

Devon Senior Voice
Minutes of the Annual General Meeting
Held in the ISCA Centre Exeter EX4 8NT on Friday 4th December 2015 at 10.30

1. Welcome and Apologies

Chairman Ann McClements (AMC) welcomed all to the day and gave out general information about the venue. For attendees and apologies see Appendix 1.

she updated about movements in the Board membership which had taken place through the year - Carol Brown Thomas resigned from the board as she took on a role on the board of Healthwatch. Pauline Thomas resigned for personal reasons in the summer. It was a great shock to us all when she passed away in October and she will be sadly missed by everyone especially those members she worked so closely with in Crediton.

2. John Hart, Leader of Devon County Council: speaker

JH expressed thanks for being invited to speak at the DSV AGM. This is the seventh year of going to talk to community organisations on reduced budgets, though this is the worst year and there have been warnings from the Chancellor of a further four years of restricted budgets.. The cost of increases in the national minimum wage are being passed on to local government, and even with the allowed 2% increase in the council tax amounting to £6.6 million, this will only help to cover a proportion of the costs. There is no clarity and so many unknowns, the initial savings made through staff cuts and efficiencies worked but again having to make further staffing cuts, reorganisation and look everywhere to make savings. There is less for transport, roads and support services. If the Government would allow a basic charge for bus passes (£30) as there is for train passes then 1.7 million could be raised to help.

3. JH Question and Answer session

Peter Coates: How do you see the Success regime improving delivery of integrated health services to the people in Devon?

JH was not able to give an answer, but would be interested on being on the board/committee success regime which has a £40 million over spend caused by being demand lead with high levels of wastage. He felt it it would have worked better in closer alliance to health service. GP Surgeries vary in their service provision and people all too often go to A&E unnecessarily. JH feels there must be better ways and means of working together.

JC: Is the Community Survey value for money and does it meet its aims?

Its purpose it to find out people's views and thoughts and also to understand what effects the cuts in services are having on people in Devon.

TS: Is the future of the library services secure when transitional funding arrangements come to an end; is it true that it would cost over £1million to repossess if things go wrong?

JH maintains that there have not actually been any library closures, rather a move to communities taking them over and working positively and raising money and there are between 39 and 50 libraries now established as community trusts. The point was raised that it is then all run by volunteers with no employment or professional staff but JH said there was always a qualified librarian available.

David Snelling: If the aspiration of £30 charge for a bus pass were to be passed would the money be ring fenced to resolve rural isolation.

Yes that is a pertinent point and if JH was able to ring fence he would but it would be a government issue and decision. Cornwall is going down this route of devolution so could make its own decisions.

John Montgomery stated a consultation on the issue of charging for bus passes would be a positive outcome.

Ken Crawford: DSV has had no evidence of Council support for its work on Memory Cafe's and the cost savings that they provide. Several years ago DSV campaigned for Admiral Nurses to be employed in Devon and was ignored but now significant saving have been proven (of £400,000) in other counties. KLC said that DSV has the influence and expertise to help in this area. JH was not aware that support and acknowledgement have not been forthcoming; there are different rules in different areas of Devon regarding the setting up of Memory Cafes and he asked Roland Pyle to follow up on the issue of Admiral Nurses.

Peter Coates stated that the increased relationship of CCG's and integrated care makes it difficult to understand what is actually happening on the ground. There seems to be some confusion and asked for clarity on the issue.

JH will take this back to look into and come back with an answer.

Integrated Care in Exeter ICE is a large group with a broad range of members and, so far, is successful in working with the City Council. With Domiciliary Care and health assistant training for reliable and intelligent care is essential before any integration can be successfully implemented.

Roger Trapani: Is there any scope for reduction in councillors and their expenses?

JH said that Councillors have not had a pay rise in 6 years, are doing more and attending county hall less. The numbers they represent have increased and there are always good and less good councillors. JH but there is no justification that less than the 60 councillors could work.

JC: is there a future for County Councils after 2020?

Change will happen, local authorities work together as at present, a unity council could work for Devon but is not a preferred option, any division in boundary areas could result in rich and poor areas and this should be avoided at all costs.

Approval of the Minutes of the AGM held on 14th November 2014

Ian Kimber Proposed to accept the minutes as being a correct and an accurate account, Tony Siddall seconded. and all present agreed.

4. Matters Arising from 2014 AGM minutes

There were none

5. Annual Report of the Board

Jim Corben asked why were there only three branch reports and SL reported that it was a request from last year's AGM to include branch reports in the annual report. Hence she had sent several emails to all branches since July requesting reports but only three responded. the Newsletter contained more branch information. Francis Caning (FC) suggested the newsletter reaches a different audience and that as it was the first time for reports to be included in the Annual Report that, hopefully there would be better response next year. JM Proposed to accept the annual report CMC seconded and this was unanimously agreed.

6. Approval of Annual Accounts

Ken Crawford suggested for next year's accounts to have shows and events shown with clarity on costs and to be placed on the top line. He also wished to see clearly the actual cost to DSV of engagement contracts, and the cost in administration time on monitoring. Tony Simpson brought to

everyone's attention that many branches live within their means and are proactive about raising funds; these accounts show how well the organisation has done in balancing its books with reduced funds, concerns were raised with the further cuts but appreciation that there was funding at all. A question was raised about the debtors amount AMC stated that it has all been paid in full. It was noted that an error on P8 on restricted funds, over and above DSV's own funds and reserves it is the first time to be done in this way SL to speak to accountants to sort out. Proposed by Peter Coates; Seconded by Frances Canning; and these were unanimously agreed. Approval of continuation with auditors whose charges are very reasonable and SL reduced more by doing a proportion of the work needed. Martin Taylor proposed and David Snelling seconded, all agreed.

Election of Directors

Ann Crawford stepped down, thanks were expressed for all the work she had done over the years. Ann McClement stepped down from Chair; James Bradley resigned and was co-opted back onto the Board in May; Jose Kimber and Francis Canning were also co-opted during the year. All have been re-elected.

Carol McCormack has volunteered to be new Chairman. she stated that AMC has been the face and voice of DSV over the last two years and has been an excellent negotiator, facilitator, ambassador, inspiration, ideas person and friend, and therefore she is too valuable to lose. Fortunately she has agreed to be co-opted back onto the Board with the specific role of working on sustainability. AMC thanked CMC for her kind words and expressed appreciation to Tony Langmead for his provision of free storage for DSV equipment; to Sally Lougher who works tirelessly in her role and for her friendship, and Tim Hall for his current contribution to sustainability and marketing.

7. Update on the Charity Application and Current status

AMC explained the current situation for the organisation. The Council is only looking at its statutory obligations, which it has to by law. The impact to all Healthwatch Devon partnership organisations is huge with DSV facing a 66% cut in funding. DSV has established itself as the voice for the elderly with a respected reputation. The fact that John Hart asked to come to speak at the AGM shows this. With representation on a large number of strategic partnerships, clinical commissioning groups through patient participation, RD&E and hospitals round the county, it's important to maintain and maximise this identity. Next year is the transition of minimum funds to 2017 when there will be no funding from DCC only spot purchasing. This could be dangerous for the organisation as many volunteers are already handpicked to engage with the Council outside of their involvement with DSV and this may well happen more and more thereby reducing the cost to DCC and the two CCGs. She feels that DSV has to have a strong corporate identity and present a united front to these organisations therefore mitigating against future loss of income.

June Brown asked whether DSV would be able to compete with 'the big boys'? AMC stated that DCC don't go to other organisations to engage with older people at present but could in the future. Will spot purchasing go to 'with profit organisations'? DCC knows DSV is a voluntary organisation so we shall have to wait have to see. Do branches have the ability and opportunities for self funding? This needs to be thought through and discussed by both the Board and Branches.

Highlights and focus on sustainability activities from the board

The Marketing group is currently looking at funding and publicity - they hope to apply for, and are already in receipt of a small grant to pay for professional help, other bids are looking at the website and newsletter.

A new Events Group is going to be set up, whose brief is to focus on where DSV works best, Ageing Well in Devon and this will be used by DSV to apply for funding with focus on rurality. the organisation is also In discussion with other organisations looking at possible partnerships and collaboration. AMC stated that there will be no mergers as this would mean loss of identity for DSV.

the Board has also considered the legal obligations to staff and have decided that there are manageable funds with the reserves to fund 2016/17.

The mandate for applying for charitable status is ongoing with the previous application submitted in June being rejected and a new submission will be worked on.

There is a need for support for the Board to be more effective, with, skills needed: web skills, treasurer, and fundraising and marketing.

Ken Crawford has received information on government funds will send in to the Board.

8. Fundraising

Jose Kimber presented on the 100 Club Scheme which is being launched today at the AGM and will go out to the membership in the next newsletter. JK explained that this was an alternative to charging membership fees. Members can purchase a single number at a cost of £1 a month for 12 months with a monthly prize draw refunding half the income and the other half going directly to fund DSV. Any member can purchase more than 1 number, each costing £1/month. There is no requirement for a licence as it is open to members only. There were concerns raised that it could encourage a gambling addiction. These fears were mitigated by the fact that it is voluntary and anyone could specify that they do not wish to participate in the draw. SL distributed forms for all to apply to. Ron Cuthbertson proposed to accept the scheme Eleanor Atfield seconded, All agreed apart from 4 votes against and 5 abstentions.

Ken Crawford presented the easy fundraising scheme, which is a simple way of raising funds for DSV, every time you search on-line a 1p goes to DSV, and every time you shop online a donation is made to the organisation. In just two months 17 people raised £28.38 and anyone can do it safely and securely. SL will re-send out the link again to all members.

9. Gary Patch and Tina Naldrett

Deputy Assistant Director Community Health and Social Care Services, NDHT

GP introduced in the powerpoint that the key drivers for health and social care changes in Devon over the next twenty years are demographic - that there will be a 23% increase in over 65's and an estimated 35% will continue to live in their own home by 2035. The challenge for H & S C Services in Devon are how to offer high quality safe and effective services which are dignified and compassionate in a climate of reducing finances. There will be huge developments in technology and research, which we are very good at and will result in better genetic profiling and therapeutic targeting; Proton Beam Therapy and novel treatments; High speed informatics and cooling technology; Stem cell based research; Prosthetics, Regeneration and bio-engineering development. These treatments are leading to improving survival rates from cancers, and will be based on our personal genetics, which are being uploaded to a data base, this will contribute to an increase in longevity and mobility.

As patients we have high expectations from our health services largely because we are far better informed and we have a right to a safe, compassionate, dignified care package and confidence in the skills and expertise of qualified staff. The consequences of the Francis report from mid Staffordshire has led the NHS to look into the causes of the failures right down to the tiniest of errors, what are the lessons learned and how to put into place reliable systems, effective practice and safe staffing. There has been a need for openness and honesty through investigative reporting, patient lead inspections, and partnerships for a fresh set of eyes. There are national recommendations on staffing levels, which provide advice and a skills mix.

Prevention is the new buzz word, fifteen years ago the health visitor looked at everyone in the community, a gap has been identified so there will be greater focus on children, and prevention needs to start at an early stage, identifying bad habits at a young age. The five year forward plan is about partners in care, the patient, doctor and nurses, a strong relationship developed over time will make any intensive care needs more personal and effective. The purchaser, provider and

commissioner of the four localities of Devon were clearly illustrated on maps - North; East; South and West Devon were clearly shown with the a couple of anomalies - Oakhampton's usage of RD&E, Chillington in the South Hams which will access nursing care and therapy from Plymouth and mid Devon combined within East Devon. The joint services of managers, nurses, therapists, and social services will work together as a cluster around GP practises.

Tina Naldrett went on to explain that there are nursing shortages - these were predictable as there were not enough training places and this could deteriorate again with the withdrawal of bursary-funded places. The government is talking of an increase of 23,000 places but 24,000 are needed. Hence in Devon there has been recruitment of overseas nurses. There is a transitional period where there are language difficulties and often many from overseas are keen to work in the big cities rather than in small rural towns and very few want to work in community hospitals. The last two to three years there has been a proactive approach to recruiting outside Devon and actively targeting the previous year graduates. Agency nursing is used as a last resort; NHS first tries to fill absences with their own bank staff first with only 2/3rds agency nurses. The statistics show that over 30% of casual staff becomes unsafe with bad handovers and loss of continuity.

Tina requested that members filled in their comments/questions on post-its and they would take them and analyse them.

10. Question and Answer session

JB: Project 2000 removed any non academic nursing this was surely a serious mistake and what is being done about it?

Tina agreed that only accepting graduate nurses was an error as they lack a more caring approach that is more evident from the development of the HCA's certificated assisted nursing with its local level of working and recruiting, if DSV could feed into this debate it would be very helpful.

TS: Why have you ceased to staff so many community hospital beds?

The standard is for one nurse to one bed with 12 nurses for 10 beds as within the rota days off have to be factored. There is a practice of moving the nursing around varying hospitals but it's a matter of robbing Peter to pay Paul staff as there are such low staffing levels available to draw from. There is always an increased need for beds during the winter months and the importance of staff needs to be safeguarded so NDHT are in between a rock and a hard place.

PC: Having read the memorandum of understanding and notice that the sum of money given by DCC to NDHT is based on the number of patients registered at each GP in the cluster area?

GP service redesigned from the traditional practise of one to two GP's the future is from four to twelve partners in order to cover a broad range of specialist care and greater safety. There is a question of balance between community hospitals, home care and personal care which is low Tech. The future is more high Tec with the larger partners practise and hospitals.

AMC thanked GP and TN for a very interesting presentation and requested whether they could return to another DSV Meeting in the future.

11. Any Other Business

There is no formal start date for the first draw of the 100 club but hope to get it up and running Feb/March 2016.

Francis Canning emphasised the importance of cohesion, the need for branches to come to the centre and the organisation to work together.

AMC thanked everyone for attending and closed the meeting at 3.00pm.

AGM 2015 Attendees

Ann Crawford	Director
Ann McClements	Chairman
Arthur Harman	Honiton
Brian Coleshill	Gt Torrington
Brian Willis	Tiverton
Carol McCormack-Hole	Director
Carol Towler	Crediton
Colin Hadley	Exeter
David Evans	Exmouth
David Rogers	Individual
Eleanor Attfield	Culm Valley
Elli Pang	Individual
Frances Canning	Director
Fred Vella	Teignmouth
Ian Kimber	Tiverton
Ilona Pragay	Exeter
James Bradley	Director
Janet Crocker	Exeter
Jim Corben	Teignmouth
John Edwards	Exmouth
John Taverner	Exeter
John Montgomery	Ivybridge
Jose Kimber	Director
Josephine Hammond	Exeter
June Brown	Honiton
Katie White	Central
Ken Crawford	Okehampton
Mariane Ridgewell	Exmouth
Margaret Coles	Director
Martin Taylor	Tavistock
Mary Cox	Exeter
Maureen Loman	
Mollie Jenkinson	Exmouth
Pam Healey	Crediton
Paul Gibbons	Exeter
Peter Coates	Kingsbridge
Peter Dunning	Exeter
Peter Spackman	Dawlish
Roger Trapani	Seaton
Ron Cuthbertson	Crediton
Sally Lougher	Executive Administrator
Tony Siddall	Exmouth
Tony Simpson	Honiton
Tung Pang	Exeter
Vic Bowsher	Honiton
Yvonne Wardrop	Exmouth

AGM 2015 Apologies

Carole Smyth
Derek Pedder
Maureen Houston
Noel Harrower
George Palin
L E Sherlock
M T Gilbert
Gill Snelling
John Bealey
Elaine Legg
Hugh Norman
Peter Lineham
Alan Rayner
C Temperton
Marjorie Bartley
Margaret Ellis
DM Brailsford
Pat Regardsoe
M Batten
Tony Langmead
Lucy Langmead
Mary Cusack
Ailsa Spackman
Jennifer Luxton
Allen Bowen
Marjorie Keogh
Bill Jordan
Jane Jordan
Liz Hitchins
Cllr Mike Allen
John Maycock
Carol Barkwell
Margaet Wollacott
Derek Wollacott
Evelyn Assey
Bob
Dave King
Toni Holne
Newton and Noss Parish Council
Gillie Newcombe
Chris Kirwin
John Vaughan
Graham Rogers
Pam Ryder
Tom Reardon

