



ADULT SERVICES AND HEALTH COMMISSION 16 March 2009

Report of the Director of Corporate and Adult Social Services

Progress report on Derby LINKs

RECOMMENDATION

- 1.1 To consider and note the progress report on Derby Links during 1 October and 31 December 2008.

SUPPORTING INFORMATION

- 2.1 Local Involvement Networks (LINKs) have been established in all local authority areas to promote, support and involve local people in commissioning, provision and scrutiny of local care services. Derby LINK was launched on 8 October 2008 at the Assembly Rooms and is co-terminus with the city boundary.
- 2.2 Overview and scrutiny committees are expected to maintain close working relationship with LINKs and required to respond to any referrals they may receive from them. One of the ways for the Commission to maintain close ties with Derby Link is to receive regular progress reports on the work they carry out in the city. The attached reports details the activities carried out by Derby Link between 1 October and 31 December 2008 and shows that the bulk of the work involved responding to consultations on health and social care.
- 2.3 LINKs are also required to produce annual report covering the period 1 April to 31 March which must be published by 30 June each year. Derby Links will be producing its report and presenting it to the Commission in due course.

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Background papers:	None
List of appendices:	Appendix 1 - Implications Appendix 2 - Links Consultation Report Appendix 3 - Links Board Report

Appendix 1

IMPLICATIONS

Financial

1. None arising from this report.

Legal

- 2.1 LINKs are established under the Local Government and Public Involvement in Health Act 2007.

Personnel

3. None arising from this report.

Equalities impact

4. Effective scrutiny benefits all Derby people.

Corporate Priorities

5. This report links with Council's priority for 2007-10 to help us all to be healthy and active.

Derby LINK Consultations October to December 2008

1. Maternity Services
Consultation into redesign of maternity services at DRI, We were contacted five days before the end of the consultation period but still managed to speak to 25 groups either face to face or by telephone, to inform of consultation.
2. Mental Health Day Services
Review of Mental Health Day services, actually begun 4 years ago. We were contacted in October and distributed summary of consultation to our contact list as well as speaking to 12 specific BME groups.
3. End of Life Care and Cancer Services
Request for volunteers to sit on a steering group looking into End of life services. We were able to offer 4 volunteers.
4. Premises assessment panel
Request for volunteers to sit on a premises assessment panel looking at suitability of premises for accessibility and provision of service. We were able to provide a volunteer for this post.
5. Equality Impact Risk Assessment EIRA
Invitation to have an involvement with the PCT EIRA by providing representative for discussion groups. Able to provide a volunteer
6. Dementia services
Initial invitation to take part in consultation around redevelopment of dementia services. Research and discussion undertaken and approval gained from members. Consultation now deferred until February 2009.
7. Dale Medical centre bidder information session
Request for volunteers to take part in questioning session for potential providers of GP services at Dale Medical centre. We were able to provide 3 volunteers.
8. NHS Direct website design and content consultation
Worked in partnership with NHS Direct to set up a panel to consult on changes and accessibility issues relating to the new NHS Direct website. Able to provide, venue and 6 volunteers, very well received by NHS Direct
9. Pharmacy control of entry panel
Request for volunteer to sit on panel assessing requests from new pharmacies to set up business in an area. Able to provide volunteer.
10. Transfer of Diabetes services from acute to primary setting.
Request for information from LINK Action committee to Derby Hospitals Trust regarding plans for provision of diabetes care following move to new City Hospital site.
Followed up with meetings with service providers and further letters. Now being progressed by members to include patient satisfaction survey.

Appendix 3

Team: **LINK**

Team aim: involve the people of Derby in the design, delivery and quality of Health and Social Care Services.



Main External Objective(s):

Targets & Progress for period 1 October to 31 December 2008

Target	Quarterly Target	Progress
Scrutiny of issues raised via individuals or LINK members 18 issues reviewed using scoring criteria and presented to the monthly LINK Action Committee for consideration prior to LINK becoming fully involved.	4 issues reviewed	<p>Reviewed implementation of new Dementia Services plan in joint work with City Council and PCT. Agreed as piece of work to look into.</p> <p>Raised issue with Adult Social Services regarding support for learning disabilities service users. Further meetings to be held</p> <p>Followed up with request for information regarding transfer of Diabetes services from Hospital to community setting. Met with service providers and received satisfactory</p>

		formal response. Site visits to follow
To have 30 active member	30 active members	38 active members
Commissioning or redesign of services To be invited to be involved in the commissioning process for 18 new or redesigned services	4 Invitations received	We have been invited and will be taking part in reviews of; Dementia services Mental Health day services Maternity services Pharmacy applications Premises assessment panel
We will involve as wide a cross section of Derby's population as possible in the design, commissioning and quality of care services	We will inform LINK and network members of developments with and opportunities to participate in involvement from care providers	We have given over 300 groups and individuals the opportunity to comment on service development, particularly the Mental Health and Maternity services consultations.
We will offer a range of involvement opportunities to suit participants skills, experience and time commitments, based on a "ladder of involvement" <ul style="list-style-type: none"> • Informing – both distributing and receiving information from the public 	Maintain an accurate database of networks, community groups and interested individuals, willing to receive and comment on information from care providers Have an Ambassador or Representative for every relevant	We are utilising the CVS database to help identify groups to contact. Alongside our own contact list of new members. We have a continuing

<ul style="list-style-type: none"> • Consultation – on design, commissioning and delivery of services, via meetings, surveys, focus groups etc • Partnership – Sharing planning and decision making responsibilities via joint committees and board representation 	<p>group, network or meeting</p> <p>Develop membership roles to allow a range of involvement opportunities</p>	<p>programme of meetings and presentations aimed at recruiting new ambassadors and representatives</p> <p>We have devised a range of roles which have proved useful for helping to involve people, with members choosing to undertake one or several roles;</p> <p>Member - 38 Committee Member - 13 Researcher - 10 Ambassador - 11 Representative - 12</p> <p>We have developed training and are delivering packages for each of these roles</p>
<p>We will maintain an awareness of any trends in issues raised with care providers relating to quality of service</p> <p>We will use this information to keep our members and networks informed</p>	<p>Access PALS and ICAS reports for health services</p> <p>Attend meetings of City Overview and Scrutiny Commission for Social Services</p>	<p>Contact has been made with PCT and Hospitals to ensure information is passed to LINK.</p> <p>We have developed a very good relationship with the City OSC Officer and share information regularly</p>