# Annual Report Year Ending 31<sup>st</sup> March, 2012

## Derbyshire Local Involvement Network (LINk)

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# 1.0 Introduction from David Briggs - Chair of Derbyshire LINk



In this fourth year of Derbyshire LINk, Steering Group members have been active in prioritising views from members of the public and have sent to commissioners and providers a number of reports and recommendations with many positive results. Public awareness of LINk has increased as seen from responses to questionnaires, hits on our website and the increase in number of LINk newsletters which we distribute to keep the public updated with our activities and progress.

The Steering Group membership has continued to change as members have left and been replaced, however, we have found that each individual has contributed to our conversations and given a valuable perspective to the LINk work plan.

We have also seen an increase in the number of active and involved LINk volunteers by being open to change in the tasks where we encourage volunteer involvement.

Focus groups have played a good part in drawing in experience from members of the public and seldom heard community members about specific services as well as gaining more general comments at events that LINk members and others attend. The outcomes of the excellent work of the LINk Sub-Groups and Community Involvement Worker activity are well documented in this Annual Report.

We have considered with the staff team and hosts the future for LINk as we move towards arrangements for HealthWatch and are pleased that we can show our current activity has the basis for a strong foundation for this change.

We are fortunate to have good working relationships with many service providers in health, and increasingly in social care, so that improvements in Derbyshire which are our reason for involvement with LINk are taking place and we thank the staff and hosts for their work in assisting us with this.

David Briggs CHAIR of DERBYSHIRE LINK STEERING GROUP

## 2.0 Who We Are

### 2.1 LINk Staff

Tammi Wright Team Leader Sharon Buels Administrator

Jasbir Dosanjh Community Involvement Worker

Helen Hart Community Involvement Worker (commenced September 2011)

Amy King Community Involvement Worker

Lee Mellor Communications Lead (commenced August 2011)

Tanya Nolan Community Involvement Worker

Jacqui Willis Community Involvement Worker (commenced July 2010)

## Supporting LINk Staff

Elaine Broadhurst Assistant Development Worker/ Volunteering.

Jo Glossop Development Worker/Training.

## 2.2 Steering Group

Special Interest

David Briggs Chair Carer, CCG

Darren Bailey Vice-Chair Carer, Special Needs & Physical Disabilities

Hazelle Bruce-Ewen Physical Disabilities

John Floyd Out of Hours

Reg Londt Carer

Janice PalletOlder PeopleSoo WillsEthnic MinoritiesJudith WoolleyOlder People

These additional members served to further strengthen the group and provide a wider representation across the districts of Derbyshire along with representatives for the hard to reach.

Rosie King (Joined 09/11) Children/Young People

John Martin (Joined 09/11) HealthWatch, CCG, Community Pharmacy

Christine Price (Joined 10/11) Older People

Dawna Walton (Joined 10/11) Children/Young People Suzanne Wright (Joined 10/11) Children/Young People

We would like to express our appreciation to the former members of our Steering Group who supported us for part of this reporting period.

Peter Dawson Advocacy

Pat Hall Long Term Conditions
Siobhan Hooper Children/Young People
Sarah Roy Sensory Impairment
Nick Welch Orthopaedics

## 2.3 Enter and View Authorised Representatives

During the reporting period LINk had trained 11 Authorised Representatives in the process of Enter and View. This enables the representatives to carry out either announced or unannounced independent visits to services to observe the activities of the premises, and report accordingly. The representatives were:-

Peter Arnold
Patrick Ashcroft
David Briggs
Kathy Crockford
Kathy Eastwick
Janet Goodall
Pat Hall
Maureen Hunter
Heddle Mundy
Helen Rose
Suzanne Wright

## 3.0 Overview of Participation

Derbyshire LINk recognises that every member of the population should be able to express views on Health and/or Social Care services and we encourage participation in a number of ways. Information on how to contact LINk is available in promotional leaflets, a quarterly bulletin, on our website (www.derbyshirelink.org) through social media and in advertisement campaigns in our local press.

## 3.1 Informed Participants

Members of the public can register their interest with us to receive and respond to consultations, gain information about changes in services and regular updates on LINk activity.

Public participation has seen an increase over the year and by the end of March 2012 Derbyshire LINk had 1488 registered individual members and 319 group members. These figures represent a 44% and 33% increase respectively on the number of members recorded in the March 2011/12 report.

Collectively, this membership has an overall potential reach of 46,207 people in a County which recorded a population of 763,700 in 2010.

Our membership is regularly utilised by statutory organisations to increase their reach in providing information to the public about service change, inviting participation in engagement/consultation events, circulation of relevant reports etc.

(NB: All information is sent direct from LINk as membership details are never released to a third party without prior consent).

Those registered with us have been asked to indicate the level of involvement with LINk they wish to undertake.

## 3.2 Active Participants

Steering Group Members (all, or part, of year)	18
Authorised Representatives	11
LINk Champions	16
Other – Readers, Researchers, Event Helpers, Data Entry, Focus	17
Group Facilitators.	
Members available to comment on consultations or questionnaires.	812
Occasional participants (comments gathered)	970

## 3.3 Involvement/Engagement of Derbyshire Population

**Quarterly Newsletter:** A comprehensive newsletter is sent out to all our members (individual and group) and Stakeholders alike on a quarterly basis informing of LINk activity and reporting outcomes.

During the reporting period over 12,000 newsletters were distributed around the County in either hard copy or electronic format.

**Website:** Our website is kept up to date and refreshed with the latest information, whether that is specific LINk work or information about relevant live consultations which members are readily invited to respond to. We also conduct regular opinion polls on our website. (www.derbyshirelink.org.uk)

The appointment of our Communications Lead in September 2011 has enabled us to maintain and significantly improve our website. The rise in the number of hits demonstrates this with a total of 588,346 for the reporting period compared to 366,609 for the period 2010-2011, representing approximately a 60% increase.

**Social Media:** We now have active pages on both Facebook and Twitter. This is seen as a key involvement/engagement tool for children and young people.

Facebook (Adult) search: Derbyshire LINk

Facebook (Children and Young People) search: Derbyshire Youth LINk

Twitter search: @LINkDerbyshire

**Text Line:** To encourage participation from children and young people we have established a text line. This facility is open to all to use but it was felt that this communication route will help to engage specifically with this group of people. (07548 137054)

**General Publicity:** LINk marketing material is made available to Heath and Social care providers, groups and organisations around the County.

**Events**: As providers and voluntary sector groups have become more and more aware of the existence of LINk and our remit, we are invited to attend many varied events around the County, whether that is an open public event or an event with an attendee focus, i.e. carers event, people with a long term condition etc.

We have found that attending such events provides an ideal opportunity not only to promote LINk but also gain vital intelligence from the Derbyshire public regarding their experiences of Health and Social Care services in the County.

During the year, the team were collectively involved in 220 communication opportunities and 131 direct engagement events with the Derbyshire public and communities.

A record of these engagements is kept year on year in the form of a Composite Publicity Plan and this clearly evidences that both through our activities and communication media we are consistently involved with the hard to reach groups.

In this reporting period we recorded 644 issues and 326 compliments that contributed to forming our work plan during the year. These were further investigated through discussions with our Stakeholders and sub-groups and focus groups.

#### 3.4 Stakeholder Involvement

We are encouraged by the gradual increase in the number of Stakeholders year on year. We are pleased to report that we enjoy a receptive and open channel of communication with most of our Stakeholders, which allows us to use supportive routes of not only formal but also informal communication.

By the end of March 2012, Derbyshire LINk Stakeholders represented the following areas of provision:-

- Burton Hospital NHS Foundation Trust Patient and Public Engagement Advisor
- CEOs of Derbyshire CVS Organisations
- Chesterfield Royal Hospital NHS Foundation Trust
- Clinical Commissioning Groups
- Derbyshire Community Health Equality Panel (DCHEP)
- Derby Hospitals NHS Foundation Trust
- Derbyshire Community Health Services
- Derbyshire County Council Adult Care
- Derbyshire County Council Children and Young Adults
- Derbyshire County Council Improvement and Scrutiny (People)
- Derbyshire Healthcare NHS Foundation Trust
- East Midlands Ambulance Service (EMAS)
- NHS Derbyshire County
- NHS Tameside and Glossop

#### Improvement and Scrutiny LINk Review

In 2011, Derbyshire County Council Improvement and Scrutiny carried out a review of Derbyshire LINk. The review was officially signed off in July 2011 and contained recommendations for Derbyshire LINk, Stakeholders and Steering Group. LINk attended the November Committee Meeting to highlight our progress regarding these recommendations.

## 4.0 Our Model of Operation

Derbyshire LINk record all the comments gathered from the Derbyshire public, about their experiences of Health and Social Care services, on a bespoke database. The comments are broken down into service type and then by category.

These comments are shared in the form of a bi-monthly report for all Stakeholders applicable to their areas of practice. On the whole, the information collated is recognised as providing richer feedback to existing intelligence that has been independently collated.

It is this intelligence that forms the basis of our LINk work plan which ensures that we are responding to themes and trends that have been highlighted by the public themselves.

This same intelligence is also reviewed by our Steering Group who are instrumental in identifying where further investigation is needed and the format this is to take.

This can include formal letters, focus groups, task and finish sub-groups, Enter and View visits, questionnaires and opinion polls (website based only).

As a result of this activity we send reports and recommendations to service providers and report changes that we instigate through our newsletter/web site.

# 5.0 Summary of our Activity

#### 5.1 LINk Work Plan

This year the work plan, identified by our Steering Group, has included the following activity:-

**Hospital Discharge Process** - continuation of looking into hospital discharge to private residences along with an Enter and View to observe the discharge process to care homes.

**GP Access** - continuation of observations of service delivery at GP surgeries in Derbyshire.

**Footcare** - looking into the provision of accessible, simple footcare services for older people living in Derbyshire.

**Communication** - looking at translation/interpretation experiences of profoundly deaf patients when attending GP surgeries.

**Provision of Information** - focusing on comments regarding difficulties experienced in locating the GUM Clinic at Chesterfield Royal Hospital.

**Personalisation** - focus on the implementation of Self Directed Support in Derbyshire to highlight both good and bad practice.

**Mental Health** - investigating pathways, where do people get help and does the referral system work? How can people be helped to avoid hospital admission?

**Social Services First Level Management** - looking into apparent poor communication between management, 'ground staff' and service users.

It must be noted that this should not be seen as the full extent of LINk work activity for the year. These are purely the issue led priorities identified by the Steering Group for further investigation. Numerous other activities have been undertaken by each Community Involvement Worker in their relevant districts of the County.

## 5.2 Number of formal requests for information - 8

Of these, how many of the requests for information were answered	8
within 20 working days?	
How many related to social care?	0

### Example:

Concerns were raised to Derbyshire LINk from a District Parkinsons Group about the relocation of a Movement Disorder Clinic from one site to another. Predominantly these concerns were regarding access to the new clinic as many who attended had mobility issues.

Following a formal letter to Nottingham University Hospitals Trust highlighting these concerns, a response was received within 20 working days advising that the Trust fully intended to involve patients in the design of the new service.

However, further concerns were raised by the group which initiated two further formal letters. Importantly the group was concerned about the location of three dedicated disabled parking spaces allocated to users of the clinic. These bays were not clearly visible and therefore not being utilised. Under usage could potentially have resulted in the spaces being removed.

Prompt responses were received. In the case of the parking allocation, assurances were given that the parking spaces were to be coned off and that all clinic letters sent to this patient group in future, will highlight the provision of these spaces.

"With the help of [LINk Worker] the group is over the moon with the result. [LINk Worker] has moved mountains to ensure we got a positive outcome. This result has made a big difference to not just our group, but to hundreds of patients using the clinic."

**Branch Officer** 

## 5.3 Number of reports/recommendations - 7

Of the reports and/or recommendations, how many have led, or are	5
leading to, service review?	
Of the reports and/or recommendations that led to service review, how many have led to service change?	2
How many reports/recommendations related to health services?	6
How many reports/recommendations related to social care?	1
If any of your reports or recommendations were not acknowledged or did not result in any service review or service change, are you planning any further follow up?	N/A

#### Example:

The Derbyshire LINk Steering Group, through scrutinising comments recorded on our database, identified that there was a lack of basic footcare provision across Derbyshire for those over 50 years of age.

Consequently, a 'Community Services Sub Group' was formed to investigate this concern further and extensive research was carried out, not only to obtain further intelligence to clearly highlight the need for an accessible service, but also to look at other models in operation nationally that address the problem.

A comprehensive report was produced and circulated to key Heath and Social care staff, including a foot care strategy group, which provided information about the need and other service models operating.

"I thought it [the report] was excellent! I really enjoyed reading your findings which really complimented and supported a lot of the work we are doing at Tootsies. There was also a lot of food for thought in there about different models that can be delivered and I found the references and supporting literature really useful in helping me put things into a wider context."

Jennifer Acorns, Age UK Derby & Derbyshire

# 5.4 Number of premises entered and viewed by Authorised Representatives – 4

How many enter and view visits related to health care?	3
How many enter and view visits related to social care?	1
How many enter and view visits were announced?	4
How many enter and view visits were unannounced?	0

## Example:

Approximately 20% – 21% of Derbyshire residents, predominantly those living in the South of the County, access Queens Hospital, Burton-on-Trent, Staffordshire.

Therefore, Burton Hospitals NHS Foundation Trust, Queens Hospital worked in collaboration with Derbyshire LINk to conduct an Enter and View Visit to 3 of their outpatient clinics – Fracture, Oncology and General Surgery. The purpose of the visit was to gather objective opinions on outpatients' experience in respect of signage, appointment systems and waiting times.

These visits were executed as three individual fabricated patient journeys and therefore carried out by three LINk Authorised Representatives on different days/times.

Although staff were aware that the visits were to take place, specific dates and times were not disclosed.

A formal findings/recommendations report was submitted to the Trust in January 2012 with. A response was received detailing the actions that had already been put in place, these being:-

- Appointment letters being reviewed and simplified.
- Salad boxes and fruit pots are now available in the café.
- Staff are regularly reminded about the importance of keeping clinic information boards upto-date and of giving personal updates to patients.
- Work taking place with staff on using quiet spaces to speak to patients.
- New televisions have been installed in reception areas.

A further detailed response is due from the Trust in Summer 2012.

## 5.5 Number of referrals to Overview and Scrutiny Committees - 0

How many of these referrals did the OSC acknowledge?	0
How many of these referrals led to service change?	0

# 6.0 Staff Focused Activity

Derbyshire LINk attends a wide range of engagement events and consequently manages a complex workload engaging with the public in Derbyshire. Through this engagement a range of issues emerged during the reporting period that necessitated further staff investigation, signposting and intervention. The following are some examples:

 Following some earlier work undertaken for Derbyshire County Council, Derbyshire LINk had become aware of a local care home that appeared to be under performing. This was confirmed by comments made to LINk by some relatives of the residents.

The Care Quality Commission (CQC) was, at the time, reviewing this particular home. Subsequently, the CQC contacted LINk requesting an independent Enter and View visit to this home.

A visit was conducted by two trained Authorised Representatives and a full findings report containing recommendations was duly submitted to the CQC in June 2011 for inclusion in the home's Compliance Review.

 Engagement activity revealed a number of concerns from patients about a Derbyshire Medical Centre, based in the South of the County. Derbyshire LINk was pleased to be instrumental in initiating dialogue between the Practice Manager and the patient population by facilitating two public events.

"We have been trying for over two years to get a meeting with representative patients from the surgery and were delighted at the number that attended the meeting."

Practice Manager

In order to encourage the continuity of this dialogue Derbyshire LINk highlighted to the patients the importance of joining the surgery's Patient Participation Group (PPG).

 A formal request for information was sent to Nottingham University Hospitals Trust regarding concerns raised from a Derbyshire Visually Impaired People's (VIP) Group. This collective concern being that appointment letters sent from the Eye Clinic were not provided in a large print font and therefore patients were experiencing difficulty, or were having to seek assistance, in order to read the letter.

A formal response was received within a 20 day period from the Trust stating that they were looking into the matter and, as a direct result, LINk have been invited to attend the first Visual Impairment Patient and Public Involvement Group, as the Trust acknowledge that the concern raised by LINk is a good example of the type of issues this group intends to look at addressing.

 Derbyshire LINk and Heart Support Groups from North Derbyshire, supported by North Trent Network of Cardiac Care, hosted a "Get Your Life Back" event in June 2011.

The theme of the event was self-care and rehabilitation for people who experience of heart problems, stroke or diabetes.



"I learned more about stroke treatment and angina and the discussion session re-emphasised the issue of information flow to those who have Coronary Heart Disorders."

**Event Attendee** 

The event attracted 160 members of the public, along with professionals and organisations showcasing the abundance of support services available in the area.

 Through County engagement activities, Derbyshire LINk identified a trend of concerns regarding maternity services. To investigate this further a questionnaire to gain comments was used between the period 12 March – 27 April, 2012. Also, to ensure we received a meaningful amount of questionnaires back we held a significant number countywide focus groups.

"Maternity care is a subject very close to my heart, so when I heard LINk were planning a review of local hospitals, I jumped at the chance of getting involved. After ..... discussing the project, I visited various groups and gathered information about maternity experiences. It was great to swap stories with so many lovely mums, and to meet all the gorgeous babies!! Also, my 6 month old ... enjoyed the groups and we have actually continued to go to many since the project finished!!"

Rachel Cridland - LINk Volunteer

For the reporting period only, a total of 20 focus groups had been held resulting in approximately 98 completed questionnaires.

Once analysed, a report will be made available to the relevant Maternity Services Liaison Committees.

 Derbyshire LINk held an event for residents of South Derbyshire to meet senior members of the nursing team from Burton Hospitals NHS Trust. The event, co-hosted by the Trust, provided an informal forum for visitors to find out more about their local hospital and to discuss any aspect of care and services.

Demonstrating the Light-Box (used as a training tool for infection control)

Following feedback from Derbyshire LINk, the hospital staff covered the types of issues that they felt people were keen to know more about, such as care of the elderly people, maternity services, quality

and safety during care, nutrition and how patient's ideas and comments help to shape real and meaningful improvements in the hospital services.

"Nice to have health staff accessible to a local community."

Event Attendee

LINk undertook some partnership work with 'Tootsies', a pilot project being run by Age UK
Derby and Derbyshire to provide an affordable toe-nail cutting service for people over 50
years of age.

Derbyshire LINk agreed to fund some initial Tootsie sessions which, in turn, provided LINk staff with the opportunity to discuss Health and Social Care experiences with clients who were waiting for their treatment.

"The sessions proved extremely beneficial to both parties. For the Footcare service we saw a significant increase in clients attending the sessions, particularly in Alfreton where clients have continued to re-book and pay for the service at this venue following this first free session. Verbal feedback from clients at these sessions was also very positive and they commented on how they had enjoyed being able to comment on their positive and negative experiences of services."

Jennifer Acorns, Age UK Derby & Derbyshire

The pilot was deemed a success in the Amber Valley District of Derbyshire and is now being rolled out in other districts of the County.

## 7.0 New Developments

## 7.1 Children and Young People Engagement



Community Involvement Worker with Year 13 Health and Social Care students

An engagement strategy was developed in September 2011 to engage with children and young people to encourage them to have their say about local health services. This includes ongoing focused events with numerous schools, colleges and community groups.

Towards the end of March 2012, a young person's task group was being established, with the support of keen volunteers, to help identify patterns and trends that warrant further LINk investigation.

LINk was pleased to commission the Blend Youth Project to complete a consultation of young people's views, experiences and suggestions surrounding health care services. A full report will be submitted by May 2012.

LINk facilitated a workshop, supported by North Derbyshire Action for Children, with 16 young carers which provided a great opportunity to raise comments about the challenges faced by young carers with Health and Social Care Services.

LINk was pleased to support two Health and Social Care students from Chesterfield College in gaining some work experience. One of the students went on to join the Steering Group, for a period of time as a young person's representative, and supported the maternity services work stream in its initial stages.

A text line has been set up to encourage children and young people to engage with Derbyshire LINk and new age appropriate literature has also been developed. (Text number 07548 137054).

## 7.2 Support of Health & Social Care Forum

As a result of its connections with the Host organisations, Amber Valley CVS and NDVA, it was recognised that Derbyshire LINK could work effectively with a large number of voluntary and community groups by building connections with specific Health and Social Care forums.

To this end, Derbyshire LINk worked with the NDVA forum, targeting groups in the North of the County and supported them with funding the set up of a forum in the South of the County which was organised jointly by 4 local CVS organisations and targeted health and social care related groups.

This presented an opportunity for Community Involvement Workers to report on LINk activity and outcomes and also hear the views and issues of local groups without the effort of individual meetings, to up to 2000 groups.

## 7.3 Equality Delivery System (EDS)

Derbyshire LINk is pleased to be represented on the Derbyshire Community Health Equality Panel (DCHEP), by volunteer, Grace Wood. DCHEP is the group of voluntary organisations that have given commitment to work with NHS trusts in Derbyshire with the validation of their Equality Delivery System (EDS) self assessment reports. The EDS is the Department of Health's response to the Equality Act 2012 Public Sector Duty for equality and will be part of the proposed work of HealthWatch in the future. EDS intends to embed equality of access to services into planning and service delivery throughout the NHS.

Grace has taken a very active role in supporting the establishing of DCHEP and developing processes. However, as the LINk representative, her role is to bring Derbyshire LINk's perspective to discussions, propose actions for improvement, and collectively agrees the grade for feedback to the Trusts. These NHS Trusts then share the grades and feedback reports with the Local Authority Overview and Scrutiny Committee and Health and Wellbeing Boards before sending to the NHS Commissioning Boards and CQC for appropriate action.

"I was delighted to represent Derbyshire LINk in this new piece of work. Recently retired, I was looking for an opportunity to apply my knowledge and experience. As part of DCHEP I was able to contribute in the development of standardised processes for the volunteers to use, write a communication briefing for stakeholders and meet with the Trusts in order to support their journey in implementing the EDS."

"It has been a rewarding experience working with the Derbyshire LINk team, who have been so supportive of my role. This is an important piece of work for the future and I look forward to continuing to be a volunteer in this role."

Grace Wood - LINk Volunteer

### 7.4 Major Trauma Board

Derbyshire LINk have participated in the board discussions relating to the change to Major Trauma Service provision, giving insight to consultation, communication and patients experience of hospital stays.

The decision to proceed with Nottingham University Hospital as the Major Trauma Centre for the Midlands has been made and is currently moving forward. Derbyshire LINk is continuing to be involved in a Gateway Review and Transition Board to ensure views of the public continue to be used to implement the service change successfully.

#### 7.5 Use of SNAP Questionnaire Software

The purchase of Snap Surveys Software has proved a valuable commodity in supporting LINk to seek out the views and experiences of the wider Derbyshire community in a simple, yet constructive way.

Over the past year, we have regularly, and effectively, used the system to assist with the designing and publishing of questionnaires as well as the data collection and analysis.

Subsequently, we have been able to collate data and produce reports informing providers on areas such as patient satisfaction/experience, gaps in service provision, effectiveness of services etc all of which has been based on intelligence provided by the Derbyshire Community.

During the reporting period we had a collective response rate of 1327 from 9 questionnaires.

## 7.6 Training Resource Pack for Recording of Comments

An independent training program was created to develop an understanding of selected individuals, LINk volunteers, groups and organisations on how to record meaningful intelligence regarding health and social care experiences. By collecting comments in a systematic and consistent way enables commissioners/managers to use this information effectively.

The training program is designed to be delivered by the LINk staff team and consequently will further extend our potential reach in gaining constructive comments from the Derbyshire population.

## 8.0 Future Plans Leading to HealthWatch

During the passage of the Health and Social Care Bill through Parliament, and the subsequent anticipated start date of HealthWatch (April 2013), both the LINk Hosts and our Steering Group Chair have been actively involved in local, regional and national meetings to discuss the vision and role of HealthWatch.

In the meantime we have produced a document which appraises all our current LINk activity against the expected criteria and responsibilities of HealthWatch. The key areas of consideration are:-

- Interest in LINk is representative of Derbyshire and its diversity.
- Steering Group activity and recommendations to providers.
- Engagement and consultations with patients, service users, carers and the general public.
- Positive relationships with Health and Social Care providers.

Consequently, this self assessment tool recognises that we are predominantly in an ideal position for this transition to take place whilst, at the same time, highlighting areas where increased activity is advisable.

During 2012/13 we intend to further forge tangible relationships with the four current Clinical Commission Groups (CCGs) in Derbyshire, as well as maintaining dialogue with our key commissioners and providers.

A team priority is to further develop our Champion Volunteer role and associated training program in order to empower existing, and new, Champions to take on specific pro-active roles which are tailored to their own skills and areas of interest.

From individual Champions, we plan to enlist 'Organisation Champions' who can be trained to record valuable and constructive intelligence from their organisation/group members. This information will then be passed to LINk to identify trends and priorities informed by the views of the Derbyshire community.

# 9.0 Income and Expenditure

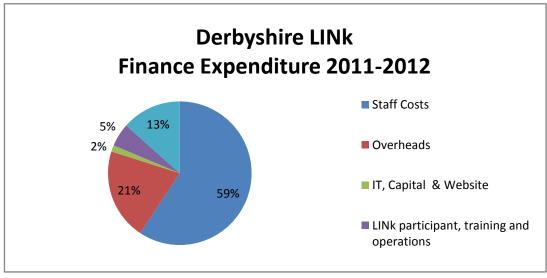
The contract value for financial year 2011 -12 was £302,264. The total figure is a small increase from the previous year, reflective of cost increases that have taken place over the last 3 years while the contract value at that time had remained static.

In this financial year the costs attributed to staffing costs account for 59% of the expenditure (£171,032), a decrease of 8% due to a post vacancy and re-organisation of the team structure which decreased salary costs over. We continue, through the Community Involvement Workers, to give a strong presence across Derbyshire and this year included additional support with communication and marketing.

Hosts cost for accommodating staff, providing equipment, stationery, staff and project management including finance, governance and Steering Group support accounts for 21% of the budget this year (£59,341.22), an increase of 4% in line with inflation.

Operation of the Steering Group, sub groups and website is £19,240 which is 7% of the budget and similar to last year.

The remaining expenditure, 13% of the budget (£38,736.27) was for communication, engagement and marketing of LINk and its outcomes to the Derbyshire population. This is more than 50% increase of expenditure on the previous year and reflects an increase in comments to Derbyshire LINk about Health and Social Care issues and a higher level of responses to questionnaires about specific service delivery.



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## 10 Testimonials

## Gemma Ashby - Derbyshire LINk Contract Manager, Derbyshire County Council

The fourth year of the contract with joint hosts Amber Valley CVS and NDVA has seen a consolidation of effective delivery arrangements partnered with some new initiatives to strengthen the reach of Derbyshire LINk.

In particular the Communications Lead has worked hard to identify new publicity opportunities and has made improvements to the website. The success of this work is evident in the continued increase in membership and significant increase in website hits since December 2011.

The additional staff resources focused on engagement with young people has resulted in a strategy and work plan for engagement with young people. New developments have included age appropriate literature, the use of a text line and a facilitated event for young carers. The Young Persons Task Group formed in March this year will help to raise the profile of the views of young people using health services within the LINk Steering Group, Derbyshire LINk wider membership, stakeholders and partners.

Derbyshire LINk aims to bring about real improvements in patient and service users experiences. They have been able to evidence positive changes at Nottingham University Hospitals Trust and Queens Hospital Burton that have resulted from LINk intervention. I look forward to seeing the outcomes from the Maternity Services consultation in Derbyshire.

Derbyshire LINk Steering Group Members have been helping to contribute to the debate locally and regionally regarding the development of HealthWatch in Derbyshire. Their experience of overseeing Derbyshire LINk and their commitment to continue to be involved in Derbyshire HealthWatch has ensured that they will play a key role in helping to shape the vision of role of Derbyshire HealthWatch.

#### Helen Ashley - Chief Executive, Burton Hospitals NHS Foundation Trust

A large proportion of patients who use the services of Burton Hospitals Foundation Trust come from South Derbyshire and we are keen to listen to and engage with those patients and members of the public to ensure that we are providing the best quality of care.

Working in partnership with Derbyshire LINk has been a valuable way of helping us do this. The regular meetings with the LINk representatives and Senior Nursing Staff enable us to hear and respond to issues and concerns raised in the community. We have also valued the work of LINk volunteers in undertaking an observation of outpatient clinics supporting our ongoing commitment to improving Outpatient Services.

We look forward to continuing to work together with Derbyshire LINk to improve our services for people in South Derbyshire in 2012.

### Eric Clayton - Community Development Worker, South Derbyshire CVS

Throughout 2011/12 South Derbyshire CVS (SDCVS) has worked with Derbyshire LINk Community Involvement Worker responsible for this district to carry forward the LINk information and involvement agenda in South Derbyshire.

This has been done by arranging contact with groups to discuss their concerns, e.g. the Aspergers group, as well as using SDCVS contacts and publicity channels to arrange a series of meetings for LINk to investigate specific areas of medical concern that earlier work has highlighted.

SDCVS is happy to work with Derbyshire LINk, and will continue to do so throughout 2012/13.

# Rachel Highlands - Head of Patient Experience and Partnerships, Derbyshire Community Health Services NHS Foundation Trust

DCHS became an NHS Trust in April 2011 and have found the relationship with Derbyshire Link over the year has developed and strengthened. This valuable working partnership has provided the Trust with further intelligence about the services DCHS delivers which is shared with the Trust Board and staff to acknowledge both good practice and where improvements are required.

# Lisa Howlett - Head of Clinical Governance, Chesterfield Royal Hospital NHS Foundation Trust

Over the past year the Trust has enjoyed a good relationship with LINk.

The Trust has continued to receive feedback from the contacts that LINk Development Workers [Community Involvement Workers] make from their work in the community. This information is used alongside that which is already collected within the Trust to help us to continually improve the services we deliver. We recognise that this is a valuable source of information, particularly as members of the public may often share information with a third party, which they would not feedback directly to us.

Feedback from the community led to LINk undertaking a focussed piece of work on discharge into care homes. As part of this work LINk members visited the Trust and spoke to staff at all levels. The subsequent report has given us much "food for thought" and we would like to thank LINk for the balanced approach they took to this work.

LINk has also been represented on the Trust's Dementia Strategy Group and has added a worthwhile public perspective to this work.

Finally, LINk provided us with beneficial feedback with regard to our Quality Accounts – we welcome this information which helps us to ensure that we make this report as public friendly as possible.

We look forward to continuing to work with LINk in the future.

## Jenny Hudson - Service Manager, Derbyshire County Council Adult Care

The Derbyshire County Council Adult Care department has found the feedback provided by LINk to be a valuable contribution in highlighting areas for development/improvement in services as well as identifying those parts of Adult Care services that are received positively.

Good working links enable further exploration, where relevant, of specific issues and regular liaison meetings provide a forum for mutually beneficial information sharing.

A positive relationship between the LINk Development Workers [Community Involvement Workers] and local managers has enabled appropriate responses/solutions to be delivered. For

example, some issues around the delivery of Self Directed Support had been identified at one particular group and the Local Operational Manager met with the group to clarify issues and raise awareness of what can be provided.

LINk members sit on several strategic stakeholder boards including DOPAG (Derbyshire Older People Advisory Group), the Stakeholder Engagement Board and the Learning Disability County and Local Partnership Boards. This provides a developed level of scrutiny and enables a wide range of people to have the skills required to feel confident to question the Department about its practice and influence key decisions.

# Gulnaz Katchi - Community Communications Co-ordinator, East Midlands Ambulance Service (EMAS)

East Midlands Ambulance Service (EMAS) has been working closely with Derbyshire LINk since 2008. During this time there has been a strong commitment to have a mutually open and constructive working relationship.

The Derbyshire LINk Stakeholders Meetings have provided a forum for the Ambulance Service to advise and communicate to the LINk and other stakeholders of events, changes and developments planned within the Trust; and in turn, being kept updated on LINk and wider stakeholder activity in the region.

The Stakeholder Reports that the LINk provides on a regular basis are an important tool to identify any trends in the issues and concerns raised by members relating to ambulance service provision.

EMAS has welcomed the valuable contribution that the Derbyshire LINk has made to our Quality Account in recent years, as well as its members' attendance and input at the Regional LINKs Events hosted by EMAS.

The East Midlands Ambulance Service hopes to continue in the same spirit of commitment and partnership working with Derbyshire LINk as it takes its next steps on the journey to becoming HealthWatch in 2013.

### Pam Purdue - Head of Public & Patient Involvement, NHS Derbyshire County

The relationship with Derbyshire Local Involvement Network continues to strengthen: whether that be through meeting on a regular basis to discuss comments that have been fed back by the public, or simply using the space of the LINk offices for PCT activity.

The regular meetings have allowed relationships to be firmed up, and areas of joint concern to be discussed in detail. LINk staff attend the Health Panel meetings and the PPI Steering Group, both of which provide opportunities for them to understand the issues that are current in the NHS and to get these messages out to the public.

As well as meeting staff at an operational level, the PCT is represented at the Stakeholder meetings held regularly. In addition, PCT representatives have attended the Steering Group meetings to brief the group on important projects. Closer relationships have been forged with the Patient Advice and Liaison Service to allow themes and trends to be identified across both organisations.

The office space was used by members of the public to undertake peer telephone interviews with users of the 111 service, thus allowing a non-NHS site for the interviews adding an element of confidence that the interview would be free from NHS influence.

The extensive membership that LINk has allows the PCT to promote events and on-line consultations that require the involvement of a diverse range of members of the public. The PCT took advantage of this opportunity by promoting the large scale public events that they ran on the future of health services in Derbyshire. As well as opening up the invitation to the wider LINk membership, LINk was involved in designing the public consultation document.

As LINk continues to access feedback from the public this information is provided directly to staff commissioning services and they raise the issues fed back at contracting meetings with providers thus ensuring that the information is used to improve services. Additionally the PCT receive the in-depth reports that LINk produce, e.g. Discharge from Hospital to Care Home. Again, the lead commissioners receive these reports and use the information in them to form the discussion with the providers.

As the PCT was going to be involved in a number of major consultations in the future, training was organised, delivered by the Consultation Institute. LINk officers attending this training, partly for information and partly to allow them to be assured that the Trust was following due procedure.

## Ian Tannahill - Head of Youth Work Development, Valley CIDS, Blend Youth Project

Working with Derbyshire LINK in engaging and consulting young people on their views and experiences of local health services provided a fantastic opportunity for the voice and influence of local young people to be heard on these important issues.

As a Youth Project we wholeheartedly commend Derbyshire LINK's commitment to promoting the active participation of young people and were pleased be a partner in this initiative.

Derbyshire LINk attributes the success of 2011 - 2012 to the tireless help and support received from all our Volunteers.

The channels of communication enjoyed with our key Stakeholders, and their willingness to openly share information, has also undoubtedly been instrumental in helping us to pave the way to achieving our outcomes.

Finally, our gratitude goes out to the Derbyshire public and patients who have shared their health and social care experiences with us and, as such, enabled LINk to formulate work plans to ensure the voice of the Derbyshire public is heard.

As Derbyshire LINk moves forward into Local HealthWatch in 2013, we will continue to be committed to representing the collective views of the community by influencing the Joint Strategic Needs Assessment through our statutory place on the Health and Wellbeing Board.

We will further strive to competently embrace the additional responsibilities that are set to form part of the Local HealthWatch vision.

Thus, we feel our accomplishments achieved so far form a firm foundation on which to build an efficient and effective Local HealthWatch for Derbyshire.



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