

MINUTES OF THE ANNUAL PARISH MEETING HELD IN THE COUNCIL CHAMBERS BILLINGSHURST CENTRE ON WEDNESDAY 11 MARCH 2015 AT 7.30PM

Those Present: Cllr. Mr P.M. Berry, Chairman of Billingshurst Parish Council, Parish Clerk B. Bell, Deputy Clerk E. Berry, Dr Alex Rainbow, Locality Director for Chanctonbury and Laura Robertson, Senior Communications Manager, NHS Coastal West Sussex Clinical Commissioning Group

Also Present: 24 Members of the public.

1. Guest Speaker: NHS Coastal West Sussex Clinical Commissioning Group to give an update on local health services.

Dr Alex Rainbow is the Locality Director for Chanctonbury on the NHS Coastal West Sussex Clinical Commissioning Group to represent GPs on the Clinical Commissioning Group (CCG). The CCG superseded the Primary Care Trusts. Dr Rainbow gave the following presentation:

Changes to the NHS

In April 2013 clinical commissioning groups took on responsibility for commissioning (planning, buying and monitoring):

- Services from the hospitals (planned, routine care, and emergency care)
- Community and primary care services (district nurses, community matrons, health visitors)
- Mental health services
- Prescribing
- Learning disabilities services

Clinical commissioning groups are not responsible for commissioning:

- Primary medical, dental, optometric, pharmaceutical services (NHS England)
- Health improvement and prevention (Public Health)
- Adult social care (County Council)
- Early years i.e. children's social services or respite care (County Council)

The NHS in West Sussex

- Three clinical commissioning groups (Coastal West Sussex CCG, Crawley CCG, and Horsham and Mid Sussex CCG)
- Three hospital trusts
- Western Sussex Hospitals NHS Foundation Trust (Worthing Hospital, St Richard's Hospital and Southlands Hospital)
- Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)
- Brighton and Sussex University Hospitals NHS Trust (Brighton General)
- One mental health trust (Sussex Partnership NHS Foundation Trust)
- One community health service provider (Sussex Community NHS Trust)
- One ambulance trust (South East Coast Ambulance NHS Foundation Trust)
- Lots of partners in the voluntary and independent sector (including Macmillan Cancer Support, the Horder Centre and Specsavers)

NHS Coastal West Sussex CCG

- Coastal West Sussex CCG covers almost 65% of West Sussex
- The CCG is made up of 6 Localities – Cissbury (Worthing), Adur, Arun, Chanctonbury, Chichester and Regis.
- The 54 GP practices in Coastal West Sussex are all members of the CCG.
- The CCG is responsible for the healthcare of more than 482,000 people.
- The CCG has an annual budget of more than £580million

Chanctonbury locality

- Covers four local GP practices - Billingshurst Surgery, Glebe Surgery in Storrington, Henfield Medical Centre, and Steyning Health Centre
- A rural population, living in small communities
- Priorities have been self-care and increasing care and support for the frail elderly closer to home

The Challenges for the NHS

- An ageing population – more than 25% of the local population are over the age of 65 and many people are now living with one or more long term medical condition
- Mainly affluent area, but there are pockets of deprivation – although generally an affluent county, there are wards within Coastal West Sussex which are within the top 10% most deprived in the whole country
- Health inequalities – life expectancy across our area varies from 72 years to 85 years depending on where people live.
- Demand for health services is going up – the pressure on existing health services is rising year on year but the budget is not going up and so we need to plan how we can treat more people more frequently with the same money.

In Five Years Time...

We want to support our patients and their carers so that they will say:

- My wellbeing is as important as my physical health
- I feel safe and confident that I will be well looked after
- I have access to a choice of high quality, responsive services, seven days a week
- I am in control of my health and my medical conditions are well managed
- The care I receive is built around me
- I am supported when I become unwell
- I feel part of my community

Six Areas of Transformation

- Increasing Patient Participation in their NHS
- Urgent & Proactive Care – more responsive and integrated urgent and emergency care
- Mental health & learning disabilities – continue to integrate – to provide more supportive community services
- Planned Care – pathways that improve outcomes for patients needing elective care & treatment
- Children, young people and maternity – commissioning to give children the best start
- Primary Care - developing a strategy to meet future challenges

Urgent and Proactive Care

- Making sure you receive the right care, in the right place, by the right health professional first time.
- Working to make sure that local health services are proactively monitoring your health and planning better to support you to stay healthy and well – and also agreeing with you how you do want to be treated if you become unwell in the future.
- Proactive care has set up dedicated teams of health and social care professionals to focus on people who are at greatest risk of becoming unwell. They may sure that person's care is coordinated, there is only one contact, and that all organisations know the plan.
- One Call One Team allows health professionals to access a range of services to care for people at home rather than being admitted to hospital – including teams that can be at home with someone for 72 hours, dementia crisis teams, nightsitters, and GPs in A&E.

Planned Care

- Every year local people attend nearly 400,000 outpatient appointments and receive nearly 90,000 planned treatments or procedures.
- Where possible, we want people to be treated closer to home, in GP practices, local health centres and community settings rather than in hospitals where appropriate.
- A move to one stop assessment, diagnostic and treatment clinics to reduce the number of appointments people have to attend.
- Reviewing local services with first hand experience from local GPs to see where improvements could be made, for example audiology, MSK services, and physiotherapy.

Mental Health & Learning Disabilities

- Clear focus on dementia and the need to increase the number of people receiving an early diagnosis.
- Increased level of support and psychological therapies for people with long term conditions who also need mental health support.
- Provide greater support for people with severe mental health conditions to reduce the number of frequent A&E attenders
- Adults with learning disabilities – provide support so people can be more involved in their care planning, personal health and care budgets, and decisions over their personal arrangements.

Children, Young People & Maternity

- More joined up approach between health, schools and children's services
- More 'at home' treatment for unwell children – NHS at Home children's community nursing team expansion
- Clinically appropriate choices in childbirth
- Better integration between Children and Young Persons Health and Wellbeing Services and Child Development Services

Primary Care Development

- The pressure in primary care is rising significantly – not only is the volume increasing but also the complexity of the conditions that people are living with.
- Recruitment is also an issue, with the number of new GPs dropping and a challenge to recruit partners to local practices
- National expectation to move to seven day a week access.
- Our priorities are to work with local GP practices to understand how seven day working could be developed, to put GPs at the centre of local health teams, bringing care closer to home, and looking a new models for primary care
- Next steps include CCGs taking on great responsibility for commissioning primary care services

Questions

Mr Longhurst said there had been a good system, but he now finds it harder to get in contact with the right person. Laura Robertson said GPs are providing feedback on the service and Dr Rainbow said the rules are being tightened up for primary care for overseas users so that they are charged for their care and can claim their costs back in their country.

Mrs Rodwell said it is important to work closely with social services. She said social services have been re-arranged and they are deflecting responsibility to other organisations. She would like to see more accountability from social services. Dr Rainbow said that patients will have a thorough assessment under proactive care and social workers should be included. There is a better care fund for joint projects. Laura Robertson said health and social care can call in decisions.

Mr Leaney said communication could be better between hospital and patient. Dr Rainbow said there is a proactive care team who should work with the discharge team and social workers. Laura Robertson added that for NHS needs there is the continuing care team and for social needs there is WSCC social services and both organisations should work with the hospital discharge team.

A member of the public asked if there are any members of the public as patient representatives on the Board of Governors. Laura Robertson said there are two boards in the Clinical Commission Executive, patient representatives may attend these meetings but have no vote. Dr Rainbow said that GPs have a conflict of interest at these meetings as they also commission services, so have no vote and have to leave the room.

Mrs Barnes said she attended a meeting of the Horsham and Crawley CCG, and soon realised the CCG did not cover Billingshurst, but no-one in Billingshurst has had any consultation from Coastal West Sussex CCG. Laura Robertson said she is very sorry there has been no communication but there has been no formal consultations run by this CCG yet. However they are looking at changes, but have not reached a stage where consultation is needed yet. They will ask GPs where they need to consult, but they are only at the start of the programme.

The Chairman asked about a Patient Participation Group. Dr Rainbow said the doctors' surgery sets this up. He said the CCG does not commission primary care services and the NHS has changed the rules making it harder for GPs to get new premises. However the surgery at Billingshurst has applied for s106 funding for five more consulting rooms and one further nurse room and the outcome of this application is awaited.

Mrs Wilding said there is an overlap between, Horsham, Crawley and Coastal West Sussex CCGs. The closest hospital is in Horsham but it is not in this CCG, so she asked where the nearest one stop shop for Billingshurst residents would be. Laura Robertson said the CCG has been looking to merge all 16 muscular and skeletal services into a new service model and one team. Procurement work is on hold at the moment, but it will depend on who is the chosen service provider as to where the one stop shop will be located.

Mrs Rodwell asked if the CCG promoted advocacy. Dr Rainbow said this is expanding. Laura Robertson added that there is a pilot scheme in the locality.

Mrs Jupp said there is a lack of communication; people need to know what is available. People should be encouraged to plan for later life. Laura Robertson said the end of life care team have workshops within hospices.

Mr Longhurst asked which hospital serves Billingshurst. Dr Rainbow said that patients have a choice of hospitals depending on wait time, transport links and specialist services.

The Chairman thanked the guest speakers.

2. Report from the Chairman of the Parish Council.

The Chairman said he would like to reflect on the four year term of the Council. The Council finishes with 13 Parish Councillors having said thank you and goodbye to Roy Grantham, David Hart and Colin Milne, and welcomed Sue Kingston.

The Council has spent time improving communication with parishioners. This has been achieved by more traditional means such as posters on notice boards, banners to advertise the Annual Parish Meeting and full page features in the Village Tweet which is distributed monthly to every household. The Council has also embraced more modern methods of communication including using the electronic sign in Budgens, regular updates on Facebook and Twitter and keeping the Parish Council website regularly updated.

The Council has worked in partnership with Billingshurst Community Partnership and the Chamber of Commerce on a Community Led Plan covering the period 2015 – 2020. 5,500 copies of the Plan have been distributed to village households. The Plan is structured under seven ‘Topics’: Economy, Transport and Parking, Senior Citizens, Youth, Open Spaces and Environment, Community Safety, and Health and Wellbeing. Each Topic has its own stated Objective and an Action Schedule that identifies the issues, how they will be addressed, with whom, and when. He said the organisations are working together for the best interests of Billingshurst.

New legislation was enacted last year which requires Councils to be more open and transparent. The Council participated in the South of England Show last summer promoting the work of Parish Councils and encouraging people to stand for election. Our website has a wealth of information about the Council, its policies and services and our meetings are open to members of the public.

The Council has responded to a number of consultations including the Airports Commission on additional runway capacity and the Horsham District Planning Framework. The Council’s Planning Consultant Keith Nicholson urged the Planning Inspector to allow the village time to assimilate the new development. The Council is working with Billingshurst Community Partnership, the Chamber of Commerce and HDC on the production of a Village Centre Supplementary Planning Document to determine how the £1.72m in s106 funding arising from the development of 475 houses should be spent on community facilities.

Mrs Wilding has pushed flooding high up the agenda for Horsham District Council and West Sussex County Council providing comprehensive evidence and forming the Billingshurst Action Group for residents affected by flooding.

Young people and employment remain prominent actions for this Council and we are pleased that Community Youth Worker Dan Jenkins has established a very popular Youth Club at Jubilee Fields. The Council has helped several people on their Journey to Work programme by providing work experience at the Billingshurst Centre. It has provided them with work experience and a reference to find suitable employment and brought new skills into the Centre to improve and maintain this important community facility.

The Council remains committed to delivering high quality services to the community and you might be truly surprised at the number of facilities and services provided by this Council. The chairman suggested looking at the Council’s website www.billingshurst.gov.uk

The Chairman said this is the last Annual Report of this term of Council, as there are elections on 07 May 2015. Nomination packs are available and people interesting in standing for election are encouraged to attend the Parish Council Election Workshops here on Saturday 14 March 2015 10.00am – 12noon and Monday 16 March 2015 6.00 – 8.00pm.

The Chairman said the draft Annual Report is available and will be updated by the Clerk at the end of the financial year. He suggested looking at the full report to find out more about the work of the Council’s Committees and their work.

The Finance and General Purposes Committee has agreed a five year Financial Plan for the Council 2015 – 2020, has kept the Council Tax increase down to only 1.3%, despite reduction in the Council Tax Benefit Grant and continuing to provide more services to the community including funding for the Community Youth Worker, Village Agent and Luncheon Club.

The Council has had to make some difficult decisions. It has turned the loss making village hall into a financially healthy community and conference centre that provides opportunities to exercise, socialise, learn new skills and trade. The Council has revised procedures for both the Council and the Centre, and continues to support other organisations including the Friends of Station Road Gardens. The Property Committee secured over £100,000 of s106 funding for new play equipment at Cherry Tree Close and Lower Station Road recreation ground, new skate park at Lower Station Road and improvements to the Jubilee Fields skate park. The Committee has supported the Tennis Club pavilion replacement, new tennis court, BSRA work at Jubilee Fields, the Billingshurst Allotments Society at Manor Fields and maintained the Par Brook. The Council has also obtained £20,000 of s106 funding for improvements to the Billingshurst Centre, and funded the Community Youth Worker. It has been a very productive four year term.

The Chairman urged members of the public to consider standing for election, and voting in the forthcoming elections to choose their Council. The Chairman thanked everyone for their support and wished the candidates luck and the new Council every success.

3. Approval of the Minutes of the Annual Parish Meeting on 14 May 2014.

The draft minutes having been circulated previously were taken as read and **UNANIMOUSLY AGREED** that they be accepted and signed as a true record. The minutes were duly signed as a true record by the Chairman.

4. Question and answer session from the Public.

Mrs Rodwell asked if the Village Agent Scheme had progressed. The Clerk replied that the Village Agent is already working in the parish and the Council has agreed to provide a grant of £1,000 to Horsham District Age UK for the Billingshurst Village Agent.

Mr Longhurst said an A272 bypass is needed, as lorries are coming to the High Street and it is highly dangerous. The Chairman said the Council had pushed for a bypass, and early plans had shown a bypass, but it has now changed to a spine road. He added that the village may need to accept more houses to get a bypass. Mr Spurrier said there are two items in the Community Led Plan that address the road system.

A member of the public said they live less than one mile from the Broadford Bridge oil and gas exploration site, and asked when work would begin as he would like to move out before the noise and light pollution commences. The Clerk said the work is undertaken in four stages. Stage one has been done to make the access in to the site, stage two will be to install the drilling rig, stage three is the exploratory drilling and stage four will be the extraction of shale oil or gas. Mrs Jupp said there is no shale gas in the area. Mr Spurrier asked if planning permission is needed before extraction takes place and the Clerk confirmed that a planning application would be needed for stage four. The member of the public asked when stage two would begin and the Clerk replied that she has a meeting tomorrow and will provide an update to the Council.

A member of the public asked when Sainsburys will be opening in the village. The Clerk replied that she has spoken with Morrisons and Sainsburys. Sainsburys will keep the Council updated of their plans.

Mrs Wilding said the last four years has been an experience, and it has been a real privilege to work with the Chairman and the staff.

Meeting finished at 9.10pm