

**Notes: Draft v0.1**

SE and SW Locality Community Services Group

12 September 2019 12.00-2.00

Fleming Room, Sue Ryder, Nettlebed, Henley-On-Thames, RG9 5DF

**Present:**

Ed Capo-Bianco- GP, CCG ( <i>Chair</i> )	Maggie Winters- Patient Representative, SEOLF
Julie Smith- Social Work, OCC	Mary Braybrooke- Patient Representative, SWOLF
Laura Rayfield, District Nurse, SW, OHFT	Elizabeth Parker- DN Clinical Dev Lead, SE, OHFT
Jo Morgan, Sue Ryder	Penny McCrabbe- Community Therapy Services, SE, OHFT
Alex Hart- GP, Didcot PCN	Liz Mackenzie- GP, Vale Federation Representative, Wantage PCN Representative
Anne Lankester, Practice Manager- Nettlebed, Henley SonNet PCN representative	Amanda Exley- District Nurse, SW, OHFT
Jane Lyons, Ops Manager, OHFT	Sylvia Thomas, Sue Ryder
Hannah Tombs- Assistant Project Manager CCG- Notes	

**Apologies received:**

Kerrin Masterman- GP, Clinical Director White Horse Botley PCN	Jessica Reed- GP, Clinical Director Wallingford & Surrounds PCN
Holly Gillet- District Nurse, SE, OHFT	Simon Pettitt- GP, Clinical Director Wallingford & Surrounds PCN
Michelle Brennan- GP, Clinical Director, Henley SonNet PCN	Lisa Bracher- Joint Clinical Lead, SE, OHFT
Holly Gillett- OHFT	Wendy Corner- OHFT
Soo Yeo- Ops Manager, OHFT	Jo Noble- OHFT

		Action
1.	<p><b>Review of minutes and actions last meeting:</b> Paper 1</p> <p>Minutes from the previous meeting were agreed as accurate.</p> <p>HT to chase for the last few bypass numbers and send to AE</p> <p>All other actions completed or no update was available.</p>	<p>HT</p> <p>HT</p>
2.	<p><b>CCG update:</b></p> <p>A workshop was held on Tuesday 10 September, this was a joint workshop between OCCG and LMC for Primary Care Networks and wider stakeholders to showcase the importance of data in influencing change and to the introduce a number of toolkits that are available to the PCNs, so they can use it to help shape the services to fit the needs of their population.</p> <p>There are lots of changes being implemented, by April 2021 OCCG will be an ICS with Berkshire West and Buckinghamshire CCGs (BOB), and there will be more collaborative work between commissioners and providers.</p> <p>A proposal has been taken to the locality meetings to suspend the meetings and use the funding for practices to help develop the PCNs. The SE wants to continue with their locality meetings, there will be time on the agendas devoted to PCNs.</p> <p>Jonathan Crawshaw will step down as SW Locality Clinical Director at the end</p>	

	<p>October 2019. Concerns were raised on how the SW will be represented at a Board Level.</p> <p>A question was raised if an analysis has been made on how much all the changes (PCN and ICS) is costing financially and in time? One accountable officer across BOB will be more fluid. PCN money has come nationally. CCGs have been told to cut management costs by 20%.</p>	
3.	<p><b>PCN Update</b></p> <p>Didcot PCN (Alex Hart)- PCNs are now starting to employ social prescribers and pharmacists roles, however additional role funding does not cover all the costs, PCN can only claim salary and pension costs.</p> <p>Not sure how it will work going into the ICS, and how the PCNs or primary care will be represented at a BOB level.</p> <p>Henley SonNet PCN (Anne Lankester)- Henley SonNet have employed a pharmacist, who will work 1 day per week with each practice, this is only a short term contract. With regards to the social prescriber, we have to take on costs into consideration, as travel and technological support is not taken into accounts.</p> <p>The Henley SonNet PCN has put an event on in our area for PPGs to inform them of the changes going forward. The PCN are also having a peer review with district nurses to discuss end of life care, and will also be linking with providers in the area.</p> <p>It was raised as a concern that there are different names for roles by different providers but they are the same role. Has there been an asset base approach to who is doing what?</p> <p>PCNs could use ex OTS and nurses as social prescribers. PCNs are continuing to figure out what their PCN needs, and what skill set is needed in that role to best serve the population. Age UK, Mind and Citizens Advice are offering the service of social prescriber, it would be preferable that they are from the local area so they have knowledge of the local services.</p> <p>Age UK have had a social prescriber, within 6 months they have seen 180 patients which were mainly referred through GP appointments but some have been through OHFT district nurses.</p> <p>OHFT can refer into the social prescriber role within the patients PCN. Once PCNs are up and running with social prescribers, instructions will be sent out on how they can refer.</p> <p>There was a PPG event in Henley, ICS directors came and spoke to practices and patients, regarding where we are at with PCNs, Townlands and Royal Berks. RBH are keen to expand services out of Townlands.</p> <p>Wantage PCN (Liz Mackenzie)- we have employed a pharmacist for the PCN, we are still looking into a social prescriber through Age UK, however the on costs continue to be an issue. The practices are looking at doing practice collaboration on flu and the PCN is putting on joint training for practice nurses.</p> <p>The PPGs are putting on a Health and Wellbeing day in Wantage. There will also be a lunch on 4 October, for the PCN and community services.</p> <p>Wantage is a pilot site for the population management IT system. There are still teething issues for data, as providers use different IT systems work is ongoing to combat IG issues. The platform will allow providers and GPs to see real time when the GP is in hospital, discharge and medication changes.</p> <p>There are issues of what is uploaded, they need to be coded correctly. This will also be useful for District Nurses to use when they are out on visits.</p>	

4.	<p><b>Other Service updates</b></p> <p>Adult Social Care - the adult social care team from 4<sup>th</sup> November 2019 we will be in new teams- City, South, Vale, North, West and East (East is a new team due to the growth in Bicester, they will also cover Thame) they will not be aligned with boundaries, but will fit the needs of the population.</p> <p>The realignment of teams is due to the number of referrals coming in for certain areas of the county. The teams have also found that the work is not being completed by the set teams but by everyone, teams have not been having the conversation on who is doing what.</p> <p>A consultation has taken place, placement of staff was decided on where they lived and travel time to work. The outcome has majority been positive. Patients should not notice a change in service and should be straight forward for where the patient lived as to what team they will use.</p> <p>PCNs to reach out to Pam or Julie on how is the best way to link in. an update on the transition will be given at the next meeting.</p> <p>Sue Ryder- we have been developing the hospice at home, we have been trying to get patients to have fast track at home. In-patient beds are getting used quickly. The use of the day hospice is also doing well, some of this is being used for respite care.</p> <p>Sue Ryder continues to build relationships with the Sobel team for a palliative care hub. Recruitment is ongoing.</p> <p>The bereavement team is going to have a café support group, this is in its infancy. The twilight service is continuing to be used well, however cannot roll out more days due to funding.</p> <p>SW district nurses- the SW is in a better place with staff, however we continue to recruit. There are 14 specialist DNs starting a course. OHFT are looking at what the course will look like next year.</p> <p>DNs are no longer immunising housebound patients that are not on their caseloads. GPs will need to pick this up within their practice.</p> <p>Emails for the home team will be managed by the SPA team, if it is urgent same day, GPs will need phone the duty desk number. There continue to be staffing issues on the weekend. The weekend rota to be sent to Sue Ryder.</p> <p>Community Therapy- the team are seeing more complex referrals, and there are more pressure to see patients within 48 hours. There is also an issue with getting equipment to patients on time, due to the provider not being reliable. Some of this is due to the lack of understanding of what the community therapy team does. It would be useful for the team to link with the networks. The team will also start emailing the GP on what they have done on their visit, this will also be updated in the care plan for routine patients.</p> <p>SE district nurses- in a similar position to the SW DN team, recruitment is ongoing. There have been public health days in the SE and SW to help recruit.</p> <p>Jane Lyons– continue to recruit to band 5 nursing posts. The podiatry and SaLT teams are doing really well.</p> <p>OHFT DNs have been going on placements outside of Oxfordshire, and have reported back that Oxfordshire is a good place to work.</p> <p>OHFT worked with SCAS on a project to stop referrals coming into primary care and into the SPA, there has been really good outcomes following this project. It would be good to showcase good news stories. It useful that SCAS linking with end of life</p>	
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	<p>care.</p> <p>There is going to be shuffle within the team, the OPS managers in the North, South and City are switching. Jane will now be working in the North, Jodie Summers will be working in the South and the North will be working within the Central.</p>	
5.	<p><b>SE Locality Forum (SELF) Report: Paper 2</b></p> <p>Mary provided an updated from the SW locality, they are looking at producing a report similar to that of SE. the PPGs have been active and linking with the PCNs, some practices there has not been much interest.</p> <p>Maggie agreed that the good practice paper can be shared on the website and for it to be shared at OCCG Board. It was further reported that the SELF group was saddened that their meetings were no longer supported, but have agreed that they will continue to meet as a group whilst the PCNs are still forming.</p>	
6.	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• <b>Group going forward-</b> Continue with meetings as they are, they are well represented but it would be useful to have children's social care involved. The meetings may evolve as the networks evolve.</li> <li>• <b>Future dates-</b> HT to send out invitations for November 14<sup>th</sup> 2019 meeting, and meetings going into next year following the same pattern (2<sup>nd</sup> Thursday of every other month) Sue Ryder kindly agreed to host the January meeting.</li> <li>• <b>Papers on the website-</b> it was all agreed for papers from this meeting to be made available on the OCCG website, they can be found here.</li> </ul>	<p>HT</p> <p>HT</p>

#### Dates of Future Meetings

Date	Time	Venue
Thursday 14 November 2019	12:00-14:00	Cabinet Rooms, Abbey House
Thursday 9 January 2020	12:00-14:00	Sue Ryder, Nettlebed
Thursday 12 March 2020	12:00-14:00	TBC
Thursday 14 May 2020	12:00-14:00	TBC
Thursday 9 May 2020	12:00-14:00	TBC
Thursday 10 September 2020	12:00-14:00	TBC
Thursday 12 November 2020	12:00-14:00	TBC