



Kent LINK Community Engagement Event

Thursday, 25 February 2010

The Riverside Lounge, Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF

Kent LINK Priorities Panel Report

Introduction

The LINK's Priorities Panel is a group of LINK participants who have been selected to make decisions and recommendations on how the LINK should deal with issues brought to it by participants, the public and other organisations. The panel members are:

- Ram Appadoo
- Fretha Biggs
- David Dye
- Angela Evennett
- John Forrest
- Lyn Gallimore
- Ray Harris
- Robin Ridsdill-Smith
- Douglas Tutton
- Junetta Whorwell

The Priorities Panel is accountable to the LINK through its reports to quarterly LINK events and to the LINK's annual meeting. The Panel also has a duty to report to the Governors' Group in cases where:

- A project requires the use of LINK resources
- Where issues may have implications for the governance of the LINK
- A referral is required to an NHS or Social Care Service commissioner or service provider, to the Health Overview and Scrutiny Committee or other such referral on the LINK's behalf that may be required.

This report covers the period since the LINK's last quarterly event held on 10 November 2009 in Shepway.

Meetings and activities of the Panel

Since the last event, the Panel has met on three occasions and considered 15 issues:

1. **Restorative Justice in Prisons: funding mediation work**
Referred to the Kent LINK Governors' Group who made the decision that no further action would be taken because it was seen as a request for the LINK to grant-aid a project which was outside the remit of the LINK.
2. **Lack of community hospitals**
The Panel recommended that the Primary Care Trusts (PCTs) be approached and copy in Strategic Health Authority to find out what actions have been taken to apply for central funding under the scheme to develop more community hospitals.
3. **Differences in the way that people whose hearing aid fails are dealt with in East and West Kent**
Those in West Kent wait longer without a functional hearing aid than those in East Kent; invite original referrers to feed into West Kent review of audiology services and publicise opportunity to get involved in Kent LINK Bulletin.
4. **Unfair treatment of Kent Health Service Staff**
Through negative description in Health Watch article; this was not seen to be within the Priorities Panel's brief and decided not to take any action.
5. **Failure of NHS West Kent to allocate the funding it has been given to provide carers with short breaks**
NHS West Kent has been approached for clarification as to how this funding has been used.
6. **Clarification of eligibility for Continuing Care and concerns over neglect**
This matter was considered to be outside the remit of the LINK as it related to an individual complaint where further avenues had still yet to be explored.
7. **Access Audit of Trust premises to ensure Dartford and Gravesham NHS Trust continues to meet the Disability Discrimination Act (DDA)**
The Panel recommended publicising the opportunity to get involved to local LINK participants.
8. **Black and Minority Ethnic Groups (BME)**
It was recommended that further publicity of this issue be generated through a reminder of the importance of registering with a GP using LINK Bulletin, local authority publications and NHS publications and fed into BME networks on which the LINK has existing representation.
9. **Problems with Retinal Screening Service operating in Swale**
Reported to have inadequate waiting facilities for people with appointments and no disabled access – these concerns have been raised with NHS Eastern and Coastal Kent.

10. West Kent Enhanced Dementia Crisis (or Emergency Support Service)

Tender for New Service Provider; it was deemed not to be appropriate for LINK to get involved in the tender process.

11. Inadequate mental health provision to support rough sleepers and homeless people

The Panel recommended that this issue should be taken forward to the Kent LINK Governors to draw the problem to the attention of the commissioners of NHS and social care services for people suffering mental ill health.

12. Access to new GP practice at Estuary View, Whitstable

Meeting held with practice, LINK Bulletin item will be put together as further information is now available.

13. Shortcomings in the availability of health information for blind and partially sighted people

The Panel agreed to contact local PCTs in order to find out what alternative formats they provide their healthcare material in for blind and partially sighted people and whether they incorporate this consideration when producing impact assessments and to approach local groups for blind and partially sighted people to find out about availability of interpreters in healthcare setting.

14. Kent NHS Transforming Community Services proposal

Request for LINK to conduct public consultation – to take to Governors' Group to approve LINK representation at the various workshops / events and for LINK to promote the consultation and encourage LINK participants to get involved in the consultation.

15. Extending the existing project looking at User's Perspective of Day Centres in West Kent to cover East Kent

The Panel recommended that this proposal be taken forward as a LINK project subject to the Governors' Group finding suitable resources decision pending (as of 16 February 2010).

Conclusion

The Panel considers each issue by applying the LINK's decision making model – see attached explanation. For issues that are referred to the Governors' Group, such as those issues for consideration of being a LINK project, the panel passes their scoring to the Governors so that they may be aware of the relative priorities which the Panel has scored for that item. Further refinements of the elements of the decision making model and the relative weightings may be the subject of recommendations to the Annual Meeting of the LINK to consider and debate.



Note on Priorities Panel decision making model

It may assist the Group to be aware of the process which the Priorities Panel is required to use when considering an issue which has been brought to the LINK. This decision making framework is set out in the LINK's Governance Framework. This decision making model has also been the subject of consultation with LINK participants.

The following elements are considered when making decisions:

- a. Structured evidence – information that has some research base, can be verifiable and as far as possible is free from bias - **Weighting 3**
- b. Unstructured evidence – softer information, some of which may be anecdotal but may also be from a range of sources - **Weighting 2**
- c. Can the LINK make an impact in the time available - **Weighting 1**
- d. Is the issue being dealt with by somebody else - **Weighting 1**
- e. To what extent will the community be affected by the issue - **Weighting 2**
- f. Can the LINK make a difference to the current situation - **Weighting 1**
- g. What is the impact on inequalities in health and social care - **Weighting 2**

Each Panel member can award an initial score of nought to three against each of the above elements. For example, an issue that is presented to the LINK which has been well researched may attract an initial score of, say, 2 (the second highest possible) – the weighting for structured evidence is 3, so, $2 \times 3 = 6$. The only converse score is that which relates to whether the issue is being dealt with by somebody else. In this case a low score would indicate that some other organisation was already doing something on the issue. The maximum score for any one issue under the above system would be 36 points.

It has to be remembered that this is only a tool to assist with decision making and to assist in determining relative priorities between issues when resource are finite.

Graham Hills
Operational Director, the Kent LINK

February 2010