



**Essex and Southend LINK
South East Essex Locality Meeting**

**2.00 - 4.00pm Wednesday 26 November 2008
The Baptist Church, Clarence Road, Southend-on-Sea, SS1 1EF**

A G E N D A

- 1. Welcome and introductions**
- 2. Apologies for absence**
- 3. Declarations of potential conflict of interest**
- 4. Approval of the minutes of the previous meeting**
- 5. Why are we here (please see attached)**
- 6. Healthcare commission: PCT, Hospital, SEPT**
- 7. Recording the location and details of all health and social care services in south east Essex**
- 8. Progress with local involvement establishing contact and linkages with the people and other networks of south east Essex**
- 9. The health needs of the people of south east Essex (Joint Strategic Needs Assessments)**
- 10. Work Plan and Achievements**
 - i. Blood taking**
- 11. Appointments to the scrutiny committees of Southend-on-Sea**
- 12. Progress with Essex County Council**
- 13. Status of Fairways**
- 14. Consultations**
 - i. Proposal to reduce SEPT beds**
- 15. Proposals for restructuring the LINK**

Continued / ...

- 16. Chair's report**
 - i. Report on EoE scrutiny seminar**
 - ii. KMS etc.**
 - iii. Carers' consultation**
- 17. Members' reports**
- 18. Host Report**
- 19. Any other business**
- 20. Date, time and place of next meeting**

Reminder of what the LINK is for:

1. “to give communities a stronger voice in how their health and social care services are delivered. Independent networks of local people and groups, LINKs will find out what people want, investigate issues and use their powers to hold services to account.”
2. Links ‘will build on the work of (Patient) Forums. A LINK is open for any one to join. Links will cover all publicly funded health and social care services, no matter who provides them. They will make it easier for commissioners and managers to talk to communities and find out what they want. LINKs are part of the local accountability and scrutiny arrangements and they will have powers requiring health and social care managers to respond to them. LINKs will also be able to refer matters to Overview and Scrutiny Committees that have social care responsibilities.”
3. LINKs have the potential to make it easier to engage with the local patchwork of active citizens groups, voluntary and community organisations.
4. LINKs will also simplify the often confusing picture of patient and user engagement and make health and social care services more accountable.
5. LINKs will help local councils to build people’s views into Joint Needs Assessments and the commissioning process.
6. Provide a single approach to monitoring health and social care.
7. Provide a stronger and more independent voice.
8. Be more representative.
9. Make community involvement more convenient.
10. LINKs will result in services having to be much more accountable but they should make having an ongoing dialogue with the community easier.
11. LINKs will be able to:
 - Enter and view specific types of premises where services and care are provided.
 - Ask for information and expect a response within a specific timescale.
 - Make recommendations and expect a response within a specific timescale.
 - Refer matters to the local Overview and Scrutiny and expect a response.
12. The LINK will be independent of any government organisation with its own decision making governance processes. The Host will be accountable to the LINK

HJC 15.09.08