



Improvement and Scrutiny Review of Derbyshire Local Involvement Network (LINK)

Final Report

July 2011

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Final Report	Final report – typing and grammatical errors amended.
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Executive Summary

The Improvement and Scrutiny Committee – People has undertaken a review of the Derbyshire Local Involvement Network (LiNK). The purpose of this review was to have an overview of the work of Derbyshire LiNK to see what had worked well and what could be improved, in order to ensure that when the transition to local HealthWatch takes place in 2012, the public in Derbyshire will have an effective ‘champion’ of health and social care services.

The review has considered the views of the Derbyshire LiNK staff and its Steering Group, Stakeholder organisations, and the public in undertaking this review. Whilst there is some room for improvement in the work of Derbyshire LiNK, it has also undertaken a lot of good work that has benefitted a range of people across the County in the past three years, and continues to do so. It is therefore important that this good work continues as the LiNK transforms into local HealthWatch.

The recommendations of this review have been designed to address certain issues highlighted in the main report that are relevant to both Derbyshire LiNK and its Stakeholders. It has also made recommendations to Derbyshire County Council as it is the body that is responsible for developing the local HealthWatch for Derbyshire.

These recommendations are subject to any changes to the Health and Social Care Bill that is currently being considered by Parliament. The Improvement and Scrutiny Committee - People will be requiring responses to these recommendations from the relevant organisations.

These recommendations are:

Recommendation:	To be actioned by:
1 To ensure a communication plan is in place that addresses ‘poor visibility’ across the County (both geographically and with service users such as young carers). This plan should actively promote the LiNK during the current year and also include provision for promoting the transition to local HealthWatch.	Derbyshire LiNK
2 Continue to engage with hard to reach groups and increase the number of young people, particularly, young carers involved in the work of the LiNK.	
3 Make improvements to the recording of issues from individuals/groups to enable Stakeholders to take effective action and for any individual to follow up an issue.	
4 Community Development Workers to provide signposting service where relevant to health/social care services where instead of recording as an issue.	
5 Steering Group to ensure work programme is focussed on issues arising from members/LiNK issue database and Stakeholders. All programmes of work should be clearly defined with expected outcomes from work.	

Recommendation:		To be actioned by:
6	Stakeholder Group to secure representation from the emerging Clinical Commissioning Consortia in Derbyshire.	
7a	Ensure there are liaison officers within the organisation who can action LINK reported issues and provide feedback to Derbyshire LINK on outcome(s) of any related activity.	All Stakeholders
7b	This person will also be responsible for ensuring LINK staff (Community Development Workers) are kept up-to-date of any changes to services	
8a	Develop the transition of Derbyshire LINK to local HealthWatch in partnership with Derbyshire LINK, its Members and Stakeholder organisations.	Derbyshire County Council
8b	Development of the local HealthWatch should take account of the public's response to survey questions on methods of contact reported in this review.	
8c	Ensure that recommendations 1 through to 6 are incorporated into the local HealthWatch service for Derbyshire.	

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1. Introduction

1.1 Why undertake this review?

- 1.1.1 On 12 July 2010 the Government published a White Paper, 'Equity and Excellence: Liberating the NHS', which set out a long-term vision for the future of the NHS. Within this paper was a proposal to introduce 'local HealthWatch' organisations that would become consumer champions for health and social care services in a local authority area, where the local authority is responsible for providing social care services.
- 1.1.2 The 'local HealthWatch' will be an 'evolution' of the existing Local Involvement Networks previously introduced in April 2008. The former Adult Health and Care Improvement and Scrutiny Committee was, therefore, keen to look at the work of the Derbyshire Local Involvement Network. It wished to identify any areas of good practice or for improvement that could be taken forward during the development of the local HealthWatch for Derbyshire and try to ensure a smooth transition between the two services.
- 1.1.3 The former Adult Health and Care Improvement and Scrutiny Committee approved to undertake a review of the Derbyshire Local Involvement Network at its meeting on 18 November 2010. A scoping report was presented at the 13 January 2011 Committee Meeting stating that the review would look at:
- how the Local Involvement Network has undertaken its duties;
 - what support the Local Involvement Network has received from Stakeholder organisations in fulfilling its duties;
 - what the benefits have been for the public and patients in Derbyshire that have used the Local Involvement Network.

1.2 What are Local Involvement Networks?

- 1.2.1 Local Involvement Networks (LiNs) were established as part of the Local Government and Public Involvement in Health Act 2007. They replaced Public and Patient Involvement (PPI) Forums that had been in place since 2003. These forums had previously replaced Community Health Councils which had been in place across England since 1974.
- 1.2.2 The introduction of LiNs was influenced by the 2006 Health White Paper 'Our Health, Our Care, Our Say' which called for local communities to have more involvement in the planning and delivery of health and social care services. A report by the Department of Health in July 2006, 'A Stronger Local Voice', put forward ideas on how this should be done and called for the creation of Local Involvement Networks.

- 1.2.3 The purpose of a LINK, therefore, is for it to be a network of local people and groups that come together to ensure their local community is involved in monitoring the provision, and designing (commissioning) of local health and social care services. Members of the public with an interest in health and social care services can opt to join a LINK as a 'member'.
- 1.2.3 The Department for Health provided £84million to Local Authorities nationally, and almost £945,000 locally, to fund LINKs for three years, through their Area Based Grants, from April 2008 through to March 2011. Local Authorities were responsible for contracting a 'Host' organisation to set up and provide support to the LINK. The role of the Host organisation is highlighted below.

The job of a Local Involvement Network Host

- Help the LINK to set up by:
 - telling the community that a LINK is being started;
 - holding meetings so people can come and hear about what the LINK will do; and
 - encouraging local groups, organisations and individuals to get involved, especially those who are not always heard.
- Work with local people and groups to set up how the LINK will work locally and how it will decide what to do. This will include the rules about:
 - how decisions are made;
 - how people can get involved;
 - what happens if people do not agree about things; and
 - how people can have a say as a group or as an individual person.
- Hold the money for the LINK and be responsible for keeping records of how money is spent.
- Regularly letting local people know what the LINK is doing and asking them for their views.
- Keep good records of what the LINK does and who is involved.
- Provide advice and support to the LINK.
- Make regular reports to the Local Authority about how it is supporting the LINK. Help the LINK to write a report every year about what they have done and how the money has been spent.
- Work with other strategic organisations and partnerships locally.

Source: Department of Health: 'Local Involvement Networks Explained', November 2007

- 1.2.4 Whilst the Host organisation is responsible for supporting the work of a LINK, deciding what and how work will be undertaken is the responsibility of a LINK Steering Group. The Steering Group is the LINKs equivalent to a Board of Directors, i.e. it is responsible for overseeing the work of the LINK and ensuring it undertakes its required duties.

- 1.2.5 Despite the requirements to have a LINK, a Host, and a LINK Steering Group there is no legal framework of how a LINK should operate. It is a network of local individuals and community groups and should operate in a way that reflects their needs and those of the health and social care organisations they work with.

1.3 What is the role of a Local Involvement Network?

- 1.3.1 The activities that a LINK is expected to undertake, and for Local Authorities to ensure is undertaken through its contractual arrangements, is outlined below.

Contractual arrangements for LINKs

Local Authorities with social services responsibilities must make contractual arrangements for the activities specified below to be carried on in their area from 1 April 2008:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services (health care and social care).
- Enabling people to monitor and review the commissioning and provision of local care services relating to:
 - the standard of provision;
 - whether and how local care services could be improved; and
 - whether and how local care services ought to be improved.
- Obtaining the views of people about their needs for and their experiences of local care services.
- Making such views known and making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local care services.

The body that will carry out these activities is defined as a 'Local Involvement Network' (LINK). The contractual arrangements made by the Authority are a way of providing independence for the LINK from the council by contracting a Host to set up and support the LINK.

Source: NHS Centre for Involvement Guide No.1: 'Summary Local Government and Public Involvement in Health Act 2007', February 2008.

- 1.3.2 In addition to these contractual arrangements LINKs have the power to 'enter and view' premises where health and social care services are delivered. This process is undertaken by trained 'Authorised' Representatives working on behalf of the LINK.

- 1.3.3 LINKs also have the ability to make referrals to the Overview and Scrutiny Committee in their locality that has responsibility for health scrutiny. In Derbyshire this refers to the Improvement and Scrutiny Committee – People. Such referrals are seen as a ‘last resort’ where a LINK is unable to resolve an issue at a local level. The relationship between a Scrutiny Committee and a LINK is highlighted below.

Overview and Scrutiny Committees (health and/or social care)	Local Involvement Networks
<i>Community leadership role</i>	<i>Local people and groups</i>
<ul style="list-style-type: none"> ▪ elected members ▪ health and/or social care ▪ no powers to ‘enter and view’ ▪ scrutinise health and social care impact of Local Authority services for example education and transport ▪ broad overview of local health and social care issues then scrutinise priority areas ▪ right to require information and attendance from cabinet members, senior council officers and NHS staff, ▪ define substantial developments and variations of health services ▪ refer proposals for health service changes to Secretary of State in specific circumstances ▪ make recommendations and require a response from NHS bodies and Council Executive 	<ul style="list-style-type: none"> ▪ ask local people what they think about health and social care and provide a chance to suggest ideas to help improve services ▪ investigate issues of concern to the community ▪ use powers to hold providers and commissioners to account and get results ▪ ask for information and get an answer in a specified amount of time ▪ authorise representatives to be able to ‘enter and view’ premises to see if services are working well ▪ make reports and recommendations and receive a response ▪ refer issues relevant to Overview and Scrutiny Committees
<i>Common function and rights</i>	
<ul style="list-style-type: none"> ▪ act as ‘critical friend’ ▪ provided with information by health and social care organisations ▪ health and social care organisations required to respond to recommendations made 	
<p>Source: NHS Centre for Involvement Guide No.17: ‘Local Involvement Networks and Overview and Scrutiny Committees working together’, April 2009.</p>	

- 1.3.4 LINKs, or their Host, are required to publish an annual report on their activity. This report must be made publicly available and distributed among the following organisations:
- Local Authorities;
 - Primary Care Trusts and Strategic Health Authorities; and
 - Overview and Scrutiny Committees
- The report should also be sent to the Secretary of State for Health and anyone that the Secretary of State prescribes it be sent to.
- 1.3.5 The LINK annual reports have some prescribed content which should cover:
- the amount of money spent by the Host organisation in respect of LINK activity and what the amounts were spent on;
 - details of amounts spent on 'non-networked' activity; and
 - anything else the Secretary of State for Health directs.
- The publication of the annual report is seen as one method in which the LINK can demonstrate its accountability to the public.

1.4 The Derbyshire LINK

Background

- 1.4.1 LINKs cover, geographically, the same area as a local authority that has social care service responsibilities. Therefore in Derbyshire there are two LINKs, one for the administrative County and one for Derby City. This review was concerned with the LINK for Derbyshire County only.
- 1.4.2 Development of a Derbyshire LINK was led by the County Council during the Autumn of 2007. An 'Awareness Event' was held in November 2007 to seek the views of partner organisations and voluntary groups on what a LINK should look like for Derbyshire. This included representation from:
- Local NHS organisations;
 - Patient and Public Involvement Forums;
 - District and Borough Councils; and
 - Voluntary Sector Organisations.
- 1.4.3 Following this event the Council created a Transitional Group to oversee the contract approval process. This group developed, and tendered, the contract for a LINK Host. A joint contract was subsequently awarded to North Derbyshire Voluntary Action (NDVA) and Amber Valley Centre for Voluntary Services (CVS) in March 2008.
- 1.4.4 A further workshop was held in March 2008 to introduce the Host organisation to partner organisations and continue the development of what a LINK for Derbyshire should be like; how it should work; and what issues it should look at. The Derbyshire LINK began operation on 1 April 2008.

Funding

- 1.4.5 Derbyshire County Council received £315,000 per annum from the Department of Health, through the Area Based Grant, to fund the Derbyshire LINK between 2008/09 and 2010/11. The amount passed on by the authority to the LINK is detailed in Table 1 below. Derbyshire County Council retained a small percentage of the funding as part of the contract handling and monitoring process.

Table 1: Allocation of funding for Derbyshire LINK 2008-2011

	2008/09	2009/10	2010/11
Grant given to DCC	£315,000	£315,00	£315,000
Funding passed to Derbyshire LINK	£297,000	£299,000	£299,00

- 1.4.6 With LINKs continuing, for a further year beyond their original funding allocation to enable the transition to local HealthWatch, the Council has been required to fund LINK activity for 2011/12. It is continuing to fund the LINK for the current Hosts for a further year. It is expected that, during 2011/12, the Council will work with the LINK in developing local HealthWatch, as per guidance from the Department of Health in their 'HealthWatch Transition Plan' document.

Membership

- 1.4.7 One method of ensuring local people and groups are involved, in influencing health and social care in their community, is by joining their local LINK as a Member. In Derbyshire there are now 1,032 individuals and 240 groups registered as Members. This gives the LINK a potential reach of 46,999 people across the County, equivalent to 6% of the County's population. Table 2 below shows membership of the LINK at the end of each financial year (March) since it started in 2008.

Table 2: Membership of Derbyshire LINK

	2008/09	2009/10	2010/11
Individuals	210	406	1,032
Groups	-	156	240
Overall potential reach	-	14,176	46,999

- 1.4.8 The membership of Derbyshire LINK has grown year on year both in respect of individuals and voluntary and community groups. What is not clear, however, is how many people/groups have retained their membership year on year and how many are new members.
- 1.4.9 The membership, whilst important, is of no use if people do not provide the LINK with information or are engaged with its work. Derbyshire LINK, therefore, asks its members, when registering, if they would like to be involved in its work – these are known as active participants and include:
- Steering Group representatives (20);
 - Authorised 'enter and view' representatives (14)

- LINK Champions (8);
- Researchers (3);
- Local Helpers (7);
- Members available to comment on consultations or questionnaires (586); and
- Occasional participants (1,272).

1.5 The review process

- 1.5.1 An initial review working group meeting was held on 13 December 2010 with Lynn Allison, Chief Executive of Amber Valley CVS (Co-Host organisation for the LINK) and contract officers for the LINK from the Council's Adult Care Department (Colin Selbie and Dan Zamoyski). At this meeting it was noted that a contract review was being undertaken at the same time as the scrutiny review. The working group members felt that both reviews should link, where possible, in the gathering and sharing of information.
- 1.5.2 The working group wanted to find out what the views of the public were, not only in relation to Derbyshire LINK, but on the wider issue of contacting health and social care services. The purpose being to help inform the review of what issues people currently experience so they can be addressed during the development of a local HealthWatch. The review group also asked for the work of Derbyshire LINK to be compared to that of other LINKs, where appropriate to do so.
- 1.5.4 A process for undertaking work and sharing information was subsequently agreed. This included a series of meetings by the Improvement and Scrutiny Officer with representatives from the LINKs' Stakeholder organisations, staff members, and Steering Group chair. The Stakeholder organisations involved were:
- Burton Hospitals NHS Foundation Trust
 - Chesterfield Royal Hospital NHS Foundation Trust
 - Derbyshire Community Health Service NHS Trust
 - Derbyshire County Council Adult Care Department
 - Derbyshire County Council Children and Younger Adults Department
 - Derbyshire Healthcare NHS Foundation Trust¹
 - Derby Hospitals NHS Foundation Trust
 - Derbyshire LINK Staff
 - Derbyshire LINK Steering Group Chair
 - East Midlands Ambulance Service NHS Trust
 - NHS Derbyshire County
 - NHS Tameside and Glossop

¹ As of 1 February 2011, previously known as Derbyshire Mental Health Service.

- 1.5.5 An online survey was created to capture the public's views of contacting health and social care services, including Derbyshire LINK. This survey was active from 28 January through to 18 March 2011 and made accessible via the Council's consultation web page. A link to the survey was also sent out to Stakeholders and the Derbyshire LINK to share with their respective public/patient groups and LINK members. A shorter survey was also included on the Council's February edition of its Citizens' Panel.
- 1.5.6 The following section details the feedback from Stakeholders, the results of the surveys, and comparison information from other LINKs.

2. What did we find?

2.1 Stakeholders

“A LINK will be a network of local people, organisations and groups that want to make care services better”

Source: Local Involvement Networks Explained p 1, Department of Health, London 2007.

- 2.1.1 The overwhelming view of Stakeholders was that the Derbyshire LINK is a network of local people, organisations and groups. The membership of the LINK has grown considerably over its three years and now has a potential reach of 46,999 people, compared to just 210 after its first year of operation. It is also known by all of the main public sector commissioners and providers of health and social care in and around the County (see also list of Stakeholders at 1.5.4).
- 2.1.2 Stakeholders viewed Derbyshire LINK as a very useful network for the sharing of information – particularly those organisations that are not based in the County or work cross-border. The local knowledge that Derbyshire LINK has access to has been described as “invaluable” to these organisations
- 2.1.3 The Stakeholder Group, which meets bi-monthly, has proven useful for organisations to learn about the ongoing work of both Derbyshire LINK and other Stakeholders. All Stakeholders were keen to see the group continue during the development of local HealthWatch, and be focused on the sharing of information and joining up of work where possible.
- 2.1.4 The notion of what a LINK is has been difficult for organisations to grasp. As Derbyshire LINK is not an organisation it has, therefore, been hard for the LINK staff to engage with the public by explaining the concept of a network.

“LINKs will encourage and support local people to get involved in how local care services are planned and run. They will listen to local people about their need and about their experiences of services.”

Source: Department of Health 2007.

- 2.1.5 Stakeholders were very positive about the work being undertaken by Derbyshire LINK to engage with local people, communities and groups. Stakeholders stated that the role Derbyshire LINK has in being able to engage with a variety of communities across the County, which have not always been accessed by the Stakeholders themselves, was both useful and important.

- 2.1.6 The role of Derbyshire LINKs' Community Development Workers was regarded as being critical to its current and ongoing success. Through active engagement, across a range of communities of interest, they have developed a level of trust with people and demonstrated that changes can be made to services, regardless of size. Derbyshire LINK has demonstrated that they, and local people, can influence health and social care services.
- 2.1.7 Although LINKs were not set up to look at children's services some Stakeholders felt that more could be done to engage with younger people for their views on health and social care. One particular group that is considered to be under-represented is young carers.
- 2.1.8 Stakeholders were appreciative of the engagement work that the Derbyshire LINK staff did in its first two years. The 'scatter-gun' approach to attending and hosting various events and meetings around the County meant that Stakeholders and individuals got to learn of the Derbyshire LINK early on. However, it also meant that whilst some groups were introduced to Derbyshire LINK at an early stage there was not always follow-up engagement in some areas of the County.
- 2.1.9 It was noted, by the discussions with Stakeholders, that the public's knowledge of Derbyshire LINK varied across the County and is largely dependent on the continued level of engagement with individuals and groups (whether they are members of Derbyshire LINK or not). Stakeholders felt that a continued 'active presence' meant more people were likely to be aware of Derbyshire LINK and make use of it.

"LINKs will look at all health and social care services in an area that are funded by taxpayers... LINKs will feedback this information to the people responsible for commissioning, providing, managing and checking up on health and social care services"

Source: Department of Health 2007.

- 2.1.10 Stakeholders stated that Derbyshire LINK provided members of the public with an independent route to raise issues about the health and social care services they provided. All Stakeholders receive reports from Derbyshire LINK on a periodic basis outlining issues that had been collected in relation to their services. All Stakeholders felt this was useful information and was routinely fed into complaints or advice service sections of an organisation.
- 2.1.11 The level, to which reporting is undertaken within Stakeholder organisations was not always clear, i.e. does the work of the LINK remain within a complaints and/or advice system or is it integrated into areas such as clinical governance and patient and public involvement that are reported upwards to Board Directors and downwards to frontline staff.

- 2.1.12 There were also issues raised about the quality of the information being supplied to Stakeholders. Some of the information received from Derbyshire LINK, whilst useful, could not always be acted upon due to a lack of detail about the issue, which has made it difficult for Stakeholders to get in touch with people to inform them of an outcome.
- 2.1.13 Stakeholders also stated that the number of issues they received could be reduced if Derbyshire LINK staff could signpost people to a relevant service, or knew more about a specific service to impart on to people. This would be preferable to the recording of an individuals issue and passing it on to a Stakeholder. Whilst this is a valid concern there is clearly a role for the Stakeholders in ensuring that Derbyshire LINK staff are kept aware of the range of services they provide and are kept informed of any changes.

"LINKs around the country will have the same powers and responsibilities, but each LINK will be set up in a way that works best for its local community".

Source: Department of Health 2007.

- 2.1.14 Stakeholders stated that whilst they felt Derbyshire LINK was working well across the County, there were some areas where more development was needed e.g. more coverage needed in parts of southern Derbyshire; more involvement with younger people; and greater awareness of service amongst primary care services such as GPs and Dentists.
- 2.1.15 The publicity and 'branding' of the Derbyshire LINK was done at a local level due to delays in the publication of the national branding by the Department of Health. Stakeholders felt it was good that Derbyshire LINK established its own brand and identity early on. Stakeholders were also complimentary about the information sent out to its members through its quarterly 'Monitor' publication and the more recent development of its website and Facebook presence.
- 2.1.16 Stakeholders reported that there was an initial 'climate of fear' amongst some health and social care services that saw the Derbyshire LINK as 'treading on their toes' for services they already provided or were duplicating the role of existing groups. However, these fears were said to have subsided when more information came out from the LINK about its role. It should be noted though, that some Stakeholders that had the initial 'fear' were involved in the LINK development workshops held in November 2007 and March 2008.
- 2.1.17 Some Stakeholders expressed concern at the level of involvement the Host organisations had over Derbyshire LINK and its Steering Group. However, when questioned further on this matter it appeared that some Stakeholders did not have a clear understanding of the role of the Host organisation. This could be down to a lack of awareness raising by Derbyshire LINK, or the lack of awareness raising of LINKs within Stakeholder organisations. Certainly

any publicity has not been effective in conveying the message. Conversely some Stakeholders felt the Host organisations had played an effective role in establishing the Derbyshire LINK and helping it 'find its feet'.

- 2.2.18 The role of the Steering Group was also brought into question by some Stakeholders with a view that it needed to be both more focused and assertive in deciding what its vision is, and how that translates into its work programme. Concerns were raised that it was being led by the personal interests of the individuals on the group and not reflecting the views of the public. This may have been an issue when the Steering Group was starting, as there would not have been too many public views being collected to identify issues. However, over the past two years the work of the LINK has increasingly been led by the views it collects and this has been demonstrated through its recent work, e.g. GP Access, discharge from Hospital to Care Home, and concerns of users at a mental health service in Chesterfield, to name but a few.

2.2 The Public

- 2.2.1 As part of the review process the review sought to get the views from the public of Derbyshire on whether they had used Derbyshire LINK or not, and what other health and social care services they had contacted. As mentioned in section 1.5, the review produced two surveys to gather views, one online, and another as part of the February Citizens' Panel.
- 2.2.2 The online survey attracted only 74 responses, whereas the February Citizens' Panel survey received 4,412 responses, though a number of questions relating to the review were not answered. Whilst the response rate to the online survey was disappointing, the responses that were received have provided some useful information.
- 2.2.3 Results from the Citizens' Panel showed that only 273 people had contacted a health or social care service to make a complaint, with 382 making a compliment. The majority of respondents had made no contact. It was a similar picture with the online survey where the majority of respondents had not made any contact with a NHS or Social Care service. Of those that had made contact the main reason for doing so was to make a compliment.
- 2.2.4 Citizens' Panel respondents that made a complaint or compliment did so, mainly, to their GP, Chesterfield Royal Hospital NHS Foundation Trust, Derbyshire County Council, and Derby Hospitals NHS Foundation Trust. Only five people stated they had made contact with Derbyshire LINK.

- 2.2.5 The manner in which Citizen's Panel respondent's contacted services was predominantly in person, 265 people, with 214 and 181 people preferring to contact services, via telephone or in writing respectively. Satisfaction levels among Citizens' Panel respondents were high with 245 people stating they were very satisfied with the process they went through compared to 55 people who were very dissatisfied.
- 2.2.6 The Citizens' Panel results provided useful information in so far as Derbyshire LINK has not been seen as the organisation to contact with regards to specific complaints/compliments relating to health or social care. Respondents appeared to want to contact the service provider directly.
- 2.2.7 The results of the 'Contacting Health and Social Care' online survey showed that 28 respondents knew about Derbyshire LINK, and 17 had known about it for two or more years. Respondents also stated that they had found out about Derbyshire LINK through their presence at a meeting or event, through an organisation they already belong to, or through previous involvement with the PPI Forums.
- 2.2.8 There were 17 respondents who had some form of contact with the Derbyshire LINK, of which 11 had regular interaction. In respect of satisfaction of the service, the majority of respondents were neither satisfied nor dissatisfied with the service they received, followed by those who were either fairly or very satisfied. There were only three respondents who were not satisfied with the service they received. Comments received through both surveys suggested Derbyshire LINK was viewed positively by those that had used it and with scepticism by those that had not.
- 2.2.9 Overall, the two surveys have provided the review with some useful information to consider with regards to the effectiveness of Derbyshire LINK. The surveys have also given an indication as to the way in which people wish to raise issues, good or bad, with health and social care service providers, all of which should be taken into consideration by the County Council and Derbyshire LINK when developing the local HealthWatch.

2.3 Comparison

- 2.3.1 To assist the review in looking at what areas the Derbyshire LiNk has been doing well in, or could improve upon, it has, where possible, compared it to other LiNks in the region and nationally. However, due to the nature of LiNks it should be noted that all LiNks operate in different ways and the reporting of information between LiNks is variable.

Table 3: East Midlands LiNk Membership (combined individual and groups)

	2008/09	2009/10
Derbyshire	210	562
Derby City	58	130
Lincolnshire	161	348
Leicestershire	58	768
Leicester City	145	497
Northamptonshire	n/a	400
Nottinghamshire	81	597
Nottingham City	130	192
East Midlands	n/a	437
England	163	489
England County Average	n/a	586

- 2.3.2 Derbyshire LiNk's membership in 2008/09, the first year of operation, was the highest across the region and higher than the national average. For 2009/10 the Derbyshire LiNk, again, had a higher than average membership when compared with the East Midlands and England. However, it had a marginally lower than average membership when compared with other 'shire counties'. As results are not currently available for 2010/11 it is not possible to comment on how Derbyshire LiNks combined membership of 1,272 compares.
- 2.3.3 In September 2010, the Department of Health published an annual report of LiNk activity during 2009/10. This report contained further comparative information on the activity of LiNks. See also, Table 4 below.

Table 4: Comparison of LINK activity during 2009/10

	Derbyshire LINK	National Average
Active Members	25	65
Number of people engaged in LINK activity	14,176	1,387
Requests for information	n/a	25
Enter and View Visits	34	2
Reports and Recommendations	6	8
Referrals to Scrutiny Committee	0	1
Reports/Recommendations leading to service review	4	3
Scrutiny referrals leading to service change	0	3

- 2.3.4 As the above table shows, during 2009/10 the Derbyshire LINK engaged with a higher number of people than LINKs nationally. It also undertook a higher number of enter and view visits. This included 33 'Enter and View' visits to care homes as part of a programme of work. The number of reports and recommendations made by Derbyshire LINK was lower than the national figure but more of these reports led to service reviews.
- 2.3.5 There were no referrals to the Scrutiny Committee during 2009/10 (and none in the previous year or subsequently) compared with an average of 1 nationally. This may suggest that the LINK has been able to raise and resolve any issues with the relevant organisations effectively and without the need for assistance. The views of Stakeholders in section 2.1 would also suggest this is the case.
- 2.3.6 The review has looked at past annual reports from LINKs in the region in order to gain an insight into the nature of the work that they have undertaken. From these reports it is clear that all LINKs in the East Midlands, including Derbyshire, have been actively involved with community groups and health and social care organisations in a bid to improve access to, and quality of, services. There has been a lot of work by LINKs to work with 'seldom heard groups', i.e. minority groups ranging from young people to travellers and gypsies, Derbyshire LINK is no different in this regard, it recruited a Community Development Worker to specifically work with seldom heard groups during 2009/10.
- 2.3.7 The nature of work undertaken by Derbyshire LINK is similar to that of other LINKs regionally and nationally. Derbyshire LINK has worked on a variety of projects from very local issues, such as access and privacy issues in a GP surgery, to inappropriate discharge of patients from hospitals into the community. The latter project was viewed a good piece of work and has also been replicated by Derby City LINK. From the information considered by the review it is not unreasonable to suggest that Derbyshire LINK is working as well as, if not better, than its regional counterparts.

2.4 Moving towards local HealthWatch

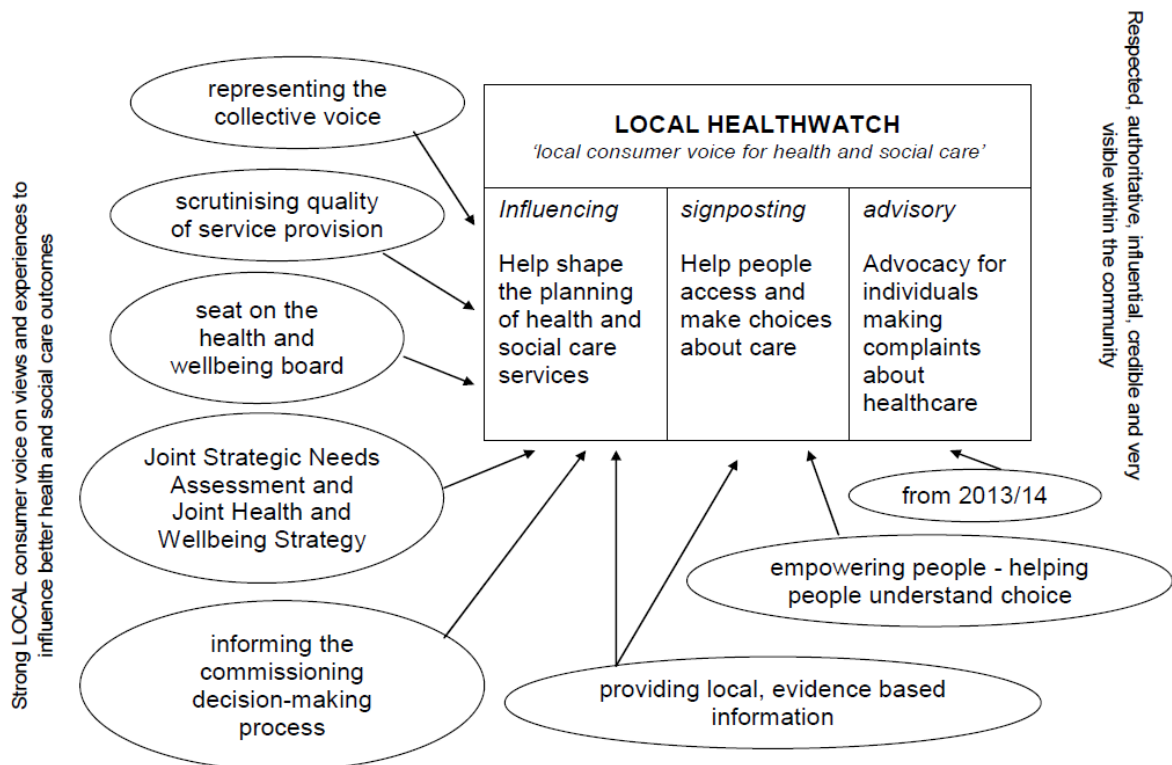
- 2.4.1 In March 2011, the Department for Health published a HealthWatch Transition Plan. The document was aimed at initiating discussions between Local Authorities and their LINKs for establishing local HealthWatch.
- 2.4.2 The transition document states that Local Authorities will be under a duty to ensure there is a local HealthWatch in their area and that the local LINK, host organisation and local communities should be involved in this development. At the time this review was undertaken there was no clear indication of how Derbyshire County Council was going to approach the development of local HealthWatch.
- 2.4.3 The transition plan also recognises the need to ensure continuity between LINKs and local HealthWatch. One of the criticisms by Stakeholders about the development of LINKs was that they did not evolve from PPI Forums; rather they replaced them. The transition document is clear that this should not be the case this time round.
- 2.4.4 The transition document also looks at what an existing effective LINK should look like, so that Local Authorities know what to take forward. The work undertaken by this review would suggest that Derbyshire LINK is an effective LINK, but is mindful that it took one year for it to be established before it could undertake such effective work.

“LINKs should have a wide range of participants and involve both individuals and organisation in a way that is inclusive, diverse, and representative of the local area. LINKs should use a range of different formats and methods of communication and involvement, and actively engage people who need help to participate.”

Source: Department for Health, 2011

- 2.4.5 Since the review was undertaken the Government has been required to publish updated plans on the health reforms proposed in the initial Health and Social Care Bill. Their response reaffirms the importance of local HealthWatch as being the ‘consumer champion’ for health and social care, as well as stating that the revised Health and Social Care Bill will be more explicit in stating that local HealthWatch will be required to have a membership that is representative of different users, including carers.
- 2.4.6 The Government have also reaffirmed that local HealthWatch will need to provide the new Health and Wellbeing Boards with intelligence from the patient and public perspective, in regards to health and social care services, to aid in the assessment of needs across a locality and to develop health and wellbeing strategies. This may require changes to the way in which Derbyshire LINK currently records, analyses, and shares its information.

Figure 1: Local HealthWatch – continuing LINK functions and acquiring new functions



Source: Department of Health, March 2011.

- 2.4.7 The above diagram highlights that HealthWatch will continue to provide the existing LINK functions of providing intelligence, including evidence from people's views and experiences, to influence the policy, planning, commissioning and delivery of health and social care. There will also be some new functions for it to undertake including the provision of information and advice (signposting) to help people access and make choices about services. From April 2013 local HealthWatch will also provide an independent NHS complaints advocacy role which will replace the existing ICAS service.
- 2.4.8 At the time of completing this review there had been no dialogue between Derbyshire County Council and Derbyshire LINK, or its Host organisations on the development of a local HealthWatch for the County. However, the County Council had become an early implementer site for Health and Wellbeing Boards. Such dialogue should, therefore, be taking place sooner, rather than later.

3. Conclusions and Recommendations

- 3.1 The scope of this review was concerned with:
- how Derbyshire Local Involvement Network has undertaken its duties;
 - what support it has received from Stakeholder organisations in fulfilling its duties;
 - what the benefits have been for the public and patients in Derbyshire that have used the Local Involvement Network.
- It also wanted to look at good areas to be taken forwards part of the transition from LINK to local HealthWatch.
- 3.2 In respect of the first point, the review is satisfied that Derbyshire LINK has performed well in undertaking its required duties. It was one of the few LINKs nationally that was able to publish an Annual Report on time in its first year of operation. It has been active in promoting itself in various ways and seen a year on year increase in registered members and groups.
- 3.3 Stakeholders have provided a good level of support to Derbyshire LINK over the past three years, to ensure it has been able to operate effectively. It has built up close working relationships with the main health and social care commissioning and provider organisations. Although it would appear that some organisations could improve upon the feedback they provide to Derbyshire LINK from issues passed on to them, and to ensure that the LINK is kept up to date on services and any developments.
- 3.4 The views of Stakeholders and the public suggest that Derbyshire LINK has provided good qualitative information to help improve services at the point of access. Through more recent focussed work Derbyshire LINK has been able to highlight more strategic improvements to some providers. Derbyshire LINK has also been useful for making sure the views of 'seldom heard' groups are listened to and acted upon. Both these areas must continue when moving into the local HealthWatch model.
- 3.5 There are some areas where improvements could be made to ensure that Derbyshire LINK remains effective and should be continued by the local HealthWatch to ensure everyone in the County is able to raise issues or be involved further with the planning and delivery of health and social care services in their community.
- 3.6 This review has made a number of recommendations directed to Derbyshire LINK, its Stakeholders, and Derbyshire County Council. In doing so the review is mindful that further changes are required to be made, by the Government, to the draft Health and Social Care Bill which may impact on these recommendations. The Committee will request a response to these recommendations from the relevant organisations and monitor the progress of their implementation, or any alternatives that are proposed.

Recommendation:		To be actioned by:
1	To ensure a communication plan is in place that addresses 'poor visibility' across the County (both geographically and with service users such as young carers). This plan should actively promote the LINK during the current year and also include provision for promoting the transition to local HealthWatch.	Derbyshire LINK
2	Continue to engage with hard to reach groups and increase the number of young people, particularly, young carers involved in the work of the LINK.	
3	Make improvements to the recording of issues from individuals/groups to enable Stakeholders to take effective action and for any individual to follow up an issue.	
4	Community Development Workers to provide signposting service where relevant to health/social care services where instead of recording as an issue.	
5	Steering Group to ensure work programme is focussed on issues arising from members/LINK issue database and Stakeholders. All programmes of work should be clearly defined with expected outcomes from work.	
6	Stakeholder Group to secure representation from the emerging Clinical Commissioning Consortia in Derbyshire.	
7a	Ensure there are liaison officers within the organisation who can action LINK reported issues and provide feedback to Derbyshire LINK on outcome(s) of any related activity.	All Stakeholders
7b	This person will also be responsible for ensuring LINK staff (Community Development Workers) are kept up-to-date of any changes to services	
8a	Develop the transition of Derbyshire LINK to local HealthWatch in partnership with Derbyshire LINK, its Members and Stakeholder organisations.	Derbyshire County Council
8b	Development of the local HealthWatch should take account of the public's response to survey questions on methods of contact reported in this review.	
8c	Ensure that recommendations 1 through to 6 are incorporated into the local HealthWatch service for Derbyshire.	

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- Derbyshire Healthcare NHS Foundation Trust
- Derby Hospitals NHS Foundation Trust
- Derbyshire LINK Staff
- Derbyshire LINK Steering Group Chair
- East Midlands Ambulance Service NHS Trust
- NHS Derbyshire County
- NHS Tameside and Glossop

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The review has also looked at the publicly available copies of the LINK Annual reports for 2008/09 and 2009/10 for Derby City, Derbyshire County, Leicestershire (2209/10 only), Lincolnshire, Northamptonshire (2009/10 only), Nottingham City, and Nottinghamshire.

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