Oxford AHSN Community Involvement and Workforce Innovation Oversight Board Meeting Minutes

Date: Thursday 3rd February 2022, 10:00-12:00
Venue: Virtual via Microsoft Teams

GROUP MEMBERSHIP		
Names, Organisations & Roles		**Present/ Apologies/ Not Present**
Co-Chairs		
Karen Owen	Peer Support & Volunteer Co-ordinator, HealthMakers	Present
Minoo Irani	Medical Director, Berkshire Healthcare NHS Trust	Present
Oxford AHSN		
Gary Ford	Chief Executive	Present – 2nd Half
Siân Rees	Director of Community Involvement & Workforce Innovation	Present
Lisa-Anne Dallas	Administrator (Minute Taker)	Present
Douglas Findlay (as required)	Lead Public Partner, Oxford AHSN	Not Required
Katie Lean (as required)	Senior Programme Manager, Workforce Innovation, Oxford AHSN	Not Required
Public Members		
Karen Swaffield	Public Member, Berkshire	Present
Dianna Moylan	Public Member, Milton Keynes	Present
BOB, HEE		
Sharon Yates	Workforce Education Transformation Lead	Present
Healthwatch		
Rosalind Pearce	Executive Director, Oxfordshire Healthwatch	Apologies
Mandeep Kaur Bains	Chief Executive, Reading Healthwatch	Present
Leadership Academy		
Jayne Beresfield (deputising for Beth Hill)	Primary Care Programme Manager	Present
Research		
Atul Kapila	Director of Research Development, Royal Berkshire NHS Foundation Trust	Not Present
Jennifer Wild	Associate Professor & NIHR Oxford Health BRC Senior Fellow	Present
BOB ICS		
James Scott	People Strategy Programme Director	Apologies
Catherine Mountford	Director of Governance	Present – 1st Half
Frimley ICS		
Jane Hogg	Transformation Director	Present
BOB ICS – Trusts		
Karen Bonner	Director of Nursing, Buckinghamshire Healthcare NHS Trust	Not Present
Public Health		
Angela Baker	Deputy Director, Health Improvement and Workforce, Office of Health Improvement and Disparities, Department of Health & Social Care	Not Present
NHS England & Improvement		
Shahed Ahmad	National Clinical Director for Cardiovascular Disease Prevention	Not Present
To Appoint		
Community, Voluntary & Social Enterprise		
Local Authority		

MINUTES FROM MEETING	
Agenda Item 1 Welcome & Introductions • Sharon Yates (BOB, HEE) is replacing Ruth Monger. • Jayne Beresford is deputising for Beth Hill (Leadership Academy). • Cathy Creswell (University of Oxford) has resigned from the Group and replaced by Jennifer Wild	2
Agenda Item 2 Update on new members to find: 1. Community, Voluntary & Social Enterprise, 2. Local Authority • In discussion with new potential group members. Anticipate several new joining members - Sian to provide an update at the next meeting in June.	SR
Agenda Item 3 Update on CIWI Current & Planned Work COMMUNITY OF PRACTICE & HEXITME • The AHSN is setting-up a new "Community of Practice (CofP)" which focusses on coproducing solutions to health inequalities across BOB and Frimley. CofP bring together groups of people who have a shared interest and common goals in order to build relationships through discussion, activities etc. This then allows the group to build a new body of knowledge, methodologies, tools or stories that can then feed back into other people. • The new Community of Practice is being trialed on Hexitime. Hexitime is a time bank and skills share platform. It's funded by the Health Foundation and was part of the Q initiative, the Q initiative being a Health Foundation funded community of health and care staff who are interested in quality improvement as a change methodology. • Hextime can create pictoral representation of what's happening in the community such as a map of a particular set of relationships, as every person on Hexitime has a profile which networks with other profiles. • This offers the opportunity to look at the impact is and how it's been working together, but it also provides a picture of what the impact of patients and staff or communities and professionals working together looks like and what things matter to them. • Community of Practice will be supported by another independent organisation to assist with Comms Plan etc. UFONIA & DORA • Ufonia is an automated, AI (Artificial Intelligence) based triage system, the AHSN is involved in two projects with the company - in cataract surgery follow-up and triage for head and neck cancer patients. The "assistant" that makes the phone call to the patient is called "Dora". • Dora is being trialled in head and neck cancer as 90% of referrals from general practice into secondary care teams for possible head and neck cancer are not ultimately diagnosed as head and neck cancer. By using Dora and a validated checklist we hope to make sure that the 10% needing urgent review are seen most quickly.	

• We have already conducted two focus groups with patients who'd had head and neck cancer to find out what was important to them, firstly surrounding triage in general - "What matters to them? What was their experience of the current system?"	
• We will now conduct focus groups with the general population to ask their thoughts on the AI system since they will be the ones who might receive a call.	
GROUP THOUGHTS	
• The process should be turned round so patient is responsible for making the first contact, giving them control of time and space, especially those who are challenged with access issues or need support, maybe with a fall back that the system will make a call if contact isn't made in an agreed timeline.	
• It's a generational tool. Are older people less likely to be happy with this?	
• Some people may be more confident in a face-to-face triage especially in the first instance – at the beginning of a pathway.	
• Many people's perception of technology will be different now than it was pre-Covid. People are more embracing of technology.	
• People may feel they can't trust a robot despite it being a highly sophisticated form of AI.	
• There may be social/poverty factors to this – can people accommodate this in their average everyday lives?	
• Everyone will be in one of these categories – the can, the can't, the will, the won't. You need solutions to all these categories.	
• Suggestion to make it an encouraging experience – "Dora is booking you in".	
• There will be factors to consider for those less able, with a disability, for example.	
• This system assumes a level of intelligence that less able people may not be able to meet resulting in them not being able to use the service.	
• Will it be translatable to another language? Sian confirmed it could be.	
• This is a fairer way for all patients and ensures people are given the same time parameters i.e. it's not who/what you know that gets you triaged faster. People can't be overlooked nor can they receive preferential treatment as everyone goes through the same process.	
• The automated system is not going to overrun time-wise like in a clinic as it does not allow for emotion.	
• How do you know when the call is coming – you could be in the wrong place at the wrong time with a lot of noise around you / lack of privacy?	
• Patients in early focus groups suggested other platforms e.g. web based, so there is something for everybody.	
Agenda Item 4	
Understanding Health Inequalities: Taking action on Health Inequity	
SIAN SHARED WITH THE GROUP A POWERPOINT PRESENTATION ON INEQUALITY VS INEQUITY.	
• Slides to be shared.	L-AD
• Oxford new Equality and Health Inequality Impact Assessment form will be circulated for people to comment on (for those who have not yet seen it).	L-AD
• Group discussed approaches to inequity – how can services be both broad and personalised?	

Agenda Item 5 Plan for Next Meeting – Wednesday 22nd June & Ideas for Future Themes • Can we think about more fundamental ways of assisting professionals to engage with their communities in order to help them understand the issues? How do you develop workforce skills to make this happen? • Enabling a professional to realise they don't know everything and enabling the professional to be all of the things that they wanted to be when they joined. • How does a person's presentation and interpersonal skills affect the level of care they receive, how do we support health literacy? • How do we get people who really aren't interested in their own health to be interested, or at least to access information about their health? How do we empower them to take charge? • How do we support the individual to work better with the system? • The relationship and interaction between the community and the workforce especially during the Covid pandemic and the use of digital technology. • Public & patient engagement and involvement right the way through the system. Improving the outcome for the patients and also for the staff. • Review of Ufonia's Dora (possibly with Ufonia's involvement). • Development and progress of Community in Practice.	4
Agenda Item 6 A.O.B. • Virtual Model of TIA Care outline of work to be circulated.	SR
• Is there sharing of work across the Clinical Senate? Sian to ask Guy Rooney and feed back.	SR
• Agenda item for the June meeting - AHSN Business Plan.	L-AD
• Agenda item for October meeting - feedback from the Group on the functioning of the meetings so far Is this helpful? Is it useful for you? Do you think it's useful for us?"	L-AD

Future 2022 Meeting Dates:

Wed 22nd June: 11am - 1pm

Wed 5th October: 11am – 1pm