**Townlands Stakeholder Reference Group**

**Meeting Minutes *(draft)***

**31 May 2016, 10:00-12:00,**

**Council Chambers, Town Hall, Henley-on-Thames**

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| **Item** |  | **Lead/Action** |
|  | **Welcome and Introductions** | **RD** |
|  | See attendance list below. |  |
|  | **Minutes of the Last Meeting** | **RD** |
|  | The minutes were agreed as a true and accurate record.Matters Arising: * Robert Aitken, a member of Townlands Steering Group and a member of a surrounding parish Bix, has been invited to the join the reference group and will be attending in July.
* Cllr Julian Brookes has been appointed Mayor and replaces Lorraine Hillier as the Mayor representative on the Townlands Stakeholder Reference Group (TSRG).
* The Terms of reference have been amended and circulated to the group.
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|  | **Social Care presentation** | **MM** |
|  | Maria Melbourne, Area Service Manager for Oxfordshire County Council (OCC) gave a presentation on adult social care. The presentation is available here <http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/12/Responsible-Localities-Presentation.pdf> The presentation covered the new model for adult social care – ‘Responsible Localities’ which aims to go live in October 2016. ‘Responsible Localities’ will deliver services for the most vulnerable whilst actively encouraging people to help themselves. It will include a cultural shift, from ‘I can fix it for you’ to ‘I will enable you to fix it for yourself’ wherever possible. Adult Social Care teams will deliver statutory responsibilities but where integrated working is required, teams will work with GP practices and community health services and local people, to manage local population health and social care needs. The intention is that Adult Social Care staff will spend more time working locally in neighbourhood patches alongside health colleagues. TSRG supported the direction of travel but did raise some issues about how it feels for people in the community and how they are supported by health and social care. MM took questions including several on the discharge process from the Royal Berkshire Hospital (RBH). |  |
|  | **Order of St John Care Trust presentation** | **SL** |
|  | Sara Livadeas, Strategy Director, The Order of St John Care Trust (OSJCT) gave a presentation on the services provided by OSJCT, a not for profit charity that looks after 3,500 patients across Oxfordshire, Lincolnshire, Wiltshire and Gloucestershire. The contract in Oxfordshire runs until 2027 with 65% of patients publicly funded. Any surplus that the charity makes is reinvested into their services. As the majority of their patients are complex, they offer a wide variety of dementia friendly services, food is cooked on site and staff ensure that patients are involved and engaged with services. There are 180 volunteers across OSJCT and the trust currently employs Admiral Nurses who offer bespoke dementia support, this means that less than 3% of their patients are on anti-psychotic medications. SL confirmed that they are currently advertising in Henley for an Admiral Nurse to support the new Rapid Access Care Unit (RACU) and Integrated Locality Team.The full presentation can be found here: <http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/12/OSJCT-Introductory-presentation-intermediate-care.pdf> SL took questions from members of the TSRG:* VL asked about the support offered – SL advised that reablement is often for 6 weeks at whichever destination the patient goes too. Assessment has to be completed within 28 days.
* JW asked about the medical cover to be provided at the care home in Henley. SL advised that the patients from the RACU will be supported by a Nurse and healthcare assistant from OSJCT and they will be supported by the Gerontologist and out of hours service. Physiotherapy will be provided by the Integrated Locality Team and/or the RACU. Patients that are coming from the Royal Berkshire Hospital will have a discharge plan before leaving.
* JB asked whether it would be possible to name the RACU beds after the Peppard Ward and then amended his request to Peppard Wing. SL advised that the wards hard already been named by the existing patients from the Chiltern Care Home. SL noted that she had heard the concerns from TSRG and would look at whether it would be possible to name a common area or garden in the Care Home accordingly.
 | **SL** |
|  | **Townlands Programme Update** | **GK** |
|  | **Service Updates:**The providers gave an update to the group on developments at Townlands:AG provided an update on the services provided by the RBH:* AG advised that all existing clinics have now moved and opened in the new building and the feedback is positive. Some of the clinics have been expanded, such as dermatology which is now offering a see and treat service. There is a new Bariatric clinic and the diabetes clinic is currently being reviewed. Most of the expanded clinics relate to the expansion in sub speciality or frequency of the clinics.
* Radiology is fully up and running from last week following the switch to the permanent X-ray machine. There has been networking problems due to BT and Virgin delays. This has not impacted patients but has meant that the IT was slower for clinicians.
* SG requested a supplementary paper detailing all the clinics to support this verbal update.
* JB requested a project plan for the implementation of the whole site and the RACU.
* JW requested an update from GK on the CCG board meeting held in May. This was given – OCCG Board were asked to agree extra funding of £226k for the provision of intermediate care beds at the OSJCT care home, which is over about above the plan approved by the Board previously.

CH provided an update on the services provided by Oxford Health NHS Foundation Trust (OHFT):* Numbers of patients accessing the Minor Injuries Unit and Out of Hours service have remained the same.
* Speech and Language Therapy, Physiotherapy and Dietetics are now onsite as part of the Integrated Locality Team.
* The trust remains committed to securing a consultant led RACU service and have worked hard to ensure that an attractive job description has been developed which has been fully approved by the Royal College of Physicians. There is however a national shortage of doctors which is impacting on our ability to recruit. The current closing date for applicants is 31st May but unfortunately we have had no applications to date. In light of this OH and RBH have met to discuss alternative options which could be put in place in the short term, pending a further recruitment drive. These options are being worked up and will be shared with TSRG at its next meeting in July. Meanwhile, recruitment and training of nursing and therapy staff is positive, and there has been a good response to the opportunity provided to work within the new service model. As a result of the RACU, OH needs to make some minor changes to the infrastructure of 1st floor.

DF requested an organogram from Oxford Health and raised concern that there is not a clear timeframe for the implementation of the RACU. SG reiterated concern about the timeframe for the implementation of the RACU. CH advised that it is important that the right person is recruited but that the trust is looking at other options, such as an intermediate nurse-led service or a temporary GP with a specialist interest. SG asked for a paper highlighting these options and CH advised that this was still being worked on. It’s important that any temporary arrangement can be changed once the permanent clinician is recruited. It was agreed that a paper outlining options for the RACU with a timeline will feature at the next TSRG on 19 July. SL advised that the OSJCT would be flexible to support the RACU. Completion over the care home build is expected in September 2016. There would be a minimum 2 week handover period. Formal handover can take longer depending on snagging issues.**RACU KPIs (paper 3) :**A paper outlining the RACU KPIs had been circulated to the group; SG commented that he was content with the KPIs and said they were a good set of KPIs. SG asked if the KPIs and monitoring processes will provide a holistic picture of the patient journey. This will be part of the monitoring as outlined in the monthly information requirements (08, paper 3). SG also raised a concern that the KPIs do not cover patients leaving the Royal Berkshire Hospital (RBH). GK confirmed that this was the case as the KPI specifically relates to patients using the step up facility from the RACU.SG asked if the KPIs would provide assurance on capacity of social care. GK noted that this paper specifically relates to the new RACU service and that the monitoring of social care is undertaken elsewhere.**Assurance Framework (paper 4):**GK provided an overview of the suggested areas on which assurance should be provided to the TSRG. The assurances were developed with two members of the TSRG and Oxfordshire Clinical Commissioning Group (OCCG). The assurance framework was agreed.**Site issues: parking and signage (paper 5):**A paper was presented on behalf of NHS Property Services. Given the changes to areas used by the public and patients due to construction, signage changes regularly. NHS Property service endeavours to keep the signage up to date.The next changeover of parking areas from this current layout of circa 30 visitor spaces will be on the 22nd of June when we will have 57 spaces of the new car park handed over in front of the hospital. The final completed access road and remaining car park to the Hospital and Care Home will then be completed and handed over on the 19th August, as per the current program of works. At handover there will have 70 hospital spaces for staff and visitors and 24 for the care home staff and visitors.JW raised issues around correct and visible signage with the local GP practices so it is clear which parking is for the hospital and which is for the practices.DF raised a query about whether there will be a drop-off area close to the hospital entrance? | **AG to include an update paper for next meeting****AG/CH/PM/GK to share project plan****AG/CH/PM/GK to bring a paper to the next meeting****CH to share organogram for the RACU****Action as above** **SA to link with NHSE and practice managers to ensure clear signage is in place****SA to liaise with NHS Property Services about drop off possibilities**  |
|  | **Update on sub-group activity** |  |
|  | * Opening ceremony – no dates have been agreed for an opening ceremony due to diary constraints; however a group to plan the opening will convene at the end of June to plan the opening.
* Recruitment of Chair – the advert for the recruitment of an independent chair for the TSRG has been circulated far and wide. Three members of the TSRG will shortlist and interview candidates. JB raised issues of impartiality of those interviewing prospective candidates. It was agreed that those involved in the interview process would be trusted to raise any conflicts of interest and withdraw from the panel if required.
 | **JS to share date of opening with members when fixed.****SA to share applications with sub group members** |
|  | **AOB** | **All** |
|  | Agenda items were discussed for the meeting in public on 19 July; it was agreed it would cover:* the RACU options and timeline
* the Oxfordshire transformation programme

For the following meeting we would invite a clinician to speak from the integrated locality team hub. | **Peter McGrane****SA to source presenter** |
|  | **Next Meeting** | **All** |
|  | Tuesday 19 July, 10am until 12 noon at Council Chambers, Henley Town Hall. The meeting will be held in public |  |

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| **Attendees**  |  |  |
| Julia Stackhouse | JS | Senior Communications & Engagement Manager, SCW CSU for OCCG |
| Sarah Adair | SA | Head of Communications and Engagement, OCCG |
| Roger Dickinson | RD | Chair of Townlands Stakeholder reference group and Non-executive Director, OCCG |
| Alison Gowdy | AG | Directorate Manager, Integrated Medicine, RBFT |
| Janet Waters | JW | South East Locality Forum (Patient Participation Group) |
| Stefan Gawrysiaka | SG | Townlands Steering Group |
| Cllr Julian Brookes | JB | Mayor, Henley-on-Thames |
| Rebecca O’Leary | RO | Carer Representative |
| Dick Fletcher | DF | Hart Surgery Patient Participation group |
| Vivienne Laurie | VL | Patient representative |
| Tine Rees | TR | OHFT |
| Mandy Carey | MC | Dementia Oxfordshire |
| Dr Andrew Burnett | AB | Clinical Locality Director, OCCG |
| Richard Maynard | RM | Healthwatch Oxfordshire |
| Maria Melbourne | MM | Oxfordshire County Council |
| Gareth Kenworthy | GK | Director of Finance, OCCG |
| George Leslie | GL | Henley Volunteer Drivers |
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| Guests/observers |  |  |
| Sara Livadeas | SL | Strategy Director, The Order of St John Care Trust |
| Patsy Just | PJ | Assistant Operations Director, The Order of St John Care Trust |
| Apologies |  |  |
| Anne Brierley | ABr | Service Director, Older People’s Services, OHFT |
| 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 |