

Devon Senior Voice
Minutes of the Annual General Meeting
Held in the ISCA Centre Exeter EX4 8NT on Friday 14th November 2014 at 10.30

1. Welcome and Apologies

Welcome and general housekeeping from the Chairwoman Ann McClements Attendees and apologies see appendix 1. A special welcome to Katie White the new minutes secretary and to Bluebird Care for their sponsoring this AGM meeting. A member suggested that any members wishing to donate their travel expenses cost or not claim them back please note on their forms. All voting forms for new directors should be submitted by lunch time.

AMC thanked all current members of the board JB BB PT AMC AC RC CMC MC for all the hard work and support over the last year. Thanked all the specialist group members. Thanked Peter Coates for the accounts and their analysis making them so much easier to understand. A special thanks to Ken Crawford who resigned from the Board in April, but has continued to do a huge amount of work and research for the funding group, coordination or scrutinization of the Care Act so that DSV is listed as one of the few organisations in Devon to have responded and questioned contents. He has also submitted paperwork for the Charity Commission and contributed to the Annual report. AMC thanked Ron Cuthbertson who is stepping down for the board but will continue to work with both the Publicity and funding groups. He has provided IT support and skills along with coordination of various shows and events over the last year. As Andrea left for a new job after the 2013 AGM; a special thank you to Sally L who picked up all the work Andrea did and has a pivotal role within DSV organisation; AMC presented a personal gift as a thank you for all Sally's help and support of her role as new Chairperson. AMC thanked Tim for his contribution to the website and publicity which has raised the profile of DVC within the press and therefore to a wider audience.

2. Approval of the Minutes of the AGM held on 23rd October 2013

Proposed motion of approval by Jim Corben and Seconded by Yvonne Wardrop; one against, one abstention, with everyone else in agreement so the motion carried.

3. Matters Arising from 2013 AGM minutes

None

4. Director Nominees

Presentations given by all nominees. Two of the Nominees Carol McCormack-Hole and Margaret Coles have had to stand down due to the constitutional rule and are now reapplying ; the three new nominees are Carol Brown, Martin Taylor and Janet Crocker (who sent her apologies due to hospital treatment) so SL gave her presentation.

A question was asked as to how many vacancies for the directors and if they were not all filled would it affect the board. AMC replied that it was not a rule to fill all the vacancies and that the board was able to operate efficiently with eight to ten directors, and that it was possible to co-opt if a request was made to provide specialist skills.

5. Annual Report of the Board

Represents the previous year April 2013 to April 2014, which has been a real challenge due to a substantial drop in income , DSV has stepped up and continued to deliver.

Concerns were raised that the Annual report is just a snapshot of the year, and doesn't represent all the work done by the branches or documents the meetings that members of DVC attend.

AMC acknowledged these concerns, she offered a resolution through the meetings of all the branch chairs over the next year, this will increase communication, and be fed back to the board.

The Quarterly newsletter covers a lot more of this giving a greater flavour of the achievements and actions of the branches and it reaches a wider audience.

DSV participated in 19 Gateway requests

Colin Hadley (Exeter Branch) asked for greater transparency to the treasures report in the pursuit of honesty and clarity. Was it possible to have a breakdown of spend in Administration, wages, events and activities. SL explained the amounts coming from the Healthwatch grant, a small grant from DCC money paid to representatives of DSV sitting on council reference groups and fundraising together with small amounts of donations. She reported that expenditure through wages was reduced from last year.

RC reported his uploading onto the website of KLC's eight page document on DSV's activities Mary Collins (Crediton Branch) commented on the Health and Social care report ; with appreciation that the data from Questionnaires by Torrington members have been used, and DSV's voice is heard. There are still concerns over Torrington hospital and it is an ongoing issue as beds are still needed , with no decision made yet. The outcome of the pilot scheme to develop care closer to home will affect all areas and is of particular concern of further closure of community hospital beds. JMC asked for clarity about the term New Devon and raised concerns about changes within South Devon and Torbay.

JMC Acknowledged what a considerable job Graham Rogers has done but was concerned that the housing report is just a diary and that responses to the three public meetings will have greater influence over Teignbridge plans.

Tony Siddall proposed to accept the annual report; Jim Corben seconded; none against; no abstentions unanimously agreed.

6. Approval of Annual Accounts

Proposed by Gillie Newcombe; Seconded by David Snelling; none against; one abstentions
The reappointment of Wortham Jaques was proposed by Yvonne Wardrop seconded by Liz Hitchens; none against; one abstentions

7. Emergency Motion proposed by Alan Rayner

As Tony Simpson seconded the motion he was asked to speak in Alan Rayner's stead He thanked the board for consideration and tabling the resolution. The intention of New Devon CCG to "suspend treatment if there was little or poor evidence of outcome" is financially based and strips the patient of hope and dignity. He reported that Rev Stephen Treebee of Honiton had asked what future implications this attitude would have on palliative care and how spiritual care would be considered.

JB, AMC and PC attended CCG financial crisis meeting at which these concerns were raised and a response to the DSV,s questions was received early this morning. It will be put on the DSV website and added to these minutes. In essence the Lead Commissioner admitted it was incorrect phraseology and taken in isolation sounded awful.

Peter Coates agreed that DSV needs to participate fully in this matter as there is an issue of capacity. Help in decision making needs to come from the service users as well as CCG's
46 for the motion; 16 against and 6 abstentions; the motion is carried

8. Cllr Stuart Barker DCC Cabinet Member for Adult Social Care and Health Services, Hannah Hurrell, Project Manager for Implementation of the Care Act.

Cllr Barker thanked the meeting for the invitation to speak on The Care Act .

He stated that the concerns by DSV members about the changes are being taken seriously . The implementation of the Care Act has significant changes to delivery and funding of care.

The shift away from crisis toward preventative measures, involving greater collaboration between organisations, community services, carers and families comes at a cost, as yet the costs are unknown but adult care has been prioritised.

DCC, other County Councils and CQC will act as universal brokers to step in when businesses fail in their quality of care, safeguarding and financial matters. CQC also has a legal responsibility to provide independent advocacy and mentoring.

To achieve the person centred approach there will be a self assessment process available on DCC's website. This was considered the best approach financially and was felt that computer literacy is on the increase . there will be assistance for those who don't have access or skill through public access to computers and help eg the libraries. There will be trial programs to identify where the future problems with needs, costs and capacity lie, also to identify people outside the system. Since April 2014 Carers are now legally entitled to financial support, filling out their self assessment online will identifying what support funding they can receiving.

Hannah Hurrell is responsible for Devon's delivery of the Care Act , identifying the impacts on communities and individuals, analysing the demands and outcomes. She will also be reviewing both the preventative and acute hospitals services .

9. Question and Answer session

Carol Brown: Who is responsible for Devon based careers assessments and who will be the review team?

As yet there has been no decision, there are moves to use alternative organisations speak to Hannah Hurrell.

Paul Smith: We have been trying to achieve integrated services for years it has been an impossible task so how do you think it can be done?

Acknowledging it as a challenge, there will possibly be an additional 5,000 careers recruited in addition to the existing 8,000.

Liz Hutchins: Will prevention work be done on a local level through parish and town councils ? There are pilot schemes in ten town area overseen by John Smith looking at how best to work on a local level through setting up e.g. CCGs, community and befriending teams.

Bob Buskin: There is no confidence in CCGs due to a lack of their actions currently or in the past? Aware of the need to work constructively with communities and the voluntary sector, Hannah Hurrell will follow up how to work more constructively.

Ken Crawford: Any success hinges on the voluntary sector, DSV set up a number of project many failed due to intervention by CCGs , one example was an end of life care project bid, no support was received from DCC, the only offer was to provide a dedicated officer that would have to be paid for out of DSV's own funds?

CCG's cover a large area so demand a big budget they are now being broken down into three smaller areas New Devon, North east and west Devon each with individual responsibility and vision. there is limited moneys available which also covers acute hospitals, foundation trusts to name a few. CCGs are separate from local councils. Stuart can't answer question about the bid.

Peter Burrows: Asked about the closures and selling off of care homes how will this improve the quality of care?

There is to be an integration of social and health services finances making it one large pot as NHS services through the Better Care Fund

How many extra staff and what about their training?

Staff from closed care homes will be redeployed to other area and provided with appropriate training. There are plans to recruit 43 new assessment staff to cover the whole Devon area.

Hugh Norman: reiterated that integration doesn't work on strategic level it sounds right but it's a different matter at ground level?

Where are people being sent when the care home is closed?

Alternative accommodation is being found, a lot is identified within the private sector

10. Election of Directors

Martin Taylor, Margaret Coles Carol Brown and Carol McCormack-Hole were voted in

11. Dr Sarah Wollaston, MP

Expressed her thanks for being invited to talk to DSV members, and Sarah stated that she had been selected to Chair the House of Commons Select Committee on Health. It holds to account for the benefit of the public the policy, administration and expenditure of the Department of health and its associated bodies in England, including NHS England, the Care Quality Commission (CQC), clinical commissioning groups (CCGs), The Nursing Council and other health organisations. The most frequently asked questions and concerns are whether we are heading towards the US model with people having to pay for their care, and whether we will lose the NHS as we know it. There is clear legislation that this cannot happen.

Sarah expressed her concerns about the Dept of Health's future direction with regard to funding and expenditure: how is the cake distributed, what formulas are to be used to plug the £2 billion funding gap? With the expanding demand for expensive treatments, and an 8% increase in inflation, the gap is set to increase to £30 billion in 20 years: (look at NHS England's chief executive Simon Stevens 5 year forward view). Wage restraint and efficiencies, or top-ups and charges will not be enough to find the money to fill the gap. With 70% going on long-term conditions, there is a need to move away from the focus on acute health care towards prevention and self-care.

The Barker Commission looked into a number of possibilities for funding streams from wealthy pensioners continuing paying into NI and changes to the benefits they receive. Combining social and health care is a positive step, as to fund each separately is expensive.

The Health Committee is reviewing palliative and end-of-life care within the health and social care system, including the voluntary and community services. The Liverpool Care Pathway has been abandoned, and individual hospitals will run their own systems. There has been an emphasis on cancer within the hospice movement and palliative care system, with other long-term conditions such as learning disabilities being overshadowed.

Please send in your responses and views by 15th December: visit Sarah Wollaston's website www.drSarah.org.uk/ for the link.

12. Question and Answer session

James Bradley (JB): Previous integration of primary and secondary care has not happened how would integrating the social and health care be any different ?

Sarah Wollaston (SW): Torbay was a pilot scheme for primary and secondary integration, there is a tendency for hospitals to hoover up all the funds. There is a Better Care fund that transfers from hospitals into primary care, the only problem is that there is no community support set up.. There is little evidence that integration is cheaper as it tends to identify more needs, and should involve community nurses, pharmacies, mental health teams and other services.

Ken Crawford (KC): DSV replied to Andrew Dilnot investigation on funding for care, looking at the need for private insurance and NI KC to send Sarah DSV's doc

Sarah Wollaston (SW): Private insurance up until now has not been interested or has miss-sold in the past. So bringing in the cap on care costs from April 2016 will create a change with an outcome envisioned of insurance companies coming forward.

Ken Crawford (KC): The cap will potentially benefit those at the top and bottom end financially end but the majority in the middle will see not benefit?

Sarah Wollaston (SW): The Kate Barker commission looked into this problem and suggested there needs to be considerable changes.

Ken Crawford (KC): Raised the issue of end-of-life care, and the Cabinet Office funds for this, with the bid to provide some end-of-life care for those with dementia in Devon.

Sarah Wollaston (SW): End-of-life care demands specialised care and needs to include the trust in representative of Power of Attorney (the issue of assisted suicide is a separate debate). We can look at the withdrawing of medical care and the choice of where a person wishes to die. They do not have to end up in hospital as there is an entitlement for free social care at the end of life. Reorganisation of the health service every 5 years costs more and takes peoples' minds away from the delivery of care. It would be good to separate political shorttermism from the health service, It could have been possible to have achieve clinical commissioning if the Torbay model had been used. Its a better model.

Tony Siddall: District nurses have such time constrains that they can only provide the basic care. District nurses work in the community and provide the key to integration.

William Flint: Bluebird Care are based in Exeter, east and mid Devon. We are providers of care services with discharge teams and district nurses to support dying at home, it is an incredibly rewarding service and we've had really fantastic feedback.

Tony Simpson: There is an elephant in the room that no one is talking about that comes from the recent top-down NHS reorganisation. GPs now have a conflict of interest as they are directors and shareholders of the CCGs. There are various estimates of the costs of change: Norman Lamb says £1.5 billion, but the Royal College of nursing says £3 billion

Sarah Wollaston (SW): GP finances should have transparency through an open book system, without this no patient is able to see if irregularities occur or what profit share is being taken. SW mentioned the Kings Fund a health charity that shapes health and social care policy and practice.

James Bradley (JB): The NHS5 year plan addresses this issue, one should note that Torbay is a small area but would this model work if it was rolled out throughout Devon. We must note that Devon is way ahead of most other county's.

District nurses and health care assistants are paid below minimum wage and often not receiving full journey time costs, how can this be addressed?

Sarah Wollaston (SW): The only way this issue can be resolved is by care assistants coming forward to make a complaint to the Low Pay Commission as that sort of practice is illegal.

Camilla Cavendish's review looked into how best to improve fundamental standards in health care within both the community and hospitals. It also considers training and education for continued personal development for nursing.

Carol McCormack (CMC): Integration depends on domiciliary care agencies, private companies and the voluntary sector. who is going to pay for this?

Yvonne Wardrop: Does the distribution of health funds take into account of the now ever-lengthening season of holiday makers using the local services ?

Sarah Wollaston (SW): Funding distribution does not specifically recognise visitors, they can apply as a temporary resident in special cases to get extra funds. Sarah acknowledged that there is a peak in demands especially in A&E over the summer months. The bigger issue in the area which the Lord Cameron review (*Rural Proofing Implementation review within government in 2013 led by Lord Cameron of Dillington, a former rural advocate?http://www.tcpa.org.uk/data/files/JohnColeman.pdf*), considered was the large number of older residents in the Devon area and the increased costs of delivery of care within rural locations.

BS notes through personal experience that mental health services have returned to the standards of 10 to 15 years ago, how can this be resolved?

Sarah Wollaston (SW): Cool Recovery is a voluntary organisation in the Devon area providing excellent mental health support. There needs to be a change in the way such organisations are funded as they provide a vital service and will be lost if this funding gap is not addressed, which will have a knock-on cost to the NHS. Funding mainly goes to national and large organisations as they are able to put in better bids than small local organisations. This model needs to change and we must look at getting DCC on board on this issue.

Josie Kimber, Tiverton: Means testing and withdrawing licences is an inefficient way to raise funds, The full allowance gives a decent pension and is easier to administer and cost effective

Colin Hadley, Exeter: Congratulations to Sarah for becoming chair of the select committee. He felt that Healthwatch needed to be proactive rather than reactive.

PC Currently the GP licence's are free. Should this not be part of their tax return? Are Consultants mostly associated with hospitals?

Sarah Wollaston (SW): Yes there is a problem with consultants staying within the hospitals, there needs to be an increase in numbers of GPs running clinics and services in local areas. The 2012 Health and Social Care Act has set a directive to shift the power from the commissioners back to the community.

Sarah uses social media as a means of information and to answer any further questions people may have, there is the blog and Twitter account, but for those without the skills or access to computers Sarah is happy to receive and respond using the traditional methods of telephone and letters.

13. Any Other Business

Frances Canning (Exeter branch) stated she would like to have been nominated for the board and would be happy if co-opted. She is a retired solicitor, is the chair of trustees of a care home in Torbay, A parliamentary officer of another care home and helps on the housing group. AMC agreed the board would discuss Frances's proposal at their next meeting.

June Brown proposed there should be a motion to request financial transparency and accountability to the public of GP services, Honiton branch to instigate.

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Attendees

June Brown	Honiton	Sandy King	Teignmouth
Mary Cox	Exeter	Carol Brown	Newton Abbot
Sally Lougher	Executive Administrator	Margaret Steer	Crediton
Tim Hall	Publicity & Development	David Snelling	Ivybridge
Katie White	Minutes Secretary	Ron Cuthbertson	Crediton
Gillie Newcombe	Exmouth	Pamela Martin	Teignmouth
Margaret Coles	Director	Joyce Comfort	Bideford
Ann Crawford	Director	Susan Lycett	Barnstaple
Ken Crawford	Director	Brian Webber	Exmouth
Tony Langmead	Director	David Mason	Sidmouth
Carol McCormack-Hole	Director	Tony Simpson	Honiton
Frances Canning	Exeter	Vic Bowsher	Honiton
Jean Daley	Director	Carole Smythe	Honiton
John Vaughan	Teignmouth	Peter Coates	Kingsbridge
Colin Hadley	Exeter	John Taverner	Exeter
Ann McClements	Culm Valley	Evelyn Assey	Honiton
Eleanor Attfield	Culm Valley	Ilona Pragay	Exeter
Peter Burrows	Seaton	Yvonne Wardrop	Exmouth
Liz Hitchins	Ivybridge	Jean Waldron	Dawlish
Hugh Norman	Okehampton	Peter Spackman	Dawlish
Ceciley Easden	Crediton	Roger Trapani	Seaton
Elaine Legg	Exeter	Tony Siddall	Exmouth
Peter Dunning	Exeter	Mary Collins	Crediton
Martin Taylor	Tavistock	David Rogers	HWD
Jose Kimber	Tiverton	Lucy Langmead	Exeter
Ian Kimber	Tiverton	Mr Pang	Exeter
James Bradley	Okehampton	Arthur Harman	Exeter
Pauline Thomas	Crediton	Len Ringrose	
William Tampion	Teignmouth	Maureen Loman	
Malcolm Coiley	Ivybridge	Molly Walker	Exeter
Jim Corben	Teignmouth	Brian Clifton	Barnstaple
Ruth Diggle	Barnstaple	Jeremy Dickson	Holsworthy
Pam Healey	Crediton	Nigel Child	Newton Abbot
Bill Smith	Teignmouth		

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Apologies

Jean Bougard	Colin Silverton
LM Sherlock	Mr Sparkes
Mrs Stimpson	Mrs Sparkes
Roma Patten	Maureen Houston
Vernon Patten	Margaret Keene
Mrs Keogh	J Merrifield
Jenny Dennis	Ron Cuthbertson
Mike Dennis	Eileen Barber
DM Brailsford	Joyce Balment
Anthony Martin	Samuel Hooper
Irene Hill	Pamela Brewer
Heather Gibson	Mr N Jeffrey
John Holman	Mrs B Jeffrey
Bridget Bimson	George Lambert
M A Tripp	D Rowland
Mr Austin	R Rowland
Mrs Austin	Beryl Lambert
Sylvia Parkhouse	Pat Regardsoe
Iris Fenn	Dave Regardsoe
G Hughes	Rita Hills
B Miller	thelma Davis
M Batten	Dennis O'Day
J Turner	Alan Rayner
D Webb	Brian Webber
Margaret Heaman	Janet Crocker
Thelma Peters	Gillian Beardsworth
Arthur Renshaw	Mary Cusak
John Bealey	Pamela Wilson