

Present: Councillor I Reissmann – Chairman
Dr P Ashby – Vice Chairman
Councillor S Gawrysiak
Councillor Miss K Hinton
Councillor D Nimmo-Smith
Councillor Mrs J Nimmo-Smith
Mr R Aitken
Dr B G Wood
Councillor M Winton
Mrs V Alasia
Councillor Mrs L Langley
Councillor Mrs S Webb
Councillor Mrs S Biggs
Mr R Atkin
Mr J Howell MP

In attendance: Mr M Kennedy Town Clerk
Administrator: Louise Hastings

Also present: Councillor D Silvester
Councillor W Hamilton
30 members of the Public
1 member of the Press

382. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr G Probert, Dr T Dudeney, Mr T Lloyd, Councillor Mrs E Hodgkin, Councillor Mrs G Austin, Mr P Bradbury, Councillor M Akehurst, Councillor Mrs C Walters.

The Chairman, Councillor Ian Reissmann, welcomed everyone to the meeting.

383. **DECLARATIONS OF INTEREST**

There were no declarations received.

384. **MINUTES**

The Minutes of the meeting of the Townlands Steering Group held on 4th March 2015 were received, approved and signed by the Chairman as a true record subject to Councillor Reissmann contacting Mr Leto of Amber Solutions for Care for a date of the next Townlands update meeting.

385. **PUBLIC PARTICIPATION**

Councillor Reissmann asked permission to move to Item 7 after the CCG had given their presentation to the public.

386. **CLINICAL COMMISSIONING GROUP PRESENTATION**

Members of the CCG introduced themselves.

Mr Peter McGrane – Oxfordshire Health Services.

Dr. N P Chan – Clinical Director RBBH Outpatient Clinics.

Mr David Smith – CEO.

Dr. Andrew Burnett – GP Sonning Common Health Centre & Clinical.

Director for South East Oxfordshire Clinical Commissioning Group.

Mrs Libby Furness – Planning & Transformation Manager.

Mr John Jackson – Director Social Services, Adult Social Care.

Mr David Smith – has only been in the job for 9 months. The Oxfordshire NHS are responsible for 700,000 people with a budget of £650 million per year and is the accountable body. There have been a number of dilemmas and therefore proposed changes to the original plan will need to be put forward. The hospital is well under construction and designed some years ago. The CCG underwrote developments costs prior to the contracts being signed. They will work with the main providers and ensure that contracts are in place. The contracts need to be secured. They had not been signed at the point that of Financial Close in May 2014.

Dr. Andrew Burnett – Townlands is always the place that patients want to go and our focus is on healthcare in the area. The CCG and GPs strongly support Townlands. A Rapid Access Service – specialist service for the local people especially the elderly is very important and is run by Royal Berks. Diagnostics can be improved significantly providing even more services on the site. This unit has access to hospital beds when necessary. The elderly deteriorate when in hospital as they find it confusing and relatively impersonal. Beds are needed in Oxfordshire but the traditional model is not right for changing health needs. It is better to concentrate on three to four beds as currently occupied in Townlands by local people.

We are trying to set up a good facility that will work for the next 30 years. The idea is to have a number of Emergency Multidisciplinary Unit Beds (EMU) which support rapid assessment and a pathway into returning home, with suitable support, or into long term care if that is appropriate. An EMU system is in operation at Abingdon and Witney.

There is a need for a county wide pool of beds, but it's too early to say where these will be.

387. **QUESTIONS & ANSWERS**

Councillor Mrs J Wood – If we are not using the old Townlands Hospital, who pays for the beds at the moment?

Dr A Burnett – We are using the beds. Most patients are from other areas – the funding will be met by the CCG where they are GP based.

Councillor Mrs J Wood – So why can't there be the same number of beds with other services and a lot of elderly can have friends visit? Henley people are an

island. It is difficult and we feel remote. We started this journey to get a new building we now seem to be losing the services of beds.

Dr A Burnett – the CCG is trying to provide services across Oxfordshire and can't favour one area over another. You won't be able to have a group of beds with an 'H' on them.

Councillor Mrs J Wood – why have we been led on then?

Dr. A Burnett – what was right in 2003 is not right now. There is a need to respond to circumstances. Building like for like is not sustainable. The hospital must be cost effective. If you have 2 floors full of beds it will be difficult to fill them, and they will take up space that other services could use to provide needed services currently only available some way away, or with long waiting times.

Councillor D Nimmo-Smith – the care home will be run by the Order of St. John. There will be access to beds but in a different way.

Mr John Jackson – The re-provision of a modern care home (intermediate care – step up & respite) will replace people going into hospital. A few beds will be bought which gives flexibility.

Mrs V Alasia – we were told from the outset that services would be re-provided. That in our book is 18 beds, staffed properly.

Dr A Burnett – Some beds will be in the care home. There is less need for beds because of changes in medical care. We are designing a modern services that will need to last 30 years. The current model of beds is not the best way to meet the need. The RBBH decant patients to Townlands. Clinical services and social and health care have to work hand in glove to ensure that the services are right. There are three main issues to look at.

1. Clinically it is the right thing to do – healthcare is moving at quite a pace. Avoiding admission to hospital is a good thing: Patients needs have changed. There are new opportunities and that means not focusing on patients in beds. Head off deterioration in the first instance. The focus will be on patients in their own beds at home which most people prefer if they get the right support.
2. What is operationally deliverable?
3. What/how can we financially afford it?

Mrs V Alasia – are you talking hospital at home service?

Dr A Burnett – yes – a more enhanced service.

Dr A Chan – The RBBH is keen to work with patients here and avoid hospital admission. It is better for the patient and the health economy. We need to look at care in a different way. Look at early intervention – same day services. We will still need some community beds but carrying on the way we are is not the best option.

Dr B G Wood – raised concerns about the speed. 300/400 people have gone through Townlands – no beds in the community – they need support. We haven't seen any figures expressing where you are going. It's very disappointing – there are 40/50 people in the system who cannot access beds. How will you switch on the system within the next 6 months? Things need to happen very quickly and people need to understand what we are getting. If the services are not ready for October where do people have to go to get help?

Councillor D Nimmo-Smith – Amber's plan will be handed over in November – fitted out as in the specified design. Any changes would incur substantial costs. Say now if you want to make changes – these will need to be negotiated with Amber and there will be financial penalties. It's an easy option in the short term. If we go on as we are in a couple of years' time we would need to make changes.

Dr B G Wood – let's have beds and then get us in the new world.

Councillor D Nimmo-Smith – This would give greater flexibility.

Mr John Jackson – In the Henley area there is 53% more homecare than in 2012. We are an aging population and OCC put in more money each year for home care in Henley. By the end of the year Occupational Therapy will be integrated into the Neighbourhood Teams. These are due to start in June and are moving from Abingdon to Wallingford. There is more and more demand and we have to move away from expensive care bed service. If patients go into hospital for a length of time, inevitably they end up in a care home. By putting the money in a pool budget it can be moved around. We are working closely with Oxfordshire Health.

Dr B G Wood – will the infrastructure be in place by the time the CCG move away from beds into the home?

Councillor D Nimmo-Smith – Concerns are raised because the hospital will be finished and no services to put in it. If Sue Ryder had not pulled out, what would you have done? It is not just Sue Ryder pulling out that has brought a change in services, there are no contracts in place – look into alternative ways of using the building. This should have happened before the contracts were signed – a year ago.

Councillor Mrs J Wood – You are opening a new care home – robbing Peter to pay Paul there is no other funded nursing home in Henley. Where do people go when Chilterns End is full? We are talking numbers and budgets. It is disgusting to cut the number of beds when people haven't got the money to go?

Mr J Jackson – we are looking to find ways to help people stay at home – extra care housing as a way of maintaining their independence. Stays in care homes have been stable over the last 4 years.

Councillor Mrs J Wood – Chilterns End is mostly local, people won't want to go to Caversham or another area. Dementia patients can't be left at home.

Mr J Jackson – in extra care housing, they will be looked after by home care providers.

Councillor I Reissmann – there is no reduction of numbers from closing Chilterns End and opening Townlands – we are going from 43 to 60.

Councillor Mrs L Longley – when do we get a list of what services will be provided and can we have an input?

Dr A Burnett – we are developing the new model. Can't be specific at the moment as we want to expand outpatient clinics. Space at the moment is not enough to provide all the services we would like delivered on the new site.

Councillor I Reissmann – the current plan is to re-provide the same services as are operating now.

Mrs Libby Furness – advised that the CCG is engaging with the TSG Sub Committee. The pre-election period has implications but we are trying to firm up plans with colleagues and partners and will come back to you after the elections. We hope to have more detail then.

Mr Robert Aitken – I share Mr Smith's concerns this far into the project with no contracts signed. The TSG were told that all contracts had been signed. Not a sensible way to run major projects. We need the earliest understanding of what's being done and where the project is going. We need a timetable for services. A health hub would be great with beds but people will be shipped off out of the area. I am a first responder and many elderly are better off looked after locally. They need GP contact – a better model. You will have to do a lot of convincing and be organized in a constructive way.

Dr B G Wood – GP and ambulance crews have worked better in the last two years – we are hoping to have more in Oxfordshire.

Mr D Smith – work is being done and we will be happy to share with the Steering Group. We can only get all of the services in if there is a change in the number of beds.

Councillor S Gawrysiak – I agree with providing more services at Townlands. With Sue Ryder not taking up the top floor the services can be fitted in. We need to focus on the elderly. I don't believe that with people wanting to come in from other areas, that 18 beds will not be needed.

Dr A Burnett – the clinical need for care is there. Care in hospital beds is not the way to go about it. Provide enhanced care in the community. Clinical care is available.

Dr A Chan – The RBBH run the current outpatients services and there is not enough space. Listening to local GP's some clinics do not come to Henley. If all clinics are moved back here it will save travelling and parking. Everyone would agree that this would be much better for everyone.

Councillor Mrs J Nimmo-Smith – we need reassurance that someone has an overall picture and that the CCG is answerable to the government. There is a feeling that week by week changes come out in the press that surprise us.

Mr D Smith – we too were surprised about information in the press when we were coming here. We are happy to have a level of engagement – advise us of what you need.

Councillor I Reissmann advised that the CCG and TSG Sub Committee had been meeting over the last two months. It was important to wait until the plans were ready before making a judgement. Henley Standard will report on the presentation and need of the community. We will try to keep the TSG informed.

Councillor Mrs J Nimmo-Smith – it is important to keep the wider community involved.

388. **PUBLIC PARTICIPATION**

Councillor W Hamilton – I am a big supporter of Townlands. A fantastic hospital is being built. I would like to hear from Dr Ashby and Dr Unwin – what do they think about the beds?

The decision of Sue Ryder happened, the CCG and Henley Standard is leading. The TSG is not doing its job – look at parking.

Dr P Unwin – Hart Surgery – we are torn. We looked after the hospital for a long time and not keeping the contract to look after Townlands was upsetting. We do understand economically about the number of beds. There has not been very much consultation about the proposals with Dr Langley and myself. We need some beds in Henley. Some patients could not and will not be going home yet so we do need some provision. I don't know the numbers or plans but we do want to look after the hospital – it does make sense.

Dr C Langley – Bell Surgery – Local patients will benefit from more ambulatory care. Beds are important. The Henley GP's want to be in there working with the Townlands staff again.

Councillor D Silvester – there has been no specific reference in mental health care now in Wallingford. Now that Sue Ryder has pulled out is it not possible the space could be used by CMHT to bring mental health back to Henley?

Mr P McGrane - All people with a mental health illness have varying long term problems. We need to develop integrated teams. In the South East it is based in Wallingford. We wanted to see where it is best placed within the locality. Every decision is looked at on three levels. We want to make sure that we are working within the general practice and not necessarily hospital based.

Mr C Langler – I was excited and relieved to see the ground broken last year. I don't see how you get from 18 beds to 5 over night with no plans. I was in hospital recently and should have come back to Henley but instead I was sent to Wallingford. I don't see where the facts are to support what is being proposed. There has been a procession of people from the NHS in charge over the years, and we thought it was all settled.

Dr A Burnett – we need to agree a medium term plan.

Mr C Langler – What is the timescale?

Mr D Smith – Going back to the buildings being built of a particular design, we need to speak to the developer to change the plans. We will keep talking to the TSG. If people want a significant change, then we will need to go to consultation. We can't do this until after the election. The issue is does the developer keep going or stop? This would mean a delay (already 5 weeks behind). The hospital wouldn't be open by December and can we have services in the wards.

If needed we would have to go to the Health Overview Scrutiny Committee.

Mr J Brookes – What was agreed? (Nothing has been agreed) The hospital is due to open in November. If changes are needed and there is to be a public consultation does this not go to the Minister?

Mr D Smith – Timing is critical. If we consult we would have to decide what to do during the consultation period. This will add 3 months on to the timeline. We would prefer to change the design – confirming the outline plans with the developer and move on.

Mr J Howell MP - I have spoken with the Health Minister and there needs to be a formal consultation.

Mr D Smith – a meeting is scheduled for tomorrow, if there is a significant change, I will speak to the Health Overview Committee.
If we are going to have beds then in two years' time when other services are needed we won't be able to have them due to lack of room.

Councillor I Reissmann – if the proposal is to move 18 beds to 5, you don't yet know if a consultation will be necessary ?

Mr D Smith – I don't know if a formal consultation is needed. If we go through the judicial review process it can be very expensive. Do we delay or go ahead.

Councillor I Reissmann – the implication is that 18 beds as agreed in the original Business Case.

Mrs L Furness – the concern about the beds is an emotional issue but put rationale behind it. It isn't a question of no beds but how many and how they fit into the other services. The type of beds for healthcare needs of the population. You can have all the services in the original business plan plus extra. A greater range of services. There is a lot of analysis that needs to be carried out. We will come back in May with proper figures.

Mr K Arlett – you are trying to defend the indefensible. Meet me at 9am and walk through the Peppard Ward and see who can go home. This is a very poor presentation this evening. If my company was in this mess I would sack every one of you.

Dr J McConnell – a lot of this makes sense. People want beds but want an efficient and cost effective service. We need the hospital for everyone, not just the elderly. It is frustrating not to have a plan. Mental Health is a very important service. Elderly cared for at home does work. We need to consider the options.

Councillor Mrs S Biggs - We are concentrating on the elderly and their needs. What about the young, the obese plus the 450 homes by 2020. We will need clinics. I am really concerned about dropping the number of beds significantly so why can't the top floor be the Peppard Ward and the middle floor be used for clinics?

Mr D Smith – we will share the plans – we won't be able to fit everything in.

Councillor Mrs S Biggs – How many extra clinics?

Mr D Smith – I can't tell you I will share the plans.

Councillor Mrs S Biggs - share it now.

Councillor I Reissmann – we are not here to make a decision. The Sub Committee will take a look at the plans and give its views with what has been said tonight. The choice is not a simple one.

Councillor Mrs S Biggs – I am concerned that the proposals are at such an early stage when the building is nearly complete. With the proposal – what assurance can you give to give services at home?

Mr J Jackson – we will be getting more money next year. 10% more for homecare in addition to other options to support people.

Dr B G Wood – We need a total plan with social and health care and a clinical plan.

Mr J Jackson – we will look at the public documents – it is better to draw together and try to work through with Henley and the surrounding areas.

Dr B G Wood – there is too much risk. We want a balance – evolution not revolution.

Mr D Smith – I can't answer these questions now, but we will provide much more information as the plans develop.

Dr B G Wood – We have been sat down for 11 years and have not seen one number or fact tonight.

Mr D Smith – We will share with you tomorrow exactly what we have got.

Councillor I Reissmann – we do need a more developed plan. We look forward to seeing this.

Mr J Brookes – I am appalled to find that no clinical contract is in place. Can you leave us with reassurance after speaking to developers that in 6 months will we have services or money?

Mr D Smith – it is a practical issue. If we build to specific design there is not enough space.

Councillor I Reissmann – the next steps are important. The beds and plans need more definition.

Councillor Mrs J Wood – how many floors?

Dr A Burnett – If we use one floor for extra services, there won't be as many services.

Councillor Mrs J Wood – how many is not that many?

Dr B G Wood – work out what can be provided.

Councillor I Reissmann – what has been asked for here is more detail. David will continue to keep talking to the TSG and provide us with more information.

Councillor S Gawrysiak – if you are changing the 18 beds – do you think you will have to go to public consultation? I think you do!

Mr J Howell MP- you will have to go to public consultation.

Mr D Smith – No. Incorrect – we do not need to go to public consultation. We do not know how this will go but it will add a three month delay. Then the CCG would have to decide what they will do during those three months. If the Scrutiny Committee say it is a significant change, then there will be a public consultation.

Councillor I Reissmann – we will stay engaged and continue to look at the plans.

Mr D Smith – I can only share with you what we have right now. I cannot hold a public meeting before May due to purdah. We will continue to hold private meetings.

Mrs L Furness – post election, we will be able to provide more detail.

Councillor I Reissmann thanked Mr Smith for bringing his Team to the meeting and agreeing to come back. He also thanked everyone in the public gallery for their attendance.

389. **DATE OF THE NEXT MEETING**

The next TSG meeting will be in May 2015. Date to be confirmed.

The meeting closed at 10pm.

Cllr I Reissmann
Chairman