

**BIRMINGHAM LINKS – BIRMINGHAM EAST AND NORTH ACTION GROUP**  
**Minutes from meeting held on Thursday 3<sup>rd</sup> February 2011**  
**held at Sandalwood Room, Enta CIC, Mill Wharf, 10 Mill Street,**  
**Birmingham, B6 4BS**

**PRESENT:**

- Terry Paget (TP) (Chair)
- Annette Hearnden (AH)
- Mark Lynes (ML)
- Jill Hoad (JH)
- Sangita Alharya

**HOST FACILITATORS PRESENT:**

- Andrew John (AJ) - Gateway Family Services (Chair)
- Rose Boddie - Gateway Family Services (Minute Taker)

**APOLOGIES RECEIVED:**

Tom McLoughlin (TM)

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**1. INTRODUCTIONS AND APOLOGIES**

Introductions were made by ML and TP to members present.

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**2. ELECTION OF A CHAIR**

After a brief discussion it was agreed that TP be Chairperson for this meeting.

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**3. MINUTES FROM PREVIOUS MEETING HELD**

**a) Accuracy**

**Page 4** – should read the “Regional Host continues to ‘drip feed’ information”

**Page 5** – TP comments to be omitted from the minutes.

The minutes of 24<sup>th</sup> November 2010 meeting were approved as an accurate record.

**b) Matters Arising**

BEN PCT PALS Service

AJ to contact Pat Rouse regarding the electronic version of the presentation and circulation to the group.

Summary Care Record

AJ advised that Paul Tovey had raised issues around people with mental health with regards to the summary care records 6 months ago. Rus Benson who worked with the National SCR Team has taken up regional position, states that there was no support programme in place for people with mental health.

AH advised that BEN PCT has Community Development workers who work with people who have mental health issues and people from the BME community. The

CDWs give information on the SCR, how to improve the system and give information to make choices. They also identify individuals and carers and the type of information needed. AH added that they needed someone to explain what the SCR means.

AH said that the response in the consultation around advocacy stated that advocacy would be included but not for mental health advocacy as it has to be a specialist service.

AJ added that Alex Davis wrote a paper on Mental Health Advocacy which has been used and the service is now out to tender.

ML said that there is an event to launch the mental Health consortia and will focus on mental health across the city.

#### BEN & Solihull LINK Maternity Service

AH updated that there was no maternity unit however the service was midwifery driven service. A draft report has been submitted to the commissioners. Six focus groups were set up with 80 interviews conducted and the results will be on the website in the next week. Copy to be circulated to the group.

#### HAOSC – MHAG – MH Strategy

The consultation for the Mental Health strategy began in December 2010. Due to the issues raised in relation to the day services, the consultation was postponed and will be restarted in February 2011. The consultation paper has been modified due to the work undertaken on by Paul Tovey, Enid Said and Alex Davis. This modification arose because the original was based on service user data from 2 years ago with the result that new services users were not being included in the consultation process, a fact which the HAOSC acknowledged.

#### OPAG Event

AJ reported that a Dementia event has been organised for the 22<sup>nd</sup> March 2011 to be held at the MAC which is held in conjunction with the Alzheimer's Society. The event would focus on personal experiences from the service users and carer's perspectives and the CEO of the Alzheimer's Society is also included as a guest speaker. The event is open to the public.

AJ reported that BSMHT has no support for young people suffering from dementia and GPs needed to know what support mechanisms are available and understanding of the process.

ML suggested that they make contact with the Dementia Action Alliance.

AH advised that a dementia care pathway has been developed for clinical care and support networks.

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## **4. DISCHARGE PLANNING PROJECT**

AJ advised that the discharge planning project started with Solihull LINK through HEFT following concerns raised regarding the discharge process. HEFT has

conducted quantitative work on the discharge process. The LINK project, however, is to be based on qualitative based research to get a feel and add value to the statistics.

TP added that BACOP (Birmingham Advisory Council of Older People) have done their own research and asked if this research was in parallel with BACOPs. AJ said it was not. AJ also advised that two research organisations have tendered to undertake the surveys and will include volunteers who will be trained through the interview process and, separately, the Discharge Group in BEN will also be involved.

ML asked whether the survey will include questions related to whether people are being discharged too early. AJ said that Shropshire LINK have done a survey on discharge, looking at the motivation of early discharge and poor planning.

ML asked whether there would be a timeline for the people being spoken to who have come out of hospital. AJ said that they will be interviewing people discharged within a 6 week timescale from hospital to care or to care in their own homes. The survey will also look at the process for the differences between the two – where it works and where it does not. AJ to email paperwork and the Core Group project brief to the Action Group.

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## **5. HEALTHWATCH UPDATE**

TP advised that he has read the Healthwatch white paper and the Health Bill. TP noted that the Healthwatch white paper referred to volunteers 'intervening', but this undesirable component of enhanced responsibilities on Healthwatch volunteers was not repeated in the Health Bill.

AH added that she has read the summary of all the responses to the consultation on Healthwatch and said that there needed to be an awareness of the NHS constitution. AH also said there needed to be a clear and consistent vision of what Healthwatch England will provide. Further, there was a need for the local Healthwatch to have operational flexibility.

TP added that he has concerns about the local authority as fund holders. He explained that, up to now, the funding for the LINKs around the country came from the NHS budget and was ring-fenced in favour of the local LINK. In the future, the funds for a local Healthwatch will be merely a part of the general grant from central government to each local authority, and will not be ring-fenced. Consequently, he was fearful that there may be interference from the local authority in the way Healthwatch operates.

AJ updated on the history of LINK and the Local Authority and stated that Birmingham City Council has allocated the same level of funding as previously. AJ also added that the Health Bill is still vague on Healthwatch and that a BCC Transition Board has been set up by Anne Rochester but there has been no description on the service or whether there will be influence from the local authority.

AJ advised that a meeting had been organised to discuss Healthwatch arranged for Saturday 5<sup>th</sup> February, 10.00am – 3.00pm at the Saffron Centre and the plan for the meeting is to look at how Healthwatch will look.

AH asked whether local people will be able to influence Healthwatch England.

TP indicated that Healthwatch England would not have that role, and that it will be a matter for the local LINKs/Healthwatch.

TP indicated that Healthwatch England will be part of CQC (Care Quality Commission) and that Healthwatch England will be cascading information downwards but Healthwatch England is unlikely to have the resources (financial or manpower) to provide training.

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## 6. ANY OTHER BUSINESS

AJ reminded members that the Healthwatch meeting will be taking place on the 5<sup>th</sup> February 2011, 10.00 am – 3.00 pm at the Saffron Centre and that the meeting will be facilitated by an independent facilitator Augustus John. The outcome of the meeting will hopefully be an agreed direction to influence the Core Group.

JH advised that a Hampshire hospital that was threatened with closure and which had been bought by local people to keep the hospital open and has been staffed by the NHS is in difficulties again as the NHS have informed them that they will be withdrawing their staff.

AH said that the Cure the NHS group that was formed to lead change in Mid-Staffs hospital has been growing in membership and have various groups. AH added that the BEN PCT group are looking to see if they can form links with Healthwatch but are unclear where it is going and how they can be included. She asked if someone from LINKs could attend the next meeting and update on Healthwatch development. TP said he was happy to speak to the group.

SA suggests that the group may want to attend a LINK meeting. TP suggest that they attend either OPAG or BEN meeting.

### **Action:**

- AH to get Cure the NHS Group to attend BENAG or OPAG meeting

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## 7. DATE OF NEXT MEETING

Thursday 3<sup>rd</sup> March 2011, 11.00am – 1.00pm  
Venue: TBC