

## Executive Committee

**Date:** 15/02/2011

**Time:** 5pm

**Location:** Ladywell Leisure Centre

**PRESENT:** Val Fulcher, Philippe Granger, Martin Howie, Jane Keane, Paul Connely, Rosie Fooks, Graham Trice, Sue Parks, Sally Niblett, Elsa Pascal, Geraldine Richards, Brian Fisher

also present Kat Rakoska, LINK Active Participant

**In attendance:** Miriam Long and Tim Hayward Smith

		Action
<b>1</b>	<b>Minutes of Last Meeting and Matters Arising</b>	
	<p>Apologies: Kate Ragolska</p> <p>The minutes were approved as an accurate record of the previous meeting. There were no matters arising that is not included in the agenda.</p>	
<b>2</b>	<b>LINK Transition Action Planning</b>	
	<p>MH reported back from the two contract meetings with Aileen Buckton, Director of Community Services, LBL:</p> <p>First meeting held on 11 January: AB happy with the work carried out by LINK and the Host, if funding was available there would be no question about commissioning the Host for 2011/12 however there is no funding. There s/b funding for HW.</p> <p>ML explained that LINKs are statutory bodies; set up by an act of parliament therefore must be supported and presented Aileen with a letter from the DoH stating that funding for LINKs is within the central formula grant and that LINKs must be supported.</p> <p>AB suggested Lewisham explore joint working with another Borough, e.g. Greenwich or Southwark. THS explained that Parkwood currently host 3 LINKs: Lewisham, Greenwich and Harrow. Harrow council have already agreed to fund the LINK to 2012. Whilst some joint work with Greenwich may be possible, MH stressed the need for each LINK to remain as a separate, independent body with its own lead officer, as each borough has its own issues that need to be resolved .</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>• AB to discuss implications with LBL legal dept</li> <li>• AB to discuss merged funding with Greenwich council</li> <li>• ML to provide 3 different budgets:             <ol style="list-style-type: none"> <li>1. Current funding</li> <li>2. Reduced staffing</li> <li>3. Joint working with Greenwich</li> </ol> </li> </ul> <p>2nd meeting held on 3 February: Present: Aileen Buckton; Martin Howie; Tim Hayward Smith; Miriam Long</p> <p>Tim presented 3 budget scenarios as requested at the last meeting: Current funding; reduced funding and merged funding with Greenwich LINK.</p> <p>AB Preferred reduced funding option, explained that there will be a cut in budget due to funding constraints.</p>	RF, VF, MH, PG

ML asked how much.

AB: 30%. To clarify actual amount within 3 weeks.

THS: Will clarify the underspend that Parkwood holds, approximately £30k. To add to the pot.

AB: Work priorities will need to reduce community engagement to reflect reduced budget and Healthwatch transition planning.

MH: LINK Executive has started to prioritise work, to agree at next EC meeting. The EC will prepare a draft proposal of 2011/12 work to be included in the spec, prior to meeting with Sandra to negotiate.

MH reiterated that the EC have a duty of care to the LINK staff team. The team have worked hard to support LINK activities and must be supported to continue this work, develop Healthwatch in the current economic climate.

BF asked if there was any further information regarding the organisation that had offered to take on the LINK contract for £40k. THS explained that he had written to AB for clarification but had not received a response. (Should this be minuted?)

THS reiterated that ML had made a good case to AB for LINK support funding however the Parkwood contract comes to an end at the end of March and we are waiting for confirmation that the contract will be extended for 2011/12. Therefore, Parkwood has started redundancy discussions with the team. One of the options is that if we have a 30% reduction in funding and retain the £30k under spend from previous years we will be able to continue support during the transition year but with reduced staffing hours of 32 per staff. This will mean a reduction of 3 hours each for Darren and Kevin and 8 hours for Miriam. The EC agreed that the current staffing hours should be continued to enable the LINK to develop into Healthwatch.

THS presented the current budget highlighting how the under spends occurred. There followed a discussion regarding the risk of the council clawing back the under spend. LBL have not specified what they intend to do with the under spend and MH explained that in previous years the council have not clawed funding back from organisations. SP informed that Lewisham Mencap has a reserve budget to pay staff in a funding crisis.

The LINK will need to agree a realistic action plan to reflect a reduced budget that includes the under spend that emphasises: Impact of current services due to cuts in health and social care funding; Preparation for Healthwatch and Marketing the database. Parkwood will look into the legal aspect of using the database for income generation. However the EC will need to consider the implications on staff time and effects on LINK productivity if staff time was used to generate income.

RF suggested that allocating funds for specific pieces of work to develop into Healthwatch including staff time and volunteer training.

It was agreed that it would make good business sense for the LINK budget to assume the £30k under spend and align it with the work programme. By reducing items that were under spent last year we can ensure that staffing levels remain at the current level.

RF, VF, MH and PG agreed to form a task group to look for an action plan for the forthcoming year looking and bring back ideas to the next meeting. ML and THS agreed to support this group.

ML informed that she has made some enquiries about Pathfinder Healthwatch as we are in a good position to lead the way as we have developed a bespoke database for

	<p>collating patient and public experience and opinion and have developed LINK training including Enter and View. It is possible that there may be some funding attached to Pathfinder status.</p> <p><i>Task Group to design work programme aligned to budget</i></p>	
<b>3</b>	<b>Quality Accounts</b>	
	<p>A toolkit has been produced to support LINKs respond to NHS Trust's Quality Accounts. LINK Host to prepare feedback reports to support LINK response to NHS Trust's Quality Accounts.</p> <p><i>Send copies of toolkit to the EC. Prepare feedback reports.</i></p>	HOST TEAM.
<b>4</b>	<b>Working with NICE</b>	
	<p>It was agreed that NICE representatives should be invited to attend the next EC meeting on 22 March.</p> <p><i>Invite NICE reps. to meeting, send EC information about joint working with NICE</i></p>	ML
<b>5</b>	<b>Members Update</b>	
	<p>PG: Reported back from the Healthier Select Committee meeting on 10 Feb. The meeting focussed on cuts including adult social care and children and young people's services and library closures. PG expressed concern that the effects of cuts are not being considered adequately. The final decision will be made by Mayor and Cabinet.</p> <p>JK: 170 Community Project is facing difficult times and is looking for other sources of funding. Plans for the Healthy Living Centre in New Cross will now not be going ahead. The developer has pulled out as they were required to raise £7m to develop the site. Local people are devastated.</p> <p>SN: Was an inpatient at Lewisham Hospital's Juniper ward and found the service to be brilliant.</p> <p>EP: LEMP is still battling funding cuts.</p> <p>PC: 1) Lewisham Diabetes Support Group (LDSG) is to commence joint working with RGTB. Benefits will include mutual support and fund raising opportunities. LDSG members will benefit from time bank principles of receiving time credits for co producing their own health outcomes. 2) PC has almost completed his BTEC level 3 Health Trainer training.</p> <p>BF: 1) Lewisham Hospital is applying for foundation status and need to have a robust patient and public engagement strategy in place. At a recent meeting members of the hospital's Patient Welfare Forum were critical of Lewisham Healthcare Trust's PPE strategy. The LINK should influence how the emerging Foundation Trust enables members involvement in designing, planning and governance including voting rights for members and lay representatives. There should also be training for lay non health specialists on health committees and for committees to communicate effectively with lay representatives. VAL offers support to VCS representatives; we could arrange joint rep. training with VAL. SP, GT and BF agreed to set up a task group to take this work forward. 2) The Federation PPE strategy has been written and is going to the Federation for approval. 3) LINK members agreed to support the Lewisham campaign against the Health Bill. RF is to represent the LINK at a campaign meeting.</p>	

4) The Health Foundation has agreed to fund development of Access to Patient Records.

MH: 1) Reported back from the SSLG meeting where GP contracts were discussed identifying access issues for patients depending on the level of their doctor's contract to provide basic or enhanced services. The LINK should be informing people what they need to do to access the services they require. BF explained that all GP's offer different services and people need to understand the differences between surgeries. Information is available on NHS Choices. The quality of GP's is variable as the patient survey: <http://www.gp-patient.co.uk/> and our outreach activities show. There is also the Public Health QOF survey that is available at: <http://www.qof.ic.nhs.uk/search/index.asp> The LINK could identify good and poor practices and publicise them. BF and ML to discuss taking this forward and bring back to the April meeting.

2) VAL funding: The Health Inequalities and Social Care project is currently funded jointly by the PCT and the council, LBL have agreed to fund the post for 6 months post March but there is no such commitment from the PCT. The Children and Young People's project has had 100% cut.

3) The council has a proforma tool to assess effects on the voluntary sector when proposing cuts to services, developed under Copmpact arrangements that were signed up to by Lewisham Council, The Voluntary and Community sector and the Primary Carer Trust. However, during this recent round of cuts, the tool has not been used and pages identifying risks to the sector have been left blank. MH has written to the Mayor stating that proposals to cut services should identify the impact of extra demands made on the voluntary sector.

RF: Took part in an Enter & View visit of the post natal ward at Lewisham Hospital on 2 February, unfortunately it was the rest period and we were unable to talk to many mothers. We did identify that the post natal ward does not receive the same level of care at the birthing unit or the labour ward. We are going to go back soon, at a different time of the day.

GT: 1)Reported back from a conference on the ageing population on 27 January, 70 is the new 50. One speaker talked about the Japanese model of carer where younger people earn care points that are repaid in care when they are older.

2)RF, Jen Gillard and GT to take part in the hospital's PEAT inspection on 17 Feb.

SP: 1)Lewisham Mencap is supporting a lot of vulnerable people in the borough. The council has decided to cut day service provision for people in residential accommodation in the borough. Some day centres will be left with only 8 or 9 service users and will potentially close. Residential carer providers have been told the will have to provide day activities for their residents; this will have to be monitored as it can have dire consequences on service users. Tendering between providers is very competitive making it difficult for them to share resources and support.

2) Community Education Lewisham has announced that learning disability benefits will no longer be recognised for concessionary rates, making access to classes financially very difficult.

3) There is a carnival against government and council cuts on 19 February, meeting at 1pm outside Catford Town Hall and walking to Lewisham Library. RF and MH explained that Lewisham has been particularly hard hit due to the government's financial settlement cut in specific grants that Lewisham were previously able to successfully bid for.

*1. Influencing PPE in health care Task Group*

*2. GP survey and information sharing*

1.SP,  
GT,BF;  
2. BF &  
ML;

6	<b>AOB</b>	
	<p>ML informed of NALM membership fee and Malcolm Alexander's request to meet with the LINK EC. The EC agreed to invite MA to come attend and EC meeting.</p> <p><i>Invite MA to April EC meeting</i></p>	ML
	The meeting ended at 7.30pm. Next meeting: 22/03/2011	