2a Action: LF to circulate</b>
<b>3. BOB STP Update</b>	
<p>SB will provide the update to BOB STP for this and future meetings:</p> <p><b>3.a.</b> LF was asked to liaise with Ann Donkin over making BOB STP minutes available to the Transformation Board</p> <p><b>3b</b> BOB STP is required to provide a deliver Plan in May. Guidance is expected but the timescale for completing is tight</p> <p><b>3c</b> There are new governance arrangements: Garry Ford is the chair for the Delivery Board and SB is the chair for the Operational Group. The aim is to get a clear picture of BOB wide activity including specialist commissioning, prevention and UEC Network.</p> <p><b>3d</b> STP's are now branded as Sustainability Transformation Partnerships. A key priority for BOB STP is to align work that is happening at STP level with that in local health economies (LHE). The challenge to ensure that collectively the transformation work impacts on both BOB wide and LHE financial challenges. The BOB financial plan is being reviewed and is currently demonstrating a £130 – 170m gap over the next 4 years. The gap has a material effect on the 2017/19 Operational plans that NHSE are reviewing and have yet to sign off. The challenge for all is our success in managing demand and concurrent levels of activity.</p>	<b>3a Action: LF to update Board at next meeting</b>
<b>4. Programme Director Update</b>	
<p><b>4. a.</b> SA noted that the current focus in Phase Two is to develop and agreed a combined long list of options for the services in scope. Options are being worked up individually in the clinical workstreams. They will be reviewed at partnership Long List workshop on 24<sup>th</sup> March, 2017.</p> <p><b>4b</b> The options have been informed by work that has taken place within the Transformation Programme to date. An audit of all this</p>	

work has been undertaken and each clinical workstream has a catalogue of key documents that it has used as its basis for developing the long list options.

**4c** The combined long list when agreed will be subject to public, stakeholder and clinical engagement using a set of criteria to recognise interdependencies and reduce the long list to a short list and where appropriate identify any preferred options.

**4d** A set of over 30 templates are being developed and agreed with the Clinical Senate that will be used to collect the evidence to support Phase Two proposals and facilitate the assurance process and consultation.

**4e** Conversations are taking place with stakeholders outside the county. DS has met with Nene CCG and SA, CW and DH will be attending Stratford HOSC in the coming week.

**4f** An Integrated Impact Assessment (IIA) is underway for both Phase One and Phase Two. The Phase One IIA report will be considered alongside the Phase One Consultation Report to inform the CCG's decision making.

**4g** The Primary Care Framework that underpins the Primary Care Workstream is being discussed in each of the localities at their meetings in April, May and June. It brings together the localities and the Federations and will need to be aligned with the work on both the long list and short list to ensure synergy of the plans and provide assurance of the capacity and robustness of primary care in the delivery of Phase Two plans. JMcM noted that primary care will be a feature of the Phase Two plans it is unlikely that there will be 'options' for primary care that the public will be asked to comment on.

**5. Phase Two – Over the Border Activity Analysis**

**5. a.** SA provided an overview of the over the border activity flows mapping. In terms of emergency admissions any proposed changes to A&E in the north would have an impact for Northampton General. In maternity only 1% of activity (admissions vs births) flows from Nene. More work needs to be done to check if this is still the case when looking at activity before the temporary obstetric service closure at the Horton.

**5b** SA noted that there is more work to be done to sense check and refine the analysis before we are fully confident of what the data is telling us and the impact for patients, providers and commissioners on our borders.

**5c** DS noted that discussions are taking place over the need for a

<p>Joint Committee with over the Border CCG's. The volume of activity and the impact for patients, providers and commissions will be a key consideration in the decision.</p> <p><b>5d</b> Transformation plans within the BOB footprint and in other STP areas are likely to have an impact for Oxfordshire. An example is the proposed changes to community provision in Marlow and Thame. RP queried whether we have data relating to Oxfordshire registered patient flow out of county. SA noted that less than 1% are been seen by Buckingham Healthcare but that we are aware of the need to map the flow of patients out of the county in the south where there is greater use of services for instance that is provided by Royal Berkshire Healthcare.</p>	
<p><b>6. Simon Stevens UEC letter</b></p>	
<p><b>6a</b> The CCG is working with NHSE to voluntarily review our Phase One plans against the recently published 'Simon Stevens tests'. We will be sharing our review with NHSE/Clinical Senate early in April.</p> <p><b>6b</b> Consideration of the Simon Stevens tests will be included in the development of Phase Two Plans.</p>	
<p><b>7. Communication and Engagement</b></p>	
<p><b>6.a. Phase On update:</b> SAd noted that we are in the 10<sup>th</sup> week of consultation and have had over 200 surveys/responses but that we expect many more as we near the close of consultation on 9<sup>th</sup> April 2017. In addition we have received over 5,000 duplicate letters from of supporters of the Keep the Horton Group.</p> <p><b>6b</b> 13 of the 15 planned consultation events have taken place as well as a Voluntary Sector Conference, organised by HealthWatch and attendance at number of group meetings.</p> <p><b>6c</b> QaResearch have been commissioned to undertake surveys (calls and face to face) with people in Seldom Heard Groups and to support those who wanted to, to complete the consultation survey. They were targeting ethnic minorities, those with disability and young people in particular. However the researchers were challenged by members of the Keep the Horton General in Banbury Centre, the police were informed and QaResearch have withdrawn their team.</p> <p><b>6d</b> SA outlined a plan to develop a forum for regular engagement with lobby, campaign and/or interest groups as we go forward to hear their concerns, agree reciprocal behaviours and help to the temperature down.</p> <p><b>6e Phase Two:</b> A Communication and Engagement strategy for Phase Two is being developed by the communication team. Learning from Phase One there will be 2 new approaches; establishment of a Public Reference Group that will be a sub-group of the Transformation Board and alignment of Communication and Engagement leads with each of the clinical workstreams.</p>	<p><b>Action:</b></p>

<p><b>6f</b> It was agreed that we need to provide more contextual information for the public to place the proposed changes in the context of NHS policy and good practice approaches to managing demand whilst achieving sound financial management. Our Phase Two plans need to be framed within positive messages and be illustrated by patient case studies. JMcW suggested that we provide visual patient pathways to help people understand what the changes will mean for them and their families.</p> <p><b>6g</b> RP asked about the timeline for change and noted that we need to be able to accommodate the unexpected and unforeseen delays.</p>	
<p><b>8. AOB</b></p>	
<p>None</p>	
<p><b>9. Next Meeting</b></p>	
<p>The next Transformation Board meeting will be held on 23<sup>rd</sup> May 5.30pm – 7.30pm at Jubilee House.</p>	