

EAST SUSSEX LINK

The County's Local Involvement Network in Health and Social Care

MINUTES OF MEETING HELD ON THURSDAY 6th NOVEMBER 2008 1.00 – 4.00 PETT VILLAGE HALL, PETT

Present:

Interim Core Group:

Janet Colvert (Chair), Geoff Thomas (Vice Chair), Margaret Stanton, Tony Moore, Raymond Barrett.

Absent : Fred Cullen, Walter James.

Co-opted LINK Members: Maureen Lawrence, June Jarrett, David Bold, Maureen Lawrence, Laurence Keeley, Brian Rockell, David Bold.

In Attendance:

Isla Dowds (H & R PCT), Liz Lash (Care for the Carers), Vicki Holland (ECSIS), Cllr. Peter Pragnell (Hastings), Cllr Eve Martin (Hastings), J Green (Pett Parish Council). David Lawrance, Pam Lee, Marion Ham, Roger Sweetman, Paul Broadhurst, Mollie Northern, Daphne Tye, Dorothy Corbett.

Speakers: Louise Hutchinson (Head of Patient Experience - SECAMB), Judi Dettmar (Quality and Consultation Manager - ESCC), Barbara Beaton (Social Enterprise and Project Development Support - AIRS), Angela Broomfield (Health Promotion Specialist for older people – H & R, ESDW PCTs).

Nick Tapp (Deputy CEO, East Sussex Disability Association - Host), Elizabeth Mackie (LINK Manager), Jan Cutting (LINK Development Worker), Val Young (LINK Development Worker), Jane Hay - notes (LINK Administrator).

Apologies:

Dave Rogers (Interim Core Group), Sue Weiner (Co-opted member), John Baker, Margaret Williams, Alan Keys, Renee Jasper, Sam Gregory, Len Ashby, Cllr. Winterborn.

1. Welcome and Apologies

Janet welcomed everyone, apologised for the meeting starting a little late and commented that the location of Pett was the furthest East in the County LINK had been for a Meeting in Public to date. Introductions were made.

2. Conflict of Interest

None declared.

3. Agree Minutes of previous Meeting in Public held Crowborough 4th September 2008

No queries or disagreements raised. The motion to agree the minutes was proposed by Maureen Lawrence and seconded by David Lawrance.

4. Announcement of New Core Group Election Results

Nick Tapp stated that 203 votes had been cast by East Sussex LINK participants and named those who had been elected as the five Individual District representatives and those to the five Individual places.

Geoff Thomas queried when the new group would be getting together for the first time and the reply was given that when the representatives for the Group/Organisation places (organised by the Speak Up Forum) had been elected, an Induction Day would be held.

5. Rural Issues

Due to technical difficulties, Elizabeth Mackie did her presentation via hard copy only, copies of which were distributed to those attending the meeting.

5.1 Update on proposed LINK Rural Outreach Programme

The comment was made that East Sussex is a large county to cover and reach people effectively. Consequently, an Outreach programme will be an effective and flexible means of involving people. Small, informal meetings held perhaps at breakfast time, evenings and possibly weekends would be a useful way of reaching those who are unable to attend Meetings in Public. Public, community places such as libraries, shopping and community centres and farmer's markets are useful venues in which to relay and receive information.

6. Panel of Speakers

Janet introduced the panel of four speakers, giving a brief overview of their roles.

6.1 Louise Hutchinson – Head of Patient Experience SECAMB

The South East Coast Ambulance Service serves an area of 3600 square miles and 3.5 million people. It provides patient transport services for East and West Sussex and the whole of Kent. Part of Louise's role is to deal with formal complaints and membership development and to promote equality and diversity within the service. Calling an ambulance is a stressful time, but all the time people talk rather than answering the questions they are asked about the situation, help will be delayed. There are three categories of emergency calls:

A – Serious and immediately life-threatening – to be responded to within 8 minutes.

B - Serious – to be responded to within 19 minutes

C – Not immediately serious – response time up to 30 minutes.

It is difficult to reach those in rural areas quite so quickly. Community Responder Teams are being trained – members of the public who learn how to use a defibrillator which helps to save lives.

6.2 Judi Dettmar – Quality and Consultation Manager – ESCC

Again owing to technical difficulties, Judi handed out a hard copy of her presentation.

She stated that there was a great change in the delivery of Adult Social Care services and mentioned the Putting People First agenda, intended to give a

personal choice of service. A main focus is on preventative services and the provision of plenty of information.

She is part of the Strategy and Commissioning Group and development work with Partnership Boards such as the PCTs and LINK. These connections are important in the progress of the Adult Social Care service.

6.3 Barbara Beaton – Social Enterprise & Project Development Support - AIRS

Action in Rural Sussex is the Rural Community Council for East and West Sussex. It is there to promote the rural voice and to tackle rural disadvantage. The Village Care Project has also been developed to deliver Health and Social Care support, provide transport and to support community-owned enterprises.

Barbara gave the example of the Esk Valley in North Yorkshire, where care and social support co-ops have been developed and home care services are working in partnership with statutory organisations.

Village Action Planning is also in place to find out the priorities in different areas and how they might be tackled, for example the collection of prescriptions for those who no longer drive.

A new programme- Rural Access to Services where integrated services centres in local areas will be developed and tested, in order to help link people. Social support is as important as health support.

6.4 Angela Broomfield – Health Promotion Specialist for older people- H & R and ESDW PCTs.

Angela stated she is part of the Health Improvement Team where local data is used to develop a work programme of health improvement. The Government 'White Paper', wanting to improve health and well-being in communities, tackle health inequalities and reduce smoking and obesity for example, is the foundation for this.

There are inequalities in rural areas with access to services being a difficulty. Most projects and initiatives have to meet government targets and these are easier to meet in towns. (This was also echoed by Barbara Beaton in her presentation).

Work with other agencies such as the AIRS Village Action Planning team to provide lunch and exercise clubs and promote healthy diets is successful – the example of the Marsham Old Peoples Project at Fairlight Village Hall which provides exercise and other activities, talks and a lunch club was given. Working with existing clubs is also useful.

People can access information about many other services by coming to one event and informing and working with those such as Parish Councils, GP Surgeries and Community Matrons is also important for networking support and information.

Her work revolves around writing action plans and strategies, taking minutes and giving talks.

7. Discussion Groups

A period of approximately thirty minutes was spent allowing each table to decide on three questions they would like to ask.

8. Questions and Answers

Q Can we arrange for more mobile services in the community, for eyes, ears and chiropody for example?

A Barbara - From the point of view of rural development of services, evidence is required to support need. She stated that she was not a commissioner of services but was looking at how those services might be delivered. Numbers of people and making sure their voice is heard was vital.

Q How can LINK involve Parish Councils and ensure that Health and Social Care are regular agenda items?

A Janet - East Sussex LINK is in touch with the clerks of some parishes in the county (Jan Cutting has developed this), but we ought to be able to have on-going dialogue, particularly as they would probably help to address some issues if communicated with. LINK would consider meetings/events where parish councils were invited.

David Lawrance supported this, saying that perhaps parish councils could help LINK establish issues and the services required.

Barbara commented that there is a list of Parish Councillors and that people do get involved on a parish level.

With regard to planning services, the comment was made by Geoff Thomas that there were no commissioners present at the meeting and as they decide what is funded and what gets put in place, it is important to have their ear.

Judi Dettmar responded that she was in fact part of the Strategy and Commissioning Division of ASC and would pass the comment on to other commissioners.

A How are the problems with the reliability of hospital car services to be addressed?

Q Louise - Individual problems were addressed, the service is manned by volunteers and there were sometimes difficulties, but not general problems. Formal complaints could be made via PALS.

Q Is there something in the Ambulance Service contract to ensure that when people are taken home there is someone there to receive them?

A Louise - The driver is given the name and address of the patient.

Judi - There are different levels of vulnerability. Age Concern runs a 'Home from Hospital' scheme for the less vulnerable. It was important that those working at the hospital know of individual circumstances and that systems were in place to make sure of this.

Louise then stated that SECAMB has a Safeguarding Adults and Children Manager.

Geoff asked if there was a duty of care package.

Louise replied that it was an issue for commissioners and those contracts did differ.

Q With regard to hospital transport, there are contracts/guidelines about getting people to hospital but not about getting them home?

A Louise - There are Performance Indicators to meet with a 'golden hour' within which to collect patients. If clinics over run, sometimes transport has to go without a patient as patients to follow can't be kept waiting.

June Jarrett added that people waiting may not be on the next pick up.

Louise replied that journeys would be combined where possible.

Q How can Adult Social Care tackle in rural areas, inequalities due to misunderstanding about financial status?

A Judi – Social Care Direct is a first point of contact for anyone looking for assistance with social care support. Social Care Direct can be contacted viaphone, e-mail, fax and SMS text. This means that those even in very isolated rural parts of the county can make contact. Dependent on an individual's financial circumstances, a range of options may be offered. People who declare they have savings (not including the value of their main residence) in excess of £22,250, which is a threshold set nationally, will be offered an assessment and support via STACS – Support To Access Care Services. The STACS team cover the whole county and can visit people in their own home if required to discuss their social care needs and the options available. People with less than £22,250 will be referred to a more local duty team for further assistance. Regardless of a person's ability to pay for services, if they would prefer written information to support any decisions on social care issues, Social Care Direct will assist. They can also provide details of other organisations that may be able to help.

Nick made the comment that ASC and District and Borough Councils do give grants to organisations such as Age Concern and Citizens Advice Bureaus to promote and access funding and make people aware of their rights. Financial aid is a rights-based issue.

Q How is the assessment of 999 calls decided?

A Louise - There was an AMPDS (Advanced Medical Priority Despatch System) in place. Questions come up on the screen and callers are trained with a

response. Each answer given prompts the next question. The category of call then comes up and can not be over-ridden.

Geoff Thomas asked what happened if English was not your first language?

Language Line is called and interpreters are used.

Louise also stated that calls for the Ambulance Service can be responded to via the Police.

Q Could examples be given of where Health and Social Services are working together in the county?

A Angela - The development of the 'Forward from Fifty' handbook, led by ASC team members. A joint ASC initiative - a Single Assessment process for people so that they are only questioned once and the relevant information can then be passed on to relevant workers. Exercise sessions over the county are being jointly funded and there is joint working around prevention.

Judi mentioned the Local Area Agreement which outlines priorities. Healthy communities and older people are a focus. At a strategic level, the targets centre around prevention, reducing the number of people who fall for example.

The support of those with long-term illnesses is important and communication between Social Workers and Community Matrons makes a difference.

The 'Closer to Home' events are successful joint Health and Social Care projects. The PCT and ASC work with the Sussex Partnership Trust.

Tony made the comment that this is not well publicised.

Q Does the issue of paramedics being attacked affect the response to other people and is there much trouble with this in East Sussex?

A Louise - Friday and Saturday nights could often be the most difficult. SECAMB have a Security Manager who progresses any prosecutions and some addresses may be 'blacklisted', that is there will be a history marker if there has been any previous trouble. A 'red' marker means that the Police would also attend with the ambulance. Amber – crews assess the situation and request the Police if they feel it is necessary. There is not such a large issue with attacks in East Sussex.

Q With regard to Mental Health and isolation in rural areas, how can we develop solutions?

A Barbara - There are projects happening designed to involve people.
Angela - There are Befriending Schemes, for example those run by Age Concern and Care for the Carers. In the Rother area, Mind has funding from the Health Improvement Partnership to research what would be helpful.
Those who may have mental health issues may not want others in their communities to know.

Nick added that ASC Personal Budgets are successful in helping people access what they need.

Supplementary question

**How do people who may need support manage Personal Budgets?
Have their been any pilot schemes in East Sussex?**

Judi – East Sussex has not been one of the national ‘pilot’ sights for personal budgets. We have a new strategic team working out the detail of how ‘Putting People First’ will be implemented.

For Personal Budgets, a Self-Directed Support Delivery Team is being established to work out support needs. This team is made up of seconded social and other care workers. One piece of work will be the management of an intensive level of support to a small group of existing service users who might benefit from having a Personal Budget. They will be able to support individuals and their families, to both find appropriate services and process details of handling money etc. So in effect, we have developed our own pilot in East Sussex that will be informed by national pilots.

We are currently recruiting staff to the new team and identifying interested service users to be part of this pilot which will start in the New Year. We are hoping to include a broad range of service users in different situations to fully ‘test’ what is needed to support individuals in managing their Personal Budgets. It is hoped this will include those living in rural areas.

Nick added that the DoH has just published the budgets on their website. Isla also added that the Closer to Home events also help people with advice about payments.

Q Could a few examples be given of successful social enterprises that might be duplicated in our own areas?

A Barbara – Examples: co-ops that provide home care, Calderdale in Yorkshire runs a local community car club with timeshare on car usage, in Wensleydale there is a train service that has been taken over and is run by three people from the community. In Portsmouth there is a community dental service that is now very successful. And the Sunrise Centre in Gillingham, a health centre and café which was a community initiative.

If anyone has ideas, they can go to AIRS and they will try to help, though it is dependant on funding. It is also useful to research and find out if there is already something similar to the idea operating first. Isla added that café and market garden schemes were very popular and successful, especially as mental health initiatives, for example Priory Ridge in Hastings.

Q What mental health support services are available in relation to children, young mums and young people?

A Janet - This is a difficult area for LINK and we are still working at clarifying boundaries as the issues are complex. We can not work with young people under eighteen and this limit is younger if there are learning difficulties. We can work with parents.

Q What are the most effective ways to involve people in rural communities in health issues?

A Angela – we try and involve people going to groups that already exist and have those messages to pass on.

Barbara – ask questions wherever you can at community and group level.

Louise – the Quality and Diversity Manager of SECAMB and his team go out and try and get information across. She also put out an invitation to anyone who might like to visit the Ambulance Control Centre in Lewes.

9. Summary

Janet thanked everyone for their attendance and contribution.

9.1 LINK Issues: Anyone can raise an issue or raise on behalf of someone else, though this must be understood and agreed by all parties. It will be logged. Sometimes people will have to be referred to other organisations. We are building good relationships with our partners.

Date of next meetings in public:

Cross Border Event – whole day Wednesday 21st January 2009

Meeting in Public – Tuesday 3rd February 2009 – Newick

LINK One Year On - Tuesday 24th March 2009

All venues to be agreed and confirmed.