

Townlands Stakeholder Reference Group

(held in public)

Meeting Minutes

19 July 2016, 10:00-12:00,
Council Chambers, Town Hall, Henley-on-Thames

Item		Lead/Action
1.	Welcome and Introductions	RD
	See attendance list below.	
2.	Minutes of the Last Meeting	RD
	<p>SG asked if the minutes could be amended on page 3 to note the holistic picture and the patient journey from the Royal Berkshire Hospital NHS Foundation Trust (RBH) to Social Care.</p> <p>The minutes were agreed as a true and accurate record.</p> <p><u>Matters Arising:</u></p> <ul style="list-style-type: none"> Update required from Order of St John Care Trust (OSJCT) on the possible naming of a common area or garden as Peppard. Request for an organogram from Oxford Health NHS Foundation Trust (OH), outstanding. 	<p>SL</p> <p>ABr</p>
3.	Questions from the public	
	<p>Cllr Reissmann thanked the Chair for opening the meeting to the public and noted that there has been no shortage of positive messages around the Townlands Hospital. He feels that the public may not fully appreciate the positive work that is being undertaken and the Townlands Steering Group is keen to promote this. Cllr Reissman asked when the Rapid Access Care Unit (RACU) would be open? And encouraged that this should be sooner rather than later.</p> <p>Dr Peter Ashby queried that the paper from RBH does not list Physiotherapy, it was explained that this is because Physiotherapy is provided by Oxford Health and the paper from RBH is only about their services. Dr Ashby also asked if consideration had been given by RBH and OH in providing cover for the consultant role at the RACU?</p>	
4.	Paper 1 – Update on Royal Berkshire Hospital clinics	MR
	<p>MR presented the paper and noted that the RBH clinics are now seeing 1200 patients a month. It is anticipated that once all the clinics are at full capacity, potentially this time next year we will see 1600 patients a month. MR highlighted that some of the clinics are now one-stop-shops such as Dermatology and also noted that Ophthalmology would be expanding their clinics from July onwards.</p> <p>A discussion was had about the types of clinics available and SG suggested that Dialysis would be welcomed. MR advised that the expansion of other specialities would come at a point when there is sufficient demand and that often dialysis is now done in people's home as the equipment is portable. MR acknowledged the request and said this could be food for thought for the future but as dialysis is becoming more ambulatory this may not be necessary.</p> <p>JB asked about other services such as Speech and Language therapy and physiotherapy. ABr advised that these are provided by Oxford Health and are part of the Integrated Locality Teams. It was suggest that an ILT Clinician should attend the next meeting to talk about the service provided by Oxford Health.</p>	<p>ABr/CH</p>

5.	Paper 2 – RACU Options and Timeline	ABr
	<p>ABr provided an update on the RACU and tabled an Implementation Plan and Status update (See attached). ABr talked through the tabled paper and noted the following:</p> <ul style="list-style-type: none"> • The driver for starting the RACU has been to find the 'right' clinician to lead the RACU Team and to provide the medical cover. The RBH have been working hard to identify someone to do this and an interim appointment has now been made. The clinician is due to start in October. • Due to ongoing building works to the RACU area in the hospital, it is anticipated that there will be a soft launch initially. It is not expected that the service will start at full capacity and that capacity will increase as the service develops. • The first floor needs to be modified and NHS Property services have now agreed the building specification and are currently out to tender for the contractors to deliver the changes required. • RBH are very committed to delivering and supporting the new model of a RACU. ABr confirmed that the health care assistants for the RACU have been appointed from the original staff from Peppard Ward • The recruitment of Therapy staff to support the RACU has started following a period of staff consultation. • The Lead Nurse has now been appointed <p>A further discussion around the development of the RACU and the timeline, as follows:</p> <p>RA: Is concerned that the RACU was being launched without any consideration being given to recruitment. Also concerned about the lack of foresight around the building modifications, however, this paper has given some good news stories. RA asked if the actions are up to date and if not when they would be. How viable are the Lead Nurses? How much of the 1st Floor will be used by the RACU? Can we have a floor plan?</p> <p>ABr advised as follows:</p> <ul style="list-style-type: none"> • The first floor will be fully utilised as there are already other clinics in use there and ongoing negotiations with OCCG • The Lead Nurse has been appointed • The spreadsheet is up to date from today • They have appointed the Deputy Nurse from the existing Peppard Ward staff and are currently training staff. • Procurement for the building works was under way. • ABr agreed to bring a floor plan to the next meeting <p>SG reinforced that this is enormously positive and encouraging and welcomed the detailed plan. He asked if the RACU would be 8am – 8pm and what the staff structure for this would be? ABr advised that the senior clinician will start on a sessional basis, potentially in the morning, with the rest of the RACU team available all day. MR advised that it would 3 sessions a week initially.</p> <p>SG asked what would be the plan to cover the 6 days? MR advised that the service would need to evolve and that it would initially be a soft launch to see how the service develops. It was important not to focus on the senior clinician as the therapy staff should not be underestimated in their role. The RBH are thoroughly committed to the development of the RACU and are recruiting hard. There is a very strong commitment to setting this up, but the service will need to learn and adapt as it goes along. We are confident that the range of patients will grow but reinforced that the Doctor is part of a team.</p> <p>SG queried that the step-up beds won't be ready until November, and that 10 – 15% will need admission, what will happen? ABr confirmed that in the short term these patients will be transferred to Wallingford unless an acute bed is required.</p>	<p>ABr/CH</p>

	<p>ABr confirmed that the beds at Wallingford are still open and too date there has been no concerns from patients using them. ABr reiterated that the Gerontologist role is there for advice but that RACU continuity of care will come from the Lead Nurse and Lead Consultant. The running of the unit on a day to day basis will come from the Nursing and Therapy Team.</p> <p>SG pressed for a date when the RACU will open. ABr advised that they were aiming for early October but would not be held to a specific date and was taking a cautious approach to timelines.</p> <p>SG asked if the TSRG could have a staffing structure/paper for the RACU? He also raised concerns about a soft launch and queried why only 50% of staff had been recruited? ABr advised that she cannot promise a date for the soft launch but reassured the group that she would keep the TSRG updated as the programme develops. ABr stated that OH is not going to compromise quality for a timetable.</p> <p>ABr agreed to circulate the RACU Implementation Plan and will send to JS for circulation and promotion on the website.</p>	<p>ABr/CH</p> <p>ABr/JS</p>
6.	Paper 3 – Oxfordshire Transformation Programme	DP
	<p>DP introduced the Oxfordshire Transformation Programme, explaining that the NHS in Oxfordshire performs well compared to other part of the country but changes in people's health and the age that they are living to means the county's services are facing challenges on a scale not seen before. Across Oxfordshire we spend around £1.2bn on health and care services each year. However, because of increasing demands on our services, if we don't change anything we could face potential funding gap of £200m by 2020/21, which we cannot afford to do. As part of our Big Conversation, we want to discuss how we use our finances to the best effect. We are keen to learn from Henley on how we can do things differently, acknowledging the new model of ambulatory care at Townlands Hospital. DP signposted people to the 'Case for Change' document and asked for feedback, and for people to share the document widely in their communities. He also highlighted the roadshow that was taking place in Wallingford on 26 July 2016.</p> <p>JB asked if it would be possible to have an event in Henley and also asked how this all fits with the integration of health and social care? ABr advised that this is mutually interdependent. The consultation in the autumn will build on the work that we have already done, however, this is the biggest 'Transformation' of health and care that Oxfordshire has seen as it affects all ages and all settings and asks are we doing the right thing at the right time in the right place. DP confirmed that Oxfordshire County Council is a member of the Oxfordshire Transformation Board.</p> <p>RA raised concerns that this is not a truly transparent process and that there are not already preconceptions of what changes are planned? He went on to say that the CCG needs to be open, honest and does not believe that there are no substantive plans already in place as this is too big a subject for the public? ABr confirmed that clinicians from across the system have been reviewing national and international guidance to understand what good looks like.</p> <p>MR asked that staff at RBH are invited to participate?</p> <p>RA – noted that the Henley experience was pre-ordained and that the CCG need to be honest about its direction of travel. He also said that people want more GPs, more mental health services, more help at home, but all of this comes at additional cost. ABr, we need to be clear that this does not come with additional money, and this is not about developing a 'fantasy' list of what we want, this is about how do we deliver within the resources we have. DP also advised that the Clinical Senate and NHS England will review the models of care and ensure that there is due diligence in the consultation to ensure that the feedback received from the public is considered/informing the outcome of the proposals.</p>	
7.	Updates on Sub Group meetings	All

	<ul style="list-style-type: none"> VL confirmed that there has been 3 applicants for the role of Chair, only 1 was interviewed but not appointed. JS updated that further internal discussions were being held across OCCG, OH, RBH OSJCT and NHSP with regards to the date and format for the opening. Once this was agreed, we would look to members of this group and the Town Council to support the event. 	
8.	AOB	All
	<ul style="list-style-type: none"> NHS Property services have written to Henley Town Council about the naming of the hospital. JB confirmed that this is the case and a response was sent on Tuesday 16 August. 2nd floor – Following a statement from JB, GK confirmed that the CCG have declared it surplus to requirements and that the preferred option would be that it is occupied with complementary services. Further conversations are taking place with the GP practices. Regarding the void costs this is something that NHSP would need to advise on. GK confirmed that the CCG was already liable for these costs. 	
9.	Date of Next Meeting	
	<p>Tuesday 30 August, 10am – 12pm</p> <p>Matters for next meeting:</p> <ul style="list-style-type: none"> Floorplan for RACU First Floor Staffing Structure for RACU Timings for the RACU Opening Ceremony ILT Clinician 	
10.	Comments/Questions from the floor	
	<ul style="list-style-type: none"> Positive meeting, thank you. Need more detail on Social Services Big Health and Care Conversation, 'should go in the bin' As staffing is ongoing – need back up commitment. Recognise that this is a big issue and hope that the Transformation Board are addressing this. What has happened to the staff from Peppard ward? ABr, they have been recruited into the RACU. Some have chosen not too but we still need more staff than what we had on Peppard Ward. ABr emphasised that there is no issue with staff being put at risk. Are you saying we are not to have a Peppard Ward anymore? Yes, the beds will be in the OSJCT Care Home Can the CCG take a grip on the provider timeline for the RACU? GK responded that CCG was confident that the providers are progressing and meets with them on a weekly basis. Concern that the A&E is not running due to staffing? CH confirmed that the MIU (not A&E) is up and running and activity has increased. Cllr Ian Reissman, said it was a very good meeting and good see co-operation between the CCG and providers. He went on to ask: <ul style="list-style-type: none"> Can TSRG hold all meetings in public? RD advised these will be every other month. Can we have a confirmed date for when the RACU will open? Can we have more information about the integration of social care? Where is social care in the Transformation agenda? Can we have a list of non-RBH services? 	Taken as questions to the group

Attendees		
Julia Stackhouse	JS	Senior Communications & Engagement Manager, SCW CSU for OCCG
Roger Dickinson	RD	Chair of Townlands Stakeholder reference group and Non-executive Director,

		OCCG
Stefan Gawrysiaka	SG	Townlands Steering Group
Cllr Julian Brookes	JB	Mayor, Henley-on-Thames
Rebecca O'Leary	RO	Carer Representative
Vivienne Laurie	VL	Bell Surgery Patient Participation group
Richard Maynard	RM	Healthwatch Oxfordshire
Gareth Kenworthy	GK	Director of Finance, OCCG
Robert Aitkin	RA	Patient Rep
Christine Hewitt	CH	Head of Urgent Care, Oxford Health NHS Foundation Trust
Anne Brierley	ABr	Service Director, Older People's Services, OHFT
Guests/observers		
Mark Robson	MR	Director of Operations, Networked Care, Royal Berkshire Hospital NHS Foundation Trust
Damon Palmer	DP	Director of Transformation, Oxfordshire Clinical Commissioning Group
Apologies		
Maria Melbourne	MM	Oxfordshire County Council
Sarah Adair	SA	Head of Communications and Engagement, OCCG
Tine Rees	TR	OHFT
Mandy Carey	MC	Dementia Oxfordshire
Dr Andrew Burnett	AB	Clinical Locality Director, OCCG
Dick Fletcher	DF	Hart Surgery Patient Participation group
Alison Gowdy	AG	Directorate Manager, Integrated Medicine, RBFT
George Leslie	GL	Henley Volunteer Drivers
Janet Waters	JW	South East Locality Forum (Patient Participation Group)
Sue Frayling-Cork	SF-C	Patient representative
Pete McGrane	PMcG	Clinical Director for Older Peoples Services, OHFT
Ellen Pirie	EP	RBFT
Toni Chan	TC	RBFT

Scheduled TSRG meeting dates for 2016		
Meeting Date	Meeting Time	Meeting Location
Tuesday 30 August 2016	10 – 12	Council Chambers, Henley Town Hall