



**Staffordshire LINK Co-ordinating Group**  
**Friday 8<sup>th</sup> July 2011**  
**10.30am – 1.00pm**

**Attendees:**

Paul Carpenter (Chair)  
 David Loades  
 Shelagh McKiernan  
 Lynne Gammon  
 Lynn Ashburner

**Apologies:**

Will Taylor  
 Dave Bassett  
 John Davies  
 Chris Welch  
 Paul Jay  
 Jackie Owen (Interim Director)

Sue Baknak (Co-ordinator)

Dave Ellis, Engaging Communities Project, Development Manager.  
 Zoe Booth, Engaging Communities Project, Development Assistant.  
 1 LINK participant

**MINUTES OF MEETING**

Areas of Discussion	Action
<p><b>1. Apologies/Minutes of last meeting</b></p> <ul style="list-style-type: none"> <li>• Apologies as above.</li> <li>• Action points/follow-up from Minutes:               <ul style="list-style-type: none"> <li>○ Burton Hospital visit 21<sup>st</sup> June 2011.</li> <li>○ LG developing an enter and view programme proposal.</li> <li>○ Work planning proposal to be developed.</li> <li>○ Invitation to UHNS representatives to provide an update on Fit for the Future programme and other developments.</li> <li>○ DB to provide feedback reports.</li> <li>○ DE to be invited to CG meeting.</li> <li>○ DL to provide feedback reports.</li> <li>○ Feedback on dentistry services during pregnancy.</li> <li>○ Southern Cross Homes information.</li> </ul> </li> <li>• Minutes of last meeting approved.</li> </ul>	<p>SM advised that the visit took place on 21<sup>st</sup> June and a report went to the Trust who are keen to work with the LINK. The visit wasn't undertaken in isolation and involved South Staffs PCT so they were aware of the visit and they have taken that forward re: commissioning. SM to provide feedback report.</p> <p>LG to report at section 3 below.</p> <p>To be discussed at section 3 below.</p> <p>UHNS to be invited to attend October's CG meeting – venue tbc.</p> <p>DB provided reports which were circulated to the Group and uploaded to LINK website.</p> <p>DE on agenda.</p> <p>DL's feedback reports still outstanding.</p> <p>Dentistry in pregnancy added to work plan proposals. To be discussed at workplanning meeting.</p> <p>JO to seek information from JCU.</p>

Areas of Discussion	Action
<p><b>2. Declarations of interest</b> None.</p>	
<p><b>3. LINK Activity Update</b></p> <ul style="list-style-type: none"> <li>• Work planning proposal. The draft work plan proposal was distributed and agreement reached to have a separate work planning meeting following the Co-ordinating Group meeting on 12<sup>th</sup> August. PC asked members present to let JO/SB have any comments in advance of that meeting so that they can be collated.</li> <li>• Enter and View Programme proposal. The draft programme proposal was distributed and LG went through the document (questions were raised as LG explained the draft proposal): <ul style="list-style-type: none"> <li>○ The process of enter and view – LINK role to observe and talk to patients, families, carers and staff. Recruited a pool of authorised representatives and should have 25 qualified authorised representatives by the end of August. Not actively recruiting further enter and view volunteers currently but focussing on training and developing those already recruited.</li> <li>○ Recording activity on a database in order to assess trend data that emerges from enter and view visits.</li> <li>○ Meeting with Care Quality Commission (CQC) to share information where appropriate and to co-ordinate and access feedback/themes from enter and view visits.</li> <li>○ Will report quarterly to the Co-ordinating Group on themes/trends which have emerged.</li> <li>○ Communication – building trust in the programme to build providers confidence so that a combined programme of announced and unannounced visits can be developed.</li> <li>○ The final proposal document and schedule of visits will go on to the LINK website and photo details of authorised representatives will be on the website so that the public can see who they are.</li> <li>○ The LINK is representing the public so do have to be sensitive to that role and work in partnership.</li> <li>○ Types of premises that may be entered.</li> <li>○ The schedule of visits being developed with cover a 3 month period initially from September to November 2011.</li> <li>○ What are LINK’s priorities – looking at services immediately in the next 3 to 6 months and need to get public feedback about services in order to be able to respond to any issues raised.</li> <li>○ Made it clear to CQC that the LINK cannot be used as a resource but sharing the intelligence and if trends/concerns are evident LINK can add value in some way as part of LINK priorities in line with the LINK’s decision-making processes. CQC has a much wider brief.</li> </ul> </li> </ul>	<p>SB to communicate to Group members who were not present at this meeting, the details of the work planning meeting.</p>

Areas of Discussion	Action
<p><b>Enter and view proposal continued...</b></p> <ul style="list-style-type: none"> <li>○ <b>Q: are the CQC scrutinised by the local authority?</b> A: there is a CQC scrutiny committee but it is not part of the local authority. There is a Health Scrutiny Commission locally.</li> <li>○ Need to make sure that LINK makes the best use of data/intelligence received from CQC to make the right decisions.</li> <li>○ Clear with CQC what action is taken when concerns are raised by the LINK.</li> <li>○ HealthWatch England will be a committee within the Care Quality Commission who will be looking for themes and making recommendations.</li> <li>○ Looking at learning disabilities (LD) as a priority for the LINK</li> <li>○ DL suggested that 2 or 3 LINK representatives from the Group have scrutiny responsibility for monitoring CQC to ensure flow of information and that referrals/actions are followed up. DL/SM/LG volunteered to undertake this role.</li> <li>○ Met with Quality Monitoring Officers for learning disabilities, mental health and elderly care homes. JO/LG met with Clare McKirdy (Mid-Staffs NHS FT) with suggestions to look at areas where she has concerns.</li> <li>○ The enter and view programme will be based on information received from:- <ul style="list-style-type: none"> <li>▪ CQC</li> <li>▪ Joint Commissioning Unit (JCU)</li> <li>▪ Members of the public.</li> </ul> </li> <li>○ Regular meetings have been arranged with those stakeholders.</li> <li>○ Unannounced visits – need to give flexibility within the enter and view schedule to enable a rapid response from the LINK when necessary ie. <ul style="list-style-type: none"> <li>▪ a concern highlighted by the community</li> <li>▪ when sufficient and robust evidence exists, such as reports of dirty premises etc.</li> <li>▪ publication of statistics showing high infection rates</li> <li>▪ when requests are made by Overview and Scrutiny Committee or panels to assist it by carrying out ‘spot checks’ to review aspects of service delivery.</li> <li>▪ Unannounced visits would not be reported within the schedule in the public domain in advance of visits for obvious reasons but the reports from those visits would be as part of the usual LINK protocol of reporting.</li> </ul> </li> <li>○ <b>Next steps</b> <ul style="list-style-type: none"> <li>▪ Planning and development workshop with Authorised Representatives (AR) has been arranged for 28<sup>th</sup> July to introduce LG; explain how we</li> </ul> </li> </ul>	<p>DL would like to have a scrutiny role within LINK to make sure this process is working.</p> <p>This was approved by the Group.</p>

appreciate volunteers' time; gather information on their interests and expertise and their geographical areas; identify any conflicts of interest and put together a draft programme of enter and view visits which will be presented to the Group on 12<sup>th</sup> August.

- Each AR will have their own programme of work and an overall matrix of visits with database of outcomes, recommendations and trends will be developed. The trend data will be analysed and presented to the Group each month.
- ARs will be representative of all districts across Staffordshire.
- Activities and events being planned to raise public and provider awareness of LINK's enter and view activities.
- Crucial that the public are aware of this activity and how they can raise concerns with the LINK.
- Monthly PR, events and raising awareness activities are being developed as outlined in the proposal.
- PC advised that Staffordshire Cares 'purple pages' have access points in all public services and we must tap into that.
- Promote activity in publications eg. Your Voice, Staffordshire Cares, local magazines.
- Staffordshire Association of Registered Care Providers – independent providers in each district – schedule of meetings proposed to give a presentation about the LINK's enter and view activities and provide an opportunity for them to ask questions in small groups.
- The proposed schedule of promotional activities goes up to March 2012 and again any feedback from the Group to LG would be appreciated.

The Group thanked LG for an excellent draft proposal.

#### **Updates from the Group**

##### **Independent Funding Panel**

SM attended the South Staffs PCT Independent Funding Panel which looks at exceptional funding cases and provided an update as follows:

- North Staffs, South Staffs and Stoke on Trent PCTs all have different policies in respect of exceptional funding cases and Sue Price, Director of Service Transformation, South Staffs PCT is working with the PCTs in order to develop these into a single policy.

##### **Health and Wellbeing Board Event**

PC attended on behalf of Staffordshire LINK and provided feedback as follows:

- Wider agenda to be considered that could impact on Health and Wellbeing Boards but application will be difficult.

Any suggestions/comments would be welcome by LG.

SB advised that she is already in contact with them and LINK information is being embedded into the system. This can be updated with enter and view information as well.

LG/SB to discuss/make contacts to take forward the PR presence and go through Bulletin distribution lists.

SM to provide feedback report.

PC to provide feedback report.

- HealthWatch will have a seat on that Board but no details/dates are available yet.
- Disappointed that it will be called a Board as it is more about working together.

**Mid Staffs NHS FT Celebration Event**

PC attended and provided feedback as follows:

- PR event with presentations by senior clinicians and Trust executives.

**4. Engaging Communities/Social Enterprise Project**

David Ellis, Engaging Communities gave an update on the Engaging Communities Project. Key points as follows:

- DE gave some background information about himself: worked in the public sector with Birmingham City Council and then set up his own company developing social enterprises. Working on a project with the local authority and NHS called Beactive Birmingham over the last 2 years. A consultant with his own business he has been contracted by Staffordshire County Council through to December 2011 with a potential extension to February 2012 as Development Manager for the Engaging Communities Project. Supported by Zoe Booth as Development Assistant for the project.
- DE set out the remit of the project from now to December as follows (questions raised are noted below):-
  - Short-term project to develop the Engaging Communities vision into reality.
  - Move from a project to setting up a viable social enterprise. What it looks like will emerge over the next 6 months. The social enterprise will be a Community Interest Company (CIC) which will be registered with Companies House, managed by a Board of Directors and limited by guarantee (usually a nominal fee of £1). There are 5000 CICs nationally.
  - CICs have to have a community interest statement and the CIC Regulator scrutinise this. LG raised some concern with this due to previous personal experience/involvement with a similar organisation regarding ensuring public involvement in the company.
  - Group members were keen to see the CIC standards and regulation provisions.
  - SM asked who the stakeholders/funders of the project were. DE advised: Staffordshire County Council, Social Enterprise Investment Fund, other NHS partners, Staffordshire Cluster PCTs and South Staffordshire and Shropshire Healthcare NHS FT. Others who were also being followed up are: UHNS, Burton Hospital and Community Services PCTs.
- A broader group of stakeholders – the Operational Project Group has also been established which includes LINK, Age UK, POhWER (ICAS), PPI leads, Communication leads and the Observatory from an operational level who have day to day knowledge of what goes on on the ground and DE keeping

PC to provide update report.

LG to share her concerns/views with DE/ZB.

DE to provide.

that group informed.

- 3 broad outcomes for the project:
  1. Set up a viable company by the end of December 2011.
  2. Board of Directors/Chairman to be set up. PC has agreed to act as Shadow Board Chair. Discussion about the term 'shadow' as the company doesn't exist yet. Chair of what? The term interim chair would be better. PC advised that to him the terminology was unimportant as it is about getting the work done. PC asked that if any of the Group would like to talk to him about this he would welcome this. Working to recruit a Board of Directors and advertising will take place in September. An advert in the Autumn for a CEO as a paid Chief Officer of the new company and will work alongside PC to understand the direction/influence of the company.
  3. Develop a Business Plan to identify income streams. One of those would be HealthWatch but other contracts around engagement and could they be awarded to the new company and be seen as complimentary eg. membership lists of Foundation Trusts. The company will begin trading in January 2012.
- Looking at how we can create systems to join up data and information to avoid issues like Mid-Staffs. Data sharing/intelligence to feedback in order to help shape services.
- Involved in discussions with other organisations, councils, NHS to look at more cost effective ways of working/shared services.
- Project is funded to the end of February 2012.
- Communications plan being developed.

### Questions

1. Concerns about political influence around the development of the Board/CEO recruitment. Who will be interviewing?

**A:** There will be an open process of recruitment and DE and PC will be interviewing. DE advised that as a Director the first priority is always to the company. Accountability – the company will stand/fall by the contracts it delivers. There are some jobs that would be TUPE'd across where current contracts exist.

2. Joint Strategic Needs Assessment (JSNA) – how does this fit in?

**A:** The Observatory have structures in place to do the JSNA but needs to be rooted in perception of health/public services and the new company has a niche in that market.

3. Is HealthWatch a viable entity on its own?

**A:** Yes but doesn't fit with the vision for Staffordshire.

4. Has anybody properly assessed the demand for proposed products/services to be provided by Engaging Communities organisation?

**A:** Currently looking at potential contracts.

<p>5. What services are going to be delivered from January 2012 – leaflet states that the company will be trading from January 2012?  <b>A:</b> Too early to say.</p> <p>6. Does the company have to tender for the contract?  <b>A:</b> Fundamental to success of the project/organisation but not clear at present.</p> <p>7. How does it fit with Health and Social Care Reform Bill in respect of meaningful engagement?  <b>A:</b> Local authority need to convey to the public that HealthWatch would be independent.</p> <p><b>5. Potential implications and timetable of the NHS Future Forum recommendation on the transition of LINK to HealthWatch.</b>  Group agreed this had been covered under discussions at 4 above. Opportunity to challenge/ask questions and raise concerns. Engaging Communities could be a holding company name and HealthWatch would be a brand when it arrives so as to avoid confusion.</p> <p><b>6. Finance and Audit update</b></p> <ul style="list-style-type: none"> <li>• Finance spreadsheet distributed. Rent figure amended.</li> <li>• The timeframe for Price Waterhouse Coopers’ LINK audit reporting is July 2011. Nothing received as yet. SB asked County Council for an update and advised that waiting to hear back from Price Waterhouse Coopers – should be this week.</li> </ul>	<p>SB to follow up.</p>
<p><b>7. AOB</b></p> <ul style="list-style-type: none"> <li>• DL advised that he is involved with local patient panels in North Staffordshire which were not very active but are now getting there and Chairs of various panels have spoken to each other. Important for LINK to keep in touch with patient panels and inspiring health involvement.</li> <li>• DE commented that Clinical Commissioning Groups will have responsibility for engaging with their whole communities and not just patients on their lists.</li> </ul>	
<p><b>8. Any Questions</b></p> <ul style="list-style-type: none"> <li>• No questions submitted prior to the meeting.</li> <li>• Questions raised at the meeting by Francis Biard: <ul style="list-style-type: none"> <li>○ To LG – suggestions of where to visit from Clare McKirdy – what do you hope to gain if being directed?  <b>Response:</b> This came at the end of a long conversation with lots of questions around intermediate care settings – length of stay etc. Where are those settings, who is in those settings and CM identified a number of places. LG assured FB that JO/LG have vast experience in this area and were able to ask the right questions to get relevant information to be able to ascertain where to enter and view. LG will go through the list of services and the LINK will decide where to visit. LG would welcome any information from FB to feed into this process.</li> </ul> </li> </ul>	

- Can LINK enter and view independent providers?  
**Response:** Yes if any service provision receives public funding. Visits will be incorporated into the enter and view programme schedule.
- It would be useful to see what documents are being referred to by the Group – why not share them?  
**Response:** The documents have only just been seen by the Group and are very much in draft format and need more work to make sure they are accurate before going into the public domain.  
**FB:** Perception problem with that as far as transparency is concerned.  
**Response:** Timing/process issue in that the initial draft document is introduced for discussion and will then be available in the public domain as soon as possible.  
**Agreement:** that if documents are initial drafts under review, this is reflected against each agenda item.
- Following AGM FB wrote to JO regarding step-up/step down arrangements at Mid- Staffs NHS FT but to date has not received a response.  
**Response:** SB gave feedback from JO. JO had a meeting with Mid-Staffs and discussed step up/step down intermediate care services arrangements. LINK will be undertaking an enter and view visit to the Littleton Ward at Cannock hospital looking at length of stays, blockages, number of people with dementia using enter and view as a diagnostic tool to highlight issues and then take those forward. JO had asked SB to feedback to FB as she had been unable to respond to FB prior to going on annual leave and will send a formal reply in writing to FB upon her return from holiday.
- Concern regarding the independent of HealthWatch if funding comes from the local authority.  
**Response:** Concerns regarding this issue were raised during the HealthWatch consultation re: independence/funding streams and contracts. Structures/funding are being imposed nationally and all LINKs are funded in the same way across England as publicly funded. The situation in Staffordshire is being normalised ie. getting HealthWatch delivered at arms length. Conscious that public money is being used and it is important to get best value for money.
- Concern that language developing eg. branding, PR, marketing. Is that the right way forward when looking at HealthWatch/LINK services?  
**Response:** Semi-commercial organisation and therefore semi-commercial language will be used as with any other social enterprise.

**Meeting closed. Next meeting Friday 12<sup>th</sup> August 2011.**