

BIRMINGHAM LINKS – BIRMINGHAM EAST AND NORTH ACTION GROUP (BENAG)
Minutes from Consultative Meeting held on Thursday 20th October 2011, 11.00– 1.00
ENTA, Mill Wharf, 10 Mill St. B6 4BS

PRESENT:

Terry Paget (TP)
Ken Barlow (KB)
Sangita Acharya (SA)

HOST FACILITATORS PRESENT:

Katy Bunn (KBunn) – Birmingham LINK Coordinator
Pam Dixon (PD) Birmingham LINK Advisor
Claire Lockey (CL) – Birmingham LINK Administrator

1. WELCOME & INTRODUCTIONS

- 1.1 KBunn welcomed everyone to the meeting and introductions were made.
- 1.2 PD explained her role and said it is essential that there is a decision-making process in place. PD has previously been involved with voluntary sector bodies in particular working with service users to understand how they can work with decision-makers. She said she is looking at good practice elsewhere and in the Birmingham LINK, as well as listening to people's views to bring forward to implement into the LINK structure.
- 1.3 KBunn said from PPI experience working across Sandwell, Dudley and Birmingham within forums and has worked with Sandwell LINK in the getting going stages. When PPI ceased she saw the transitions to LINK and was successful in getting a contract with BVSC where they set up a Third Sector Assembly network working with City Council, Be Birmingham and ensuring they had a voice and were empowered. Furthermore, KBunn is excited about the next 12months.
- 1.4 KB said he works with Birmingham MIND, AFSUG and feels they do not work properly. He cannot complain to the government as it is difficult but can tell them in order to change people's lives.
- 1.5 SA said she became a LINK member last June following attendance at a PPI meeting and attends BEN and UHB Action Groups. SA has started a support group for people with muscular needs and circulated information about this.
- 1.6 TP said his involvement with the LINK goes back to its inception and has been an active member of BEN, OPAG and an appointed authorised E&V representative. TP has attended many Core Group meetings and has knowledge as a member of the public about these meetings. TP has other involvement with Older Persons Reference Group,

Vice Chair of West Midlands Regional Forum and nationally other involvements as an active member with RIND and authorised/trained to go to see people who have hearing problems.

2. INTRODUCING BVSC THE NEW HOST

- 2.1 KBunn said an open event took place on the 10th October with the aim to introduce the new host BVSC and discuss the suggested structure to member's views. PD will discuss governance and the way the LINK will work e.g. decision making, policies and procedures. A copy of the presentation from open house event on 10th October 2011 was circulated
- 2.2 KBunn said PD will be making a log to record all concerns and issues raised by members, which will be published at the same time as the proposed Governance procedures.

3. HOW WE WORK TOGETHER & YOUR VIEWS

- 3.1 PD said the council in asking BVSC to be the host has set a clear priority that we need to work with the LINK to ensure that there are proper decision-making processes in place and the regulations state this must be in place before any decisions are made. Due to data protection members were asked to confirm if they were happy to pass their details to us and only 125 members have confirmed. We therefore have a reduced LINK and it is not representative of the previous LINK. Therefore we need to think about the way in which LINK develops attracting new and previous members.
- 3.2 PD said there is only 12 months remaining and we therefore need to put something in place. We are proposing that elections are not appropriate due to the reduced membership. BVSC have put forward a suggested structure based on BVSC previous experience with Third Sector. A key role for a decision-making process is to ensure the LINK keeps on track. The council have also set some objectives that they would like the LINK to achieve regarding widening the network, bring in new faces, increasing reputation and work to an evidence-based workplan based on the needs of the city.
- 3.3 SA raised in there is a conference for PALS on 3rd November and asked if any organisation from BVSC is involved in this and could LINK be represented? KBunn said it is a link for members and will circulate some details. SA asked if BVSC as host would be attending. KBunn said yes as it would be worthwhile attending.
- 3.4 SA said have you thought of a way in getting more members. PD said based on experience she thinks the way that people become involved through other people that they know is that people want to get involved in a specific activity or on issues in their very local neighbourhoods. SA said because of the short period would it be an idea to have a short poster to raise awareness of LINK. KBunn said definitely and we are currently in the process of recruiting 2 Outreach Workers who will be geographical based

and currently mapping for a recruitment campaign as well as utilising other links within the Third Sector.

- 3.5 PD referred to The Way We Work Together, which was circulated detailing the process for seeking views and drafting proposals. This included looking at good practice, talking with all action groups to get their views and having a small sounding group to work through some of the practicalities. Everyone's views will be recorded on a log that will be published at the same time of the draft proposals.
- 3.6 SA said most of the people you want on the Strategy Group will be from action groups; why can you not have representatives (1 or 2 members) from the Action Groups otherwise if it is always the same people attending we will get the same view points. PD said there is a strong connection back to the action groups, but some groups may change overtime, new groups may develop and the arrangements need to cope with that level of change.
- 3.7 SA said there is a rep from the group and it will be recorded in the minutes. PD said the Strategy Group as a whole need to have specific skills including being a service user. There needs to be a connection with those who are not part of the Groups but wish to influence social care and health changes.
- 3.8 TP said this illustrates where we miss Annette not being here she would have noted any issues experienced with NHS and follow this up. Therefore this action group did provide an opportunity for members to raise specific issues. We need to reinforce what KB said in being able to voice concerns and Annette was a keystone to the success of the BENAG.
- 3.9 TP said there are 3 fundamental areas of concern that need addressing and represent different sorts of problems. How the LINK is as a whole and address strategy, the role/functions/activities of the action groups and thirdly membership, which needs to be approached in different ways. The LINK Strategy looking at overall sense of direction, function, general policies and the observation made is that the Core Group has not worked as a strategic management group and is too divisive. However they have both their own interest and collective decisions which tended to be consensus decisions. TP posed the question who should be responsible for the overarching strategy and gave an example: HealthWatch in many respects the concept is that it will be an umbrella type organisation and what we need to do in this action group is to try to liaise with other organisations/institutions in the BEN area who we would hope, would have some involvement and influence of what happens within HealthWatch but currently do not have any involvement with LINK. Fundamentally people do not know what LINK is.
- 3.10 TP said BENAG has not been very effective not through the lack of trying and cannot force people to attend. PD asked if it would be better to direct it around Clusters. TP said separate issues in this context, there has been a total absence of liaison between the three PCT Action Groups and has raised this within BENAG and Chair's of action groups meet quarterly. Allowing for all of that and liaison to continue if we in this action group

can make contact with and attend other variety groups as highlighted in Annual Report features highly on health issue and previous involvement on care issues within the PCT area.

- 3.11 KB raised Mental Health Action Group, Birmingham MIND and AFSUG are working closely together. The commissioners pay Digbeth Trust who runs a group but KB has concerns as they do not help patients as much as they should and would like LINK to look into this. KBunn said they are a service users group around mental health and commissioners commissioned Birmingham MIND and AFSUG would like to become an independent organisation.
- 3.12 SA said could we ask someone from the Social Care Departments to attend as no input from Social Care. TP suggested because this action group cannot produce any evidence, not for lack of trying then we have to register that we are open for advice/instruction as to what we can do. Therefore a thus of what can be done for this area a) to improve exposure of LINK and b) promoting the advent of HealthWatch and merit of existing groups/organisations having an association with the LINK for the time being.
- 3.13 PD said that based on what other people would like to see care higher up on the Link agenda and maybe one of the ways forward is that we propose there is a cross Birmingham session around care and what is happening.
- 3.14 TP said there is a feature and lack of liaison between the three PCTs. Take account of within the core group there are 4 members who have an active involvement as users or carers and has been helpful where at least one of the members has been involved in a given action group.
- 3.15 PD said lack of communication and liaison that needs to be addressed. Maybe some of the area based groups have not worked and people get involved because it is an issue they are interested in and specific topics. The areas covered by the Health Trusts such as Birmingham East and North are meaningless to them. LINK may need to think about whether focusing on issues may be better than areas but consider a diversity of service provision within these themes.
- 3.16 TP said there is an opportunity to review the structure of the LINK and in 12months HealthWatch will come on board and now is the time to get involved because things will change within the LINK. There is an opportunity for the outside groups to become involved.
- 3.17 PD said given we have less than 12 months it would be good to focus on 2 or 3 issues and attract people to become involved.
- 3.18 KB said members of AFSUG do attend LINK Meetings and go to the Mental Health Hospitals which is a waste of time.

- 3.19 TP passed a copy of sections 221 and 222 of the Local Government and Public Involvement in Health Act 2007 there is a NHS publication going back to the foundation of LINK October 2008. He circulated an extract from the Government Document Good Practice called 'Real Involvement'. The extract was about 'how to find people who are easy to overlook' which should help to inform thinking.
- 3.20 PD reinforced that we need to start with the issues that are important to people, they will be more likely to join the LINK. People are also attracted by success so there is a need to promote LINK success stories.
- 3.21 TP said on behalf of BENAG can he liaise with someone within BVSC as such for the next meeting of this action group so there is a plan of action with a view to getting in touch with and liaise with the hard to reach. KBunn agreed.
- 3.22 KB said Birmingham MIND has been on WM Radio twice and it is free. He suggested that LINK could do the same. KBunn said BVSC have a resource such as a voluntary sector database.
- 3.23 PD said many people do not want to be involved in meetings. They want to 'do' and we need to tap into this. In terms of contacting the often called hard-to-reach we will undertake an equality impact assessment and if any members would like to be a part of this, they are welcome to contact PD.
- 3.24 KB said can you do this on the internet. PD said she will publish a draft Equality Impact Assessment at the same time as the proposals around decision-making.
- 3.25 SA requested to see if someone from the Carers Department to find out what the issues are within the BEN Area. PD asked if this should happen just for BEN area or Citywide. Members felt looking for short-term results.
- 3.26 PD said BEN could host an open meeting for all the other areas to come to discuss care issues.
- 3.27 SA said Age Concern used to have care meetings in the Kingstanding region but this has broken down and they could give you a lot of issues that they have regarding older care.
- 3.28 SA suggested keeping the meeting on a Thursday. TP asked if Thursday is a good day of the week for all. KBunn said it should be open for review as we need to promote more membership.

4. AGREE PREVIOUS MINUTES

- 4.1 Copy of the previous minutes was circulated and reviewed. Members agreed the minutes to be a true and accurate record. Proposed matters arising would be discussed at the next meeting.

4.2 SA asked about joint work with Solihull and if there is a link. KBunn advised there is a Solihull LINK and there will be joined up working in the future. Furthermore, CQC are very keen to do some joint work between Birmingham and Sandwell LINK around enter and view.

5. WORKPLAN – THE WAY FORWARD

5.1 KBunn said all action groups are currently working to the workplan and given the timescales we are encouraging action groups to revisit all work plans re-focusing our priorities. Allowing for the fruition of other groups/members who may want to join the LINK and listen to their views. KBunn asked what work have BEN been doing and wish to continue.

5.2 SA said in the minutes previously we discussed discharge and should keep an eye within the BEN and HEFT Discharge Group who have taken it on trust wide. People get help when they come out of hospital however the elderly feel they do not get care when they are discharged from hospital. This could be an item to look at and suggested starting on carers patch, then move citywide.

5.3 TP said the discharge survey was a joint exercise between Birmingham and Solihull funded by LINK and professionally done. It was not a group and was a specific survey undertaken where a report resulted from it. There is an organisation called Home from Hospital Care made up of volunteers who make themselves available to support those coming out of hospital and is a valid exercise to be involved around what happens within the community after discharge. KBunn suggested inviting Des Workman from Hospital Care to a future meeting. **Action: Host to invite Des Workman to a future BENAG.**

5.4 SA said since some people do not know about HealthWatch, appointments take months, referrals not happening and if possible, get the hospital numerology and neurology to pay attention to slow the condition down. New GP Consortium could do an annual MOT for patients, which will catch conditions at an early stage.

5.5 PD said one of the ways that service users can help services improve and is very current in health and care is offering to work with service providers around looking at 'pathways'. This is a more holistic approach to experience of having a health issue including prevention and after-care .e.g. falls, why do people fall, what happens to them, process fall recovery, going back out into the community and what support is provided.

5.6 TP said there is two thrusts a) research and b) little opportunity to get out there and do things and that's why I wanted to join LINK. These meetings would be nice to be more report backs and not talking shops. Frustration of Enter and View doing very little and yet it is potentially available to go to Wards/Homes at least once a week.

6. MEMBERSHIP FORMS

- 6.1 As discussed previously only 125 members transferred their data and therefore a need to increase membership. If members know of any existing members who did not complete the data-transfer form and/or any new members who may be interested in joining LINK, to contact the host. **Action: All**

7. NEXT STEPS

- 7.1 That the next meeting be on the topic of care with the possibility of inviting the wider LINK members to participate
- 7.2 Future BEN meetings to be arranged and look at maybe structuring around the citywide cluster arrangements.

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