



LINK Core Group Meeting

Minutes of Meeting Thursday 11th August 2011

Walthew House, Shaw Heath, Stockport 10.00am – 12.30pm

Present:	Affiliated Organisation/Group
John Leach	LINK Chair
Mary Edwards	Stockport Advocacy
Anand Dutta	Indian Association
David Moore	Home Instead Senior Care
Sheelagh Peel	Stepping Hill Patient Representative Group
Gerry Wright	Stockport NHS Foundation Trust Governor
David Kirk	Stockport NHS Foundation Trust Governor
Les Pattison	Individual
Pauline Roberts	Mental Health Carer Subgroup
Margaret McCauseland	Mental Health Carer Subgroup
Norma Nield	Mental Health Carer Subgroup
David Atkinson	Pebble Volunteer
Peggy Hall	Individual
Apologies:	Affiliated Organisation/Group
Gaynor Johnson	Diabetes UK Cheadle & Gatley Branch
Jean Weall	Diabetes UK Cheadle & Gatley Branch
Alan Watt	Health & Care Forum
Janet Brown	Mental Health Carer Subgroup
Mike Lappin	Health & Care Forum
Glenys Paterson	Signpost Stockport for Carers
Jo Wolfson	Action for Children
Breda Johnson	Stockport Care Schemes
Pat Hannah	Individual
Andrea Williams	Individual
Tony Stokes	Pennine Care NHS Trust Member Governor
Tony Johnson	Stockport NHS Foundation Trust Governor
Joyce Drummond	Individual
Audrey Lee	Mellor Society
Sarah Thomas	Stockport Cerebral Palsy Society
Loretta Alao	Vice Chair & ACCA
Stan Prescott	Reddish Pensioners
In Attendance:	
Kirsty Bagnall	LINK Development Officer
Maria Kildunne	LINK Senior Development Manager
Rachel Roberts	Central Office of Information (COI)
Patrick Hamilton	Central Office of Information (COI)
Jean Lord	LINK Wider Group Member

1. Welcome, Introductions & Apologies

John (Chair) welcomed the group. Apologies were accepted and are detailed as above. John explained that there would be a change in the agenda for today as

guests from the Central Office of Information are in attendance to speak to the LINK about engaging with GP Practices.

2 Rachel Roberts & Patrick Hamilton

Rachel explained that she and Patrick are from the Central Office of Information (COI) working within marketing and communications. Rachel works in the Department for Health and is working with Stockport PCT, Stockport Managed Care and the Council with regard to engaging with the new Clinical Commissioning Group Pathfinder (formerly the GP consortia). She explained that NHS Stockport obtained funding from the Department of Health to look at how they currently engage with the public and how they will in the future. John said that the funding for the Commissioning Group Pathfinder comes from the Department of Health and the LINK was very influential in gaining the funding.

Rachel has previously met with a Stockport Councillor, local GPs and with Stockport Synergy (consortia of voluntary sector organisations). They particularly wanted to seek the views of The LINK as an important group. Due to time, Rachel asked if anybody does not get their point across, they can get in contact with her.

2.1 Rachel asked the group what work they do already to find out patient's views.

Les said that he sits on the board of Signpost for Carers in and also part of Carers Voice, which listens to what carers issues. Les has also been involved with LINKs, and hopefully the new HealthWatch.

Gerry leads on the Enter & View subgroup. Their function is to look at organisations where care is provided.

Kirsty said that LINK members also collect feedback from the public at events.

David A said we visit colleges to talk to students.

Sheelagh said she sits on the Patient's Representation Group within the Foundation Trust. The group visits hospital patients and takes feedback to the staff.

Mary Edwards represents adults with a learning disability and have a lot of trouble with duty of care when moving from social care to hospital care. Norma said that this is similar with people with mental health problems.

David K asked if the scope of the Rachel's work includes the Foundation Trust. Rachel said it did. David K said that he is a Governor at the Trust and he does find it difficult sometimes to communicate and engage with members of the public. Gerry said that a lot of people do not want to get involved unless they have a specific need for a service. Often we are only scratching the surface and there will undoubtedly be reconfiguration of services, David K invited Rachel to a Governors meeting.

It can be difficult to get people motivated to be involved, especially when their priorities are their families or work etc.

People are more likely to get involved if they know that something is going to change. All agreed that it is really about getting feedback and hearing where they have made a difference. There was discussion about feedback given to the

LINK, which used to be patchy. However, it was noted that the PCT are substantially better now, because they have been working positively with the LINK and the Patient and Public Involvement in Health Forums previously. The Foundation Trust can be difficult to get feedback from, but we have recently made bigger steps in this direction. The Local Authority has had their own channels of engagement for a long time and plans are developing to work with them to expand their engagement from service users to the whole public.

Transforming Community Services was raised. The process can seem secretive, because often it is “ask questions and we will tell you,” but if you don’t know what questions to ask, it is difficult.

John said that with the new White Paper, it has concentrated the services’ minds on consultation.

Les said that at Carer’s Voice, Vince Fraga visited to talk about a new carer’s centre network that they hope to go live April next year. Les said that it is all down to communication, you can go and talk to groups, but they are only a small percentage of people in the whole of Stockport. You can put information in the paper, or on the radio, but not everybody is going to listen to it.

2.2 Rachel asked what LINK members think about the GP commissioning consortia.

It was noted that GPs may not be well informed on mental health services and patients could suffer if the commissioner power was to be given to them. It is perceived that a lot of GPs work on curing illness, not on prevention.

There may be pressure on GPs from the private sector to buy in private services and products. It was believed GPs do not go through any other processes after their studies, so all the new information they gain are through organisations writing to them about new medicines etc... and specially run sessions they are invited but due to time restraints may not be able to attend. A number of GPs may also have vested interests in private health companies.

Anand also said there could be concerns around GP commissioner’s knowledge bases. He said that they may have different kind of skills, but they may also not have specialist knowledge, because a lot of the time when a person goes to a GP, it is a minor illness and if it is specialist, then they are sent to a hospital consultant.

There was also concern about time management issues of GPs working on commissioning instead of carrying out medical/clinical interventions.

The message coming from the government is that GPs are trusted, know the family etc... But the perceived reality is in some cases this is not true.

2.3 Rachel said that GPs will have a duty to set up patient reference groups in their practices and asked LINK members’ views on this.

Sheelagh said that she was a member of the High Lane patient reference group. She said that it was a good group with a good doctor, but in some circumstances it may be difficult to express an opinion if a GP is chairing the group.

Pauline asked if anybody is entitled to ask their practice if they have a group. Rachel said that all practices will have to set up a patient reference group so you can ask your practice what their plans are.

It was suggested it would make sense for GPs to get together to ensure that they can collect best practice examples from their patient reference groups.

John said that often when patient reference groups are set up, they may be dominated by older people. Also, it is often only people who are current users of the service. He asked what impact they would have on the wider issues and what governance they would have.

Rachel said that every GP Practice would have a patient reference group. The patient reference groups would feed into their GPs. The GPs would feed into the 'sub localities' and then into the health and wellbeing board. There would then be a feedback process to the patient representative groups.

David K said that the LINK has got the best opportunity of being the voice of the community. He suggested that the patient reference groups feed into the LINK/HealthWatch, depending on individual practice issues or wider issues.

Maria said that the groups that have worked well are the ones who grew organically than those imposed. They also need independence. It was noted that one good idea from one of the patient groups was the locality of the meeting; they would meet in the library next to the practice, rather than in the practice itself.

There has to be some very clear guidelines on how patients are selected as representatives, for example, ensuring that there are patients on the groups to represent the community.

Peggy said that there is too much informality. You can download information from the internet on how to hold a meeting. There should be a chair who can pull the meeting together, it is down to management and formal structures.

Often patient reference groups are started by GPs or practice managers which can be difficult. The difficulty is getting the people to volunteer and can be the same people. You want everybody's views, but in reality, people don't always have the time to volunteer. It is how you get people to give up their time.

Maria asked Rachel if they have identified who will pull together the patient reference groups as it is a big expectation and responsibility for volunteers to do it all. It was suggested that often people who are retiring have management experience so would be happy to help.

Les asked Rachel what timescale she is working on and he asked if the information would be fed back to the LINK. Rachel said they are working on a specific part of a larger project and that by September/October time, we should get some feedback.

Often the requests for consultations have really tight timescales. Maria said that once it has been set up, then going from the patient reference groups, to the GPs, to the sub localities to the Health & Well Being board and back down again, the timescales have to be a very important part of the planning as it is a very long process. David K asked if in the cascade process whether there will be remuneration.

Sheelagh suggested there be education before retirement on the advantages of volunteering. Gerry said that it is useful to talk to staff at unions, chambers of commerce etc. David A said that as the retirement age is raised, volunteers will get older and older.

Mary asked if Rachel has been in contact with the Partnership Boards at the Town Hall who feed into the Health & Well Being board. Rachel asked Mary to pass on the information to her. Rachel said that she has spoken to Councillor Pantall, Chair of the Health & Wellbeing Board.

Anand said that in an ideal world, representatives would be over the entire age range, but we cannot see older people happy to volunteer as a negative thing. He also said that sometimes people who show up to lots of places are representing the view of lots of people and willing to put time in to get involved in pieces of work.

2.4 Rachel asked if LINK members knew of any positive ways of engaging with the public.

Maria said that LINK is an example of positive ways to engage. There is no one single way to communicate with the community. For example, going out to events, we have to tailor the way information is collected based on the target audience. This includes the use of online and social media engagement tools alongside face-to-face.

Les said that with Signpost, they have to feed back to the council on their service.

Caroline said often (for example for a person who has had a stroke) there needs to be a person who can not only listen, but understand the points being shared almost like a support buddy, with the appropriate knowledge. Sheelagh said that this is similar with deaf people and other vulnerable groups.

Section 242 was mentioned, which is the legislation which states that services must consult. Recently the Foundation Trust said they were not aware that the legislation applied to them.

It was asked if they are in contact with NHS Future Forum and informed about the listening exercises which were carried out. There was discussion around the group about how services are not joined up. Sheelagh said that if everything is too joined up, then there must also be opening for small organisations to make sure they are not lost in the system.

The LINK did a piece of work with Angela Beagrie on the NHS Stockport consultation policy and Maria said that we did some work with a Masters student (Gabrielle Mastin) on how older people engage too. Maria offered to share these with Rachel

It was suggested as part of the *Patient and Public Engagement Governance of the Stockport Clinical Commissioning Group*, the patient reference groups should feed into the LINK as well as their practice managers.

Mary said that she is concerned that Rachel has not spoken to anybody with a learning disability. Margaret suggested Rachel also speaks to Pennine Care Foundation Trust. It has been reported there are really difficult issues to address with Pennine Care; it appears there is not the provision for a person to

have a dual diagnosis of a learning disability and a mental health problem in Stockport.

Rachel thanked the group for their feedback. John said that there often is frustration with the system with groups like this. He thanked Rachel and Patrick for coming and he said that he hopes we get good feedback and results.

3. Minutes of last meeting

The minutes were agreed as a true and correct record of the meeting with the following exceptions.

3.1 Physiotherapy Services - Formally Podiatry Services (Item 8.5.2)

Tony was talking about physiotherapy services, not podiatry.

ACTION: Chase up letter sent around podiatry services with correction that it is physiotherapy

3.2 In attendance (Item 8.1)

Peggy Hall and Gerry Wright were in attendance.

3.3 Reports (L)

Margaret joined David A at the connecting with care.

4. Actions arising from the minutes

The group were asked to look at the *Actions Arising* table handed out with the minutes. Points discussed are as follows:

4.1 Rethink (Item 4.2 from minutes 06/07/11)

Tony Stokes has received a reply from Pennine around their Mental Health policy. This was included in Appendix ix of the July minutes. Pauline said that Janet has now received a response (*Appendix i*) saying that we can ask Martin Curran (Service Manager, Adult Community Health Services) to a LINK Briefing Session.

4.2 PCT Board - Transforming Community Services (Item 4.7 from minutes 06/07/11)

The LINK Support office is still waiting on some information around Transforming Community Services.

4.3 Dementia Strategy - Mental Health Briefing Session (Item 4.7 from minutes 06/07/11)

Maria has agreed Tuesday 23rd August for a Mental Health Briefing Session. David Moore said that he would be interested in helping to organise this. Anand also said that he would like to attend this. Margaret said that this is the same date as the LINK table at Sainsbury's and Kirsty said she will talk to the Publicity & Promotion group about this.

ACTION: Maria to organise meeting with David Moore to discuss organising of the Mental Health Briefing Session

ACTION: Kirsty to take Sainsburys table discussion to P&P group

4.4 NHS Stockport Priorities (Item 6.4.2 from minutes 06/07/11)

Dr. Vicci Owen Smith has sent through some dates to meet with LINK members to discuss these priorities. David K asked if we had done this previously and Maria explained that these priorities are about ambulatory care. Maria will circulate the dates to LINK members.

4.5 Statementing of children in Schools (Item 8.1 from minutes 06/07/11)

Sheelagh feels that this sits on the periphery of the LINK remit, so a monitoring letter has been sent to the council requesting an update. But if any LINK members would like to see the Green Paper, they can get in contact with the LINK office. Peggy requested a copy.

ACTION: LINK Support to give Green Paper on Statementing of children to Peggy

4.6 Referrals to social services - Adult Social Care knowledge training (Item 8.4 from minutes 06/07/11)

Peggy asked who the 'small number' of LINK members referred to in the action table is. Maria explained that this action was around pulling together a small training session for interested LINK members to increase their knowledge of the services provided by adult social care.

4.7 Possibility of Path Lab moving (Item 8.2.1 from minutes 07/06/11)

It was noted that we need to chase this up because it's been more than 20 days since the request was sent. As agreed at the Core Group last month, a letter will be sent as the email was not responded to.

4.8 PCT Board - Transforming Community Services (Item 5.5.5 from minutes 09/05/11)

Gerry clarified at last meeting that the Alexandra does offer ophthalmology.

4.9 Decommissioned Services (Item 3.5 from minutes 05/04/11)

Les said that if people have not responded to emails, then we should write letters, Maria agreed.

4.10 Dignity in Care (Item 4.2 from minutes 04/03/11)

Maria has spoken to Nicole and is arranging training on Dignity in Care for Enter & View representatives.

4.11 Dementia Strategy (Item 4.4 from minutes 04/03/11)

Nicole Alkemade and Maureen Hughes will be coming to the October briefing session to update us on the dementia strategy.

5 Action from Reports

John thanked the group for their time completing reports for the group. He said that he was impressed by the time put into the work and they were a very good read.

5.1 BME Mental Health Meeting (B from reports circulated with minutes 11/08/11)

It was asked what the acronyms meant at the end of the BME Mental Health minutes. There was then some discussion around the use of acronyms.

ACTION: Kirsty to find out what the acronyms meant at the end of the BME meeting minutes.

5.2 Steering Group Report (I from reports circulated with minutes 11/08/11)

Peggy asked about the cost for the advert and text messaging service, the information about this will be circulated to the Steering Group.

ACTION: Circulate costs for advert to Steering Group.

5.3 Steering Group Report (I from reports circulated with minutes 11/08/11)

It was agreed to pass on any outstanding actions from the reports to the Steering Group.

ACTION: Steering group to look at outstanding actions from reports.

6. Healthy Lives, Healthy People White Paper

Sheelagh has mostly looked at Special Education Needs parts in the report. She said that there are health indicators for children's health, but they have missed out on including behavioural issues as an indicator.

6. Standing Agenda Items

6.1 HealthWatch

The Stockport LINK has been awarded HealthWatch Pathfinder status in terms of developing the influencing element of HealthWatch, the additional 2 function for HealthWatch (signposting and advocacy) are being looked at and reviewed by the council. There was also an article on the Stockport LINK in the Manchester Evening News. It was explained that there was a comment from Bury LINK suggesting it was negative thing, but we responded to balance the article that we are very happy with the status.

The next steps are to step up the transition planning group. Sheelagh suggested that the Chairs of the pathfinders work together and John agreed that this was a good idea.

Sheelagh said that she reported this news to the Stepping Hill Patient Representative Group last night.

6.2 Transforming Community Service

David K said that there has not been movement on Transforming Community services from NHS Stockpot to Stockport NHS Foundation Trust. Maria said it looks like this will transfer won't happen before February 2012.

6.3 Quality Accounts

We have now responded to all the quality accounts.

6.4 Service Changes/New Developments

6.4.1 Beechwood Cancer Care Service Review

Several LINK members will be attending a meeting tomorrow at NHS Stockport, Friday 12th August to discuss a Beechwood Cancer Care Service Review.

6.4.2 Extending Patient Choice

The government has asked local NHS Trusts to select three or more services where the choice should be opened up to any qualified healthcare provider. It has been arranged for Angela Beagrie to come to LINK Briefing Session on 24/08/11 to discuss this.

Maria fed back that Mike mentioned that at the PCT Board this was discussed. She said that some of the people who are still on the 18 week waiting list are being offered the opportunity to use a private company commissioned by the NHS to provide their service.

6.5 New Government Documents

As above.

7. Events

Kirsty told the group about the following events and asked anybody interested in attending to let her know.

- Adswood & Bridgehall Summer Fun Day - 11-2 on 20th August
- Sainsburys table - 10-3 on 23rd-24th August
- Date for diaries - LINK & health services Equality Event - 2nd November

Kirsty thanked David, Joyce, Margaret, Pauline and Janet for their help at all the recent events.

8. Any Other Business

8.1 Stockport Care Schemes

Breda contacted Maria to let the LINK know that contrary to rumour, Stockport Care Schemes is not closing down.

8.2 Stepping Hill Police Inquiry

David A asked if we should get involved in the issues happening at Stepping Hill. There was discussion around this and that the LINK did not want to appear insensitive to the families to make a comment on the situation, but remain to meet with the Trust on a monthly basis.

8.3 The Meadows

Pauline Roberts heard that The Meadows was closing down. Maria and John met with the Care Quality Commission (CQC) and they are not aware of this.

8.4 The Stroke Association - Stockport Stroke Club

Stockport Stroke club has recently joined with the peer support group. This group will meet at Torkington Centre every other Tuesday in the afternoon.

ACTION: Add Stockport Stroke Club Newsletter events page

Sheelagh asked if there is an open day at Torkington Centre. Caroline said that on the 13th September, there will be an open day.

Sheelagh asked what the word *impress* means around stroke. Caroline said that it is about giving stroke survivors in hospital the opportunity to move around

8.5 Article in The Daily Mail - electronic systems

Peggy said that in The Daily Mail that there was an article about the electronic system in the NHS being classed as a failure and asked if it will affect the Stockport Care Record. Anand said that this will not affect the Stockport service.

Action: Maria to double check with NHS Stockport

8.6 End of Life Care Board

John said that the NHS is doing a piece of work around asking patients in need of palliative care, where they want to die. Out of 20 patients given the offer, 18 wanted to die at home. Out of these, 18 died at home within 5 days. They offer a night sitter for the first day back. John said there was also a small issue with the ambulance service around access to their homes.

Peggy asked if they are going to ask all the patients. John said that they will ask the people who they feel will be able to answer

Sheelagh asked if anybody died alone at home. This is an issue of interest to explore further.

8.6 Stockport Advocacy

Mary told the group that Stockport Advocacy has gained £350k from the lottery to continue their work and the group congratulated her.

9. Date and Time of Next Core Group Meetings/Briefing Sessions

The next LINK *Briefing* session will be on **24th August 2011**

The next LINK *Core Group Meeting* will be on **8th September 2011**

These minutes include the views of the LINK as an independent public body and may not necessarily reflect the views of the services discussed.

If you wish to clarify any points made in these minutes please contact the LINK support office on 0161 477 8479 or email on links@pebbleenterprises.co.uk