

Devon LINK Strategic Planning Group

Minutes of the 14th April 2010 meeting
at St Sidwell's Centre, Exeter



Present: George – Alfred Husband (Chairman) – GAH
Peter Dunning (Community Council of Devon) – PD
William Jordan (Senior Council for Devon) – WJ
Marjorie Brace – MB
Rosemary Whitehurst – RW
Lynne Robertson (Host) – LR
Caroline Lee (Host) - CL
Kate Fenton (Host) – KF
Dawn Dines (SOS Global) – DD
Catriona Widdows (Host) – CW
Anju Sarpal (Host) – AS
Helen Harman (EDVSA) – HH
Simon Chant (NHS Devon)

Apologies: Mike Howdle (Rethink),
Lorna Davis (Host) – LD
Chris Cruise(NHS Devon)

	ACTION
<p>39. Public Health Authorities – Simon Chant Head of Public Intelligence (NHS Devon)</p> <p>SC - Handed out, and discussed, the annual public health report 2008-2009 to the group. Documents the health priorities and main health issues. The focus of this report was on the needs of children. The next one (due out Summer 2010) will focus on mental health issues. 2007 – 2008 focused on older peoples issues. The document also covers general issues.</p>	<p>CL to liaise with SC regarding consultation as task group members may be interested in taking part. LR to liaise with SC re informing groups and individuals on LINK database.</p> <p>Host to obtain the rural health strategy document.</p> <p>AS to set up system of receiving press releases to enable information to cascaded via the LINK E-bulletin</p>
<p>40. NHS Devon – working partnership with LINK Devon</p> <p>KF – Chris unable to attend due to purda. He has requested more clarity on what will be expected of him in the next meeting. The group would like to learn about the commissioning process and how LINK fits in/can get more involved. As the group is going through a period of change at the moment, members will review whether or not he might go more frequently after the next meeting.</p>	<p>KF to feedback</p>

<p>KF – Chris has also asked if an SPG member would like to attend board meetings with speaking rights. GAH to attend if possible. MB agreed to attend on GAH’s behalf if he is unable to do so.</p>	<p>KF to liaise with GAH/MB about the Board meeting</p>
<p>41. Task Group Updates</p> <p>VIP (Visual impairment) – good turn out at the Awareness Event. Recorded the event on DVD. Editorial in the Herald Express. Group event debriefing next week. Enter & View visit postponed due to an outbreak of Norovirus in the RD&E. Group also attended the Torbay eye event in March.</p> <p>CART (counselling and related therapies) have drafted a report split into 3 areas: dementia, young people, depression & anxiety (Improving access to psychological therapies - IAPT). VIC Bowsher joined the group – trustee of EDVSA – spearheading dementia. Robin Tay from Child and Adolescent Mental Health Services (CAMHS) representing young people. Conflicts of interest are being addressed. Will get feedback from the group when they meet this afternoon. Geography is an issue for the group as a number of members travel from North Devon (e.g. Ilfracombe). This needs to be addressed.</p> <p>Personal Care (PC) – Group looking at Community hubs. Community Council for Devon (CCD) just received money. Met with Dawn Eckhart recently to discuss how can get people involved and how the money will be used. LR suggested the PC group meeting with CCD. Need to ensure the LINK has a discrete feedback link back to OSC separate from CCD. CL explained the PC group is about those being cared for not issues of carers themselves, though agreed they are interlinked. WJ asked about Community hubs for older people. CL explained they are for everyone; a multi-use resource. Community focus groups could be set up. SPG group agreed need to bring groups concerned with the PC issues together. More formalisation required.</p> <p>Access to Alcohol Service groups – Tom Gard invited to sit on the Alcohol Needs Assessment Panel in the next few weeks. Need to ensure conflict of interest addressed as Tom has recently started his own charity. Concerns raised by commissioner and governance (host) as a provider cannot represent the LINK. Not yet raised with Christian Tomlinson – need ratification.</p> <p>KF – need to make sure that task groups keep focussed their original brief, as identified by LINK participants. All work must be evidence based – the SPG take topics onto the workplan based on the evidence collected.</p>	<p>CL to continue to liaise with Dawn Eckhart CL to look at members of the PC group becoming Village Agents. Need to nominated LINK member who has full awareness of the LINK ethos to liaise with groups WJ to provide contact details for Sally Lougher</p> <p>LR to clarify and feedback to PCT</p>

<p>Externalisation – MB – Focus group 28th April in North Devon. A Task Group is being established in North Devon, looking at the local authority plan for externalisation. E.g. what will be put in place of the care homes and residential homes that are sold off? If it works well it will be rolled out across Devon. Group currently made up of Clifford Veil, Michael, Pagram, MB and Pam Hogan (LINK Community Engagement Worker)</p> <p>CL handed out a document on engaging with vulnerable groups in Devon. She explained many find it hard to access services, e.g. those in prison, travellers, homeless.</p>	<p>MB to update PD and WJ on meeting outcome</p>
<p>41. Workplan/emerging themes</p> <p>New questionnaire. More concentrated information E.g. Dentistry is showing people are getting better access to the service – Sidmouth now has 5 more dentists. PD asked about new pricing changes to dentistry as the previously set 3 levels were often not reflecting work done</p> <p>CEW Update</p> <p>LR - Minor Injury Unit (MIU) has been updated across Devon. Would like the LINK to put forward suggestions (e.g. about the current postcode lottery). When ready will go to consultation, community Engagement team will then be involved.</p> <p>Maternity: LR - NHS Devon approached LINK last month. New system based on national research. 6 hour turnaround for a normal birth. Looking to find a way to involve the LINK. Events planned (e.g. Exmouth). Dates to be confirmed. No NHS representatives will be present due to purda. They will answer questions forwarded to them after the meeting. This is very disappointing. They had initially promised a senior midwife would be present at each meeting. Issue reached the press sooner than the NHS would've liked. There are some 'militant' groups on social networking sites, which need we need to be aware of. Jenny McNeill says RD&E and NHS Devon doing all they can. If things are not done faster the LINK will have to look at getting more involved.</p> <p>LR - Pam Hogan (PH) has an event on the 7th of May in Bideford for young people. Organising a clear role description on how they can get involved. This will be a trial. CL also planning an event in Exeter. Date to be confirmed. DD would like to know more. SOS Global still has 250 anti drink spiking lids with LINK website details on them. DD can offer more of her time to the LINK in 2010 and has lots of suggestions.</p>	<p>Lorna Davis to find out more about pricing changes in NHS dentists</p> <p>LR to call Jenny McNeill on 15th April</p> <p>CL and DD to liaise on young peoples events</p>

<p>LR has cancelled Devon County Show due to capacity. SPG were disappointed as this is a good opportunity lost.</p> <p>Diversity representative – has not attended for a long time. This is an important area and the LINK needs the diversity rep to attend regularly. CL – can recruit a BME representative. MB – need a diversity person that will represent all; recruiting on the basis of their membership of one particular group would be tokenistic; instead develop a diversity sub group to enable different people to get involved. Aim of group would be to ensure diversity is considered in the LINK’s work. CL is looking at engaging with a more diverse population, particularly BME groups.</p>	<p>KF to address membership with Anne Mattock</p> <p>CL to update MB; MB to attend meeting with CL</p>
<p>42. Minutes of the last meeting</p> <p>Minutes agreed by the group</p>	<p>CW to amend anniversary from 30th to 3rd for Senior Council event</p>
<p>43. Matters Arising</p> <p>Teen Team sponsorship in Express and Echo not going ahead due to cost. Opt for use of free editorial instead. DD has offered her assistance with engaging a younger demographic. AS – Important to pitch the LINK right, celebrate successes and gather views. Take a few youth issues and target specific groups. Young person’s questionnaire designed by LD. Trailed by PH in North Devon. 11 already in.</p> <p>RW suggested Community Development would be a better use of LINK funds. DD suggested offering a voucher to younger participants. LR – LINK has £5 high street vouchers than can be used in this manner. Purchased already but to be used carefully.</p> <p>CQC: LD has done what has been required. They are taking information in stages. NHS Organisations are now registered and moving on to Social Care. Staggered due to high volume of information. MB is lead contact between CQC and LINK</p>	<p>AS to look at putting questions to the Teen Team to be answered by their page.</p> <p>LR to liaise with DD re the LINK joining forces with SOS Global – Respect Festival, DC Show etc.</p>
<p>44. Helen Harman – EDVSA Chief officer</p> <p>Trustee meeting with EDVSA board and feedback from LINK participants given:</p> <ol style="list-style-type: none"> 1. Some LINK participants see only the host organisation because they don’t see an active SPG. They don’t realise it should be the SPG guiding the host. 2. The Trustees are looking for more SPG activity. 	

<p>Key points:</p> <ul style="list-style-type: none"> GAH said the group is still learning HH said it holds more credibility when information comes from volunteers who believe in the cause. The Host is there to facilitate not make decisions or represent the LINK – this is up to the SPG. Requested SPG members become more active if they can. Attend Task group meetings and other meetings invited to. Don't lose the importance of being a volunteer. The LINK is time and resource limited and needs to attract lots of volunteers to enable progress. Some members are active and attend events, but others do not. It takes work and it is worth it. MB felt that some members of the host have strong personalities and this can affect how the host is perceived. PD said moving meetings from monthly to every 2 months has made it harder to get back into the flow of things again. MB pointed out that bimonthly meetings were agreed to enable members to have more time to get involved in task groups. MB pointed out that volunteers have limited time. RW agreed the SPG group needs to be more visible PD asked what happened to information that is fed into the LINK. KF explained topics must be backed up by evidence, reflecting what local communities are telling the LINK. HH explained the evidence is put to the SPG members. What goes on the workplan and how it is taken forward is up to the SPG. Focus Groups, Task groups and Community engagement need to lead to outcomes! The host's role is to facilitate and support participants to carry out the work. 	<p>HH agreed to liaise with the LINK team to provide further training for SPG members in the Ottery St Mary office.</p> <p>LR to create information pack explaining the LINK.</p> <p>SPG members to contribute to a section of the Newsletter.</p>
<p>45. SPG Structure</p> <p>The vote to change the structure was revisited as some members felt they had not understood. HH explained the SPG had put forward the proposal and made the decision to make the change.</p> <p>WJ voiced his concern at the lack of Senior Council representation. KF/LR reminded WJ that his role was to represent older people in Devon as a whole. Older people's issues will still be fully represented on an evidence based basis. LR said the group name is irrelevant; it is the issues that are of importance. There are many other ways that Senior Council could be involved more effectively (e.g. through task groups). The issues addressed by the LINK are topic-based – reflecting what people in Devon feel is</p>	<p>KF to update governance section 8.6 to reflect thematic sub groups</p>

<p>important to them. Task groups arise out of that feedback received.</p> <p>A majority vote decided that the previous decision stands – i.e. the SPG will be made up of 6 key roles, laid out in the governance document. The representative roles will cease. Task groups will be invited to put forward a representative to join the SPG with full speaking and voting rights for the life of the task group. Task groups will choose who they want to represent them.</p>	<p>CL to recruit a representative from each task group to sit on the SPG from May 2010.</p>
<p>47. Annual Report & annual review</p> <p>The annual review will take place in June, at which the annual report will be made available. SPG members were asked to contribute to the report.</p>	<p>GAH to liaise with Rebecca Keeling re the report.</p>
<p>48. 2010/2011 LINK budget</p> <p>KF presented the budget to the group. There were no questions. The budget will be forwarded to the funders (DCC). A 4.32% reduction is being challenged by the host as the Dept. of Health is not making a reduction in funding. There is a small carry over from year 1; DCC will notify the host of whether this can be retained or not in June.</p>	<p>KF</p>
<p>Date of next meeting:</p> <p>Thursday 10th June 2010 10.30 – 13.00. To be confirmed</p>	