

# The Future Arrangements for NHS Commissioning in Your Area Engagement Report

13 January 2020

## Section 1: Purpose of this Report

The purpose of this report is to provide a detailed review of the recent engagement exercise carried out by the Buckinghamshire Oxfordshire and Berkshire West Integrated Care System (ICS) and Clinical Commissioning Groups (CCGs). It describes the engagement, outlines key themes drawn from the responses provided and sets out next steps.

## Section 2: Background and Context

1. The NHS Long Term Plan sets out the importance of integrated care systems (ICSs) to achieving this goal and the significance of partnerships between service providers in delivering such care.
2. For this reason, commissioners and providers across Buckinghamshire, Oxfordshire and Berkshire West (BOB) have long been of the view that closer integration of sectors, services and organisations is needed. Most of this work has occurred at a local (Place) level to date, with Wave 1 Integrated Care Systems (ICSs) in Buckinghamshire and Berkshire West.
3. The NHS Long Term Plan, published at the beginning of 2019, set out the vision and ambition for the NHS for the next 10 years. It builds on much of the success that has been achieved to date in the early Wave One ICSs (now Integrated Care Partnerships (ICPs)) and the BOB Sustainability and Transformation Partnership (STP) (now a Wave Three ICS).
4. The Long Term Plan states that *“Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level... This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long-Term Plan implementation”*.
5. As a result of this policy statement, the Buckinghamshire Oxfordshire and Berkshire West Clinical Commissioning Groups (CCGs) agreed to establish an ‘Architecture Oversight Group’. The membership of the group is made up of the CCG Chairs, Lay Members and Chief Officers along with ICS Leaders. The Group is chaired by the BOB ICS Independent Chair and was set up to co-ordinate the work in this area and design proposals for next steps.
6. In September 2019, the Architecture Oversight Group agreed to run an engagement exercise with a broad range of stakeholders, including patients and the public. The purpose of the engagement exercise was to understand views on a set of initial proposals, and so that the development of more detailed plans could be informed by this feedback.

### Section 3: Methodology

7. On 10<sup>th</sup> October 2019, the three CCGs published an engagement document “*The future arrangements for NHS commissioning in your area*” and began a period of engagement lasting until the 1<sup>st</sup> December 2019. The exercise was not a formal public consultation but rather an opportunity to gather the views of a broad range of stakeholders at the early stages of developing proposals.
8. The engagement exercise sought the views of all stakeholders on the following three proposals:
  - a. The creation of a single Accountable Officer/ICS lead role and Shared Management Team for the three CCGs
  - b. The design principles for the creation of stronger Integrated Care Partnerships for each of the three places (Buckinghamshire, Oxfordshire and Berkshire West)
  - c. The creation of a single commissioning organisation across the BOB geography (i.e. a merger of the three existing CCGs)
9. Respondents were asked to consider how each of the three proposals would contribute to:
  - a. Meeting the expectations of the NHS Long Term Plan, particularly for more streamlined commissioning and the delivery of new integrated models of care to improve services
  - b. Ensuring that the operating model and leadership aligns with an emerging approach to more collaborative commissioning
  - c. Supporting the newly formed Primary Care Networks more effectively and consistently
  - d. Providing a greater level of oversight and accountability for the Integrated Care System
  - e. Taking advantage of the new opportunities to share expertise and resources between organisations
10. Views on the proposals set out in the engagement document were invited through an online survey. Respondents were also invited to make more detailed written submissions to either the ICS Office or their local CCG.
11. Buckinghamshire, Oxfordshire and Berkshire West CCGs each pro-actively marketed the exercise to the public and key stakeholders within their respective areas to ensure stakeholders were aware of the engagement activity and had the fullest opportunity to respond. To support this work, the Architecture Oversight Group agreed an overarching communications and engagement plan which could be tailored for each of the local areas.

12. Channels used to promote the survey included: public newsletters, staff newsletters and correspondence with MPs. The survey was also highlighted on each CCG website, the BOB ICS website, and was circulated on social media. The CCGs also discussed the proposals, the engagement process and the survey at local meetings of stakeholders including Health and Wellbeing Boards, meetings with Healthwatch organisations, and Patient Participation Groups.
13. Engagement activities were delivered by the three CCGs, working to an overarching BOB ICS communication and engagement plan. This allowed for a consistent approach to be adopted, while enabling CCG communication and engagement teams to deliver a range of activities through their local communications and engagement channels.
14. The BOB ICS also promoted the engagement exercise through its website and stakeholder bulletin.
15. The CCGs reached out to the public and key stakeholders within their respective communities to ensure they were aware of the engagement exercise and had the opportunity to respond to the proposals in the engagement document. The following is a summary of those activities, with further detail available in the appendices.

## **Buckinghamshire CCG**

Within Buckinghamshire, the CCG reached out to the public through:

- Digital screens in GP waiting rooms
- Social media using the CCG account and Buckinghamshire County Council's account
- CCG and Integrated Care Partnership (ICP) websites
- MyBucks Newsletter (council e-newsletter which goes to 20,000 residents)
- The ICP monthly e-newsletter
- Patient Participation Groups

The CCG also ensured that the following stakeholders were made aware of the engagement exercise and proposals:

- GPs
- Staff working across all six organisations within the Buckinghamshire Integrated Care Partnership (ICP)
- The voluntary and community sector – specifically asking Community Impact Bucks and Healthwatch Bucks to cascade to all their contacts
- Members of the public
- All MPs in Bucks
- All councillors the Health and Adult Social Care Select Committee and the Health and Wellbeing Board.

A number of key meetings were attended by a CCG representative to ensure that the proposals in the engagement document could be explained and discussed – these included the Get Bucks Involved Steering Group and the Health and Adult Social Care committee.

### **Oxfordshire CCG**

Oxfordshire CCG (OCCG) engaged with a wide range of stakeholders and made them aware of how to give their views through a variety of CCG communications channels:

- OCCG weekly GP bulletin (proposals were included in three bulletins)
- Talking Health newsletter (proposals included within four editions)
- Two direct messages sent to subscribers, with links to the proposals through the online platform Talking Health (3.5k subscribers)
- Placed on OCCG website
- Social media posts on OCCGs accounts
- Oxford University Hospitals and Oxford Health staff bulletins.

The CCG also ensured that the following stakeholders were made aware of the engagement exercise and proposals:

- GPs
- CCG staff
- Locality commissioning groups
- Oxfordshire County Councillors
- The Thames Valley Local Pharmaceutical Committee (LPC)
- Oxford University Hospitals NHS Foundation Trust Board and Trust members
- Oxford Health NHS Foundation Trust Board and Trust members
- MPs

CCG representatives attended a number of stakeholder meetings. These included the Oxfordshire Health and Wellbeing Board, Oxfordshire Health Overview and Scrutiny Committee (HOSC), and locality commissioning meetings. A comprehensive list of these meetings can be found in appendix three.

There was also media coverage in Oxfordshire in local newspapers, including reports of council discussions on the proposals.

### **Berkshire West CCG**

Berkshire West CCG raised awareness of the engagement and proposals through the following local communications channels:

- Three articles in GP Newsletters
- Two articles in Primary Care Networks (PCNs) newsletter - this is a weekly publication to all clinical directors and PCN staff
- Articles in the Patient Participation Groups (PPGs) Newsletters which is a monthly newsletter to all PPG and Practice Managers for distribution to staff and patients
- Feature in the ICP newsletter (a quarterly publication)

- Articles in voluntary sector newsletters (Reading and West Berkshire editions)
- Social media messages were posted during the engagement period from Berkshire West CCG's Twitter account

The following stakeholders were also informed:

- GPs
- Patients groups
- MPs
- Local Authority Chief Executive Officers (CEOs)
- Health and Wellbeing Board Chairs
- Healthwatch
- The Royal Berkshire NHS Foundation Trust
- Voluntary Sector Chief Officers
- Berkshire Health NHS Foundation Trust
- Local authority communication leads (who were asked to cascade to relevant Councillors, Directors and officers)

Members of the CCG's communications and engagement team raised awareness of the engagement exercise while attending local events, such as the West Berkshire Patient Engagement meeting. The proposals were also discussed at key stakeholder meetings, such as Health and Wellbeing Boards and Integrated Partnership meetings.

There was also media coverage of the discussion by Reading Borough Councillors at a committee meeting during the engagement period.

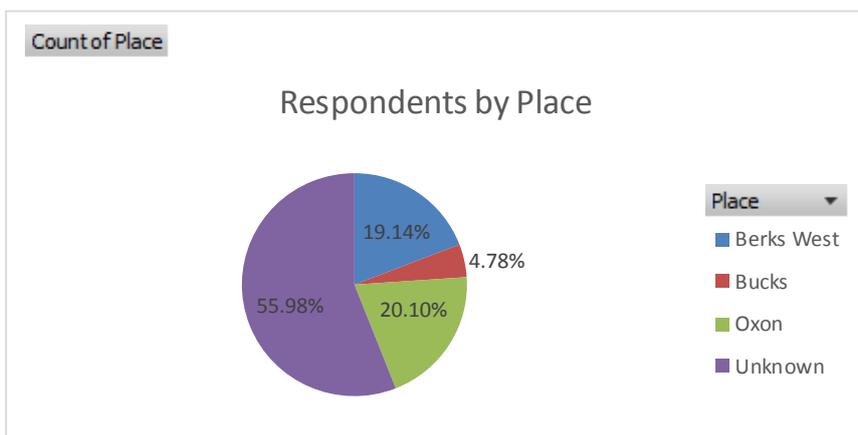
## Section 5: Responses

16. 224 responses were received. These ranged from brief answers to multiple pages of feedback on the emerging principles of the proposals. Of these 224 responses, 209 were "countable" – 15 responses were either blank or contained information which could not be categorised consistently.
17. Every response submitted during the engagement period has been reviewed and categorised by place, type of respondent and level of support for the proposals.
18. This report presents the results of quantitative and qualitative analysis.

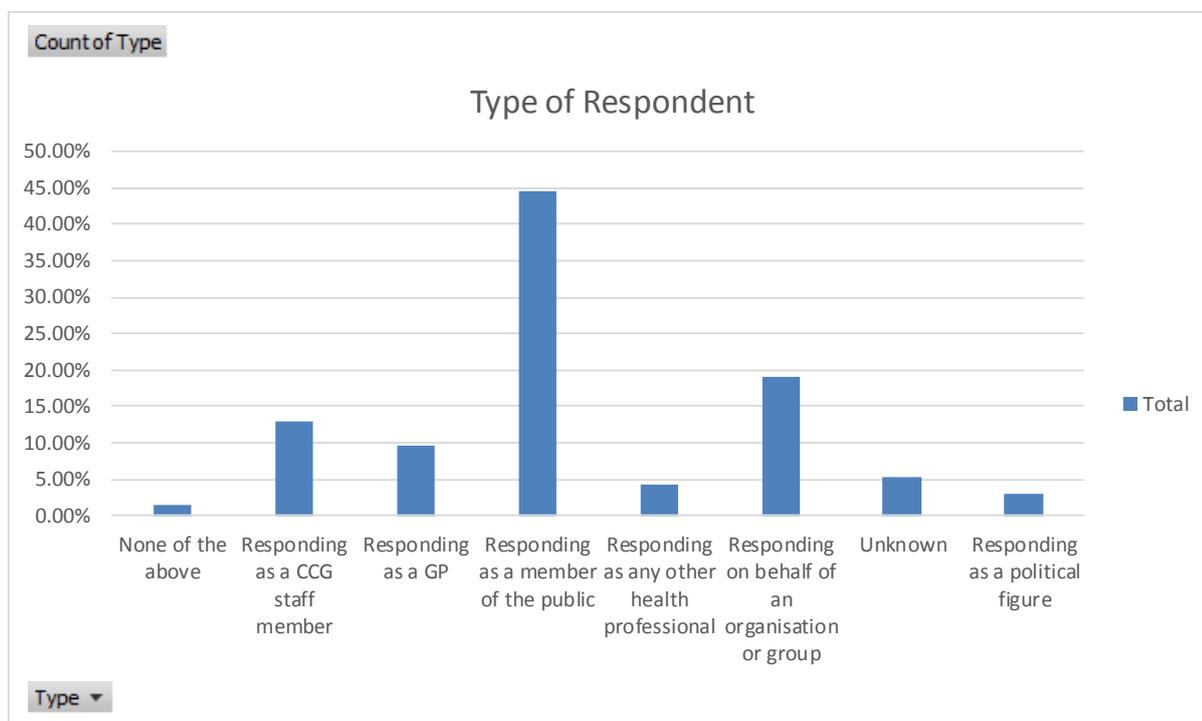
### Quantitative Analysis

19. The following quantitative analysis presents:
  - a. a more detailed breakdown of the type and location of the respondents
  - b. an indication of the level of support for the proposal to move to a single Accountable Officer and shared management team.

20. Respondents were not required to declare a Place as a mandatory field on the online response form as it was felt that a number of potential individuals / organisations may have an interest in more than one of the three places or would not necessarily wish to declare this information. As a result, more than half of the responses received could not be attributed to any single place from the geography. From the remaining responses, the majority were received from Oxfordshire and Berkshire West, with a smaller number of identifiable submissions coming from the Buckinghamshire area.
21. Respondents were also invited to share the basis on which they were responding to the engagement exercise. In this instance, most chose to disclose this information which is summarised in the chart below:

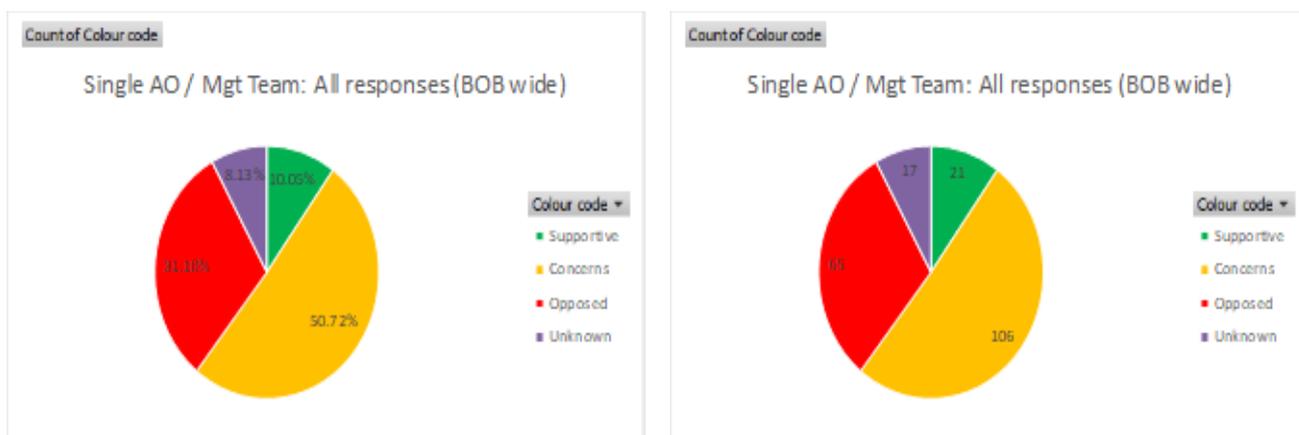


The majority of the responses received were from members of the public (93) which represents almost 45% of the total number of responses received.

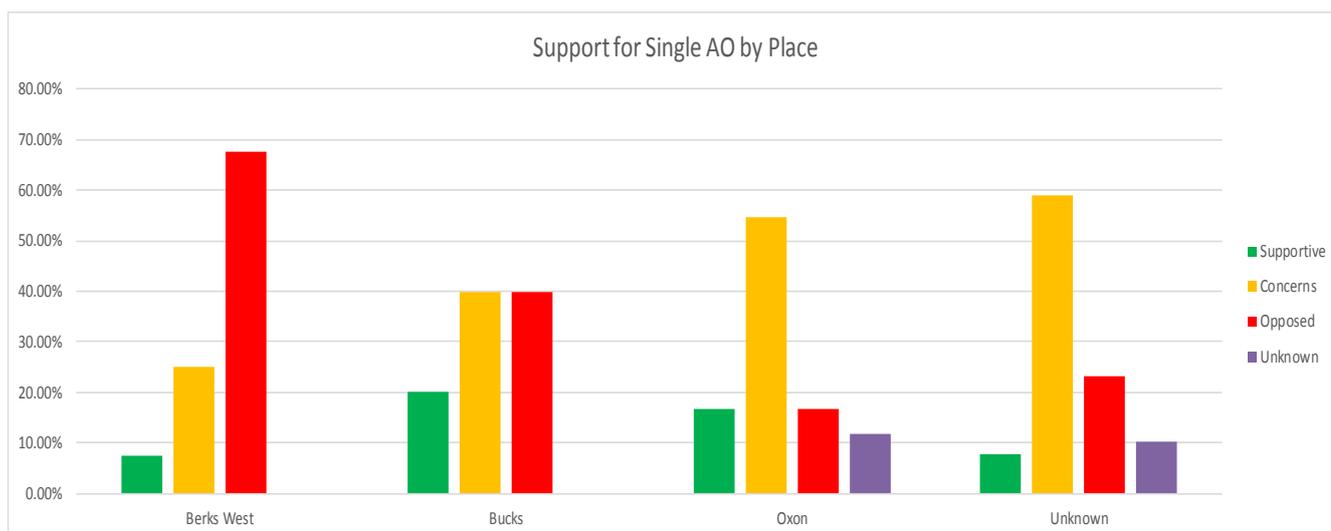


22. It should be noted that the category “Responding as a GP” may represent a larger number of respondents – for example, a single response from a Primary Care Network would be on behalf of several member practices and their staff. Likewise a number of Primary Care Networks and a GP Practices categorised themselves as “Responding on behalf of an organisation or group”.

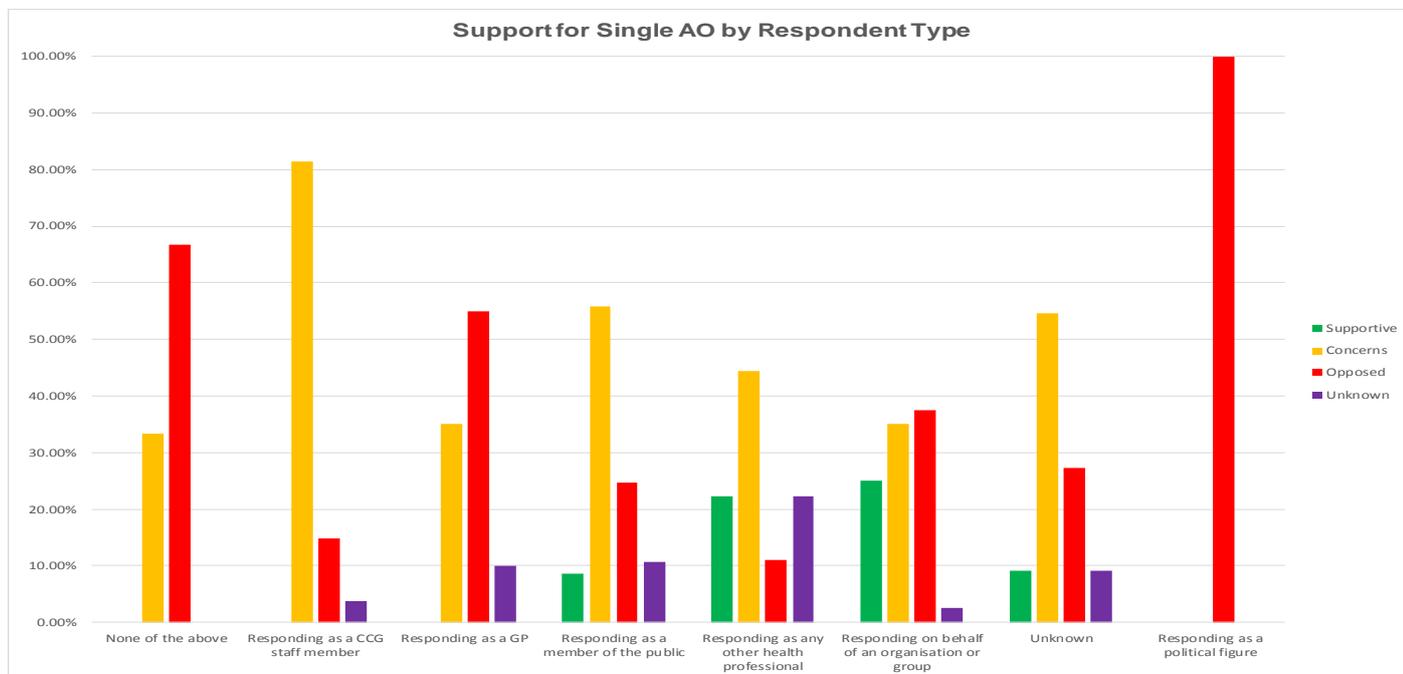
23. As this was an engagement exercise to seek views and feedback, respondents were not asked yes/no questions or statements. However, responses have been analysed in order to gauge the level of support for the proposals and this is presented below. Following a review of each response, the broad level of support was interpreted from the answers provided. These were separated into four categories – (i) Supportive, (ii) Concerns or Conditions Raised, (iii) Opposed and (iv) Unknown.
24. Whilst it should be noted that the intention is to provide an overview of the responses received, the data and subsequent themes represent feedback given on outline proposals. At a BOB level, the responses were categorised as follows:



Further analysis of these responses was undertaken and then quantified by the place identified by the respondent as follows:



25. Finally, the level of support was quantified by the type of respondent to the engagement exercise:



26. All of these data are summarised in the table below for reference:

<b>Support for Single AO by Place &amp; Respondent Type Breakdown</b>		<b>Support</b>				
		<b>Supportive</b>	<b>Concerns</b>	<b>Opposed</b>	<b>Unknown</b>	<b>Grand Total</b>
<b>Berks West</b>		<b>3</b>	<b>10</b>	<b>27</b>		<b>40</b>
None of the above			1	1		2
Responding as a CCG staff member			4	1		5
Responding as a GP				3		3
Responding as a member of the public	1	2	6			9
Responding on behalf of an organisation or group	1	2	13			16
Unknown	1	1	1			3
Responding as a political figure			2			2
<b>Bucks</b>		<b>2</b>	<b>4</b>	<b>4</b>		<b>10</b>
Responding as a CCG staff member			1			1
Responding on behalf of an organisation or group	2	3	2			7
Responding as a political figure			2			2
<b>Oxon</b>		<b>7</b>	<b>23</b>	<b>7</b>	<b>5</b>	<b>42</b>
Responding as a GP			4	2	2	8
Responding as a member of the public	3	11	3	2		19
Responding as any other health professional	1					1
Responding on behalf of an organisation or group	3	6				9
Unknown		2	1	1		4
Responding as a political figure			1			1
<b>Unknown</b>		<b>9</b>	<b>69</b>	<b>27</b>	<b>12</b>	<b>117</b>
None of the above				1		1
Responding as a CCG staff member			17	3	1	21
Responding as a GP			3	6		9
Responding as a member of the public	4	39	14	8		65
Responding as any other health professional	1	4	1	2		8
Responding on behalf of an organisation or group	4	3		1		8
Unknown		3	1			4
Responding as a political figure			1			1
<b>Grand Total</b>		<b>21</b>	<b>106</b>	<b>65</b>	<b>17</b>	<b>209</b>

27. In summary, the quantitative analysis shows neither strong support nor outright rejection of the proposal. The majority of stakeholders qualified their responses with views which they believed were important to be addressed in the design or implementation of this proposal and further exploration of this is provided in the thematic review which follows.

### **Qualitative / Thematic Analysis**

28. Responses have been analysed and collated into themes according to each of the three proposals. Overall, a number of responses received were critical of the overall style of the engagement document. This criticism was mostly focused on the prevalence of NHS 'jargon' and the lack of public friendly language in the engagement document

### **Proposal One: The appointment of a single Accountable Officer/ICS Lead and Shared Management Team for the three CCGs**

#### **Theme 1: Process for design, decision making and implementation**

29. A number of consistent messages were present in this theme, noting a strong demand for a transparent decision-making process which took into account the views of local people and their elected decision makers. Some partner organisations went further than this, requesting an appointment process which ensured the identification of a candidate who has the support of all system partners.
30. Another overwhelming feature of the responses within this theme was a concern regarding the financial implications of the proposed change. This will be further expanded upon within the emerging themes of Proposal Three.
31. Finally, a further important conclusion of this theme was a request that there is a clear understanding and presentation of the benefits arising from this proposal. A general theme of the responses in this area included negative descriptors such as "outdated", "American" and "complex".

#### **Theme 2: Link to local populations and their democratic oversight**

32. Some of the strongest feedback with regard to this proposal came within the context of a loss of local influence, control and oversight of the CCGs and their leadership. Most broadly, there was significant and repeated concern that the centralisation of the Accountable Officer role would dilute local decision making, erode local knowledge of the Place based systems and potentially compromise the leadership of the local ICPs. This theme will also be explored further in the proposal on a single merged CCG, later in the report.
33. All of the responses received from Local Authorities were concerned that the proposal would weaken the link between local NHS leadership and the ability of democratically-elected Local Government organisations to hold the NHS to account through the established legal structures.
34. In mitigation of the above concerns, some responses accepted that this was a likely development in the evolution of NHS organisational structure and leadership. These responses made suggestions

which were felt could temper any negative effects, such as maintaining links with ‘locality groupings’ of patients and ensuring senior appointments at a Place level which could continue to discharge certain important commissioning functions.

### **Theme 3: Deliverability of the shared Accountable Officer role at a larger scale**

35. This question provoked a broad range of responses which are more difficult to group into a set of sub-themes for consideration. There were, however, some common areas which are best summarised as follows. It should be noted that the Accountable Officer role for Oxfordshire and Buckinghamshire CCGs is already shared between those two organisations.
36. There was broad support for the appointment of an individual with a strong level of experience, support, authority and accountability. A number of responses specified a desire to see this individual supported by a strong management team and a formally appointed Deputy Accountable Officer. Some responses proposed that the NHS should consider a range of backgrounds from which to appoint this individual, including non-healthcare related private industry, the military and the NHS provider sector.
37. A significant number of the respondents objected to the creation of this role at a larger scale with some concern that the task will be undeliverable. Further to this, the desirability of the Accountable Officer being combined with the ICS Lead position was questioned by some partner organisations which felt that this may not be advantageous or possible to discharge the requirements of the role effectively.

### **Theme 4: Operation and effectiveness of a shared management team**

38. Many of the responses received were clear in their desire to see a single management team which was equally representative of the three Places which form the broader ICS geography i.e. Buckinghamshire, Oxfordshire and Berkshire West.
39. Similarly, a number of respondents stated that the size of the team should be minimised to reduce bureaucracy and cost and so resources could be used to support front line services. The desire to see a “lean” and “streamlined” management structure was a consistent theme of the feedback. Some respondents did question whether the proposal was driven by a desire to reduce costs.
40. Finally, a significant number of the feedback responses expressed concern for the potential risk of losing staff during any potential period of uncertainty leading to and following on from any change to the current management team arrangements. This was felt to be a risk due to the potential for the loss of established positive relationships, local knowledge, desirable skills and an overarching difficulty to recruit staff within this region.

## **Proposal Two: The design principles for the creation of stronger Integrated Care Partnerships for each of the three Places**

### **Theme 1: A voice for local people in the design and decision-making processes**

41. Respondents were broadly positive around the creation of local Integrated Care Partnerships and the overarching objective of improving the provision of more joined up services locally.
42. The request for greater involvement was a consistent theme of the responses to this proposal and this was a view expressed by members of the public and primary care practitioners most commonly.
43. The role of clinicians in local service design and decision making was a strong feature of the feedback. This was expressed both with regard to the emerging role and influence of Primary Care Networks (PCNs) and also building on the CCGs' experience of service transformation.

## **Theme 2: Ensuring that ICPs are subject to accountability and transparency**

44. A number of respondents were keen to ensure that ICPs are open and transparent as they develop.
45. There was a significant level of requests for Local Authorities to play a central role in the development and scrutiny of ICPs. Many respondents saw the opportunity which now exists for social care to become an ever-closer partner of the NHS, both with regard to the planning and funding of services but also through the provision of care at the 'front line'.
46. Central to much of the feedback received in this area was the importance of maintaining and continuing to evolve the relationships between leaders and staff of the multiple organisations involved with the development and delivery of ICPs.

## **Theme 3: Enabling ICPs to meet their objectives and deliver more integrated, joined up care provision**

47. The most common theme of responses to this proposal was around the actual delivery of new models of care and how the experience of patients and the wider public may be improved through the opportunities of ICP development.
48. Respondents made a number of suggestions on how ICPs could be most successful and these tended to be focused on attributes such as flexibility, agility, being co-operative in their operation and the closest possible working between the NHS and social care providers.
49. Some respondents referenced the need for 'fair' budgetary allocations which would enable the ICPs to meet their objectives. There was some reference to a greater pooling of resources between the NHS and Local Government organisations to facilitate the implementation of this new way of working.

## **Proposal Three: The creation of a single commissioning organisation across the BOB geography**

### **Theme 1: Ensuring that existing Place based systems are not financially disadvantaged by the creation of a single CCG with its own allocation**

50. One of the most common responses received across all of the proposals related to a concern on the loss of financial resources from any given Place. There is a strong perception that should any of the proposals be adopted, money which is currently allocated for any of the three places will either be

aggregated into a non-place specific pool or used to improve the financial position of a different part of the geography.

51. Most commonly there was an assertion that money from either Oxfordshire or Berkshire West would be used to support the Buckinghamshire health economy but other concerns were raised.
52. It is important to note that this thematic response was consistent regardless of the type of stakeholder. This view was as likely to be expressed from members of the public as it was to have been stated by professional stakeholders such as NHS provider organisations.

### **Theme 2: Protecting the interface between Local Authorities and their counterpart NHS Commissioning organisations**

53. In common with the proposal around a shared Accountable Officer, the responses received from Local Authorities were concerned that the proposal would erode the interface between the statutory commissioning organisations and the corresponding Local Government organisation.
54. Some respondents felt that the complexities of working with numerous organisations, including Local Authorities, to transform systems would be made more difficult and complex both with regard to gaining consensus and effective decision making should the CCG be consolidated to a BOB ICS scale.
55. As well as the potential loss of the partnership benefits which arise from smaller, more co-terminus CCGs with Local Authorities, there was also concern expressed around the ability of numerous Local Government organisations to effectively scrutinise and hold to account a single CCG of a much larger size.

### **Theme 3: Loss of the 'local voice' within a larger commissioning organisation**

56. Many of the respondents to the engagement exercise expressed concern that the views of local patients and populations would be more difficult to be taken into account if the boundary of the CCG moved to a larger scale. This was a consistent theme of feedback from members of the public but also from General Practice, the latter of which made a number of representations either at individual, practice or Primary Care Network level.
57. For General Practice, this concern was often expressed through two different perspectives. Firstly, that the now well-established principle of clinical commissioning would be diluted if there were fewer place-based GPs represented in the decision-making structures of any new body. Secondly, there was further concern expressed that the 'voice' of local primary care would be lost within a larger organisation and that specific local issues around the sustainability and future development of primary care provision would be marginalised if not kept on its current local footing.

### **Theme 4: The BOB boundary being an 'un-natural' grouping of three very different geographies**

58. Finally, some of the responses received questioned why the geography for a larger commissioning organisation had been set as per the proposal in the engagement document. These respondents raised

an issue which has been discussed a number of times previously with both partner organisations and wider stakeholders, namely that the BOB geography is an 'un-natural' grouping and does not reflect any kind of significant historic collaboration between these Places.

## Section 6: Next Steps

59. This document has provided a summary of the engagement process and details of the analysis of feedback received. The engagement document set out three distinct proposals for stakeholders to consider and comment upon. CCG Governing Bodies will meet in January 2020 to review and discuss the feedback from the engagement exercise and consider recommendations about a single Accountable Officer/ICS Lead role and associated supporting management structure. Governing Bodies will consider any proposals about future CCG configuration in the early part of 2020. Any options for future CCG configuration would be subject to consultation with CCG members later in 2020.

## Section 3: List of Appendices

**Appendix 1:** BOB ICS communications and engagement plan

**Appendix 2:** Buckinghamshire CCG report of local communications and engagement activities delivered during the engagement period

**Appendix 3:** Oxfordshire CCG report of local communications and engagement activities delivered during the engagement period

**Appendix 4:** Berkshire West CCG report of local communications and engagement activities delivered during the engagement period

**Appendix 1: BOB ICS communications and engagement plan**



Future commissioning  
comms and eng plan.

## Appendix Two

### Buckinghamshire CCG report of local communications and engagement activities delivered during the engagement period

In Buckinghamshire, the CCG reached out to the public through:

- Digital screens in GP waiting rooms
- Social media (CCG and then shared by BCC)
- CCG and Integrated Care Partnership (ICP) websites
- MyBucks Newsletter (council e-newsletter which goes to 20000 residents)
- The ICP monthly e-newsletter
- Patient Participation Groups

In addition, the CCG ensured the following stakeholders had information:

- All GPs
- Staff across all 6 organisations who are part of the Buckinghamshire ICP
- The voluntary community sector – specifically asking Community Impact Bucks and Healthwatch Bucks to cascade to all their contacts
- All MPs in Bucks
- All councillors, the Health and Adult Social Care Select Committee and the Health and Wellbeing Board

To	Audience	By Whom	Sent / Published
CCG Governing Body	Internal	OCCG Comms	10/10/19
CCG Staff and Exec including Clinical Chair	Internal	OCCG Comms	10/10/19 (AG)
Fedbucks / Medicas	Internal	BCC Comms	10/10/19
PCN – Accountable Clinical Directors	Internal	BCC Comms	11/10/19
The Bulletin (for all GP Practices)	Internal	BCC Comms (	11/10/19 – 10am
All Senior Partners and Practice Managers	Internal	BCCG	14/10/19
BCC CEO, Directors of Adult Social Care, Children’s Services and Public Health	Internal	BCC Comms	14/10/19
BHT Staff, Exec and Governing Body	Internal	BHT Comms	Sent to LC 14/10/19
Buckinghamshire MPs	Internal	BCC Comms	14/10/19
HASC	Internal	BCC Comms	14/10/19
Health & Wellbeing Board	Internal	BCC Comms	14/10/19

To	Audience	By Whom	Sent / Published
Healthwatch Bucks	VCS	BCC Comms	14/10/19
LMC	Internal	BCC Comms	
Oxford Health NHS Foundation Trust - Staff, Exec and Governing Body	Internal	OHFT Comms	14/10/19
Primary Care Commissioning Committee	Internal	BCC Comms	
Community Impact Bucks (for cascade to VCS)	VCS	BCC Comms	16/10/19
Councillors	Internal	BCC Comms	
ICP Monthly e-newsletter	Public/Internal	BCC Comms	
MyBucks newsletter (Council monthly e-newsletter to 20000 residents)	Public	BCC Comms	18/10/19
PALs	Internal	BCC Comms	
PPGs	Public	BCC Comms	16/10/19
Social Care Staff (including joint commissioners) – CHASC newsletter end of October	Internal	BCC Comms	16/10/19
Website – CCG and ICP	Public	BCC Comms	14/10/19
ASC Directors	Internal	BCC Comms	16/10/19
GP Screens	Public	BCC Comms	From 17/10/19
Social Media	Public	BCC Comms	From 17/10/19

Meeting	Lead
Get Bucks Involved Steering Group	Kim Parfitt
CCG Governing Body	Lou Patten
Protected Learning Time for GPs	Dr Raj Bajwa
Health and Wellbeing Board	Robert Majilton
HASC	Lou Patten
ICP Partnership Board	Lou Patten

## Appendix Three

### Oxfordshire CCG report of local communications and engagement activities delivered during the engagement period

- [Oxfordshire Health and Wellbeing Board 26 September 2019 – Discussion of proposals and priorities for Oxfordshire](#)
- MP briefing 18 October 2019
- OCCG internal staff briefing 28 October 2019
- Oxfordshire HOSC – paper and discussion 21 November 2019 – feedback data sent
- OCCG/Federation Group liaison meeting 12 November 2019
- Oxfordshire Growth Board – **scheduled date cancelled due to purdah (26/11/2019)**
- OCCG board meeting decision paper 28 November 2019 [see link](#)
- Oxfordshire Locality commissioning meetings - feedback data sent from meetings below

#### **SE/SW Locality Community Service Group 17/09/2019**

**South East Oxfordshire locality group 5/11/2019**

**North East Commissioning meeting 13/11/201**

**Oxford City Commissioning meeting 14/11/2019**

**South West Commissioning meeting 19/11/2019**

- Oxfordshire Integrated System Delivery Board – ongoing
- OCCG Senior Team Meeting (Heads and Directors) – on-going

#### **Media coverage:**

- Article in the **Oxford Mail**. ICS plans were discussed by Oxfordshire County Council's cabinet on 15 October 2019
- Article in the **Oxford Times**. ICS plans were discussed by Oxfordshire County Council's cabinet on 15 October 2019 (
- Article in **Reading Chronicle** about Reading Borough Council's opposition to BOB ICS plans
- Article in the **Oxford Mail** about integrating Oxfordshire's healthcare system. Plans were discussed by Oxfordshire County Council's cabinet on October 15 2019
- Article in **Banbury Guardian** quoting Horton Hospital campaign group's concerns about North Oxon being forgotten in ICS changes
- Article in **Banbury Guardian** about the deadline for feedback on BOB ICS proposals for local NHS
- Article in **Oxford Mail** about the deadline for feedback on BOB ICS proposals for local NHS

#### **Engagement Activity:**

Invitation to feedback on BOB ICS proposals were sent to stakeholders as outlined in the communications and engagement plan.

- OCCG weekly GP bulletin: was included in three editions in October and November 2019.
- Talking Health newsletter: four editions
- Registered subscribers (3.5k) to Talking Health online engagement portal direct message: two messages including links
- OCCG website news article: 12 November 2019
- Thames Valley Local Pharmaceutical Committee (LPC) for distribution to pharmacies in Berks W and Oxfordshire
- To Bucks LPC for distribution
- Oxford University Hospitals and Oxford Health to distribute to Trust members and Boards
- All Oxfordshire county councillors
- OUH and Oxford Health staff bulletins

## Appendix Four

### Berkshire West CCG report of local communications and engagement activities delivered during the engagement period

#### Berkshire West Activities

##### **Publications:**

- 3 x articles in GP Newsletter (weekly publication to all practices and CCG staff)
- 2 x articles in PCN Newsletter – weekly publication to all CDs and PCN staff
- 2 x articles in PPG Newsletter – monthly newsletter to all PPG and Practice Managers for distribution to staff and patients
- Article in ICP Newsletter – quarterly publication
- Articles in voluntary sector newsletters (Reading and West Berkshire editions)

##### **Websites:**

- Berkshire West CCG
- Berkshire West ICP

##### **Communications:**

The BOB document and covering letter from CCG Chair went to:

- MPs
- Local Authority CEOs
- HWBB Chairs
- Healthwatch
- Royal Berkshire NHS Foundation Trust CEO
- Voluntary Sector Chief Officers
- BHFT
- Local authority Communications Leads (with request to cascade to relevant Lead Councillors/Directors and officers)

##### **Social Media:**

Number of tweets over course of engagement period

##### **Information distributed at:**

- West Berkshire Wellbeing event
- West Berkshire Healthwatch event (28 Oct-1 Nov)
- District and Parish Conference West Berks (22 Nov)
- Reading Older People's Forum ( 8 Nov)

- South Reading Patient Voice (27 Nov)
- Cancer Champions AGM

**Meetings:**

- Health and Wellbeing Board meetings (Oct)
- Wokingham Locality Management Team (8 Oct)
- Population Health and Digital Development Board
- Clinical Oversight group
- ICP Leadership group
- South Reading LMT
- South Reading PCN Collaborative meeting
- North and West Reading PCN Collaborative meeting
- Newbury Locality Management team meet - GPs from 9 of the 10 practices (early Nov)

<b>Date</b>	<b>Event</b>
Oct 9	Berks West PCCC
Oct 15	Wokingham Leaders Partnership Board
Oct 21	Reading Adult Social Care, Children’s Services and Education cttee
Oct 22	West Berks District and Parish conference
Oct 28	Healthwatch West Berks pop up shop (til 1 Nov)
Oct 29	West Berks Overview and Scrutiny cttee
Oct 30	Wokingham Extraordinary community and corporate overview cttee
Oct 30 TBC	Reading Integration Board
Nov 7	West Berkshire Patient Engagement meeting
Nov 8	Reading Older People’s Forum
Nov 12	North and West Reading PPG meet
Nov 13	Reading JSMA
Nov 19	Wokingham Leaders Partnership Board
Nov 20	Wokingham Health Overview and Scrutiny cttee
Nov 21	West Berks integration Board
Nov 21	Carers Rights Day - Wokingham

Nov 25	Wokingham Communities and Corporate Overview and Scrutiny cttee
Nov 27	South Reading Patient Voice meet
Nov 27	Wokingham Overview and Scrutiny Management meeting
Nov 27 TBC	Reading Integration Board