

MINUTES of the meeting of the Hungerford 2036 Project Team held on Wednesday 29th May 2019 at 7.00pm in the Library, Church St, Hungerford

Present: Clerk, Tony Drewer-Trump (TDT), John Downe (JD), Chris Scorey (CS), James McMahon (JM), Denise Gaines (DG), Mike Hall (MH)

1. **Note Apologies (1 min)** – None
2. **Agree last set of minutes of 30th April 2019, update on actions from last meeting, not included in the agenda - Clerk (1 min)** – *Minutes were agreed by all.*

Action: Preparation of a list of the public comments is still outstanding as redaction criteria needs to be agreed before processing and displaying the list on the web.

Action: Clerk awaiting quote for a digital copy of the map of Hungerford Parish.

3. **Consider any feedback or correspondence from:**

- **Hungerford Town Council (joint meeting)** – nothing further.
- **Members of the public** – Nothing to report

4. **Consultations**

- **Welcome to Hungerford Surgery.** Practice manager, Mike Hall was introduced to the Team. He is aware of the NDP and had previous input into the Town Plan. He advised that there is a shortage of doctors nationally and locally as GPs take 8 or 9 years to train and not enough are joining.

Hungerford Surgery are short of a GP partner and would like a 5th partner or a salaried GP. A full time GP offers 8 sessions x 4 days. They need 6 sessions at least. GPs only see their own patients 40% of the time. A GP has 1500 patients and Hungerford Surgery has 7500 registered patients. It is difficult to attract new GPs and they have only had one candidate in 12 months. Hungerford is an expensive place to live and it costs to buy into the partnership. Many go to Reading or Swindon instead. Currently all their GPs are part time females.

Primary Care Networks are being formed and this would involve Hungerford working together with Kintbury, Woolton Hill and Lambourn. 30K patients are needed to form a viable PCN. They only have 24k which causes a funding gap. A PCN would share resources and vary where the services such as mental health and physio are based. Their IT systems are not integrated. This would be a requirement under a PCN. They are about to take on a pharmacist and a first contact physio.

The partners own Hungerford Surgery building and half the car park. When the surgery was built its design allowed for a second storey on the flat roof which may be required in the future. However, this would require a lift being installed. The NHS own the health centre building within the car park, but it is available to use and has space. The district nurses use it. Lack of parking is an issue.

Patient Groups meet quarterly and the chair attends Healthwatch and PPG. Boots are closing where they have more than one store in an area. There was a 50/50 split view on locating a pharmacy at the surgery. A pharmacist is centrally funded for 70% of their time. 1 in 4 appointments will be available on-line by 1st July 2019 but only 30% of patients are signed up on-line at present.

If we had 300 extra houses (in addition to the 100 with outline planning) how would it affect Hungerford Surgery? MH advised space would not be too bad, but resources would be poor. A 24-year-old is counted as 0.8 of a person whereas over 80s are 6 x a person. Hungerford has an aging population.

MH is happy to help and be involved with H2036. The HNA and age profile info would be of interest to him. This can be found on our website.

- **Arrange consultation with churches** – Iris from Friends of St Lawrence had been in touch wishing for the church to be consulted.

Action: TDT to speak with Mike to arrange a meeting with representatives from all churches.

Action: JD and DG to attend the Church Fete and Youth & Community Centre Open day next weekend. Particularly to gather evidence on the topic of the environment.

Action: JM to speak with Charlie at Y&C Centre to see if it is ok for them to attend.

5. First draft of ‘The Dream for 2036’ – This was discussed, and it was agreed to add on ‘dementia friendly’. MH advised they are already starting to address this in the surgery with signage and coloured toilet seats. He would like to see this more widely used in the town. There is a concern that Care homes are all located on the outskirts of the town. Learning in the future may involve more e learning. Building houses is not the solution to filling schools. We need to address the problem of not enough Hungerford students going to the local schools. We wish to address the imbalance of age in Hungerford. A good mix of housing including 3 storey town houses would encourage younger families to Hungerford and also make efficient use of the land. It was agreed to add ‘zero environmental impact’ to the dream.

6. Consider the draft policies drawn up by PlanET – We have 38 objectives! It was agreed we need to work through them a few at a time.

Action: Look at theme one ahead of our next meeting.

Action: Clerk to contact District Councillors to invite them to a separate meeting with H2036, once they have had their WBC planning training.

7. Zero Carbon West Berkshire – Refer to document – WBC were quite non-committal about implementing any of the recommendations in the document. It was felt the information needs to be taken to a public consultation for feedback. First we need to consider how it directly relates to Hungerford.

Action: The meeting after next consider theme 8, the environment.

8. Approach from alternative consultants

Action: Invite AONB to meet with us. Planning will be our third meeting.

Action: JM to set up meeting with JOG school council at the end of term.

9. AECOM – Method documents

Modules of interest are:

- Site Options and Assessment
- Master-planning
- Design including Design Codes

300 houses (self-build) are being built in Oxford. Plots can be purchased for £150K from the council. See Gravenhill.co.uk. Self- build may be a solution to help attract a younger demographic.

Action: JD and TDT to visit Oxford site

10. Transport Modelling – Waiting to hear from WBC which could be by the end of the week.

Meeting closed 8.55pm