

## County Durham LINK Enter and View Minutes

Wednesday 3 November 2010  
Bowburn Community Centre, Bowburn

		<b>ACTION</b>
1.	<p>MD opened the meeting.</p> <p><b>Present:</b> Michael Dalton (MD), John Hudson (JH), Sandra Cottrell (SC), Pauline Crathrone (PC), Syd Duggan (SD), Agnes Armstrong (AA), Sheila Grant (SG)</p> <p><b>In Attendance:</b> Colin Burton (CB), Mandy Sharp – Lipspeaker, Alesha Aljeffri (AL), Sandra Roberts (SR) - minutes</p>	
2.	<b>Apologies:</b> Michael Hemingway, Joan Taylor, David Kellett	
3.	<b>Minutes of the last meeting:</b> Agreed subject to amendments.	
4.	<p><b>Matters arising not on the agenda:</b></p> <ul style="list-style-type: none"> <li>• Certificates have been issued to each Enter and View Rep listing all the training that they have completed.</li> <li>• SR has distributed the Putting Patients and Public First article with the minutes of the meeting.</li> <li>• SR has spoken to those members not present at Septembers meeting to ensure that they are happy with the host placing their signatures electronically on to enter and view reports.</li> <li>• SG asked if under HealthWatch we are likely to look at individual complaints as she feels this in a vital piece of work which we are not covering presently. AL confirmed that it appears that we will be given this remit under HealthWatch. MD recommends that a meeting be set up with the CQC to discuss how best to conduct this type of work.</li> </ul>	AL to invite CQC to January's E&V meeting
5	<p><b>Feedback from Management Committee</b></p> <ul style="list-style-type: none"> <li>• The following members were elected onto the management committee: <ul style="list-style-type: none"> <li>➤ Kathleen Currie – Durham</li> <li>➤ Betty Carr – Sedgefield</li> </ul> </li> </ul>	

- Pam Spurrell – Teesdale
- Les Goodrum – Easington

- Three further members have put their names forwards and currently being considered by the committee. If accepted these applicants will be co-opted on to the Management Committee.
- The following seats are vacant; 1 in Derwentside and 2 in Chester le Street. The host will continue to advertise these positions in the hope of filling them.
- SG asked how many active members are there in Chester le Street. SR replied that she did not have a breakdown for individual areas but that out of 380 members only 80 were considered to be an active member, i.e. are part of a group or committee or have attended a meeting / an event since 1 April 2010.
- County Durham LINK's work plan has recently undergone a review. The work plan has been stream lined with many now complete issues being removed or downgraded to watching briefs. This will enable County Durham LINK to focus its final months on issues that have achievable outcomes.
- AL stated that the host had received some assurances about 2011. The Department of Health have stated that local authorities should continue with their current host during the transition year. No figures have been released about how much funding will be provided. This could potentially cause two problems; 1. Further loss of staff, 2. More volunteers or volunteer time may be needed to fill this gap.  
The host is hoping for further news in December.
- AL informed the group that Clare Sandford has resigned her position. This means that the Host team has reduced from 5 to 3 members of staff. The host team are going to restructure so that the work done by the Community Engagement Workers can be continued all be it on a reduced scale.
- AL stated that the host is looking at the way information is fed back from members, so that it is easier for the Host to identify issues that can be taken forward. It was suggested that a list of members sitting on meeting boards should be made available to the Management Committee and Enter and View Group so

	<p>that they could be contacted by these groups. However AL stated she wanted to consider how this would work as she felt that there was a danger of overloading these volunteers, but that in principal it was a good idea.</p> <ul style="list-style-type: none"> <li>• MD asked the group to be realistic and accept that the host team will and have a reduced capacity. He also reminded the group that other organisations are facing similar problems, therefore their priorities may well be different from that of County Durham LINK's and it may take longer to arrange visits and get responses.</li> <li>• The target set was 3 visits to be completed by Christmas and that that has been achieved. The host is continuing its dialogue with service providers and commissioners to arrange further visits.</li> <li>• AA stated that we should target our resources and that now was the time to monitor what is happening to services in light of the spending cuts, as this is the time when standards could slip.</li> </ul>	
6.	<p><b>Clozapine Unit Visit Update</b></p> <p><b>Supplementary report</b></p> <ul style="list-style-type: none"> <li>• JH felt that the supplementary report in its current format was a waste of resources and could be shortened.</li> <li>• SG felt that the return rate was poor. A discussion took place and it was agreed that as the return rate was 10% it was actually a good response.</li> <li>• SG asked if there was anything further that could be done to improve this return rate. It was agreed that the only thing we could do is to change the following sentence "If you have any questions regarding this survey please contact" to read; "If you have any questions or would like help to complete this survey please contact".</li> <li>• AL also reminded the group that they rely on the service provider's co-operation to distribute the questionnaires left behind.</li> </ul> <p><b>Tees Esk and Wear Valley (TEWV) Foundation Trust response</b></p> <ul style="list-style-type: none"> <li>• The members were happy with the response received from TEWV about the recommendations made in the Enter and View report.</li> </ul>	

	<ul style="list-style-type: none"> <li>• MD felt that it was particularly encouraging that the letter stated that they would give County Durham LINK an update in 6 months.</li> <li>• AL informed the members that she regularly attends the regional LINK/TEWV meeting and that we have built up a very good working relationship with the Trust. She feels that the relationship has been enhanced as a result of this visit. So much so that two members of TEWV's staff attended our AGM this year.</li> </ul>	
7.	<p><b>Willowdene Care Home Visit - Update</b></p> <ul style="list-style-type: none"> <li>• JH felt that the visit was well organised, the manager was very knowledgeable and both the manager and the staff had a good attitude. JH said that there were one or two minor issues but that it was one of the best Care Homes that he has visited. JH felt that he could have done with more time to conduct the visit and that they had spent too much time with the manager.</li> <li>• PC stated that the manager wanted to give the group a real insight into the home and how the staff care for the residents and that this information was useful. PC felt that it was a very good visit and she felt the time was ample. As a result of this visit the members have been given an open invitation to visit the other homes run by this group.</li> <li>• A discussion took place about how much it costs to be a resident at this home and how it is funded. The cost of accommodation in this home was provided in the packs to the working groups. As a result of this conversation the following was agreed. <ul style="list-style-type: none"> <li>➤ If information is required about costs of care and funding then it should be requested at the first pre visit meeting and should be sought from the service provider / commissioner / funding providers etc.</li> <li>➤ That the group is not qualified to assess value for money in a service. This role is best left to other bodies such as the CQC. Instead the group should concern themselves with the quality of care provided.</li> <li>➤ That it would be wrong to enquire into people's personal finances.</li> <li>➤ That if the group would like further information after a visit has been conducted it can be requested via a letter if the information is deemed</li> </ul> </li> </ul>	

	<p>necessary to complete the report.</p>	
<p>8.</p>	<p><b>Appletree Care Home Visit - Update</b></p> <ul style="list-style-type: none"> <li>• SD gave a glowing report of this Care Home and its staff. He stated that he had also visited Willowdene and that the standards there reflected the ones found at Appletree. He felt that if more companies run their Care Homes the way Maria Mallaband did then there would be no issues.</li> <li>• The only negatives from the visit were that both Michael Hemingway and SD would have liked more time and the opportunity to join the residents for lunch. They were invited but prevented by a pre booked post meeting and lunch. Michael attended a bathroom and found soiled clothes. However this was not a complaint as when they returned half an hour later everything had been cleaned up.</li> <li>• The owners of the Care Home are concerned at a recent drop in uptake and feel that Care in the Community is overshadowing care in homes such as Appletree and Willowdene.</li> <li>• It was agreed that the length of time allocated to conduct these visits may need to be more flexible; however it is important not to overstay ones welcome.</li> <li>• That it is important that we highlight good practices such as those found at these care homes.</li> </ul>	
<p>9.</p>	<p><b>Patient Transport Service</b></p> <ul style="list-style-type: none"> <li>• MD and Michael Hemingway went to visit the Patient Transport Control Room in Newcastle to find out more about how the service operates.</li> <li>• MD gave an outline of how the service operates, he then went on to discuss the new 111 service, which is currently being trialled in County Durham and Darlington. The initial results have been positive as the number of ambulances taking people to A&amp;E have reduced. The service is going to be rolled out across the whole of NEAS operational area in January and then Nationally in April once this trial has been completed, it is then the service will be advertised.</li> <li>• AA pointed out that this service is not without its problems and related a personal experience as evidence. She stated that at the present she following issues with the service: <ul style="list-style-type: none"> <li>➤ The staff had not received enough training,</li> </ul> </li> </ul>	

	<p>instead they have a transcript / list of question to ask and based on the answer given are supposed to direct you to the right service. However if the solution given is the wrong one the consequences could be disastrous.</p> <ul style="list-style-type: none"> <li>➤ Money appeared to be the main driver of this change</li> <li>➤ Agnes GP's is not aware of this service</li> <li>• AA stated that she had fed these issues back at a previous meeting with the service provider.</li> </ul>	
10	<p><b>Future Visits</b></p> <ul style="list-style-type: none"> <li>• AL is meeting with Marion Dilly and Jill Salkeld on the 9 November 2010. They are currently conducting some work around patient discharge policies and it is hoped that we could work with them.</li> <li>• It was agreed that at January's meeting a review should take place of all the visits completed by then to see if any improvements can be made to the way visits are conducted. It was agreed to invite someone from the CQC for their input.</li> <li>• PA asked if it was possible to approach those that provide Care in the Community Service and arrange a visit.</li> </ul> <p>It was agreed that the way to approach this is to arrange an information day, inviting people from commissioning and care organisations providing Domiciliary Care along to give us an insight into how the service works and use this as a launching pad for a visit.</p>	AL to arrange an information day.
11	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• SD asked for clarification about what powers we have. AL explained to the group what the powers were, but stated that it was best practice to try and preserve a good working relationship with service providers. That these powers should only be a last resort. SD thanked AL for clarifying the issue.</li> <li>• SG asked if it was ok to give out general information about what the Enter and View group were doing. It was agreed that this is fine and that updates could also be made in the e-bulletin.</li> <li>• SR stated that the host had been updating its systems and that changes have been implemented to the admin systems, she then handed out the following documents.</li> </ul>	

	<ul style="list-style-type: none"> <li>➤ Section 6 checklist</li> <li>➤ Pre meeting agendas.</li> </ul> <p>This means in the event of illness, another member of staff can easily tell what stage a visit is at.</p>	
	<p><b>Date, time and venue of next meeting:</b>  Wednesday 19 January 2011  Start time: 10am. Finish time: 12.30pm.  Buffet lunch served at 12 noon  Bowburn Community Centre, Durham Road, Bowburn,</p>	