

South West Oxfordshire Locality Forum (SWOLF)

Draft notes of the Meeting

Held on

Tuesday 12 January 2016 (10.00-12.30)

Didcot Civic Hall, the All Saints Meeting Room, Didcot

- 1. WELCOME:** Martin Tarran-Jones, Chair, welcomed everyone to the meeting and the attendees introduced themselves. A special welcome was extended to 6 observers who had been invited to attend the meeting.

MEETING ATTENDEES AND APOLOGIES RECEIVED:

Organisation:	Names:	Initials
Chair: SWOLF and Woodlands Medical Centre	Martin Tarran- Jones	MTJ
Clifton Hampden Surgery	Chris Dupond Mary Braybrooke	CD MB
Didcot Health Centre	Lesley Powell, Shelagh Garvey	LP SG
Long Furlong Medical Centre	Rosemary Allan	RA
Newbury Street Practice LINK	Janet Parker	JP
White Horse Medical Centre	Marcus Laphorn Gene Webb	ML GW
Grove Medical Centre	Tom Thacker	TT
Oak Tree Health Centre	Marion Watson	MW
Church Street Practice	Sue Hannon	SH
Marcham Road Family Health Centre	Alison Langton Bob Lassam	AL BL
Visitors:		
OCCG	Dasa Miklosovicova	DM
OCCG	Dr Julie Anderson	GB
South & Vale Carers	John Tabor	JT
Vale Adult Social Care Team, Oxfordshire County Council	Pam Bradshaw	PB
Area Service Manager South Oxfordshire, Oxfordshire County Council	Maria Melbourne	MM
Operational Manager, Oxford Health NHS Foundation Trust	Rob Avis	RA
Observers to the meeting	Findlay Sterry	FS
	Jeremy Appleton	JA
	Monica Lovatt	ML
	Loretta Light	LL
	Peter SurrIDGE	PS
	ClIr Zoe Patrick	ZP
Minutes taken by: NHS South, Central and West Commissioning Support Unit, Senior Communications and Engagement	Julia Stackhouse	JS

Manager		
Apologies Received: Dasa Miklosovicova Wendy Price Jean Nunn-Price		

2. MINUTES OF THE LAST MEETING (13-10-15)

MTJ asked those present to confirm the minutes as a true and correct record of the 13 October 2015 meeting. The minutes were accepted and it was noted that Marion Watson had attended. The minutes were revised accordingly.

3. MATTERS ARISING:

- **S106/SIL funding for Health Services;**

John Jackson (JJ) Director of Adult Social Services for the OCC, and Director for Strategy and Transformation for the OCCG, responded by email to MTJ. It was noted that S106/SIL funding is now firmly on the CCG’s agenda. Libby Furness is supporting JJ on this. JJ is working to identify where and when section 106/CIL funding is achieved, so that the Locality Forums can be updated. Concern was raised that the funds received from central Government, for each house built, were going into general OCC/DC funds and not ring fenced.

Action: MTJ to discuss with JJ as to whether the funds are ring fenced anywhere with any of the councils.

- **Update on Primary Care Advisory Group (PAG)** – JS provided an update on the group, advising that at present it will be virtual. An email will be sent to all participants shortly updating them.

- **Increasing membership** – MTJ thanked the observers for their attendance.

- **OCCG Commissioning Intentions** - GW is concerned that Out of Hours has not been consulted on. JS advised that this was formed as part of the 111 work and it was fed back that the 111 consultation had not included specific questions about out of hours. JS advised that this was a Thames Valley wide process. MTJ advised that he had recently informally met David Smith, CEO of the OCCG, and that DS had emphasised his wish to ensure that the Locality Forums are included in the deliberations concerning OCCG’s future strategies and plans, at the earliest possible stage.

- **Venues** – Action: Dasa to book a venue in Wantage area for the 2nd Tuesday in April. Suggestion that meeting is held at The Beacon at Wantage. Although it was noted that parking has to be paid for and is limited to 2 hours. **Action: Dasa M. Please advise MTJ of what is booked.**

4. Terms of Reference, review of Draft 7:

A discussion was held about the suggested revised terms of reference and the following was agreed:

- Remove wording about rotating chair.
- Suggestion: re-elect outgoing Chair on a year by year basis, instead of meeting by meeting, in the event that no new Chair is available.
- Group secretary keep in.

A discussion was had concerning the reference to: “observers becoming SWOLF members and earning voting rights.” BL was concerned that as SWOLF was a Group formed of representatives from PPGs that this proposed change would lead to a watering down of the PPGs’ influence, an unwelcome change from his perspective. He stated that as each PPG only had one vote to represent many patient members, it would therefore not be proportionate for a member joining from another route to gain the same voting power, just for one individual. Others were also not sure how to proceed and it was therefore agreed that we devote 1 hour of the next SWOLF meeting to explore this subject further, as well as providing another opportunity to refresh our understanding of SWOLF’s priorities.

Action: MTJ to prepare a briefing paper to act as a basis for this discussion and circulate well before the April SWOLF meeting.

5. Running SWOLF duties and responsibilities/Election of Chair and Vice Chair.

Members were asked to provide expressions of interest for the role of Chair and Vice Chair. No expressions of interest were received. The members proposed that MTJ continue in the role for 1 year, rather than the “meeting by meeting” basis that he had originally suggested, and there was a unanimous vote in favour of this. It was noted that Marion Watson has formally stepped down to the role of Vice Chair, but no expressions of interest were received for this role, so it currently remains vacant, alongside the role of Secretary. No further discussion was had about next steps from the forum to recruit to these roles but this needs to be included in the discussion referred to above under Section 4. MTJ requested a volunteer to work with the OCCG/JJ on the Section 106/SIL funding workshop and it was agreed that GW would do this. **Action: GW, and MTJ to inform JJ**

6. **MTJ SWOLF repot** – OCCG has committed to reviewing the capacities of health services in Didcot and is setting up a project team to look at health service capacity in Didcot as first priority but also in other key areas of population expansion like: Wantage/Grove. The recent scoping discussion document issued by OCCG explained the background and suggested potential models of care. MTJ explained that as the patients in Faringdon were still concerned about future primary care capacity in their area, John Jackson had agreed to carry out a further investigation with the White Horse Medical Practice and report back to the WHMP PPG with its findings. The growth project will kick-off with a workshop to be held on 22 Feb, and will start meeting thereafter on the first Monday of every month from 1st March, 2 – 4pm. MTJ asked for representation on this group as although its initial focus will be on Didcot it will encompass the other key growth areas in due course.

The meeting agreed with MTJ's offer to act as its lead rep on this group, and back-up to be shared by Gene Webb and Sue Hannon.

7. OCCG Update (Dr Julie Anderson). Dr JA's report is attached and forms part of these meeting notes.

JA advised that the CCG is going through delegated commissioning, and will take on more of the specialist commissioning role of NHSE, along with primary care commissioning. The view of the CCG is that this will bring additional access to funding, and prove more successful than the co-commissioning approach previously agreed. NHSE are moving out of Jubilee House and work is now being handed over to the CCG.

JA updated on devolution, combining health and social care. JA advised that she has anxiety about this, but recognises that there are benefits due to overlaps in services. It would put Oxfordshire in charge of a 1.3bn budget. However, this develops there will be a vote from member practices on whether this is the appropriate direction of travel. Locally Oxfordshire is struggling financially and also with recruitment, although this picture is also reflected nationally. Health Education England has increased its training opportunities for clinicians but this will not be sufficient or rapid enough to fill the gaps that are now appearing everywhere in Primary and Secondary care.

OCCG is working to see how they can manage staff better, and this has resulted in the Care out of Hospital Strategy; by developing services out of the hospital setting, which are more cost effective, and will help hospital services to be more efficient.

Acute hospital care is also an area that is being addressed by considering less bed based care and more ambulatory care. (Also note the developments of Townlands Hospital which is going to be devoted to ambulatory care with a back-up of just 6 beds).

JA touched on the potential for greater diagnostic services forming in the Science Vale area, which encompasses everything from Faringdon across to Wallingford and surrounding area in the SE. A discussion followed, where concerns were raised about:

- Will the necessary support services be available for Care out of Hospital, considering: OCC budget cuts across the board, falls services, respite, day centres etc. Concern that people will fall through the system.
- Concern about integrating services that are free to all against one that is charged at point of access. (Health as opposed to social care).
- Idea of merging budgets is superficially very attractive but the NHS budget has always been ring-fenced, but will the county council see this as money to help prop-up their social care services?
- Ambulatory model, concern that there is limited support in the community to enable people to be supported to be ambulatory.

8. Integrated Locality Team (ILT)

Pam Bradshaw (Vale Adult Social Care Team), Maria Melbourne (Adult Social Care) and Rob Avis (Operational Manager, Oxford Health NHS Foundation Trust) provided an update on the Integrated Locality Team (ILT) for the SW area. It should be noted initially that the county council localities are not quite aligned with the CCG localities but this is being looked at. For Example, Didcot is currently in the SE Locality for Social Care.

RA confirmed that the ILT includes a multi-disciplinary team consisting of Community Therapists, Physiotherapists, Occupational Therapists, The Reablement Service, Community Mental Health Teams, Social Workers and District Nurses. The Hub for the ILT is based at Abingdon Hospital.

RA confirmed that there are now multidisciplinary meetings (MDTs) held weekly which can on occasions also include Speech and Language Therapy and Dietetics, to review complex case referrals and end of life patients. These meetings are excellent for solving complicated issues and plan care for patients. Care Plans are shared with the GP. The MDT is also a learning opportunity for staff as they may find out about different services and ways of doing things.

Since 2 Dec 2015 the Message Response Service (MRS) has been picking up on day referrals and currently receives on average 100 calls a day. Numbers are increasing and 1/3 of all patients in the service are end of life patients. Social Care Workers are now based at the Marcham Road site, one day a week and also attend the weekly MDT meetings.

Social Care workers are now able to work in Wantage but have not yet been expanded to Faringdon, due to IT issues.

Work is ongoing to join up services further, with Social Care moving to Responsible Locality Teams so that they match the boundaries with health, this should be effective by summer 2016.

Maria Melbourne briefly touched on the DTOC initiative outlined in Dr Anderson's report but emphasised this as being a way in which social care is worker closer with health.

MTJ asked MM to prepare a written summary of their joint presentations so that this could be circulated to SWOLF members. **Action: JS to progress with MM.**

Further information about the ILTs can be found on the CCG website here: <http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/community-integrated-locality-teams/>

9. SWOL Exec representative:

MTJ thanked Alison Langton, who has been attending and reporting on the monthly clinical locality meetings, and encouraged members to share information and feedback with Alison for discussion at these meetings. He also said that the population growth/health capacity issue would be on future SWOL Exec agendas and therefore he would also try to attend these meetings again.

10. Healthwatch report: MTJ noted that the Healthwatch update had been circulated in advance of the meeting for people to review but that Jen Marks was unable to attend on this occasion to answer questions.

11. AOB

Shelagh Garvey from Didcot Health Centre, raised some practice concerns about the Flu Vaccination programme, highlighting that they had received evidence of aggressive promotional behaviour from some pharmacies, including reports of some patients being told that the Health Centre was too busy to provide vaccinations. There were also concerns that timescales for submission of pharmacy vaccination data to the Health Centre were not always being met. SG was keen to find out if any other practices were experiencing this. It didn't appear that these concerns were reflected elsewhere. MTJ pointed out that the NHS were paying Pharmacies more than GPs to provide the 'flu vaccinations and therefore this was costing the NHS more than if people had the jab at their surgery.

Shelagh also reported a case referred to Didcot Health Centre PPG concerning patient discharge from A & E. JS explained that "patient experiences" could be reported to Dasa M who would ensure that they go to the OCCG patient experience team. However, patient complaints should be pursued through Practice complaint procedures (Primary Care) and Patients Advisory and Liaison Services (PALS) (Secondary Care).

12. PPG Updates:

It should be noted that PPGs are encouraged to circulate their update in advance of the meeting via the closed space on Talking Health. The purpose of this is to assume that each PPG has read each other's updates and that the meeting time is spent addressing any questions from members. It is not the intention to continue with Appendix B, but for responsibility to lie with each PPG to share their own updates with each other. Key updates:

- Clifton Hampden: All forms/documents provided to patients now contain details on how to join the PPG.
- Newbury Street: Merger of Grove with Newbury Street practice proceeding. Good PPG AGM held with 2 new committee members recruited.
- Oak Tree: Only 3 or 4 patients actively involved with PPG but the PM has a virtual list of around 2,000. Recent CQC rating was "Good."
- White Horse: 3 people joining the PPG committee. Working to improve the website. PPG invited to review the practice business plans.

- Church Street: Good AGM held and got 2 new members. Holding a health awareness meeting in September.
- Marcham Road: Bob Lassam elected as new PPG Chair. Presented patient feedback to Doctors, which was well attended and received.
- Didcot Health Centre: JS joining the PPG committee. 2 new members over the last 8 months. Developing patient area on website. Plan to meet with PM to review F&F test results.
- Long Furlong: Very well run practice. One PPG meeting so far but patients not keen to become involved. PM has set up for 4 PPG meetings to be held this year.
- Woodlands Medical Centre: Patient service improvement ideas from a survey run last Summer have been agreed with the PM and progress and will be reported on by end March. Held discussions with Partners and PM re refinements to the appointments system. Newsletter No 42 released (22 pages). Patient Group to meet on January 26th with keynote speaker Dr Barbara Batty talking about the plans to improve DTOC in Oxfordshire. WMC will be implementing a large facilities expansion this year and the Patient Group will be involved in the finalisation of the plans for patient services.
- South & Vale Carers: JT reported that Wednesday “drop-ins” for carers at the Civic Hall continue to be very well supported with lots of younger carers attending too. S&VC is teaming up with other voluntary organisations to oppose cuts to OCC services. He said that OCC had a poor track-record regarding engagement with his type of organisation.

13. Date of next meeting: Tuesday April 12th 2016 at 10.00. Venue in Wantage area to be confirmed in due course. Action: Dasa M.