

HOSC and Health 'Ways of Working' Workshop Report

Joint Health Overview and Scrutiny Committee 8th February 2018

1.0 Purpose

1.1 The Independent Reconfiguration Panel (IRP) made recommendations to Oxfordshire following a referral by the Oxfordshire Joint Health Overview and Scrutiny Panel (HOSC) on Deer Park Medical Centre in 2017. JHOSC and health partners were advised to consider how they can “*work together differently to command public confidence and maintain an open relationship*”. The purpose of this report is to outline the process, outcomes and next steps for a workshop that was held to respond to this IRP recommendation

2.0 Introduction

2.1 In response to advice from the IRP, a 'Ways of Working' workshop was held on the 18th of January 2018 at the Kings Centre, Oxford with HOSC members and health representatives. The objectives, structure and agenda of the workshop was jointly agreed between HOSC and health partners and aimed to achieve the following objectives:

- Committee members and health partners are certain about the objectives and intended outcomes of scrutiny activity.
- Best practice and learning from other local areas is used to inform jointly agreed working principles.
- Mechanisms are developed that help HOSC and Health partners identify when a topic needs to be brought to the committee, including being clear about the appropriate use of the substantial change toolkit.
- There is a clear understanding of when joint committees will/should be established with neighbouring areas to scrutiny issues/proposals.
- The Committee has the tools available to better understand the financial context that Health partners operate in.

2.2 The workshop was well attended by representatives from JHOSC, Oxfordshire Clinical Commissioning Group, Oxford University Hospitals, Oxford Health and NHS England South (South Central). The session was independently facilitated by a representative of the Consultation Institute who had specific knowledge and understanding of the IRP and health landscape.

3.0 Outcomes

3.1 *Lessons from the toolkit*

A session was held with participants to consider the lessons learned from recent applications of the Oxfordshire Substantial Change Toolkit. Participants identified the following points:

- a) Having a toolkit and assessment process is helpful in initiating debate and encouraging openness and transparency. If completed well, the toolkit can offer useful evidence for change and the process. There was recognition that what constitutes 'substantial change' will always be through the lens of the individual or organisation e.g. change for specific people, specific communities or in an Oxfordshire (or wider) population.
- b) However, there is little flexibility in the existing process to allow early dialogue and discussion. Alternative ways of working would be helpful to tackle this (for example forming reference groups, task and finish groups, workshops, seminars or briefings).
- c) The existing toolkit requires proposals to be well progressed and significant detail to be available. This does not work well for small-scale change or temporary change and makes the timing and process of a toolkit ineffective for scrutiny. Introducing a high-level step earlier in the assessment process would be helpful.
- d) There is ambiguity and confusion regarding what is 'substantial' change. Clarity on what thresholds should trigger an assessment should be introduced- and be able to be applied in circumstances where change is small-scale and/or temporary as well as more significant change.
- e) The toolkit does not currently include a section on the outcome of HOSC discussions/judgements or the outcome of changes that were implemented. Recording the outcome of the assessments by HOSC and the outcome of the change itself would assist clarity and evaluation of change.

3.2 Developing working principles for Oxfordshire

Using learning from local experience, other IRP recommendations and examples of working principles that have been developed elsewhere in the country (from Cheshire East, Lincolnshire and Hampshire) participants discussed working principles that may be important for HOSC and health in Oxfordshire. The following were determined to be important to include in a documented and agreed set of 'ways of working' principles/code of conduct/protocol for Oxfordshire:

- a) The goal for all working in HOSC and health in Oxfordshire is common; to delivery high quality and sustainable health and care services that meet the needs of the local population. This includes addressing inequalities and focuses on improving outcomes for patients.
- b) It is important to recognise the different frames of reference that occur so what is described and seen as best outcome is likely to be seen differently (e.g. for an individual, local community or population-wide).
- c) Whilst HOSC and health may work to different constitutions, codes of conduct and behavioural frameworks; respect is a cornerstone of relations between HOSC and health.
- d) Evidence presented to HOSC should be appropriate, credible and clearly presented. The view of clinicians should be clearly demonstrated as part of the evidence for proposals, discussions and evaluations.
- e) Feedback from HOSC should be documented and communicated.
- f) There should be a 'no surprises approach' so engagement with HOSC should be early to allow scrutiny to be a critical friend and be proactive not reactive.
- g) Working together to reduce ambiguity around the toolkit and the change process.

4.0 Next steps

4.1 Participants discussed actions needed to take forward the learning from the toolkit and the development of working principles for Oxfordshire. The following steps are therefore recommended in the following timeframes:

No	Action	Timeframe
1	Develop working principles that can be signed up to by HOSC and health colleagues.	April 2018
2	Amend the change process to introduce a staged approach with different thresholds of change (i.e. minor/temporary/moderate/significant).	June 2018
3	Introduce more flexible and different ways of working to allow for early engagement, dialogue, feedback, evaluation (for example, briefings, task and finish groups, reference groups, debriefs, visits, annual planning event and training).	April 2018
4	Change the layout of meetings/presentations so health representatives sit 'with' and not 'in front' of HOSC.	February 2018
5	Robust feedback and communications (e.g. ensure HOSC feedback is recorded and communicated).	February 2018
6	Set an evaluation and reporting back framework.	June 2018

5.0 Recommendations

5.1 This report is provided to HOSC by way of feedback on an IRP recommendation. It is recommended that HOSC:

1. **NOTE** the report and progress made against the IRP recommendation.
2. **AGREE** the 'next steps' outlined in section 4 of this report.