
MINUTES:

TITLE: Oxfordshire Transformation Board

Held on 29 June 2017 1730-1930 Conference Room A, Jubilee House

Present:

- Stuart Bell, Chair (SB)
- Simon Angelides, Programme Director (SA)
- David Smith (DS)
- Andrew Stevens (AS)
- Dr Jonathan McWilliam (JMcW)
- Rosalind Pearce (RP)
- Tony Berendt (TB)
- Mark Hancock (MH)
- Helen van Oss (HvO)
- Andrew Elphick (AE)
- Peter Clark (PC)
- Clare Dollery (CD)
- Julie Dandridge (JD) (Deputising for DH)
- Paul Roblin (PR)
- Daniel Leveson (DL)

Attending:

- Lucinda Kenrick (LK) (Minutes)

Apologies:

- Lucy Butler (LB)
- Cllr Ian Hudspeth (IH)
- Dr Ben Riley (BR)
- Tony Berendt (TB)
- Diane Hedges (DH)
- Bruno Holthof (BH)
- Dr Joe McManners (JM)
- Kate Terroni (KT)
- Libby Furness (LF)
- Cllr Lawrie Stratford (LS)
- Will Hancock (WH)
- Ally Green (AG)
- Sarah Adair (SAd)

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| 1. | <p>Chair's Introduction and Quoracy/Declarations of Interest SB chaired the meeting and introduced Clare Dollery (CD), Deputy Medical Director at OUH.</p> | |
| 2. | <p>Previous Minutes/ Action and Agreement Log The minutes were agreed for accuracy.</p> <p>Matters arising: Over the Border Engagement- DS noted that he had written to Nene and South Warwickshire CCGs regarding the Phase 2 work, and was now awaiting a response. DS also assured that Board that a process was in place to ensure that PC and the OCC were kept up to date with these communications.</p> <p>With regards to the formation of a Joint HOSC: SA noted that, though we are able to ask if a Joint HOSC needs to be formed; it is a decision to be made by the local authorities as to whether or not they will form one.</p> | |
| 3. | <p>BOB Update As previously agreed: the minutes from the two previous BOB STP Executive Board meetings were circulated to the group for information.</p> <p>The Board discussed the current developments of STPs nationally. SB confirmed that Simon Stevens announced that Buckinghamshire and West Berkshire are both becoming ACS (Accountable Care Systems); making BOB the only STP with two ACS.</p> <p>The partners involved in the Buckinghamshire Accountable Care System are: NHS Aylesbury Vale and Chiltern Clinical Commissioning Groups, Buckinghamshire Healthcare NHS Trust, Buckinghamshire County Council, Oxford Health NHS Foundation Trust, FedBucks and South Central Ambulance Service.</p> <p>The partners involved in the Berkshire West Accountable Care System are: NHS Wokingham CCG, NHS Newbury and District CCG, NHS North and West Reading CCG, NHS South Reading CCG, Reading Borough Council, West Berkshire Council, Wokingham Borough Council, Berkshire Healthcare NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, and South Central Ambulance Service NHS Foundation Trust.</p> <p>The Board reflected that the Oxfordshire system was more progressed – has undertaken more public engagement/consultation on a range of aspects within the programme, and Oxfordshire have better developed</p> | |

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| | <p>GP Federations; there is significant commonality with the other BOB nascent ACS.</p> <p>The Board discussed the issue of access to funds; an ACS would have access to funds from the NHS England's transformation funds while non-ACSs would be required to go through the bidding process.</p> <p>DS confirmed that he and JM are looking at the benefits of developing an ACS in Oxfordshire. DS invited PR to liaise with them to engage the LMC in these discussions. DS will produce a paper reflecting the discussion to aid decision making on an ACS model.</p> | |
| 4. | <p>Oxfordshire Transformation Programme Update</p> <p>While Paper 2 provided updates on each of the individual areas of the programme for the group's information; SA noted the programme's current priorities.</p> <p>Firstly; assimilation of the Public Consultation (in-depth agenda item 5). The Board has received the Consultation report; it is currently being discussed at the clinical working groups – the mitigations for the issues raised will form part of the Decision Making Business Case (DMBC) document. It is expected that the OCCG Board will make a decision on Phase One proposals on the 10th August.</p> <p>It was noted for Phase Two that a pre-consultation engagement period would be taking place during which the Case for Change (for the programme and for each individual workstream), the long list, and the evaluation criteria for taking the long list to the short list would be tested with the public. There was broad support from the Board for further engagement from the public.</p> <p>SA informed the group that the first check point meeting with NHSE, as part of the regulator assurance process, had taken place and the programme had received very positive feedback.</p> <p>SA also noted the receipt of drafts of the car parking and travel survey conducted by Healthwatch: RP informed the group that Healthwatch had been commissioned to conduct a qualitative survey on the patient journey including their experience of their travel and parking across four OUH sites. 295 members of the public were interviewed across the four sites throughout 3 weeks in May and each site was visited 3 different times on 3 different days.</p> <p>Though the survey found that there were particular times of the day (10.00am -14.00pm) which were worse than others; the majority of people found that they experienced few difficulties with their journey or the parking. There were, however, some issues identified in the Healthwatch report that will need to be addressed by OUH as part of the implementation plans; such as on the JRH and the Horton sites where people are being let into the car park because a space has opened up</p> | |

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| | <p>only to find that it is a blue badge space they cannot use.</p> <p>AS confirmed that there were short-term plans to improve car parking across all three sites, with a focus on using technology such as ANPR (Automatic Number Plate Recognition), as well as long-term plans; such as the building of several multi-story car parks at the different sites in order to address the issues of parking at OUH sites.</p> <p>SA described the 'Transformation Audit' that has been requested which is designed to show how the Transformation Programme fits within the larger, cross-system transformation that is taking place. SA will be holding interviews with representatives from across the system to ensure that the programme is aligned with other transformational projects taking place. It was noted that this review will usefully support Phase Two engagement with the public.</p> | |
| 5. | <p>Communication and Engagement Update</p> <p>The Phase One Consultation Report was circulated and hard copies brought to the meeting. The report details the analysis that has been undertaken of every response to the consultation received within the consultation period. The work was undertaken by an external company and designed to be reflective and easily digestible. Though broad views around the transformation proposals were received; the key topic which drew most of the feedback was the changes to Obstetrics and Maternity.</p> <p>It was noted that the Consultation Report was considered by OCCG Board on 20th June. The Board were made aware that further analysis was taking place including the two travel and parking reports and the Integrated Impact Assessment (IIA) to provide further assurance for the Board when it meets on 10th August 2017.</p> <p>It was noted that the CCG has been asked to set up a meeting with HOSC and with Local MPs in the period between the CCG Board papers being published on 3rd August 2017 and the Board meeting and decision making board on 10th August 2017.</p> <p>RP made the point that, if the Board decides not to agree with the thousands of people who responded to the consultation their reasoning must be strong and well-presented to avoid public opinion that the OCCG didn't listen to them.</p> | |
| 6. | <p>Phase Two Timeline</p> <p>The timeline, updated to show the time period from the end of purdah in June 2017 to the likely date of the OCCG decision making Board on Phase Two in November 2018, was made available for the Board.</p> <p>SA presented the Phase Two timeline in 8 stages :</p> <ol style="list-style-type: none"> 1. Pre-Consultation Public Engagement 2. Option Development and creating a PCBC | |

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| | <p>3. Local Assurance 4. National Assurance 5. Investment Committee (though not yet certain, it is likely that the programme will be taken to investment committee) 6. Decision from OCCG Board on going out to consultation 7. Public Consultation 8. Response, deliberation, and OCCG Board decision making</p> <p>SA noted that the only discretionary period throughout this time is stage 2 - Option Development and creating a PCBC – which has been allocated 3 months on the timeline.</p> <p>The group discussed the Phase Two timeline noting that decision making will not take place until November 2018. As a result it was suggested that Oxfordshire consider running pilots in some services to help test the impact and viability of potential service change. This would allow the programme to build evidence for the assurance processes as well as provide examples of the benefits of new services that could be used during the Phase Two public consultation. SB confirmed that the Oxfordshire system/OCCG would still need to take these changes through the assurance process at the appropriate time</p> <p>System leaders to consider engagement with HOSC and OCC on going forward with pilots prior to public consultation on Phase Two</p> | |
| 7. | <p>Phase Two Long List – interdependencies Paper 5 was circulated which described the current version of the long list and the interdependencies between the options proposed. The group were advised that this list would be reduced to a short list through the application of evaluation criteria, which we will be testing with the public during the pre-consultation engagement period.</p> <p>SA noted that most of the interdependencies are very similar, but suggested that the group discuss the long list with their colleagues to identify any gaps and provide feedback to SA before the next meeting.</p> <p>Members of the group to use Paper 5 to identify those options where pilots would be useful and send their suggestions to SA ahead of the July meeting.</p> | <p>All</p> <p>All</p> |
| 8. | <p>AOB OUH were asked if they had a process in place following the decision making OCCG Board on 10th August 2017. AS explained that, following the OCCG Board meeting; the OUH Board would convene to discuss any decisions that had been made. The OUH Board will discuss the implication of the decisions for the trust and provide feedback to the CCG on any decision they are unable to support and/or provide assurance of their support for the implementation of the proposed changes.</p> | |

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| | <p>OCC were asked if they had a process in place following the decision making OCCG Board on 10th August 2017. PC noted that, following the decision, if OCC were unable to support the CCG's decisions they could make a referral. PC said that there is a formal toolkit for the health service and HOSC which must be completed and presented to HOSC by the HOSC Chair. If HOSC then wish to make a referral then they must evidence the specific reasons why they disagree with the decisions made by the OCCG Board.</p> | |
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| Date of Next Meeting | Time | Venue |
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| 25 July 2017 | 1630-1830 | Conference Room B, Jubilee House |
| 15 August 2017 | 1630-1830 | Conference Room A, Jubilee House |

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