

MINUTES

ESSEX AND SOUTHEND LINK: SOUTH EAST ESSEX LOCALITY MEETING

Date and Time 11th November 2009 from 2.00pm – 4.00pm
Location SAVS, 29-31 Alexandra Street, Southend on Sea, Essex, SS1 1BW.
Organiser Gill Dawson
Minute taker Sharon Cohen

Attendees: Harry Chandler (Chair), Eddie Camp (Vice Chair), Dave Poulton, Elaine Blatchford, Nicky Hart (NHS SEE), Charles Newman, Margaret O'Connor, Tony Hopper, Majzoub B Ali, Beryl Furr (NHS SEE), Tony Wright, Gareth Gault (St Luke's Healthy Living Centre CIC), Denis Garne, Mary Beckers, Paul Beckers, Charles Cormack (Southend Darby & Joan Organisation), Sue Nicholls (Disability Essex), Ann Ballard, Martin Emery (Southend Hospital) (arrived at 2.15pm), Paul Mavin (Community Social Work Teams & Safeguarding Manager), Sandra Steeples (Discharge Manager Southend Hospital), Celia Clark (SAVS) (arrived at 3.30pm).
LINK Staff: Sharon Cohen (LINK Project Administrator), Gill Dawson (LINK Project Co-ordinator), Varsha Goyal-Wright (LINK Project Co-ordinator), Nileema Vaswani (LINK Project Manager).

	Topic	Discussion	Action
1	Welcome & Introductions	Harry welcomed everyone to the meeting.	
2	Apologies for absence	Michael Bull, Irene Grubb, Alan Grubb, Peter Payne, Alan Crystal, Angela Garrard (SEE NHS), Lynne Collins, Linda Cook, Alison Semmence, Trevor Johnson.	
3	Declarations of potential conflicts of interest	Beryl Furr – Non-Executive Director NHS SEE Nicky Hart – NHS SEE Eddie Camp – Governor Hospital Foundation Trust, member Patient & Public Voice. Tony Wright – Governor Southend Hospital, Ambulance Trust User Group Mary Beckers - member of Patient & Public Voice. Paul Beckers - member of Patient & Public Voice. Tony Hopper - member of Patient & Public Voice. Gareth Gault - member of Patient & Public Voice. Harry Chandler - member of Patient & Public Voice.	
4	Minutes of previous meeting	a) To be agreed: The minutes of the meeting which took place on 14th October were agreed. b) Matters Arising: There were no matters arising.	
5	Presentation on Southend Hospital discharge process.	Paul Mavin (Community Social Work Teams & Safeguarding Manager), Sandra Steeples (Discharge Manager Southend Hospital) gave a presentation on the hospital discharge process. The presentation was interesting and informative and covered various aspects of the discharge process including the effect on the local community, the key individuals involved, health & social care services provided in a person's home and care/nursing home,	

advice and information services available and the follow up process after discharge. A copy of the presentation is available on request from Sharon Cohen in the Southend LINK office. Several questions arose following the presentation;

Q. Is there a financial driver to ensure that people are discharged quickly, or fines imposed if the timescales are not met?

A. With the introduction of the Community Care (Delayed Discharges) Act 2003 *An Act to make provision requiring social services authorities to make payments in cases where the discharge of patients is delayed for reasons relating to the provision of community care services or services for carers; and to enable the Secretary of State and the National Assembly for Wales to require certain community care services and services for carers provided by social services authorities to be free of charge to persons receiving those services.* The NHS has to notify the Social Care (SC) teams when patients are ready to be discharged from hospital. A weekly report is sent from the Hospital on a Thursday to the SC teams regarding the delays to patient discharge. It was explained that there are 4 stages of alert in the process (green/amber/red/black) the black alert stage means that hospitals are diverting patients to other hospitals. Southend Hospital has so far been able to manage their beds and not divert any patients. There is a £100 fine imposed per day after the discharge date. There is an agreement in place between the hospital and the local authority to reinvest the money into streamlining the discharge process.

Q. What are the main reasons for delay in the discharge process?

A. It was stated that there are 53 reasons for delay in discharge, these are looked through every day, and the highest number of reasons tends to be the discharge care package.

Q. What number or % of people are rejecting/turning down social care?

A. Paul Mavin said that he did not have the figures to hand for this but would find out and let us know. He then went on to say that the main reasons people decline social care are finances, pride (not wanting to get social services involved), preferring to have voluntary care help rather than social care help and pure stubbornness.

Following the meeting Paul provided this information: 33 people in total (in 08-09) who were discharged from hospital had refused care. 19 people declined an assessment and 14 people declined care.

Q. A member gave an example of a “failed” discharge process where an individual was sent home without a walking frame that they were admitted with, this individual fell over and subsequently had to be readmitted.

A. It was pointed out that the wards are responsible for documenting what the patient comes in with. It was also stated that any as a result of any failed discharge; all the people involved in the process would meet to discuss it. The Governance Discharge Committee meets once a month.

Q. A member stated that an issue had been raised at the carers forum that they had attended. This was that carers have been known to refuse treatment that they needed due to the fact that they were worried that the discharge process would not allow them to go back to their caring responsibilities.

A. The response was that the discharge process is split between the social care team and the discharge staff in the hospital. They now offer joint care assessments or carer services and details are available in the planning your discharge from hospital leaflet. It is often hard for people to come to social services when they need them. If people approach them early often there are ways they can help themselves without full involvement from social services.

PM

		<p>Q. A member stated that he had heard that a large number of GPs were not receiving discharge notices for their patients.</p> <p>A. Within 24 hours of a patient being discharged from hospital an electronic notice goes out to GPs. There are only 8 GPs at the moment that are not connected to this system (although they will be eventually) in this case hard copies of the notification will go out to them. Sandra Steeples said she would find out what the actual figures were and let us know.</p> <p>Q. Discharge plans can take a while to be put in place after the initial discharge process. Are patients told what to expect if it goes wrong, and re there telephone numbers to contact in this instance?</p> <p>A. Each patient is given a discharge leaflet with information and contact numbers. Once the person is home the Home from Care Hospital team call in on the person to make sure everything is okay and they also leave their number with the individual.</p> <p>Q. Are there figures kept on people who have no carer and are on their own completely, vulnerable people and unpaid carers?</p> <p>A. People sometimes would rather do things themselves than getting social care involved. In this case figures are not recorded. Paul Mavin suggested that perhaps Michael Mann the Social Care Carers lead may be a good person to speak to regarding this matter.</p>	SS
6	<p>Progress Reports and Updates</p>	<p>a) PCT Update – Nicky Hart</p> <p>There is a new walk-in GP service on Saturdays 10am to 3pm at the Canvey Central Primary Care Centre. Appointments are not necessary for the walk-in facility, and it operates on a first come, first served basis. If a patient from outside Canvey needed to be seen urgently by a GP, they would not be turned away, however the service is primarily aimed at residents of Canvey. It should be noted that this service is for patients who urgently need to see a GP, and is not for routine appointments (patients should make an appointment with their own GP for these).</p> <p>The service is already being publicised by way of notices on the walls of Primary Care Centres and very shortly advertisements in the local press and leaflets will be going out.</p> <p>There is also a walk-in GP service available at St. Luke’s Health Centre, Pantile Avenue, Southend. The St. Luke’s service operates 8am-8pm, 365 days a year, and is open to all residents of South East Essex.</p> <p>Nicky also drew attention to the letter of response to the letter sent to Russ Platt and Debbie Fielding on 13th October from the LINK. The original letter expressed concerns that the LINK had not been able to perform its duties with respect to commissioning services. Nicky highlighted the main points, a copy of the letter will be sent out to all south east locality members.</p> <p>Stakeholder events: dates for the diary</p> <p>18th November – Care for the Elderly (9am – 4.45pm Essex County Hotel, Aviation Way Southend)</p> <p>1st December – The Storm Scenario – helping health & social care systems in south east Essex weather the economic downturn’ (9am - 4.30pm Saxon Hall, Aviation Way, Southend-on-Sea).</p> <p>b) Hospital Update – Martin Emery</p> <p>Martin reported that the Hospital is finishing the draft of the Patient Public Carer Engagement Strategy. This should be ready around the end of December/beginning of January. Martin said he would be happy to present this to the LINK once it is complete.</p> <p>The National Inpatient and Outpatient Survey results will be out in</p>	<p>GD/SC</p> <p>ME</p>

		<p>January. Martin also said he would be happy to present the results of this to the LINK.</p> <p>The hospital is developing an interpreting and translation policy. The idea is to be able to have a service that will enable effective communication of medical terminology. In the past friends, family or helpful individuals have provided translation alongside the services already in place. This has been useful but it is not always the most reliable means of passing on information, due to the “technical medical terms”. In future these individuals will not be able to provide translation services. The services proposed will include; Language Line (for routine and emergency calls), Essex Interpreting Service, Royal Association for the Deaf (RAD) they also help with disabled people and Deaf Blind UK. Some of these services are new and others currently in use.</p> <p>The draft policy will be circulated to the south east locality members for comment. The deadline for responses is 14th December any members should forward any comments they have to Sharon or Gill in the Southend LINK office or to Martin Emery.</p> <p>It was also suggested that it may be useful to pass the draft policy to the Southend Ethnic Minority Forum for comment. Nicky Hart asked Martin Emery to email her the information and she will pass it onto Ahmed Khwaja.</p> <p>A member asked what languages were most used in the service and how many patients this is needed for. Martin responded that it differs with generations, the older generation languages tended to be Pakistani or other Asian languages and for the younger generation it was more eastern European languages. In relation to the figures for how many patients used the service Martin did not have the figures to hand but would get back to us with this information.</p> <p>Patient Experience Tracker (PET) has been running a pilot (3rd Sep – 2nd Oct) on carer feedback. Martin circulated a bar chart with the responses (further copies of this are available from the Southend LINK office upon request). So far 78 carers have been surveyed the response rate has not been as good as the patient survey this may be due to the fact that the carers have only been able to be targeted during visiting hours and were not always willing to respond during this time. The pilot will run for 3 years, the qualitative feedback needs to be improved and although it is quite time consuming it is proving to be worthwhile. The intention is also to set up an internet page for the PET.</p> <p>Martin apologised for the short notice given for the cancellation of the Way Finding visit. He stated that once the Carlingford Centre has been completed, around mid December, the committee will be invited to comment on the signage and the feedback from this will be used on the main centre.</p>	<p>ME</p> <p>ALL</p> <p>NH/ME</p> <p>ME</p> <p>Ctte/ME</p>
7	Hospital car parking	<p>Harry Chandler reported that he had asked for the number of parking spaces allocated to staff and the public in the new multi storey car park at the Hospital. He has not yet had a response. Martin Emery responded that Jan China will be having a meeting next week and the information should be available following this. Martin will pass this information to Harry when it is available.</p> <p>A member asked how much staff have to pay to use the new car park? Martin responded that there are different ways that staff can pay. Payment can either be taken out of their salary or on a use and pay method.</p> <p>Harry stated that he had been made aware of a consultation</p>	ME/HC

		<p>relating to the parking surrounding the area around the hospital by a member. The consultation, in brief, involves the putting in place of metered parking and residents permit parking bays in roads immediately surrounding Southend Hospital. Harry had written to James Duddridge regarding this matter, he had received a response which he relayed to the members. The concern is that the new scheme may be introduced before the hospital is able to provide the full number of patient/visitor car parking spaces and should patients/ visitors overstay their parking time, they will be liable to a penalty charge. The response briefly stated that this matter should be taken up with David Amess as this falls under his constituency although James did state that he was the main spokesperson for the 4 MPs in the SE area of the LINK.</p>	HC
8	Progress report on projects	<p>a) Needs assessment (ward profile) project: Margaret O'Connor reported that lots of information has been collected in various categories for the Chalkwell pilot ward. The results were very interesting when comparisons were made against other wards. The narrative for the project so far is in the process of being created. An interim report will be available in December local authority and health data will be included although there may be a few gaps.</p> <p>b) Mapping Assets: Harry reported the project is now complete, the index cards, map with services plotted and database populated. Southend Borough Council is interested in taking on the project to link it to a Graphic Information system (GIS). Harry and Ian Flack of CEMVO are reviewing this with Southend council.</p> <p>c) Patient Experience of Choice & NHS Dental Care: Surveys have gone out to several different groups and we have had a fairly good response the information is being analysed and data will be available in the next few weeks including the Canvey Survey which NHS SEE has an interest. If any member would like surveys to distribute to any groups, perhaps that they are affiliated with, please let Sharon in the Southend LINK office know, as there are approximately 200 blank surveys left.</p> <p>d) Gypsies & Travellers: Gill Dawson reported that 7 site visits have been carried out. It was thought that this was enough sites to give a representative view. Good relationships have been formed with the site managers and residents of the sites. A report of the project should be completed by Tuesday 17th November.</p> <p>e) Hospital Discharge: It was reported that 3 GPs and 6 patients have been spoken to in relation to this project. Harry Chandler and Eddie Camp are attending a hospital discharge meeting in Chelmsford on Thursday 19th November. The project is scheduled to end in December.</p> <p>f) Canvey Survey: This item was covered in item 8c.</p>	<p>MOC</p> <p>HC/IF</p> <p>ALL</p>
9	Representative' reports / updates	<p>a) Southend Social Care: Harry reported that progress has been made with Sharon Wheeler at Southend Borough Council.</p> <p>b) Essex Social Care: Harry reported that progress was slow. He and Eddie have been in contact with Pauline Holroyd. The hope is that we could have a similar presentation to the one we had on social care from Southend Borough Council.</p> <p>c) HOSC Children & Lifelong Learning: Irene Grubb gave her apologies for this meeting. No report was provided.</p> <p>d) HOSC Adult Community Services: There have been two</p>	HC

		<p>meetings since Eddie Camp last reported. He said that members are well appraised of what the LINK are doing. Talks about joint working between Essex County Council, Southend Borough Council and the HOSC have been deferred to the next HOSC meeting.</p> <p>e) SEPT: Margaret O'Connor reported that a SEPT briefing on 'Improving Access to Psychological Therapies' and 'Our Secure Services' took place on 23 October at The Lodge, Runwell for LINK members. The briefing was informative and interesting. Margaret also attended the Strategic Commissioning Group for Adults meeting on 17th October this was the 1st meeting. The next SEPT quarterly meeting will take place on 8th December 2009 this is a joint meeting for south east and south west. If any members have anything they would like Margaret to raise please let her or Gill & Sharon in the Southend LINK office know.</p> <p>A member asked if there is competition between SEPT and Southend Hospital now they have both received University Foundation Trust status? A discussion ensued around this matter and a few issues arose. It was decided that these matters should be discussed separately and then taken to SEPT by Margaret O'Connor.</p>	<p>ALL</p> <p>MOC</p>
10	Consultations	<p>Shaping the Future of Care Together:</p> <p>Harry Chandler stated that the consultation had been circulated and members had been asked to feedback any comments. The consultation closes on Friday 13th November 2009 To date no members had provided feedback. Harry asked if members were happy for him to provide a response. There were no objections to this suggestion.</p>	HC
11	Any Other Business	<p>a) Requests for information about organisations to which members belong: Harry asked all members to provide a list of associations to which they belong to. The reason for this is to indicate members' interests and to alleviate/get out into the open any potential conflicts of interest.</p> <p>b) Members' interests in Health & Social Care: Members were also asked to provide a list of interests they may have for health & social care projects.</p> <p>c) Members' training needs: Members were asked to let Sharon and Gill know if they have any training needs.</p> <p>d) Older Peoples Commissioning representative: Linda Cook is the current interim representative.</p> <p>If any other members are interested in the longer term project please let Sharon or Gill in the Southend LINK office know. This issue has been discussed at a recent committee meeting. See attached for details of the duties of the representative.</p> <p>e) Setting up a commissioning sub group: It was stated that we need to look at how we get involved in the commissioning and public engagement process. This is fairly new to us all and it was felt that it would be important to have a sub group to focus on this and understand it. Members were asked if anyone would be interested in being part of this sub group. Gareth Gault, Dave Poulton, Eddie Camp, Tony Hopper, Harry Chandler and Margaret O'Connor were interested. The subgroup will get together to meet and report back to the committee.</p> <p>f) Progress of mediation: Harry reported that the mediation process between CEMVO, the Councils and members was still ongoing. It is hoped that this can be concluded by the end of December 2009.</p>	<p>ALL</p> <p>ALL</p> <p>ALL</p> <p>ALL</p>

12	Details of future meetings	<p><u>Wednesday 9th December 2009</u> 2pm - 4pm The Hollywood, 140 Shipwrights Drive, Thundersley, Benfleet, Essex, SS7 1RF. Podiatry and other services: Pam Sabine, Director of Specialist Services and Head of Podiatric Surgery, SEE NHS</p> <p><u>Wednesday 13th January 2010</u> 2pm – 4pm Civic Centre, Victoria Avenue, Southend on Sea, Essex, SS2 6ER. How information technology helps patients: Marlene Winfield, OBE Director for Patients and Public at NHS Connecting for Health.</p> <p><u>Wednesday 10th February 2010</u> 2pm – 4pm SAVS 29-31 Alexandra Street, Southend on Sea, Essex, SS1 1BW. Strategic improving information programme (Social Care) – Alan Allman Assistant Director DH Strategic Improving Information Programme.</p>	
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Older Peoples Commissioning Representative

The representative selected will need to act as the local older people's champion, to seek input and guidance how to achieve this from our members, work with other local organisations that represent the needs of our older people, for example the Older People's Assembly, as well as our Host and to report back to the committee of progress and issues raised. It is therefore essential that this person has informed knowledge of the needs of our older people so that the LINK is able to provide informed input to the commissioning process. Our representative needs to be able to get around south east Essex to achieve our aims.

Harry suggested that as a way of proceeding, our representative needs to be able to identify what are the current needs of the elderly of as many communities as possible, to keep up-to-date with changing needs, to satisfy the committee that he or she can adequately communicate these needs to the commissioners and to involve other members. Clearly our requirement is not limited to providing a report of the event to the public meeting following the event. It is essential that the member briefs the committee regularly, provides a briefing to all members in a formal report, and as appropriate has meetings with people throughout south east Essex via whatever routes are available, e.g. pensioner groups, via formal voluntary organisations to maintain an up-to-date knowledge of need.