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**MINUTES:**

**TITLE: Oxfordshire Transformation Board**

**Held on 25 July 2017 1630-1830 Conference Room B, 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)
- Daniel Leveson (DL)
- Sarah Adair (SAd)
- Cllr Lawrie Stratford (LS)
- Diane Hedges (DH)
- Cllr Ian Hudspeth (IH)
- Dr Ben Riley (BR)
- Tony Berendt (TB)
- Mark Hancock (MH)
- Andrew Elphick (AE)
- Daniel Leveson (DL)
- John Black (JB)

**Attending:**

- Lucinda Kenrick (LK) (Minutes)
- Anne Brierley (AB)

**Apologies:**

- Lucy Butler (LB)
- Helen van Oss (HvO)
- Peter Clark (PC)
- Paul Roblin (PR)
- Bruno Holthof (BH)
- Dr Joe McManners (JM)
- Kate Terroni (KT)
- Libby Furness (LF)
- Will Hancock (WH)
- Ally Green (AG)

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<b>Item order: 1, 2, 4, 3, 5, 6, 8, 7, 9</b>
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<b>Action</b>
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1.	<p><b>Chair's Introduction and Quoracy/Declarations of Interest</b></p> <p>SB chaired the meeting and introductions were made for the benefit of those members of this Board attending for the first time.</p>	
2.	<p><b>Previous Minutes/ Action and Agreement Log</b></p> <p>The minutes were agreed for accuracy.</p> <p><b>Matters arising:</b>  <b>Phase Two Long List Interdependencies-</b> an action from the previous meeting requested that the members take the Phase Two Long List with Interdependencies back to their colleagues to discuss any gaps and provide feedback. <b>This action is on-going.</b></p> <p>Members were also asked to use the list to identify those options where pilots would be useful and send their suggestions to SA ahead of the next meeting. <b>This action is on-going.</b></p> <p>AS provided feedback from the Urgent Care Workstream that had met earlier in the day; working on the long lists in isolation from the other workstreams within the programme was raised as a difficulty. <b>SA and AS agreed to meet to look into how and where the Urgent Care Workstream fits in with the other workstreams.</b></p>	<p><b>All</b></p> <p><b>All</b></p> <p><b>SA / AS</b></p>
3.	<p><b>BOB Update</b></p> <p>The most recent minutes from the BOB STP Executive Board were shared for information.</p> <p>SB noted that the BOB STP had been rated 'Category 2 – advanced' in a recent NHSE Board Paper outlining the STP footprint progress; putting BOB in the top half of STP Footprints nationally. The paper used various performance indicators from across the patch to reach these conclusions, all of which are outlined in the paper which LK will circulate for information.</p> <p>SB also noted that the BOB STP Finance Lead had left to take up a Director of Finance position in Bristol and South Gloucestershire; meaning that a current focus was on finding someone to fill the position to co-ordinate the financial positions the BOB patch.</p> <p>SB also noted that there had been no major developments since the last Transformation Board because of the on-going STP Leader appointment process; a process currently being affected by the regulatory involvement with the changes occurring in NHSE/NHSI governance structure.</p>	
4.	<p><b>Oxfordshire Transformation Programme Update</b></p> <p><b>Fifth NHSE Assurance Test (Simon Stevens Bed Test):</b> Although an</p>	

	<p>official recommendation was yet to be sent to NHSE; SA noted that a message had come through from the Thames Valley Clinical Senate stating that the programme had passed the 5<sup>th</sup> assurance test (the Simon Stevens Bed Test) on the caveat that no further bed reduction would be done until further modelling had been completed.</p> <p>Any decision still needs to go through the Governance process before it can be certain, but if the decision is to keep the last 36 beds from being closed then any future decision to close them will need to go back through the Clinical Senate Assurance process again. SA noted that, recognising the associated operational and financial factors for OUH surrounding these beds, any future assurance required to close the beds would be worked through as quickly and efficiently as possible.</p> <p><b>Decision Making Business Case (DMBC) Document:</b> SA noted that this document had been drafted and sent to the Board and the Programme Team for comment, as well as to the legal team to review. There is also to be an OCCG Board Workshop before the 10 August Decision Making OCCG Board meeting to which the final draft of the DMBC will be sent for discussion in detail.</p> <p>This document will be in the public domain on 3 August when it is published with the other papers (including an Integrated Impact Assessment to support the DMBC) for the 10 August OCCG Board meeting.</p> <p><b>Legal Challenges:</b> The members requested an update on the status of the Judicial Review application and the referral to Secretary of State. SA noted that the application for Judicial Review from Cherwell District Council &amp; parties had gone to a judge who will either be making a decision or arranging an oral hearing if unable to make a decision based on the papers.</p>	
5.	<p><b>Communication and Engagement Update</b></p> <p>SAd noted that paper 2 – the Phase 2 Engagement Approach – had been previously agreed, but the dates had moved; with the pre-consultation engagement period beginning in September.</p> <p>SAd also noted that the next Communications and Engagement Working Group meeting would be covering the recruitment and Terms of Reference for the Patient and Carer Reference Group.</p>	
6.	<p><b>Primary Care Framework – update</b></p> <p>DH noted that each of the localities had presented the first draft of their locality plans to the CCG on 6 July and a follow up meeting of the Primary Care Workstream took place on 11<sup>th</sup> July to discuss them.</p> <p>DH explained that each of the plans were based on the primary care framework and therefore had many similarities.</p>	

	<p>Due to the disparity between the plans and the need to finesse and develop them further; they will not yet be shared with this board and its members. DH reported that between now and November a consulting firm (PA Consulting) would be working alongside primary care to create deliverable plans. DH also assured members that secondary and community care would be kept involved at the appropriate stage before the plans are finalised.</p>	
7.	<p><b>Oxfordshire Accountable Care System</b></p> <p>DS reported that, following meetings with representatives from the trusts, federations, and council; he had written a paper with a declaration of intent. This paper had been sent to chairs and chief execs for agreement and signatures.</p> <p>DS noted that this paper had not yet been circulated widely as absolute agreement between OUH, OH, OCCG, and OCC would need to be reached in order to deliver such a system: particularly given the governance, accountability, and money-flow factors which need to be taken into account.</p>	
8.	<p><b>Community and GP Federation Joint Enterprise (JE)</b></p> <p>AB and AE gave a presentation on the Joint Enterprise outlining the aims, benefits, form, scope, and proposed structure. Using the 'Oxfordshire 'Closer-to-Home' Health and Care Model' found in the primary care framework; AB and AE demonstrated how the JE seeks to deliver the Organisational "glue" which will enable integrated pathways across the care landscape.</p> <p>AE described this JE as a logical precursor to the possible formation of an ACS.</p> <p>RP also queried the involvement of the public and patients and it was noted that this would be an important factor to take into account over the coming months as the governance structure is developed.</p> <p>AE noted that, as this is just the initial phase of the JE; manageability had to be taken into account, indicating that more services than those outlined in the scope could be incorporated once there is some stability.</p>	
9.	<p><b>AOB</b></p> <p>None</p>	

Date of Next Meeting	Time	Venue
15 August 2017	1630-1830	Conference Room A, Jubilee House
19 September 2017	1630-1830	Conference Room A, Jubilee House

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