

Townlands Stakeholder Reference Group

Meeting Minutes

8th December 2015, 10:00am-12:00pm,
Red Lion Hotel, Henley-on-Thames

Item		Lead/Action
1.	Arrival and Introductions	CY
	See attendance list on page five.	
2.	Agree and sign off Terms of Reference	All
	<p><u>Membership</u> It was suggested that representation from South Oxfordshire District Council would benefit the group and it was proposed that the mayor of Henley-on-Thames, as an elected representative of the community, should attend in future as a member.</p> <p>SF-C sought to clarify her role in attending and it was agreed she was representing herself as a member of the public who may use these services in the future. The Terms of Reference allow for two patient representatives and a second representative is being sought. It was suggested this could be an invited patient representative from a provider organisation such as RBH or OH, or a patient who could represent the Hart Surgery.</p> <p>In the event a group member is unable to attend, it was agreed that deputies could attend in their place.</p> <p>SG requested that Townlands Steering Group (TSG) have two representatives on the group in future. It was noted that the membership of this group was not allocated proportionately. The group agreed that there should be one rep per organisation or community group and that there should be at least two patient and two carer representatives.</p> <p><u>Frequency of Meetings</u> Over the next six months it was agreed these meetings should be held more often than quarterly as stated in the draft ToR. The group agreed that the next meeting should be at the end of January 2016 as there would undoubtedly be more information to share on the development of the building and services. The provisional date and time set by the group was Tuesday 26th January 2016 10:00am-12:00pm at a venue in Henley.</p> <p>SG raised the TSG's concerns about the existence of the Stakeholder Reference Group and the TSG's engagement with the CCG. He asked whether there would be parallel meetings between Oxfordshire Clinical Commissioning Group (OCCG) and the TSG as part of the CCG's stated commitment to continued engagement with the community. It was noted that both David Smith (Chief Executive) and Emma Torevell (Programme Director) have been and continue to be in direct and regular communication with the chair of the TSG, Councillor Reissmann, to make sure that he, and subsequently the TSG, was kept updated.</p> <p>SF-C and JW both suggested that while they understood and agreed with the purpose and role of the SRG, ideally, it would be helpful for the two groups (the TSG and the SRG) to join together and work together</p>	<p>ET to confirm invitation to Lorraine Hillier</p> <p>PMcG & AG to suggest potential provider patient representatives, and JW to contact Hart surgery.</p> <p>JS to confirm venue</p>

	<p><u>Wording</u></p> <p>The ToR states that the role of the group is to ‘act as an open and transparent forum’. SG asked whether the sessions should be open to the public and whether the agendas and minutes would be openly available.</p> <p>CY explained that the work of the Stakeholder Reference Group follows a well-established and successful patient and public engagement process across the NHS. In regard to public meetings, the experience has been that this can affect the dynamic of the meeting. The aim was to help all members of the group to feel confident and able to express their views and engage with the meeting.</p> <p>It was agreed that all papers relating to the work of the Stakeholder Reference Group (agendas, minutes, presentations and reports) would be made available on the CCG’s website and therefore available to all members of the public.</p> <p>In terms of accountability and governance, Corrine Yates explained that the Group reported in to the Townlands Programme Board which was attended by senior leaders across all partner organisations, and chaired by David Smith, OCCG’s Chief Officer. She also explained that OCCG’s Board has a role in assuring itself that the services are being delivered effectively for patients and that it has requested a six month report go to the March Board, into which feedback from this group will be included. The Oxfordshire Joint Health Overview and Scrutiny Committee have also taken a close interest in the developments at Townlands and will be kept updated.</p> <p><u>Review of the ToR</u></p> <p>It was agreed that the review of the ToR should be ‘as needed’ rather than every six months. Part of the review process in the future will include looking at how this group operates once Townland’s services are up and running.</p> <p>SG asked for clarification about what could be discussed by the group as he felt this was not stated explicitly enough in the draft ToR. SG also asked if it was this group’s role to oversee all aspects of the Townlands development.</p> <p>It was agreed that it would be helpful to develop future meeting agendas collaboratively so that the group could focus on areas that were of particular importance and interest. It was agreed that, in advance of the next meeting, there will be a request for agenda items from members which can be scheduled accordingly.</p> <p>It was noted that one of the agenda item for this meeting was to discuss the evaluation framework for the RACU service from a patient and public perspective. Discussing this topic builds on the assurance the CCG had given that stakeholders could be involved in shaping how new services provided at the hospital could be evaluated and monitored.</p> <p>It was noted that the group members agreed that the desired purpose of the SRG was to make Townlands the best it can be and that this could be made clearer in the ToR. Continued two-way communication was emphasised and the significance and importance of seeking the views and input of patients, and people representing patients, whilst these services are being designed, developed and delivered to patients was recognised. Both SF-C and R stressed the need to tap into the wide range of community networks to get the message out about Townlands.</p>	<p>JS to publish papers on the CCG website</p> <p>CY to update TOR</p> <p>JS to circulate a request for agenda items prior to next meeting.</p>
3.	Project Update	ET
	<p>Thanks were given to the staff at Oxford Health for their hard work in managing the closure of Peppard Ward smoothly and safely. Alternative inpatient beds are</p>	

	<p>being provided at Wallingford Community Hospital until the new Order of St John's care home opens in Summer 2016.</p> <p>The previous evening, the CCG had received an update via NHS Property Services that the developer, Amber, had confirmed a revised practical completion date the end of February 2016. At this point in time the building will be handed over by Amber to NHS Property Services, which means that services can begin to move into the new hospital. Now that a practical completion date is known, ET explained that colleagues at the Royal Berkshire (RBH) and Oxford Health (OH) Trusts can further progress and develop their transition plans.</p> <p>There are a number of discussions being held with the Orders of St John Care Trust about the contract to provide beds at its new nursing home, and also with Oxford Health to enable some contractual changes to be put in place for the new RACU service to be established. These are ongoing discussions and it is an iterative process but OCCG is actively engaged in these conversations. ET reconfirmed her commitment to keep the SRG and the TSG informed once final contract details are confirmed.</p> <p>Alison Gowdy (RBFT) shared some of the Trust's thinking around the outpatient provision that it would like to put into the new Townlands facilities. The Trust is excited about the increase in space available which will allow for eight clinic rooms plus one treatment room (there are currently four outpatient rooms in the old Townlands building). Initially, current outpatients services will 'lift and shift' to the new facility. RBFT is keen to develop a dermatology clinic to see-and-treat patients on the same day; and one-stop-shop clinic for ophthalmology. It was also confirmed that the transition plan has been designed so that there should be minimal to no disruption in the service that is being provided over the four week decant period.</p> <p>Assurance was also given that patients will be able to choose their preferred clinic location via the NHS 'Choose and Book' appointment system so that they could be seen at Townlands if it is the same service. This will be clear when the services are live.</p> <p>A question was asked around future mental health provision at Townlands. It was expressed that clinic-based outreach services for children, families and adult mental health are already being provided in other areas of the south east locality so it is a question of how the site can be used to maximum effect in continuing this provision. OH wants to see these services delivered in Henley, the details of this fall into contractual discussions with OCCG.</p>	<p>Action: Alison Gowdy to share the list of the services to be provided at Townlands Hospital.</p>
4.	RACU description	PMcG
	<p>Pete McGrane provided an overview of how the Rapid Access Care Unit (RACU) model of care will work for patients at Townlands Hospital. This service is for all ages where the majority of patients will be booked in for a following day appointment. Many patients will receive ambulatory care and support from a multidisciplinary team but in the event a patient has to be admitted after review by the multi-disciplinary team there will be the ability to access either 'step up' beds in the Orders of St John facility supported by in-reach therapies and clinical input; or, if the patient's clinical condition requires it, there would be an admission to an acute hospital.</p> <p>During the discussion the following questions were raised :</p> <ul style="list-style-type: none"> • In describing the RACU service, what is it that makes referral to the RACU different? • What is available to patient and carers 'upstream' (in the community) that could mean a referral, even to RACU, could be avoided and how do we communicate this better? 	

	<p>The group saw the RACU development as a positive story and that it was important to communicate this development more widely to help win hearts and minds, recognising that the RACU a represented a new way of working and a cultural challenge.</p> <p>A draft leaflet describing the RACU service has been developed and it would be helpful to test this with the group. This could be done via email outside of the meeting.</p>	JS to test draft RACU leaflet with the group via email
5.	Setting the scene for group work	JS
	<p>JS outlined the importance of measuring the quality of patient experience in the new RACU model. Pete McGrane noted that, from a provider perspective, there needs to be a healthy balance between a focus on transactional measures and elements ('how many' people and 'how quickly') and measures which show how well the service functions for patients, which in turn, will inform refinements to the model as it embeds (Does it meet patients' needs? Is the outcome better for the patients than it was previously?).</p> <p>JS also explained that there are a number of existing methods of measuring quality including current measures of patient experience, such as the national Friends & Family Test, and the measures used by the Care Quality Commission, and that clinicians involved in the RACU have also identified a set of potential Key Performance Indicators they would find helpful. Examples of these measures were shared with the group.</p>	
6.	Discussion to identify and develop patient focused outcomes for the new RACU service	All
	<p>The Stakeholder Reference Group was asked to think about what measures they felt would be important from a patient and carer experience perspective and to then to prioritise their suggestions.</p> <p>Julia explained that this list would then be checked against existing measures to identify what is and isn't currently monitored. Any suggestions from the group that aren't currently used as performance measures would be put forward as a measure into the contract negotiations and identified as priority performance measures for patients and carers. The final set of KPIs will be jointly agreed between commissioners and providers as part of the contract negotiations.</p> <p>JW suggested that OHFT needed to think about how they could measure effective collaboration across the MDT working in the RACU. SG said it would be important to get early feedback from staff in the MDT as to how the new service is working, and any lessons learnt, in order to refine the model.</p>	
7.	Workshop – Prioritisation exercise	JS
	<p>Given the time restriction, it was decided to share the slides along with some further information on the KPIs identified by the clinicians prior to the next meeting. The group would then spend time revisiting this item then. It was also agreed that more time should be allowed on the agenda for this item at the January meeting.</p> <p>It was agreed that, by circulating information in advance of January's meeting, members of the group will have more time to reflect and prepare.</p> <p>As a principle going forward, it was agreed that it would be helpful to receive as much information in advance of scheduled meetings as possible to enable people to prepare their thoughts and questions for the subsequent discussion.</p>	JS to circulate the slides from 08/12 meeting and additional information

8.	Next Steps & close	CY/ET
	The chair thanked participants and summarised the agreed actions. It was confirmed that minutes would be circulated and made publicly available within seven working days.	CY
9.	Next Meeting	
	26th January 2016, 10:00 – 12:00 Venue TBC (Henley)	

Attendees		
Corrine Yates (chair)	CY	Head of Strategic Communications and Engagement South Central and West Commissioning Support Unit (SCW CSU) for OCCG
Emma Torevell	ET	Programme Director , SCW CSU for OCCG
Julia Stackhouse	JS	Senior Communications & Engagement Manager, SCW CSU for OCCG
Stuart Duncan	SD	Project Manager – Transformation & Consultancy
Pete McGrane	PMcG	Clinical Director for Older Peoples Services, OHFT
Alison Gowdy	AG	Directorate Manager, Integrated Medicine, RBFT
Janet Waters	JW	South East Locality Forum (Patient Participation Group)
Sue Frayling-Cork	SF-C	Patient representative
Mandy Carey	MC	Dementia Oxfordshire
Stefan Gawrysiaka	SG	Townlands Steering Group
Tine Rees	TR	OHFT
Maria Melbourne	MM	Oxfordshire County Council
George Leslie	GL	Henley Volunteer Drivers
Ellen Pirie	EP	RBFT
Rebecca O'L	RO'L	Carer Representative
Guests/observers		
Lorraine Hillier	LH	Mayor, Henley-on-Thames
Apologies		
Dr Andrew Burnett	AB	Clinical Locality Director, OCCG
Rachel Coney	RC	Healthwatch Oxfordshire
Anne Brierley	ABr	Service Director, Older People's Services, OHFT

Scheduled TSRG meeting dates for 2016		
Meeting Date	Meeting Time	Meeting Location
26 th January 2016	10:00-12:00	Venue TBC (Henley)