

**OX12 Stakeholder Reference Group  
Meeting Minutes  
13 February 2019, 13:00-15:00,  
The Beacon, Civic Centre, Portway, Wantage, OX12 9BX**

<b>Attendees</b>			
Libby Furness (LF)	OCCG (Chair)	Janet Parker (JP)	Newbury Street Practice PPG
Sarah Adair (SA)	OCCG	Bernard Connelly (BC)	Wantage and Grove Campaign Group
Julia Stackhouse (JS)	CSU	Julie Maberley (JM)	Wantage and Grove Chair of Governors, Fitzwarren Special School
Victoria Connelly (VC)	CSU	Sue Hannon (SH)	Church Street, PPG SWOLF
Pete McGrane (PM)	OHFT	Christine Lisi (CL)	Church St PPG, SWOLF
Anne Lankester (AL)	OCCG	Andy Crawford (AC)	Town Councillor
Hannah Tombs (HT)	OCCG	Rosalind Pearce (RP)	Executive Director - Healthwatch Oxfordshire
Bethan McDonald (BM)	OCC, Public Health	James Goodman (JG)	Sales Manager - Green and Co
Pamela Roscoe (PR)	Joint Operations Manager, Wantage Independent Advice Centre	Maggie Swain (MS)	Save Wantage Hospital
Geoff Chown (GC)	Grove Parish Council	Jenny Hannaby (JH)	Chair Wantage Hospital League of Friends
Pauline Smith (PS)	Ashbury Neighbourhood plan steering group	Mandy Richens	Age UK Community Development Manager in South, Vale and West
Terry Knight (TK)	Save Wantage Hospital		
<b>Apologies / awaiting response</b>	<ul style="list-style-type: none"> <li>• Business Network / Wantage District Chamber of Commerce</li> <li>• Foodbank</li> <li>• Sweatbox</li> </ul>		

<b>Item</b>	<b>Lead/Action</b>
<b>1.</b>	<b>Welcome and Introductions</b>
<p>LF chaired the meeting and welcomed everyone to the first OX12 Stakeholder Reference Group. Introductions were made and attendees are listed above.</p> <p>LF explained that the membership had been drawn from a wide range of groups that represent the profile of the population of OX12. It was noted that some of those that had been invited had not yet agreed to be part of the group or were unable to attend. There was concern that we make renewed effort to ensure young people's voices are heard. . <b>ACTION:</b> JS to pick up with Sweatbox and Young Voices.</p>	<b>JS</b>

	<p>A Health and Needs Framework agreed by HOSC was presented as the approach for working through how best to meet the health, care and wellbeing needs of people living in OX12. This is the first time that the framework has been implemented and will provide valuable learning for how to use it in other areas across Oxfordshire. <b>ACTION:</b> the Health and Needs Framework to be circulated to the group.</p> <p>LF explained that the approach that had been outlined was a commitment to work in an open and transparent way listening to and engaging with local people to plan future provision of health and care services. Minutes and documents that are used to support this group will be shared on a dedicated website, and can be found <a href="#">here</a></p> <p>Complementing the work of this group will be workshops or activities which will involve a wider set of people or the community.</p>	<p><b>LF</b></p>
<p><b>2.</b></p>	<p><b>Paper 1 – Terms of Reference</b></p>	<p><b>SA</b></p>
	<p>SA presented the draft Terms of Reference for discussion.</p> <p>SA highlighted that the role of this reference group to help in shaping local health and care plans. HOSC will hold the scrutiny role and will be setting up a Task and Finish Group to ensure OCCG are working openly with the community and keeping to the timelines they have agreed.</p> <p>The purpose of the group is to work with local people to ensure that the voice and experience of local people informs the outcome of this project. The participants will need to actively seek feedback and views from the group they are representing. The group is to work in a positive way; everyone has an equal voice and will respect views and opinions of others.</p> <p>A member of the group highlighted that there are villages that are covered by Swindon but their patients are looked after by Wantage services. LF noted that is an issue we need to be mindful of. However this piece of work will be taken forward by looking at the needs of the South West locality, focusing down on Vale of White Horse and drilling down further to OX12.</p> <p>GC noted that there is a local event held at Grove Rugby Club in June (GC to confirm dates and details) it might be a useful opportunity to engage with the local community depending on where we are with the project at that time.</p> <p>It was agreed by the members of the group that it would be best that the group is chaired by one of the membership. Julie Maberley was nominated by the group and agreed to be the Chair of the OX12 Stakeholder Reference Group.</p> <p>It was agreed that if a member of this group was not able to attend, then a nominated person should be sought to attend on their behalf. Minutes of the meetings and events will be available on the website and it is the responsibility of members to share these with the group they represent.</p> <p>If there are any further comments or amendments to the ToR, please email Sarah Adair. (<a href="mailto:sarah.adair@nhs.net">sarah.adair@nhs.net</a>)</p> <p>LF described that the intention is to work with local people on all of the steps of the framework. Subgroups that will inform and support different aspects of the work as we go along.</p>	<p><b>GC (complete)</b></p> <p><b>All / SA</b></p>

	<p>AC requested that it would be useful to have information on future population, what villages outside of OX12 use OX12 services, and the predicted housing growth. LF agreed that this will be factored into the project that was being led by system partners and would be shared with the group as appropriate.</p> <p>PR noted that those who have a disability or a mobility issue are not represented on the group. <b>ACTION:</b> JH to pass on the details of the mobility schemes representative.</p> <p>As a way to have dialogue on-going between meetings, JS asked the group if they would be happy to use an online consultation tool (Talking Health) this will enable members to have a discussion and share documents. Everyone agreed. <b>ACTION:</b> JS to set up and send out invitations for Talking Health.</p>	<p>JH</p> <p>JS</p>
<b>3.</b>	<b>Paper 2- Engagement Plan</b>	<b>SA/JS</b>
	<p>SA presented the Engagement Plan that outlines an approach for communication and engagement that will support this project. The plan will be aligned to the stages of the framework.</p> <p>The group noted the timeline that was presented to the November HOSC meeting to deliver a model of care and options for delivery by June 2019 noting that it was extremely pressured. LF acknowledged the concern but reiterated that the date for reporting back to HOSC in June could not be changed.</p> <p>The group was concerned that there was clear communication with the wider OX12 community and that efforts were made to reach out to the different communities of interest.</p> <p>The group suggested that South and Vale council was linked into the project to ensure a better link between housing and care. LF noted that Michelle Wells of Vale of White Horse is on the OX12 Project Group and provides that link. Oxfordshire County Council is also a member of the project group and provides a link to health and social care commissioning and service delivery.</p> <p>PM noted that it is worth being explicit to all age professionals and to get in contact with local employers.</p> <p>Please send any amendments or comments on the engagement plan to Sarah Adair. (<a href="mailto:sarah.adair@nhs.net">sarah.adair@nhs.net</a>).</p>	<p>SA/All</p>
<b>4.</b>	<b>Paper 3- Health Needs Profile of OX12</b>	<b>BM</b>
	<p>Bethan McDonald (BM), OCC Public Health presented the OX12 Population Health Needs Profile.</p> <p>The group had many questions relating to the profile which is drawn from the wider Oxfordshire JSNA and is a subset of the South West Health Needs Profile that was made available to the group.</p> <p>BM drew attention to the following:  <b>Disease prevalence:</b></p> <ul style="list-style-type: none"> <li>• <b>Diabetes-</b> in Wantage GP practices is above CCG average, but is significantly lower than national average. Numbers have stayed stable over the last 3 years.</li> <li>• <b>Depression-</b> is lower in Wantage than in Oxfordshire however this is increasing, but this is being seen nationally. There is a reported issue with access to CAMHS services and there have been 3 suicides involving young people locally. Loneliness in both older and young</li> </ul>	

	<p>people is another issue that comes out clearly as a need to be addressed. .</p> <ul style="list-style-type: none"> <li>• <b>Hypertension</b> – was noted as an issue and the group were surprised that the numbers were so high. They agreed that a focus on prevention would be useful to reduce the complications that are associated with high blood pressure including stroke and coronary heart disease (CHD)</li> </ul> <p><b>Childhood injuries</b> are high in the OX12 area more information is need about the type of injury to enable strategies for prevention to be incorporated into the health and care needs planning. <b>ACTION:</b> OCCG to look at the data and to identify the type of children’s injuries that are admitted via A&amp;E.</p> <p><b>Emergency Hospital admissions (SAR)</b> are low compared to other areas, this is good indicator that OX12 has a good early home visiting system.</p> <p><b>A&amp;E/ Minor Injury Units and Out of Hours admissions</b> are lower than other places in the county. This might be an indicator that patients are well educated in where to attend if they need medical treatment. It was felt by members of the group that OOH works well but travel to receive treatment was an issue for some patients.</p> <p>The impact of housing growth was a major concern for the group. LF explained that it is difficult to make accurate projections of what the implications are of planned new builds but that this would be taken into account throughout the project. The project is sighted on the work of the Growth Board there are links to its work.</p> <p>The group noted that a number of people with children with special needs have moved to the area due to having a specialist schools in the area.</p> <p>The paper to HOSC in November 2018 showed that use of community hospitals is decreasing. AC queries who commissions community beds and how many are needed? Community beds and intermediate care are commissioned by OCCG and OCC. <b>ACTION:</b> Data on the level of beds needed in the community will be looked at by the OX12 Project Group.</p> <p>SH raised that maternity services need to be included in the work, this has not been mentioned so far. LF noted that this was not within the scope of this project but is part of a wider piece of system work.</p> <p>Healthwatch has also published a Report of a survey it undertook with a number of OX12 residents about health and care issues. The report can be found <a href="#">here</a>.</p> <p>Healthwatch has also just completed a review into day centres, the report is available <a href="#">here</a>.</p>	<p>OCCG</p> <p>OCCG</p>
5.	<b>Asset Review</b>	LF
	<p>LF noted that a review of services and assets was a key activity in implementing the Health and Needs Framework. She asked for suggestions as to the best way to involve the wider public in OX12.</p> <p>The group suggested that a series of drop in sessions across OX12 would enable the widest engagement. A sub group of the Stakeholder Reference Group will work with the projects Communications and Engagement team to plan and implement the sessions.</p> <p>It was agreed in the meeting that Maggie Swain, Jenny Hannaby, Julie</p>	

	Mabberley and Sue Hannon would be members of the sub group.	<b>JS</b>
<b>6.</b>	<b>AOB</b>	
	The timeframe for the OX12 project which has been agreed with HOSC is to have a model of care and options documented for OX12 for the HOSC June 2019 meeting. The group recognised the timeframe but noted that it would be challenging but that they would support it as much as they could.	
<b>7.</b>	<b>Date of Next Meeting</b>	
	The group wanted to meet regularly and that the next meeting should be in 3 weeks time. The project Communications and Engagement team will arrange a pre-meet with Julie Mabberely to develop and agree the agenda for the next meeting.	<b>JS, SA</b>

### Action Log

<b>Date</b>	<b>Action</b>	<b>Who</b>	<b>Update</b>	<b>Open/ Closed</b>
13/02/2019	JS to renew efforts to contact Sweatbox and Young Voices to get a younger representative for the membership.	JS		Open
13/02/2019	LF to circulate the Health needs framework to the group	LF	Circulated with the minutes 05/03/2019	Closed
13/02/2019	Further comments or amendments to the ToR, please email Sarah Adair. <a href="mailto:Sarah.adair@nhs.net">Sarah.adair@nhs.net</a>	SA/ All		Open
13/02/2019	JH to share details of the mobility schemes representative	JH		Open
13/02/2019	JS to set up and send out invitations for Talking Health	JS	Everyone should have received invitations, if not please contact <a href="mailto:julia.stackhouse@nhs.net">julia.stackhouse@nhs.net</a>	Closed
13/02/2019	Further comments or ammendments to the engagement plan, please email Sarah Adair. <a href="mailto:Sarah.adair@nhs.net">Sarah.adair@nhs.net</a>	SA/ All		Open
13/02/2019	OX12 Project Group to identify what type of childhood injuries were admitted to A&E.	LF /OCCG		Open
13/02/2019	Data on the level of beds needed in the community will be looked at by the OX12 Project Group.	LF/OC CG		Open
13/02/2019	JS to set up a subgroup to plan and implement the sessions for the asset review. Maggie Swain, Jenny Hannaby, Julie Mabberley and Sue Hannon would be memebers of the group.	JS		Open
13/02/2019	The project Communications and Engagement team will arrange a pre-meet with Julie Mabberely ahead of the next meeting	JS, SA		Open