Townlands Stakeholder Reference Group Meeting Minutes

30 August 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
	The minutes were agreed as a true and accurate record. There were no matters arising that weren't already covered as part of agenda items.	
3.	Update on Social Care and how it is integrating with the Integrated Locality Teams.	JH
	JH noted that a full presentation provided by Maria Melbourne had been previously presented to the group and is available here: http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/12/Responsible-Localities-Presentation.pdf	
	The responsible localities goes live on 3 October. Team consists of: • Safeguarding Team who are based at Abingdon • Reviewing Team – based in Witney • ILT (long term team, ongoing complex needs)	
	Rapid Response Team Both the Rapid Response Team and ILT will be based at Abingdon.	
	The ILT team has the same name as health colleagues based at Wallingford Hospital. We all work together as one team. JH confirmed that she works 1 day per week from Wallingford Hospital. The ILT typically looks after people with long term needs, who require intensive or prolonged professional involvement. They work with health team and GPs in a multi-disciplinary approach. Each service user has one single point of contact (a key worker) wherever possible.	
	JH then described a real life patient story highlighting how services worked together to support the service user, including environmental health services, ILT Nurse, Occupational therapy, re-ablement service and the GP.	
	JB asked how this model will work with the RACU. JH advised that it would be the same, except that the patient would be initially identified through the RACU. Currently patients either come through the GP single point of access (SPA) or self-refer through the main social services number: 0845 0507666 https://www.oxfordshire.gov.uk/cms/content/requesting-assessment	
	JB asked for an organogram of the service.	JH/MM
4.	Presentation from Clinicians from the Integrated Locality Team	RD, EP and PG
	The Integrated Locality Team (ILT) is based at Wallingford Hospital with multi-disciplinary meetings held weekly on a Thursday. The aim of the ILT is to provide a person centred, holistic approach with personalised care. Patients are usually complex or with escalating need and/or end of life patients. The ILT is working closely with voluntary sector and re-ablement service to support people back to independent living. Referrals come from the Single Point of Access (SPA) for GPs and also through internal referrals from other professionals. The team have a 2 hour response target, however, noted that not cases are reactive and there is a lot of proactive planning around the support for end of life care patients. The ILT provide a number of roles, including risk assessment, pressure damage, and social assessments. Complex case loads are often discussed at the multi-disciplinary meeting on a Thursday.	

Case Study:

An example of a patient with advancing dementia could include:

- Baseline observations
- · Moving and handling assessments and training
- Occupational Therapy assessments
- Educating informal carers (e.g. husband/wife)
- Formal care packages
- Re-ablement team
- Fast track to Continuing Healthcare funding
- End of life care assessment
- Speech and language therapy
- Registering carers with Carers Oxfordshire
- Benefit checks
- GP medication reviews

RA asked what the resource is at the front end and whether there are any unfilled vacancies. TR advised that we have used the current resources to work in a more efficient way. There are challenges as demand is going up and there have been vacancies in community nursing, however, the team is in a better place now. Staff are more supported, links with South Central Ambulance have been made to support moving and handling. It is early days but we are keeping staff and able to recruit.

JB asked if the team has the tools to support integration, IT equipment etc? TR confirmed that all staff have tablets, email etc. Occasionally if visiting remote areas there may be Wi-Fi or internet issues. JB suggested that the NHS should lean on telecommunication operators to provide better coverage, as this would enable time and efficiency savings in the NHS.

JW encouraged that these positive messages about the ILT should be communicated more widely to the public.

RA asked about patient confidentiality and data protection. Do you get consent from patients to share their data with colleagues in the ILT? TR advised yes, and that we followed all information governance protocols.

5. Update on RACU

TR

Neither PMcG nor AB were able to be present at the meeting. TR gave a very brief verbal update, advising that the building specification for the first floor had now been agreed but that this delay would mean that the work would not be complete until November.

RA noted that this was disappointing.

TR advised that the Nurse clinical lead and therapists for the RACU had been recruited. The nursing team was still in progress. The clinical lead will start in the next few weeks. The Consultant Clinical Lead is still in progress but there is an interested applicant.

Will the RACU open before the end of November? The response was unknown at this stage. TR was asked if she would update the implementation plan and bring this back to the next meeting,

TR/PMcG/AB

GK advised that the progress of the building work is with NHS Property services.

A discussion was had about how messages are communicated to the public and how the CCG and NHSP plan to communicate the delay to the RACU to the wider public. JS advised that this would need to be addressed by NHSP. RD will link

	with SAD, JS and JB on a potential story and the Henley Standard relationship, to address concerns about the negative coverage and to encourage more positive news on the hospital. DF requested a plan for media/comms activity going forward.	SAD/JS/RD/JB
6.	Sub Group updates	
	 No further update on the opening ceremony RD was asked to leave the meeting, so that members could discuss the role of the Chair. The group were asked to consider whether RD should be nominated as the permanent chair of the group. This was unanimously agreed. 	
7.	Any other business	All
	No other business was discussed.	
8.	Date of Next Meeting	
	Tuesday 4 October - TBC	

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	
Cllr Julian Brookes	LH	Mayor, Henley-on-Thames	
Rebecca O'Leary	RO	Carer Representative	
Vivienne Laurie VL		Bell Surgery Patient Participation group	
Richard Maynard RM		Healthwatch Oxfordshire	
Tine Rees TR		OHFT	
Mandy Carey	MC	Dementia Oxfordshire	
Gareth Kenworthy	GK	Director of Finance, OCCG	
Dick Fletcher	DF	Hart Surgery Patient Participation group	
Robert Aitkin	RA	Patient Rep	
Janet Waters	JW	South East Locality Forum (Patient Participation Group)	
Guests/observers			
Elisabeth Parker	EP	Oxford Health NHS Foundation Trust	
Patricia Glynn	PG	Oxford Health NHS Foundation Trust	
Rhea Draguisky	RD	Oxford Health NHS Foundation Trust	
Julie Haynes	JH	Social Worker, South Adult Locality Team, Oxfordshire County Council	
Apologies			
Maria Melbourne	MM	Oxfordshire County Council	
Sarah Adair	SA	Head of Communications and Engagement, OCCG	
Dr Andrew Burnett	AB	Clinical Locality Director, OCCG	
Alison Gowdy	AG	Directorate Manager, Integrated Medicine, RBFT	
Anne Brierley	ABr	Service Director, Older People's Services, OHFT	
George Leslie	GL	Henley Volunteer Drivers	
Christine Hewitt	CH	Head of Urgent Care, Oxford Health NHS Foundation Trust	
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	
Stefan Gawrysiaka	SG	Townlands Steering Group	

Scheduled TSRG meeting dates for 2016				
Meeting Date	Meeting Time	Meeting Location		
Tuesday 4 October 2016	10 – 12	The Kings Barn, Kings Road, Henley-on-Thames		