Steyning Parish Council

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MEETING OF THE ANNUAL PARISH COUNCIL
HELD ON MONDAY 19th MARCH 2018 AT 7.30PM
IN THE STEYNING CENTRE

Present: Cllrs Northam, Lloyd, Willett, Hanson, Muggridge, Pearcey, G. Sullivan, Trundle, Muncey, Goldsmith and Picking

Speaker: Lesley Humber, Chair of the Patient Participation Group

Clerk: John Fullbrook

Members of the Public: 15

Meeting commenced: 7.30pm

DRAFT MINUTES

1. MINUTES OF THE LAST ANNUAL PARISH MEETING HELD ON 20th March 2017 **ACTION**

Cllr Northam **proposed** and Cllr Muggridge **seconded** that the minutes be accepted as a true record of that meeting. **Agreed**

2. MATTERS ARISING

There were no matters outstanding or arising from the last Annual Parish Meeting.

3. CHAIRMAN'S REPORT

Cllr Northam read his annual report which included summaries of reports from each of the chairs of the five Committees – copy attached. Full copies of all reports were made available on the night.

4. PRESENTATION BY LESLEY HUMBER, Chair of the PPG (Patient Participation Group) on Social Prescribing' to aid with loneliness, isolation and dementia

I have been asked to talk this evening as a follow up to the Brainstorming event led by Dr.Rainbow on January 17th this year. That event, attended by nearly 100 people, set the context for an ambitious new approach for Steyning and district to supporting the most vulnerable people in our community.

For those of you who were not able to be there it might be helpful if I remind you of that context:- Every media report during the last year has contained some reference to the poor state of public sector finances, particularly for the NHS and social care. Successive governments have not been able to resource these services to the degree that most people now agree is necessary, and so we have all been witness to the ongoing struggle to maintain levels of care. There is now a general

acceptance that integrating budgets and services across health and social care would provide financial advantages and improve service efficiency. Many pilot schemes have been attempted over the years, with varying degrees of success, but very few endured.
2016/17 saw the establishment of 44 areas of the country involved in a new joined up system of planning between NHS partners, local councils, and other bodies, and the evolution of Sustainability and Transformation Plans. These plans are specific to the needs of the area and its local population.
Our local Commissioning Group is Coastal West Sussex. Like many other commissioning groups it is struggling to work within its budget, and is currently recording a deficit of 27million pounds.
Nevertheless, the planning for new ways of working is ongoing across all aspects of provision.
Included in the objectives for the CCG for 2017-19 are:-
To increase public confidence in the urgent care system, and also their confidence in caring for their own health. The provision of joined up services. More care to be delivered at home or in the community, reducing the need for hospital admission and the need for care home provision.
Reducing the demand for primary care through prevention, and through social prescribing.
Development of services for the frail and elderly in the population. Planning for primary and community services is happening at a locality level. We are part of Chanctonbury Locality which includes the towns of Steyning, Henfield, Storrington and Billingshurst with a population of just over 46,000.
The work streams for LCNs include improvement of urgent care systems, and hospital discharge, but the priority that we are concerned with here is the support of older and more vulnerable people in our community. In our local context, the givens are the rising demand for primary care in the face of financial constraint and the difficulty of recruiting doctors and nurses. In Chanctonbury we have an aging population and the highest proportion of older people in our commissioning area.
Medical research is able to demonstrate two important things. Firstly if an older person is admitted to hospital, a ten day stay can age them by 10 years. The second is that when isolated people who have health problems are supported by community groups and volunteers, then hospital admissions are spectacularly reduced, as is the dependence on primary care.
When Dr. Rainbow spoke on the 17th he discussed the development of frailty in older people, and illustrated their increasing need for support from others to maintain a degree of independence. It is obvious that those with family, friends and a strong social network were able to manage far longer than those who were isolated and more lonely. At face value this could just be the physical assistance that such networks provide, but it clearly goes beyond that, because ill health causes people to withdraw from social contact which leads to feelings of isolation and loneliness, which in turn increases the impact of illness. A cycle which must be possible to change.
On the 17th lots of groups and societies in Steyning and District came together to discuss what were the barriers to people taking advantage of the wealth of opportunity that exists in this area, and to seek out some potential opportunities for change. It followed a similar successful event in Henfield. At the time of the event in Henfield last summer it had been anticipated that some funding might be available to develop a role of Social Prescriber/Care Coordinator linked to the medical practice and able to signpost, and assist people to access support within their own community. The possibility of funding a post like this in Steyning is still being explored by Dr.Rainbow, but this should not stop our community progressing the ideas that were generated at the Steyning Brainstorming event.
The Community Partnership is actively trying to develop a Directory for older people so that It is easier for them to find an activity or some support when they need them. The creation of a directory will be an important first step in perhaps understanding if there are gaps in provision locally that need to be filled. it will also be a tremendously useful tool for use by a Care Coordinator if we are able to create such a post to link with our Medical Practice. As a follow up, at the Steyning Showcase all the groups represented were asked to consider their own policies about support for present and past members, and how they could facilitate inclusion of frailer people. George Monbiot writing for the Guardian, commented on the experiment in Frome which Illustrated the difference community support can make. In Somerset emergency admissions increased by 29% whilst in the same time period, the admissions from Frome decreased by 17%.
It is my contention that Steyning and District is well placed to achieve something similar.
We have a wealth of clubs and societies. We have some excellent local support services -
Good Neighbours, First Responders, The Hub in Beeding, Vintage Years, Community Wardens, our

churches, etc. and we have a caring local community. We are also amazingly fortunate in having the Wilson Memorial Trust which is able to support new initiatives that support the health and well-being of local people.
Dr.Rainbow has a personal belief that Steyning would benefit from having a resource like The Hub, particularly to meet the needs of people living with dementia. I believe Steyning is well-placed to become a dementia friendly town, an initiative supported generally by Horsham District Council. Others, I know, think there is opportunity for cafe style social facilities for people living with dementia or other frailties and their carers. It would be great if the local Parish Councils could get behind these ideas and help them become a reality.

5. QUESTIONS TO LESLEY HUMBER

Q. *'Steyning good Neighbours' was an organisation with very broad objectives which seemed to narrow down to merely a taxi service. Most of the objectives you mention could be undertaken by a rejuvenated 'S.G.N', which could cover every part of the town.*
A. *I don't disagree with you*

Q. *I was at the brainstorming session and one thing you didn't mention was that the young people in Steyning could also suffer from isolation.*
A. *Yes, sorry that I didn't mention this as I feel passionate about it – actually there is a service at the local surgery to help in this area.*

Q. *Young people have a lot to offer in terms of connecting with the older generation in Nursing homes.*
A*. I completely agree with you and we need to do more intergenerational events. A recent 'Vintage years' event was a very successful recent example.*

Q. *One issue of isolation and loneliness is getting to the people concerned – how do you propose we get around data protection in terms of making contact?*
A. *I think this is a two pronged thought. If there was social prescribing linked in with a practice, then the practice could be referring and social prescribing bypasses the data protection law in the same way as prescribing drugs at a pharmacy because it is for the for the good of the patient. If it happens elsewhere people tend to self-refer. I suggest each group looks to install its own policy but small things make a difference to lonely people and a network of friends really helps in this situation. The more confidential aspects such as financial affairs, their health and social care are completely different and will have to be looked at.*

Q. *You mention the directory – the health service already has a visual display including a lot of these details – will your directory include NHS services as well as private and voluntary services.*
A. *The directory will include any and all events as well as regular services and meetings from local groups and organisations.*

Q. *'Your Steyning' is a good guide as well as Council web sites and these are already available.*
A. *Agreed, but perhaps we need something that covers all services and that remains local and therefore relevant and plugs all the gaps.*

Q. *{From Tom} In terms of Steyning's answer to the Beeding 'Hub' – I think this is a service Steyning needs and I have decided to set it up at the Methodist church every Tuesday starting 10th April from 9.30am to 1pm – I'm looking for lots of volunteers. It's a good venue which is important, centrally placed and good facilities.*
A. *These are the sort of ideas that form an important part of what a community could and should offer*

Q. *Age UK in Horsham are trying to sponsor village agents whose remit is to identify people troubled by loneliness and isolation- so they could sponsor this*
A. *That's worth knowing*

Q. *You talk about the Frome case – I assume the definition of acute admissions is different from heart attacks and alike?*
A. *The NHS has an A&E department and an Ambulance service set up to deal with Acute health issues. Yet many people use this service for repeat non acute health issues, or simply because they do not know where else to go, because either there are places they can go but are not aware and even after they go to A&E for the wrong reasons they are still not made aware, or perhaps the available services and groups are not getting their message across successfully to the new audience (patient). This is important as it costs so much tax payers money to deal with non-acute issues via acute admissions, and it is also important to make progress in this area to ensure people can be more supported in the home and community environment, so that they do not choose the acute admissions route*

At this point, Cllr Northam drew the questions to a close and thanked Lesley for attending tonight and for speaking so eloquently on a subject so appreciated by the audience.

6. RESPONSES TO WRITTEN QUESTIONS
No Written questions were submitted to the Clerk

7. QUESTIONS FROM THE FLOOR
There were none

8. Cllr Northam thanked everyone for attending this meeting of the Annual Parish Meeting and **Declared the meeting closed at 8.26pm**

9. Signed …….. Date 19th March 2019
Chairman

Parish Clerk: John Fullbrook Email: clerk@steyningpc.gov.uk
Deputy Clerk: Hazel Roxby Email: hazel@steyningpc.gov.uk