



Staffordshire LINK Co-ordinating Group
Friday 9th December 2011
10.30am – 12.30pm

Attendees:

Will Taylor (Chair)
 David Loades
 Dave Bassett
 Lynne Gammon
 Sue Adey
 Dorothy Merchant
 Robert Rankin

Apologies:

Paul Jay
 Brenda Constable

2 LINK participants

Jackie Owen (Manager)
 Sue Baknak (Co-ordinator)
 Bernard Bester (LINK Development Worker)
 Hester Parsons (LINK Development Worker)
 Elizabeth Jarrett (LINK Development Worker)
 Nicola Sawyer (LINK Development Worker)

MINUTES OF MEETING

Areas of Discussion	Action
<p>1. Welcome and introductions/Apologies/Minutes of last meeting</p> <ul style="list-style-type: none"> • WT welcomed everyone to the meeting and asked for introductions around the table. • Apologies received from Paul Jay and Brenda Constable • Minutes of the last meeting action points will be picked up through today's Agenda. Minutes agreed and accepted. 	
<p>2. Declarations of interest</p> <ul style="list-style-type: none"> • DL – Newcastle-under-Lyme Borough Councillor and OSC representative. 	
<p>3. Presentation by Kate Waterhouse and Darren Farmer. KW and DF gave a presentation regarding the County Council's review of the LINK and explained the approaches used eg. focus groups, survey questionnaires. Key findings/recommendations:</p> <ul style="list-style-type: none"> • Reputation – overall positive and significant improvement overall. • Communication – Develop social media/target younger audience. Raise profile with events. • Engagement – significant increase in activity. Target underrepresented groups eg. youth, geographical areas of the county and BME communities. 	

- **Work plan** – revisit the work plan on a regular basis and identify new work areas. Realistic/challenges targets in the context of the bigger picture for health and social care services.
- **Enter and view** – made good progress with training and capacity building for enter and view programme. Positive start and schedule developing well.
- **Partnership working** – built strong relationships and changes and improvements starting to come through.

Recommendations:

- Some organisations still do not feel engaged with the LINK eg. youth forums/BME etc.
- Publicise powers of LINK more widely.
- Build relationships with health and wellbeing boards, clinical commission groups and Engaging Communities project.
- Best practice from other LINKs.

Summary, Conclusions and Next steps

- Transition to HealthWatch and engagement with the public and stakeholders.
- Strong governance of the LINK recognised and to continue to be developed and delivered in respect of move to HealthWatch.
- Looking to the LINK for leadership and to be bold and innovative in its approach.

Questions/response to presentation

- WT advised that the LINK are already represented on the Health and Wellbeing Board and WT has attended two meetings.
- JO advised that she is meeting with SCIO on Monday regarding the Health and Wellbeing Boards and how their organisations can access that agenda through the LINK.
- JO advised that it was quite disappointing that a lot of the work that the LINK is doing hadn't been reflected in the feedback from the review process and that the LINK had already recognised a lot of its own shortcomings and was addressing them.
- DL asked if the LINK can talk to the public about HealthWatch. KW advised yes, but in the context of we don't know what it will look like yet.
- HP advised that the CCGs are not strongly established yet. KW suggested the LINK work with CCGs to support their emerging structures.
- LG advised that she had reviewed the process and protocols for the LINK's enter and view activity following recognition of some of the issues identified and asked KW if she would like the information so that it could be incorporated with the review report).
- LG advised that the enter and view will be looking at trends data using the CQC outcome measures and these will be reported via the LINK database so that the LINK can report on these.

LG to send information to KW.

4. LINK Activity Update

JO updated as follows:

- A&E temporary closure at Stafford Hospital. LINK launched a feedback line, put article on the LINK website and in the LINK Bulletin, distributed posters and flyers for display, JO was interviewed on Radio Stoke and article in the Express and Star. Letter sent to CEO at Mid Staffs raising questions/requesting information available to the public and specifics around care of the frail/elderly – had a response and offered to meet with JO/WT to discuss. JO contacted UHNS, Burton and Wolverhampton Trusts to discuss ‘knock-on’ effects. Increase in day-time activity at Burton, increased activity at Wolverhampton, UHNS and Telford/Shropshire. Wolverhampton already 3 vacancies for A&E consultants – migration re: major trauma centres. UHNS keen for Stafford A&E to re-open and currently have a 12hour repatriation target. Extra costs: ambulances/capacity/beds – additional £2m. Two public meetings in January at Cannock and Stafford which LINK will be involved in.
- Facilitating consultation events on Mental Health Reconfiguration of services in South Staffordshire. Lots of feedback received and JO is collating this into a formal response. JO thanks the LDWs/CG members for supporting these events and raising the LINK’s profile. Review of community services must be done by the PCT before any decision about closing Margaret Stanhope is made; concerns raised about travel/implications and access to and quality of community services. DB is attending OSC meeting on Tuesday and Margaret Stanhope is on the agenda – let him know if any issues to be raised. LINK are involved in assessing the consultation process and the data analysis as well as making sure feedback is incorporated. DB concerned that dementia could slip under the radar as PCT not engaging/asking older people directly. DL recommended that further consultation is carried out once the report is produced as needs further work before a decision is made by the PCT.

Enter and View

LG updated on enter and view as follows:

- Gave background to enter and view/developments. 16 visits undertaken and 30 volunteers recruited with broad experiences, expertise and backgrounds. 38 recommendations made and a number of return visits scheduled. Positive feedback from providers has been received about the calibre of the people/visits.
- Increased referrals from other organisations eg. CQC and SCC Quality Monitoring Officers.
- Need to have more contact from the public with their concerns/views about services and need to continue to promote and raise awareness of the enter and view function.
- Developed new leaflets for services users.
- Workshop for enter and view volunteers took place on 6th

Any feedback/issues to be raised to be sent through to JO.

JO to provide information.

December 2011: went through the new process and key areas of importance. Positive feedback that the workshop was useful.

- Schedule for Jan-Mar 2012 is being developed and will include unannounced visits.

5. Presentation by Lesley Goodburn, NHS North Staffordshire.

Lesley Goodburn, Head of Community Relations at Staffordshire Commissioning Support Services, gave a presentation on Leading patient partnerships across North Staffordshire.

- Working in the north of the county and looking to roll out in the south of the county around patient and public engagement.
- Lesley distributed a copy of her presentation and talked through the key elements of the cycle of activity in respect of engagement, decisions on service design/delivery, procurement process and monitoring performance/demand and areas which are currently done well and not so well.
- Developed a membership scheme to facilitate receiving feedback and updates of information and this scheme currently has 2000 members in North Staffs and 1600 in Stoke – not in place in South Staffs yet. Also using a mystery shopper scheme and getting sign-up from PPGs.
- All data collected is put in one place and then developed domains of patient experience so that local data can be compared to national data.
- Analysis eg. complaints graph and more detailed data behind it. DATEX system used by hospitals/PCTs. Reporting tools can be tailored to what information you are looking for. Received a small amount of funding from the Department of Health for the work to make sure that patients are represented from practice to Board level eg. Stoke membership scheme – GP practice virtual groups. Keep data centrally/conduct surveys/contact back to practice who then discuss with the PPGs. On specific issues PPG reps to patient locality groups to design services which feed into patient congress to look at major commissioning decisions eg. cancer services – rep on CCG Board Executive.
- Insight model – Stoke/North Staffs CCG have signed up. Conversations with South Staffs CCGs/Borough Councils.
- Nominated for National Patient Experience Award – finalist for Recording/Reporting Category – outcome on 18/1/2012.

Questions/comments

- Disappointing that there was no mention of the LINK.
- EJ – Patient Congress – not in place yet; intended to be a standing forum; need to work with people to develop what it will look like; develop ToRs/recruitment to the congress etc.
- LGammon – outcomes – how do you demonstrate the impact/outcomes reported back to the public.

A: You said/we did; You said/we might; You said/we won't

Lesley Goodburn would welcome any ideas/suggestions.

be. Reported to Board every 6 months and on website and sent out to key stakeholders. Specific piece of work through locality groups/cascade to PPGs. Acknowledge that there is a lot of work still to be done in developing the model.

- JO – flow of information from PPGs but concerned about how are you going to make decisions about priorities from this information? Eg. podiatry – panel set up to look at service redesign/development – meet to review what is happening with the service; CCGs to decide which are the most pressing issues but how do you get feedback from other sources as well.

A: Membership scheme intended to broaden out from what and allows us to target particular groups around a service/theme.

- JO – how does this fit with Engaging Communities Staffordshire?

A: It doesn't – there is no connection and acknowledge that there is a dis-connect.

- LGammon – the Joint Strategic Needs Assessment (JSNA) – is it still effective?

A: Being given impetus from CCG development from January 2012.

LGammon – LINK should be actively feeding into that process.

A: Could use the LINK to do the engagement part of the cycle to influence CCGs/JSNA/Health and Wellbeing Boards. Sits with Commissioning Support Services from 2013 as a protected 3 year service. DH looking at wider communication and engagement.

- RR – is there a central archive of collected data?

A: There is lots of data but not being collated/organised into one place.

- LGammon – is there standardisation of data collection, recording and reporting?

A: No.

- DB – Community Trust – is there an opportunity to look at social care data?

A: It is difficult as PALS/complaints data sits in two different places. Sharing information could be built into contracted monitoring discussions but not aware of anything currently to bring it together.

JO thanked Lesley for her presentation.

4. Updates from the Group (continued)

- DL attended the national PALS conference on 3.11.2011 and provided a feedback report.
- DL attended the Newcastle-under-Lyme health scrutiny committee on 7.11.2011 and provided a feedback report. Key points included temporary closure of Stafford A&E; transfer of emergency vascular surgery from Mid Staffs to UHNS; committee want to know more about LINK enter and view function.

LG happy to talk to the committee about enter and view.

- DL attended Patient Panel meeting for Ashley Surgery on 14.11.2011 and provided feedback report.
- DL attended Newcastle-under-Lyme Health and Wellbeing Board on 06.12.2011 and provided feedback report. Key point: Board are asking for help from the LINK as they develop and DL offered to provide feedback.
- DL attended the Common Trust Board on 17.11.2011 and provided a feedback report. DL concerned that the LINK rep on this Board needs to have more knowledge of health and social care matters.
- DL supported mental health consultation event on 24.11.2011 and provided a feedback report.
- DB attended the County Overview and Scrutiny Committee meeting. Main discussions: major trauma services – West Midlands Specialised Commissioning – LINK facilitating two consultation events next week; closure of Stafford A&E; next week – a meeting to discuss business case for the integration of social care services into the new Trust and Margaret Stanhope.
- LG – Safeguarding Policy – thanks to Sue for the work done on this. LG distributed the draft policy and asked for any comments by end of December and the authority to sign it off if not comments received.
- WT – attended a meeting with Dawn Wickham – invited to attend Cluster PCT working group; QUIPP; resources and roles.
- WT – attended county Health and Wellbeing Board – setting priorities/working at local level; Cllr Matthew Ellis has secured a commitment from districts to be set up by February 2012. Dave Hayward presented a model from South Staffs. JO asked what the LINK's role is and what message can be sent out to the public to encourage their involvement. WT advised that generic ToRs currently which will be developed further. JO – need to establish how concerns from voluntary/community groups who are not represented on that Board can feed views in via the LINK.
- WT updated on Engaging Communities Staffordshire – County Council have appointed Mutual Ventures to look at how the organisation will be structured. The intention is that it will be a Community Interest Company (CIC) with a Board of Directors and Non-Executive Directors recruited via an independent selection process. LINK Co-ordinating Group is expected to form part of the Board. Next meeting is on 9th January 2012 and WT to feedback at next Co-ordinating Group meeting.

Areas of Discussion	Action
<p>6. Finance WT provided an update as follows:-</p> <ul style="list-style-type: none"> • An allowance of £2,000 has been made in the current year's budget for the overview audit to be carried out by KPMG. • The remainder of the unallocated budget for this financial year stands at c. £55,000. Part of this will be allocated for HealthWatch consultation/transition and the PR brief. Need to ensure that remaining commitments are made early and effectively. This will be discussed in the business planning meeting later today. • Office premises – new year review of whether these are still fit for purpose. 	
<p>7. AOB</p> <ul style="list-style-type: none"> • DL asked if there had been any follow-up on concerns raised at Harplands Hospital and whether this could be included on the enter and view schedule. 	JO/LG to follow up.
<ul style="list-style-type: none"> • Any Questions • No questions were submitted prior to the meeting. • Questions raised at the meeting: <ul style="list-style-type: none"> ○ None – quite happy. ○ It would be helpful to have Minutes from the meetings available in advance. 	Response: JO apologised for the delay.
<p>Meeting closed. Next meeting Friday 13th January 2012. Please note the start of this meeting 10.30am and the venue is Beacon International Centre, Staffordshire Technology Park, Stafford. ST18 0GB</p>	

Addendum to Minutes

Please note that following her appointment as the LINK's Enter and View Support Lead, Lynne Gammon has formally stepped down from the Co-ordinating Group.