

## **EAST SUSSEX LINK**

The County's Local Involvement Network in Health and Social Care

### **MINUTES OF MEETING HELD ON THURSDAY 4<sup>th</sup> SEPTEMBER 2008 2.00 – 4.30 UNITED CHURCH CROWBOROUGH**

Present:

Interim Core Group:

Janet Colvert (Chair), Margaret Stanton, Tony Moore.

Absent : Geoff Thomas (Vice Chair).

Co-opted LINK Members: Maureen Lawrence, Sue Weiner, David Bold.

In Attendance:

Cllr. D. Phillips (HOSC. WDS), Sue Grimer and Deborah May (Age Concern Eastbourne), Sheila Guest (Wealden Senior Citizens Partnership), Cliff Bush (Surrey LINK Chair), Irene Dibben (ESHT), Miriam Mikloislewsla (Speak Up Forum), Debby Matthews (SDCVS), Mike Dunn (Life of Your Own), Tricia Mitchell (Sussex Deaf Association), Len Ashby (Uckfield MS), Joe Keel (ESDA, Crowborough), Graham Hills (Kent and Medway Network), Barry Atkins (ESCC-ASC), Peter Todd (Friends of Newick Health Center), Mary Saunders and Janice Hoiles (Brighton & Hove LINK), Pam Lee, Brian Gray, David Lawrance, Fiona Storrs, June Davies.

Nick Tapp (Deputy CEO, East Sussex Disability Association), Elizabeth Mackie (LINK Manager), Jan Cutting (LINK Development Worker), Jane Hay - notes (LINK Administrator).

Absent : Val Shoebridge (LINK Development Worker)

Apologies:

Dave Rogers and Ray Barret (Interim Core Group), Laurence Keely and Brian Rockell (Co-opted members), Sheila Smith and Betty Ames (Surrey LINK), Vicki Holland (Library and Information Services, Lewes), Ian Watling (Assistant Executive Director, Sussex Partnership Trust), Councillor Sylvia Tidy (ESCC), Sam Williams (ESCC), Claire Lee (HOSC), Louise Carter (Assistant Director for Planning and performance ESCC), Dorothy Corbett, Roger Sweetman, Chrys Brookes – individuals.

#### **1. Welcome and Apologies**

Janet welcomed everyone to the meeting and said that it was good to be in Crowborough and see some new faces and other groups and organisations. Cross-border working is of great interest to people, but there would not be the time to cover it in any depth at this meeting. A whole day event would be arranged for a future date and attendees were asked to inform the office of any thoughts they might have about future working.

#### **2. Agree Minutes of meeting 12<sup>th</sup> June 2008**

No queries or disagreements were raised. It was proposed and seconded that these minutes are agreed.

### 3. LINK Development update

Since the last meeting in public on 12<sup>th</sup> June, the full staff team are now in post: Jan Cutting joined at the end of June as Development Worker for the Hastings and Rother area. The team have produced Information Packs in hard copy and CD versions, leaflets, postcards and an initial questionnaire to ascertain public views on Health and Social Care Services.

A regular newsletter is being produced and circulated to the growing distribution list and articles, issues or events can be publicised through this. The East Sussex LINK website went live on September 2<sup>nd</sup> and it will be possible to register interest online as well as submit issues and access all related information, including minutes. Events such as PCT Roadshows in Eastbourne and Hastings and farmer's markets in Rye, East Dean and Newhaven have been attended as well as community and voluntary group meetings where presentations on LINK will be made, such as to the Rother Senior's Forum. Contact has been made with Interfaith forums, Comnet, our colleagues within the voluntary and community associations such as Rother Voluntary Action and inroads are being made into reaching BME groups, faith groups, business including the Chamber of Commerce, parish and town councils and the Fire and Rescue Service.

### 4. LINK Work Plan Update

Janet firstly thanked the team for their work so far. She stated that the Core Group had been tasked with setting Policies and Procedures for East Sussex LINK and that previous work done with PPIs ought not to be lost. An Action Plan of Work was being developed and along with partnership working with the two East Sussex PCTs, Hospital Trusts, Adult Social Care, SECAMB (South East Coast Ambulance Service) and the Sussex Partnership Trust for example. LINK would monitor the impact of national strategies and use existing data to take work forward.

Issues were being raised and coming into the office and these will be looked at and assessed to see if we are able to add them to our work programme. If issues are more appropriately forwarded to PALs or the ASC complaints officer, we will advise people accordingly. We aim to highlight good practise also.

LINK is interested in both hard and soft data and will look at processes when working with other people and partners.

Some examples of work which are developing are:

**Children and Young People:-** Co-opted member Sue Weiner has connected with Lou Carter from Children's Services and is to do a presentation about LINK to the Youth Cabinet on Sunday 7<sup>th</sup> September with Mary Ann Iwanski, Patient and Public Engagement and Equalities officer, Hastings and Rother PCT.

We have also been invited be part of the **PCT Privacy and Dignity Peer Review Team** and Co-opted member Maureen Lawrence will be representing the LINK in a cross border monitoring event.

The **Productive Ward Programme** is being developed at the Conquest Hospital, Hastings and Eastbourne DGH. This centres on planning the best use of staff to allow them to spend more time with patients and is being rolled out over the coming months. LINK will be represented on the steering group.

Both HOSC and OSC are developing positive working relationships with us and we are taking part in **Scrutiny reviews** as well as attending their meetings.

**Legacy Issues** from the PPIFs will be part of the programme, one example is likely to be Out of Hours services.

All consultation on changes in Pharmacy Services will in future be sent to the LINK and we will publish them on our website for comment.

Janet expressed the necessity for evidence to back issues and interest in more people becoming involved to allow us to take on more work.

LINK representation on various boards and maintained effective communication are of continued importance.

## **5. LINK Code of Conduct**

Janet mentioned the NCI Code of Conduct used as guidance for visiting to enter and view services for properly conducted and co-ordinated visits. There was more advancement with Health issues because of the PPI, but the area of Social Care will be expanded. Hard copies were available at the meeting for attendees to take.

## **6. East Sussex LINK proposed Training Programme**

Training for LINK participants is another area of development with modular courses allowing participants to add to their knowledge over time. It is important that training is undertaken before work can be allocated. The first training programme is beginning on 19<sup>th</sup> September and will be focused on the role of those participants authorised to undertake visits. A procedure for processing CRB checks is also in place in preparation for visits. Those who would like us to work with them will need validation of the qualities and qualifications that participants have.

It is important that participants speak with the same voice and operate to the same protocol.

## **7. Election Process Updates**

Nick Tapp gave a summary, stating that the intention was that the Interim Core Group would be in post for six months until an election had taken place, but the process was a complex one and thus it had been decided to hold an event at Uckfield to present models and agree an election process. The NCI (National Centre for Involvement) guidance suggests there is no official way of running an election and to just try out ideas. Those who attend the meeting on the 30<sup>th</sup> September at Uckfield Civic Centre will discuss the models, take part in workshops, there will then be a final vote. Included in the discussions and voting will be the number of Core Group places and to whom they will be allocated. The consensus on the day will be carried forward as the election process and those elected will stand for the next twelve months. The process can be reviewed and changed in the future if felt necessary.

## **8. Barry Atkins Adult Social Care ESCC presentation**

Barry gave an overview of the department's work and aims. He talked about the link between health and Adult Social Care and that there were factors such as housing, economic situation and geography to be considered. Putting People First began in December 2007, with the Government allocating a pledged budget over three years to transform ASC. It is about the 'whole picture'. People receiving funded care are given their own budgets to choose the support services they wish

to have. This changes the relationship with clients and ought to improve choice and quality of care. It also personalises care, using different providers across the board chosen by the client rather than one block package of care.

Four levels of eligibility – Critical, Substantial, Moderate and Low are taken into consideration with all levels being important. He also summarised the PPF Programme structure which takes into consideration: SDS (Self-Directed Support), SDS process design, Market development, Stakeholder engagement (being driven by consumers who have the ultimate say in how care is provided), Commissioning and Procurement, Engagement (feeling what is said will make a difference). He gave examples of current successful projects such as the Downlands Extra Care Scheme. He stated there is accountability.

He confirmed that work with LINK would be helpful in identifying and accessing issues/people in the community and would be a different route for gaining support.

## **9. Group Discussion**

A period of approximately twenty minutes was spent allowing each table to decide on three questions they would like to ask.

## **10. Questions and Answers**

### 10.1 Adult Social Care

**Q** Once service provision is agreed, how will it be reviewed to see if it is appropriate?

**A** Barry honestly stated that the answer was not known as yet. A review was currently taking place about this. Brokers and advocates would be involved rather than care managers with perhaps an external agency reviewing services. Risk sharing was a factor and individuals would have a say about any concerns. The potential for exposure to risk may increase.

**Q** At the point when a user changes and enters the new system, who will manage the transfer?

**A** Barry answered that with some services there would be a gradual migration and others would receive direct payment. Users needed to be satisfied with their care and their need would be met by their chosen service. It was hoped that a point would be reached where the care worker could reduce their input and the individuals input into their care would increase where appropriate. Personal Budget Awareness was to be in place by March 2011.

**Q** With regard to Moderate and Low level service needs increasing, would the social worker base increase to deal with that?

**A** Barry answered that it was about case management and how many staff would be required to do the work. It was dependent on the issue and responding in an efficient and practical way and not taking a heavy-handed route, for example, the need for a grab rail in a bathroom required a handyman, not a social worker to make a decision.

**Q** Why do live-in carers not receive a travel allowance if they aren't local?

- A** Once more, Barry honestly replied that he did not know. Rural issues were a challenge and the tendering of homecare issues. He stated he would get back to the questioner.
- Q** If money is given to an individual, how are employment responsibilities managed and what are the responsibilities?
- A** The individual is classed as an employer and is thus responsible for dealing with associated tax issues, recording and declaring who was employed for services etc. Insurance is also the responsibility of the user. There are two types of budget: Personal budgets – ASC and Individual budgets – DOWP/other services. The DOWP is aware of the barriers arising around means testing and the need to be flexible. The feeling so far is that direct payment and personalised budgets have been welcomed positively.
- Q** How will personalised budgets be handled for those with a mental health condition?
- A** Barry answered 'with sensitivity' and in conjunction with the Mental Health Capacity Act. There was a recognition of risk transfer issues and that possibly a third party would be involved.

## 10.2 LINK

- Q** What is the nature of the current meetings between LINK and the PCTs and Trusts?
- A** Janet stated that they enabled us to talk to each other and understand issues, see problems and how decisions are made and arrived at. Both PCTs want their services to improve and LINK can help them achieve their aims. As 'lay' people, we are perhaps more accessible to the public.
- Q** How do we see the relationship between people signing up to be Foundation Trust members and LINK participants?
- A** Janet responded that we need to discuss how we will work together. It is a requirement that LINK is included. The PCTs are not in conflict with us and current LINK participants wear the two hats confidently.
- Q** What are the plans for the relationship with West Sussex LINK? (Reference possible changes to Eastbourne services and changes with the Princess Royal Hospital).
- A** Janet replied that cross border work and issues were very important and that a one day event would be given over to cover these. There may be support for such an event from the Strategic Health Authority. Work needed to be done with the HOSCs. All the LINKs have regional networks for discussion. West Sussex LINK have not yet appointed a Host organisation.
- Q** Further clarification on the structure of LINK. Would people be members and would other people be brought in as and when?
- A** Janet stressed that LINK was not an organisation with 'members'. We are a

'network of networks' with participants and people can become involved as much as they wish if they express an interest. If they are interested in a bigger commitment, they will need to be checked. Anyone can register an interest in becoming a member of the Core Group, can be nominated or vote.

## **11. Summing up and Evaluation Forms**

Janet thanked everyone for their attendance and contribution.

11.1 Evaluation Forms were distributed to all present and the request was made for their completion to assist with the construct of future meetings.

11.2 Declaration of Interest Forms were available if required.

**Date of next meeting in public:**

**10.00am – 2.30pm Tuesday 30<sup>th</sup> September, Uckfield Civic Centre.**

**Theme: Discussion and decision for election process to Core/development group.**

**As lunch will be provided we would be grateful if you could let the office know if you are attending and have any special dietary requirements.**