

Devon LINK Steering Group

Minutes of the meeting held at Jury's Inn, Exeter
10.30am – 1.00pm, Monday 15th July 2009

- Present:** George – Alfred Husband (Chairman)
Peter Dunning (Community Council of Devon)
Bill Jordan (Senior Council of Devon)
Anju Sarpal (SOS Global)
Audrey Campbell (Carers UK)
Kate Fenton (Host)
Lorna Davis (Host)
Lynne Robertson (Host)
Caroline Lee (Host)
- Apologies:** Anne Mattock (Headway Devon)
Jean Waldron (Exeter and District Mencap Society)
Marjorie Brace
Rosemary Whitehurst

The meeting was not quorate.

	ACTION
13. <u>Minutes of last meeting</u>	
13.1. (8.19) PD will be meeting with Ian Tully next week re strategic work on rural provisions. Will have more to report after this meeting.	
13.2. (7.7) BJ has had a response from the PCT ¹ saying that dental practitioners have the right to ask for payment before treatment. The move is in response to non-attendance. Senior Council will now advertise this in their next newsletter.	BJ
13.3. (8.5) Last sentence is incorrect as Senior Council is not engaged in work on out of County Mental Health placements.	
13.4. LR asked for the Mole Patrol event date to be added to the Community Engagement update.	
13.5. (8.13) Chair of Transport Group discussed the possibility of automatically giving appointments for mid morning for senior citizens to enable passes to be used. This has been discussed with Tamara Powderly Commissioner of Acute Services for Devon PCT and she will raise it at the next meeting with the Chief Executive.	
13.6. (8.20) PD is looking into the possibility of CCD ² doing a survey on access to pharmacies in rural areas. LD commented that only one person had brought this forward as a concern to the LINK. However LD will now try to map the pharmacy services in each area. AS commented that the NHS Pharmacy is embarking on a project to be more consultative with communities and have partly mapped pharmacy services and the LINK might be able to tap into this. They are also producing a newsletter which gives up-to-date information	PD LD

¹ Devon Primary Care Trust

² Community Council of Devon

<p>about their activities.</p> <p>13.7. (12.3) BJ asked for an update. A letter from the Department of Health stating its position on NALM³ was shared, i.e. that it does not recognise NALM as a representative body. A national association, formed in this way, does not fit the community-based model of LINKs.</p>	
<p><u>14. Introduction to the Joint Strategic Needs Assessment</u></p> <p>14.1. Jenny McNeill (PCT) delivered a presentation on the Joint Strategic Needs Assessment in Devon and how the LINK can be involved.</p> <p>14.2. Important messages:</p> <ul style="list-style-type: none"> • Plan for population shifts – high and rising older population • Recognise importance and value of care at or close to home • Change the care service profile – health, wellbeing, primary and community care. <p>14.3. Key Documents: “Transforming Community Services” (DH⁴) and PCT document on developing/transforming services. The PCT wishes to engage with the LINK in the development of this document. The plan should be developed fully by October. An initial document is due to go before the PCT board this month and should be seen as a starting point.</p> <p>14.4. An NCI⁵ conference attended by CL highlighted a piece of national research that showed that, generally, commissioners are unaware how to engage with the public. This might be a useful area for the LINK and local commissioners to explore in partnership.</p>	
<p><u>15. Work Plan</u></p> <p><u>Externalisation of services</u></p> <p>15.1. LD has received four responses so far about this topic after it was advertised in the newsletter.</p> <p>15.2. LD clarified that the issue does not just affect residential care homes for the elderly but also people with mental health problems and people with learning difficulties. CL reminded the Group that the LINK’s involvement should include all of the different communities in Devon that are affected and not just one of the groups of people affected.</p> <p>15.3. LR to meet with MB to discuss further.</p> <p><u>Home Care and Care Workers</u></p> <p>15.4. LR talked about two responses the LINK had received from DCC. The first was regarding Care Workers often being late and the second was regarding Care Workers in rural areas. On both letters it details action points of how commissioners are seeking improvement.</p> <p>15.5. RW had suggested that any consultation with carers groups would be an opportunity to ask them about other issues that affect them. LR is mapping the Carers forums across Devon but needs the Steering</p>	<p>LR/MB</p>

³ National Association of LINK Members

⁴ Department of Health

⁵ NHS Centre for Involvement

⁶ The Exeter Social, Health and Inclusion Partnership

<p>Group to clarify what questions they want her to ask, the purpose for asking them (ensuring that the LINK is adding value) and the perceived outcome, i.e. what do we do with the views when we have them? GAH suggested feedback on the 'clocking in, clocking out' system, currently being trialled by DCC, would be useful to both the LINK and DCC.</p> <p>15.6. BJ reminded the group that it was agreed that a sub group should be set up to take this forward. This would help to clarify exactly what issues the LINK should be taking forward.</p> <p>15.7. CL will meet with AC to set up and co-ordinate this sub group.</p>	<p>CL/AC</p>
<p><u>Counselling Services</u></p> <p>15.8. The PCT has confirmed that no statistical data relating to waiting times is held. However, the PCT is aware of feedback highlighting a lack of resources and long waiting times for people who wish to access talking therapies through their GP.</p> <p>15.9. CL was unsure of the focus of the project and asked for clarification on this before establishing the task group. KF suggested that the feedback given to the LINK was that the focus was access to/provision of services. AS suggested having a formal conversation with SHIP⁶, part of Exeter City Council, as they are doing consultation about lack of services.</p> <p>15.10. CL to follow this up. Host to seek clarification and set up task group as directed.</p>	<p>CL/Host</p>
<p><u>Oesophago-Gastric cancer services</u></p> <p>15.11. KF outlined the proposals. Feedback from communities in Devon suggests that the main concern is the potential loss of the pioneering type of treatment used at Exeter rather than the move itself.</p> <p>15.12. AS explained that the Head of Communications for the RD&E had made a strong case regarding the move at a recent SHIP meeting but that was all she could offer and she couldn't offer updates. She was asked to formally report back to the Forum as to her moves. Perhaps she could report back to the LINK as well.</p> <p>15.13. LD has sent all the feedback received about this issue to the PCT and has requested formal confirmation of what they will do with it.</p> <p>15.14. AS wondered if offering up any further consultation would make a difference as the PCT's consultation period has now finished. Instead the LINK might have a monitoring role, but it might be helpful to invite a representative to speak to attend a steering group meeting. KF queried the timing, as the Group was not meeting again until September.</p> <p>15.15. CL commented that actually getting peoples views to the right commissioner has been difficult and this is something the LINK could help with.</p>	<p>KF</p>
<p>16. <u>Quarterly Reporting</u></p> <p><u>LINK Report</u></p>	

<p>16.1. The Steering Group had agreed the LINK should produce a quarterly activity report for stakeholders. The Host facilitates this. Much of the report will be written by task groups. The current report is not complete as some of the information is not yet available. The views and experiences which have been gathered will also be passed onto commissioners, relevant providers and regulators.</p> <p>16.2. KF highlighted the Host's targets for next quarter which includes focussed engagement with carers groups, learning disability groups, working people and the prison population, LINK participant training and authorised representatives for LINK visits – the governance sub group is meeting next week to progress the latter as a matter of urgency.</p> <p>16.3. The main challenge is getting people actively involved – people will tick the box, but few actually come forward. LR wanted to be clear to people that they can be involved as much or as little as they want and can just be involved in one specific issue.</p> <p>16.4. LR talked about the LINK Community Health Fairs:</p> <ul style="list-style-type: none"> • Repeat Mole Patrol in East Devon – August (date to be confirmed) • Exeter Health Fair - 12th September • Tiverton Health Fair – 28th October • Newton Abbot Health Fair – 12th November <p>16.5. AS suggested using Survey Monkey as another way of consulting. KF confirmed that the Host has already looked into this, but an opportunity to use it has not yet been presented. LR agreed that the LINK needs to do more paper based engagement.</p> <p><u>LINK Finance</u></p> <p>16.6. DCC has now confirmed that the entire year 1 under spend can be carried forward to this financial year. This has already been earmarked for increased investment in advertising the LINK in this crucial second year.</p>	
<p><u>17. PR & forward planning</u></p> <p>17.1. Proposals were presented to the Group on a PR campaign. The proposals had also been discussed at the previous meeting held to plan the October event. All members present at each meeting were supportive of the forward planning proposals and agreed the new logo.</p> <p>17.2. The logo design with the name LINK Devon was agreed.</p>	Host
<p><u>Future Meetings</u></p> <ul style="list-style-type: none"> • Monday 14th September, 10.30 – 13.00, Jurys Inn, Exeter • Monday 19th October, Devon LINK networking event, all day - times/venue to be confirmed • 19th November, 10:30 – 13:00, Jurys Inn, Exeter • 14th December, 10:30 – 13:00, Jurys Inn, Exeter 	