

County Durham LINK Management Committee Meeting Minutes

Monday 17th January 2011
St Cuthberts Hospice, Durham, DH1 3QF

		ACTION
1.	<p>Present:, David Haw (Chair), Colin Burton (Vice Chair), Audrey Chapman, Michael Dalton, Mary Mitchell, Pam Spurrell, Les Goodrum, Betty Carr, Robin Millerchip, Alan Charlton, Janet Walls, Brewis Henderson, Peter Irving (Vice Chair)</p> <p>In Attendance: Alesha Aljefri, Julia Catherall (minutes), Michael Hemingway</p>	
2.	<p>Apologies: Kath Currie, Malcolm Fallow</p>	
3.	<p>Minutes of the last meeting: Approved and agreed as a true record</p>	
4.	<p>Matters arising not on the agenda: Alan Charlton confirmed that he had received the Long Term Strategy that he had asked for.</p> <p>Mary mentioned a discussion from the last management committee regarding Julie Raynor from the CQC. Alesha mentioned that she had sent an email to Julie inviting her to the meeting. Julie emailed back thanking her for the invite but she felt that it was not the best time for her to come to the management committee meeting. Alesha mentioned that they are organising a joint CQC/LINK event in March.</p>	
5.	<p>Governance: Alesha mentioned that after the management committee meeting she was having a brief meeting with the 2 new members to the standards committee which are Pam Spurrell and Betty Carr. Alesha also mentioned that she had received some applications forms back and one of the roles of a standards committee representative is to go through the application forms. She suggested that this could be done via email or a meeting could be arranged. A decision then can be made with regards to who attends the external meetings. A list has also been sent out to all management committee members about the external meetings that they sit on in their communities. A few responses have come back but if anyone else would like to respond please send these back to Julia. Alesha also advised the group that the events that were going to</p>	

	<p>be arranged for February are to be put back to March/April for when we have some more information on HealthWatch. Alesha does not want the district representatives to be going out into the community and not knowing what is happening with HealthWatch. Alan just wanted to clarify his role as a district representative and the events that were going to be planned in February and that are now in March. These will be in venues around County Durham where other events are being held so hopefully we will get more people coming in. Alesha asked if anyone has any suggestions with regards to venues then let her know. Once all the venues have been booked Alesha suggested getting all the district representatives together to discuss a format on how the events will be run.</p>	
6.	<p>LINK Work plan Update: Alesha gave a review on the active workgroups. Stroke – is continuing to meet. There was a meeting arranged for the 12th January but this has been changed to possible the 1st week in February. Alcohol – the next sub group meeting for the Alcohol group is going to be on Thursday 10th February. There is a spare place for the alcohol treatment group which is going to be advertised in the next e bulletin. Alzheimer’s and Dementia – there was some outstanding actions that had been done with Liz with some of the working group. There have not been any objectives set with this group but LINK members on that group will still receive any information that is coming through from Tees, Esk and Wear Valley. There is going to be a Locality Forum Meeting that has just been set up in Chester le Street that Alesha is going to be attending on the 21st of January. As there are a lot of members that attend external meeting, a 1-1 session is going to be set up to see if members who sit on these groups would like this support session to discuss feedback etc and any other issues that they may have. Peter mentioned the Older Peoples Mental Health Services as a group and asked if the group that Colin sits on could not be included in the group as the services are changing across the County regarding the beds and how the older people are addressed. Peter mentioned that what Colin talks about in his group could be included as it is the same services. Colin said that the report that Peter was on about was just regarding beds, and not the overall service. Seizing the future – The final report was due out last year, however the final published report will be sent out when Alesha gets it. Alesha is also planning to meet up with the Patient and Public Lead who is Jill Salkeld to see if some Enter and View</p>	

<p>visits can be set up to go into the hospitals to see how they are coping with the changes that have been made.</p> <p>An Enter and View meeting will take place on Thursday followed by the PAL's/CQC working group. A lot of discussion has taken place regarding how these two groups work together and what their remit will be, this will be discussed with the group on Wednesday on how they can work together with the Compliance Officers. Alesha will be meeting with them at the end of January at Newcastle and asked if Michael Dalton would like to attend also.</p> <p>David Haw gave an update on the University Hospital of North Tees to say that they have chopped the plans back from what they were, to reduce the cost. They are struggling to take it forward to get the new hospital at Billingham. There has already been a years delay and they could well be another delay which will take the hospital until 2017 to be completed.</p>	
<p>Information items:</p> <p>As the items on the agenda had been discussed quickly. Dave suggested discussing the feedback reports that were for information only.</p> <p>Alcohol Reduction Group – Mary advised the group that there is a lot of work going on surrounding alcohol. Work is being done with schools and young people. The police are getting very active. The big work group is DAAT and Balance and they are doing small projects at the moment. One of the projects was in Teesdale about wine drinking and binge drinking. Mary suggested to David and Alesha that we get an update from DAAT and Balance.</p> <p>Learning Disabilities Parliament – Alesha mentioned Sandra Roberts attended the meeting and was just to give them an update on LINK and what the plans were for HealthWatch. They are still very keen to work with LINK and they were planning to discuss their themes and what they want to carry forward at January's meeting that Sandra is attending today. What was discussed at the meeting was that LINK was not getting very much feedback and was asking them to bring any issues forward so they can be supported to bring this forward to strengthen the relationship. They have had copies of the annual report which was done in easy read for them to give to their members.</p> <p>Learning Disability Parliament is still one of the groups that LINK are going to work with very closely along with CoDeaf and BME Communities.</p> <p>Strategic Health Consultation – Kath Currie's report – Alesha mentioned that in Kath's report she was giving some feedback on the consultations that were carried out. The information was included with the report.</p>	<p>Host to contact DAAT and Balance</p>

	<p>Stroke – Mary wanted to thank LINK for the work that they had done on Stroke and the outcome. This workgroup was started 2 years ago. Peter Moore, who is the lead on Stroke in the area, gave some positive news that things were happening from the patients point of view. The ambulance service is working with the patients and is identifying strokes with a patient so that they can get them to hospital rapidly so they can get this golden hour treatment.</p> <p>IAPT – Ben Andrieson's update from his meeting. This meeting brought those meetings to an end but if there are any updates then the group will receive these.</p> <p>Consultation on Older Peoples Mental Health Services – Colin went to the meeting which was regarding changing the structure of the provision that they made for respite care. Most of the service issues go back to the County Council to provide the services.</p> <p>Peter then discussed a meeting that he went to on behalf of the Countywide Forum as it is the same issues as Colin is discussing. TEWV are looking to change the service and there are 5 options to choose from which include cutting of 15 beds to the service. Peter has had a number of reports to the opposite of that saying that they have not been able to get into Earls House and have been outsourced elsewhere. When they are talking about cutting 15 beds from the service this is still a big question mark, and have they got enough beds to cope with the demand. Peter mentioned that at the meeting it was said that LINK was supposed to be putting a report in to the Health and Scrutiny. Alesha mentioned that the plan was to have a working group pulled together to look at the consultation. They were going to be looking at the recommendations on the consultation process. The Mental Health Forum were to be pulling some recommendations together and LINK would support that however LINK have not set up the meeting to look at the consultations itself so that will be held imminently. Alesha asked if the management committee wanted to expand the meeting to the membership. A working group could come out of this as Pam, Alan and Colin were already interested.</p>	
	<p>Any other business:</p> <p>Dave Haw – HealthWatch – The Chairs from all the LINKs in the region have been meeting together on a regular basis as the Department of Health have asked each region to put one Chair forward to go to between 6-8 meetings over the next 3-4 months. This will be to work out how HealthWatch will work. The whitepaper will come out on Wednesday and will say what we have to do but there will be no practicalities. There will be 9 regional representatives and the one for our region is the Chair</p>	

from Sunderland LINK who is Mike McNulty. He has been to a lot of meetings before on behalf of the region and is very good at reporting back and sensible in the way that he approaches it. The only problem that we way have is that they only wanted 1 representative and they didn't want a back up and the Chairs have objected to that as they can not guarantee that one person is going to be 100% healthy and attend all of the meetings. All the meetings are in London starting at 9am in the morning therefore the person has to go down to London the night before and stay over. 3 regions have a problem with this which is the North East, North West and Devon/Cornwall.

The first meeting was last Friday so this week they should be an update available. The first meeting was to set the criteria on how it was going to work. A few things have come out from a meeting that Stephen Wilkinson attended who is the Department of Health representative in the Region. Some of the things that came out of that meeting are that HealthWatch nationally are bringing guidelines out on who should be on the management committees of HealthWatch. They are also bringing out all of the procedures and the rules on how the management committee will work. The first lot will be recommendations on whose on the committee, how you work and all the procedures will be mandatory. They will not be a choice on how you work by those. Some of the other areas are contentious with all the Chairs is that CQC is going to be less inspections and they will expect the Local HealthWatch to direct CQC on who they should go and visit. In other words they are going to rely on the Local HealthWatch to monitor all the Health and Social Care in the area and tell them who they should go and visit. They are going to have a new computer system called "Dashboard" and they will put the details in and Dashboard will tell them who they will go and visit because they are cutting the number of inspectors and inspections and they are going to rely on HealthWatch to point them in the direction to which they should go which is not really what LINK is all about because the bill that introduced the LINK will not be rescinded. This is additional powers on top of what LINK was and the new bill that will change the name to HealthWatch. They will still have all the responsibilities that they had with LINK but additional ones added on when they change to HealthWatch.

The position is that no one can say what HealthWatch is going to look like or what HealthWatch is going to do because that will all be decided in the next 3-4 months. These meetings that the Department of Health are going to have on how a HealthWatch will operate in what they do and how they will do it. This could be why CQC did not want to come along and chat because they are part of this consultation with the Department of Health. There is 9

regional Chairs, CQC, the new person that is going to be responsible for HealthWatch England and 1 Host who Department of Health have selected to be there which will represent all the Hosts in the Country.

Alan asked about the document that he had received says that from 2012 local authorities will be responsible for funding what they say will be the majority of the functions of HealthWatch then why are the local authorities not involved in this initial discussion. Dave mentioned that the money comes through the local authority but it is Department of Health money which should be all passed on to LINK. County Durham was lucky and they did not keep that much out. Next year, the budget that the local authorities have been given is the same amount of money of £260,000 has been included in the budget to fund the transition year. How much of that we get we don't know yet but when we find out how much it is we have to tell the Department of Health. They are now looking into the complaints that they have had from LINKs about continuing funding coming from the local authority. If local authorities are taking too much off and are not putting enough in, the Department of Health may decide to fund HealthWatch a different way through HealthWatch England or through CQC. Colin mentioned that from the start of this there have been complaints from representatives about the County Councils looking at the services correctly.

Peter mentioned the HealthWatch guidelines on the management committee because the different LINKs across the country are very different in how they are made up. Peter would like to know if there is any indication. David said that there is now indication but all that they have said is that they will bring recommendations which they have said that you do not have to stick to the recommendations on who should be on the management committee of HealthWatch. They have said that they will be bringing regulations in on how you operate. What are on the management committee will be recommendations, in other words you don't have to stick with them but you would have to have a good reason why you didn't. The meetings are taking place at the moment on how its going to operate but the whole thing could change again. David said that don't start changing anything yet, carry on as the LINK and when these things have been sorted out the details will be forwarded on. The details should start coming out towards the end of the first quarter which should be May or June as next year is just the transition year. The new one will not start until the 1st April 2012 so it gives 9 or 10 months on how you are going to operate. The Pilots have been chosen but nothing has happened with them. Hartlepool was chosen as a pilot. They may just say for the 1st April that this is how you will run this is the

documents and the procedures that you need to adopt. It will be more prescriptive on how HealthWatch will work. CQC has been cut right down as there is only 1 manager and 4 inspectors in the North East to cover all hospitals and all care homes in the North East. The local authority may wish to contract LINK to deliver it but if the contract is more than £115,000 over 3 years they have to go out to open commission. Then it will be up to HealthWatch if they want to tender or not. David's personal view is that he thinks that there is going to be a role for housing, transport and in the environment. The HealthWatch will decide who is employed and not the Host which will make HealthWatch the employer and not the Host. In the White paper it says that the Host may decide that they may want a particular kind of expert so they could go and recruit that expert. HealthWatch locally will not be a corporate company; the Host will have to employ them. HealthWatch could say to the Host that they want this particular person. The Host would have to employ them. Mike McNulty is going to the meetings in London from the issues that come up from the Chairs meetings. We will still be referred to as County Durham LINK until the 31st March 2012 then on the 1st April it will be HealthWatch. After the feedback comes back from the meetings it maybe that we have to decide what is going to be on the workplan for the next 12 months, and what visits is there going to be with Enter and View. The effectiveness of LINKs is being measured in the way that the government is going to tell us how we are going to run. The same standards will be effective across the country. David said that from the meeting last Monday it was advised that all the PCT's were looking to merge. They are looking at the number of PCT's over the next 2 years to merge. HealthWatch may want to employ a specialist person to sit on various meetings and they will be tasked to put their views forward. Betty mentioned that she was at the SHA meeting last week which is funded for 3 years. The 8 health streams are being reduced to 4. Durham will take responsibility of falls with Sunderland, Newcastle and Cleveland. She also said that she went to the focus group for the 111 number. The government want the number to go national in 2013 but they have to prove that the pilot scheme has to be successful. Jim mentioned that Durham Disability voice has now disbanded and that they are no longer a registered charity. They are waiting for the final documents to come through. Michael Dalton mentioned the CQC/PAL's group. There will be 1 representative at the meeting from CQC. Michael would like to know what information could be passed to them that needs to be passed by the management committee first. Michael requires some clarification on what he can and can't agree with them and

	<p>where he stands. Peter mentioned that it needs to come back to this meeting first. Alesha mentioned that the group can sit down and look at a way on how they can set up a liaison group so any feedback that comes from CQC/PAL's comes to the management committee and then it is fed back to the CQC.</p> <p>Peter mentioned that the Durham Dales Mental Health service information that was put together with the ICO and Kate Harrington's team if anyone would like a copy.</p> <p>Robin mentioned that he attended the alcohol prevention meeting last week and he mentioned that they had decided to change how the meeting was run. They mentioned the issue of alcohol in the workplace. The next meeting clashes with the next management committee.</p> <p>Mary said that she would like to congratulate LINK for they work have done.</p> <p>Audrey mentioned that she had suspected that the carer's centres have lost money for the next financial year. The carers centres are now a consortium which have kept there own identity.</p> <p>Alesha mentioned the CQC/LINKs event which is going to take place on the 9th March somewhere in Newcastle where they are going to have speakers from the CQC involvement team and the Department of Health. They have asked what workgroups they would like to see at the event. If anyone has any ideas to contact Alesha.</p> <p>Community development session for staff and LINK members. Alesha has attended one to get a feel for it but would like to know if anyone would be interested.</p> <p>Clinical Strategy event on the 27th January at Hardwick Hall in Sedgefield. If anyone is interested to get in touch with Alesha.</p> <p>Intermediate Care meeting being held on the 28th January at County Hall.</p>	
	<p>Date of next meeting:</p> <ul style="list-style-type: none"> Monday 14th February 2011 – St Cuthberts Hospice, Durham, DH1 3QF. 10am start and to finish with a buffet lunch at 12 noon. 	