

Minutes. Oxford City Locality Forum

1st August 2018, 1.30 – 3.30 pm. Jericho Health Centre

Present	Name		Organisation / LF
	Elaine Cohen	EC	Observatory Medical Practice
	Tracey Rees	TR	Manor Surgery
	Vivien Sieber	VS	Cowley Road Medical Practice PPG
	Roger Smith	RS	Observatory Medical Practice
	Grace Holland	GH	Oxfordshire MIND
	Jess Willsher	JW	Oxfordshire MIND
	Lan Jenner	LJ	Oxfed
	Stephanie Sawyer	SS	Oxfed
	Rachel Ruscombe-King	RK	Citizens Advice
	Fergus Campbell	FC	Locality Coordinator OCCG
	Nicola Perrett	NP	Healthwatch Oxfordshire (minutes)
	Margaret Simpson	MS	Manor Surgery

1.	<p>Welcome and introductions</p> <p>Elaine welcomed the group. The group introduced themselves.</p> <p>Apologies Julie-Anne Howe Sylvia Buckingham Kathryn Wilkinson Penny Faust</p>
2.	<p>Minutes of previous meeting</p> <p>The minutes were agreed</p>
3.	<p>Matters arising</p> <p>New members have been invited to join the City PPG Forum. Penny Faust has been invited but is unable to attend today. Members who have not attended recent meetings will be contacted by EC to find out if they would like to continue to be members.</p> <p>The group discussed representation from other community groups for example MIND. JW queried whether this includes service users as well as staff. This was agreed as long as they are patients of Oxford City practices as that is the scope of the group.</p> <p>Hard copies of the PPI Annual Report are not yet available. There will be some printed hard copies available in due course. The group questioned who the readers of the report would be. The Forum has contributed appropriate accessible content about Oxford City which has been included in the report.</p> <p>Action: EC to contact Oxford City Forum members who have not attended recent meetings</p>
4.	<p>Social Prescribing - discussion</p> <p>Lan Jenner and Stephanie Sawyer from Oxfed talked about Social Prescribing. Jess Willsher has also been invited to be part of the discussion.</p> <p>LJ: Oxfed is organised in six clusters. A Practice Care Navigator PCN is attached to each. The service started in 2015 to support the frail elderly. This has now extended to support other vulnerable groups. Referrals can come from GPs or can be external cross referrals (eg occupational health) or self referrals. LJ highlighted some typical case studies eg elderly, patients with learning disabilities. There is a social prescribing lead in place with a background and experience in occupational and mental health. She will be able to support PCNs across the city.</p> <p>SS: There has been a successful pilot scheme with volunteers. Volunteer health champions and practice based champions are now being recruited. This could for example focus on engaging with hard to reach groups.</p> <p>The group questioned how the volunteer scheme would work in practice. Some forum members were involved in the pilot in their PPGs. They identified the need for clearly defined roles and scheme management and setting boundaries. SS clarified that she will be able to offer more support than in the pilot and has identified that PCNs will be able to ensure volunteers work only within their remit. SS confirmed to the group that volunteers will be working in people's homes</p>

and will be trained and DBS checked. The volunteers are supported by the PCNs and will only do what the PCN has identified and approved. A volunteer portal on GP Team net will be used which will enable the service to be monitored. They are working with partners to identify volunteers

The group expressed their support for the project but also concerns that learning from the pilot could be lost.

EC raised that Oxfed engages well with GPs but has no wider engagement strategy with patients. She would like to invite SS to future meetings or to feed back progress.

JW: Mental health needs are prevalent in primary care. There is a focus on those with needs who are not able to access secondary services. Many with complex needs are in primary care only or reach crisis point periodically. There is funding for 12 months to have MIND workers in GP practices. Service delivery starts in Autumn 2018. There will be a named worker in each cluster of practices.

The practice booking system will be used to make appointments where an information and options assessment will be made to lead to signposting. Different levels of follow up and support will be needed based on individual need using a social prescribing model. They will not be doing home visits but will work in practices. They will not be replacing clinical services but supporting wellbeing. If there is a need for a referral into clinical services they can provide support if needed. Aims of the service include meeting unmet need and improving wellbeing and health outcomes. They will use a wellbeing score to assess whether they are making a difference and will report back to OCCG. They are currently recruiting and working on space availability for clinics in practices.

SS told the group about the October Movement – this encourages groups to put on events in October to give it a focus. MS told the group that 1st October is UK older person's day and free stalls are available at the event she is organising.

EC asked about health walks (Go Active). The Health Walk leaders have used a questionnaire about physical health in the past to demonstrate that they are making a difference. They have now been asked to use an additional questionnaire for mental health self- assessment. There have been some anxieties and concerns about using this in practice. There are two main issues:

- The walk leaders are happy to do the physical health but not the mental health assessment
- Should the walk leader be doing the assessment at all (whether physical or mental)

EC asked if JW could contact Claire Clayson (Go Active programme co-ordinator) to see if they could offer some help.

EC also asked if MIND would like to nominate someone to join the Core Group.

JW raised that communications could be better about sharing work that is done, for example in Oxford there is a safe haven on Fri/Sat/Sun nights. JW asked the group for suggestions how messages could be sent out.

- VS suggested a cascade email
- MS suggested talking to groups but there are a great many

Referral routes between Citizens Advice, PCNs and MIIND are being worked on.

	<p>The group discussed the need for a network of front line workers across Oxfordshire to understand each other's work as there are lots of different 'social prescribing' models and pieces of work starting. There are some differences in the model in different localities.</p> <p>Action: JW will send a link to the MIND presentation</p>
5.	<p>Update from county-wide LFCs meeting /activity</p> <p>There has been no Locality Forum OCCG meeting. The Chair and Chief Executive of OCCG had dates set for the meeting but they were not able to attend. The group decided not to attend on that basis. The next meeting will be 30th August. VS offered to attend on behalf of Oxford City Locality Forum.</p> <p>Current issues are:</p> <ul style="list-style-type: none"> • What does co-production mean? • OCCG is holding a workshop on 17th August to develop a process to do with GP closures. HOSC members have been invited but Locality Chairs have not. EC/TR will email Ally Green to ask about it. NP to find out if Healthwatch has been invited. • Relationships around transformation consultation have been strained. CCG has put forward 4 questions to ask how things could change and to define a better way of working. Feedback from the South East has been circulated. TR asked the group to comment on the SELF presentation and if there is anything to add. <p>VS expressed frustration with the disconnect between the questions and the practical work of PPGs.</p> <p>The group discussed co production and whether the question was about demonstration or working more effectively.</p> <p>Action: EC/TR will email Ally Green to ask about the OCCG workshop on 17th August. NP will ask if Healthwatch has been invited.</p>
6.	<p>September Meeting PPGs and Practice Managers</p> <p>EC highlighted that there may be a discrepancy between PPGs and practice managers perception of how well things are working with PPGs. The group suggested a parallel questionnaire for practice managers and PPGs.</p> <p>The group wants to attend a practice manager meeting. The core group has been invited for 45 minutes at the September meeting. They will ask whether it is possible to attend the next meeting in October instead due to pre-existing commitments</p>
7.	<p>November meeting – Integration, health promotion / prevention</p> <p>This will take place w/s 19th November and will be discussed at the September meeting</p> <p>Action: Ideas for the November Event to be sent to NP so that a date and venue can be confirmed.</p>
8.	<p>Updates from members</p>

	<p>Cowley Road is to start its Health Walks</p> <p>Margaret informed the group about National Older People's Day on Monday, 1st October. The City Council hosts an event at the Town Hall. We were invited to have a table in order to promote our work and PPGs. EC noted that the walk leaders were already attending on behalf of the GpActive Programme.</p>
9.	<p>AOB</p> <p>The City Forum would like a pop up banner for use at events</p> <p>VS will attend the September GP Commissioning meeting in place of EC</p> <p>Date of Next Meeting</p> <p>12th September 2018 1.30 venue tbc - focus on planning the November event</p>
	<p>Summary of Actions</p> <p>Item 3: EC to contact Oxford City Forum members who have not attended recent meetings</p> <p>Item 4: JW will send a link to the MIND presentation</p> <p>Item 5: EC/TR will email Ally Green to ask about the OCCG workshop on 17th August. NP will ask if Healthwatch has been invited.</p> <p>Item 7: Ideas for the November Event to be sent to NP so that a date and venue can be confirmed.</p>