

Derby LINK

HEALTH
and



Annual Report 2011—2012



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Introduction

Steve Studham, Chair of Derby LiNk



Yet another year of Challenges and Change!

The LiNk has continued to actively work towards improving the health outcomes in a variety of ways which are detailed in the following pages. For a small organisation a great deal has been done and I thank all those who have contributed to this regardless of the challenges presented.

The greatest of these is the huge changes in the way health and social care are provided. The government has set out new arrangements which are no doubt challenging to health and social care professionals. However, they are funded by the country to provide an excellent service to the user and need to be accountable for what they do.

The challenge for the LiNk in the coming year is to evolve into Healthwatch Derby. The new organisation is seen as being a consumer champion for the people of Derby. Much of this year has been spent considering this issue and it is to the credit of my fellow volunteers that they have supported our efforts in this direction.

We have been well supported by a new LiNk Co-ordinator, Jim Moore, who together with Rebecca Johnson and Jessica Davies are assisting with this great challenge and proving valuable assistance in doing so. Thank you.

Steve Studham
Chair Derby LiNk

Overview

James Moore

Derby LINK Co-ordinator



The last year has been a testing time for Derby LINK. A reduction in funding led to reduced capacity at both staffing and operational levels.

This led to changes and disruptions in personnel and a period of uncertainty, with the planned transition of LINKs to Healthwatch, embroiled in the slow passage of the Health and Social Care Bill, which only received Royal assent at the end of March 2012.

However, Derby LINK was still able to carry out “enter and view” visits across the City. This has been where much of our members volunteering activity has been spent. The Care Quality Commission (CQC) used Derby LINKs enter and view reports of care homes as an example of best practice in its *A guide for LINKs* publication(2011).

We have built on our relationship with the CQC and Derby LINK is one of the 26 LINKs working on the Care Quality Commission and LINKs/local Healthwatch national development project to develop tools and guidance on improving communications, sharing information and developing how Local Healthwatch and CQC will work together.

We have been able to continue to produce a fortnightly newsletter informing and engaging community members and we have seen continued growth in membership and awareness of the LINK. We have held regular recruitment and awareness events at local health centres including Derby Royal and Kingsway Hospitals which have been a valuable way of communicating with and engaging with the wider community.

Our research activity has been focussed in two areas -

- 1) as one of the 75 national Healthwatch Pathfinders we undertook research around Dementia services and the findings are to be considered by the Health and Wellbeing Board later in the year.
- 2) Discharge back to care - which the findings were presented to Derby Hospitals NHS Foundations Trust who took them into account whilst developing a new Standard Operating Procedure for discharge to care homes.

So even though a difficult year the work has continued in a positive fashion and has produced some tangible developments and learning outcomes. The coming year will be one of continued transition as we work towards Healthwatch but one in which we will endeavour to ensure the people of Derby are informed and involved in the development of Health and Social Care services.

James Moore

Derby LINK Co-ordinator

Who we are

Management Committee

We currently have a combination of 368 individual and organisational voluntary members, throughout the year 15 served as Management Committee members giving their time attending meetings, discussing and identifying issues, agreeing policies ,setting priorities ,LINK development and ensuring that all activities are designed to help improve the Health and Social Care for the peoples of Derby.

Issues are identified from public consultation, working with service providers, statutory partners and our members' own observations and experiences.

Our Management Committee members for the year were:

Ciselyn Alexander
Maggie Attenborrow (Resigned November 2011)
Raj Bali
Som Bhalla
Carol Burns
Margaret Daisy Butler
Raj Gill
Margaret Hall
Marta Hancock
Keith Jeffrey
Margot Keats
Gloria Newell
Tim Proctor
Steve Studham - Chair
Peter Swift – Vice Chair

The Management Committee works in partnership with those that reside or work in Derby, service providers, our statutory partners which include Derby City Council, the Care Quality Commission , the Primary Care Trust , NHS and our host Community Action Derby .

Staff team

We have a staff team of 3 who ensure the day to day running of the LINK, provide support to the Management Committee and volunteers as well as acting as liaison between the LINK and the wider community. These are:

James Moore – LINK Co-ordinator
Rebecca Johnson– Recruitment and Membership Officer
Jessica Davies – LINK Researcher

Authorised representatives

Derby LINK has been carrying out Enter and View visits to Care and Residential homes in the City. The aim of the visits are to provide a lay person's view of the home focussing on dignity and quality of life for the residents and their families and they compliment the official inspections all homes must have from the Care Quality Commission.

The Local Government and Public Involvement in Health Act 2007 states that Health and Social Care service providers have a duty to allow authorised representatives of LINKs to Enter and View and observe the carrying on of activities on premises owned or controlled by the service provider.

As of March 2012 Derby Link have not had to formally use the Enter and View legislation as the Homes have willingly co-operated with us.

Derby LINK has provided regular training on the process and legislation associated with Enter and View visits and has been supported by Derby City Council who have provided Safeguarding Training.

Since LINK began we have trained 31 local volunteers who have completed the Enter and View training and the safeguarding adults awareness training; of those trained the following are our current authorised representatives.

Raj Bali
Bimlla Bhalla
Som Bhalla
Carol Anne Burns
Andrea Jane Greal
Margaret Hall
Margot Keats
Azzma Madarbakus
Gloria Newell
Eileen Pettitt
Ian Pettitt
Timothy Proctor
Pearl Swann
Peter Swift
Shirley Wessels
Jon Wroe
Parminder Singh Thindal



What we did this year

Recruitment

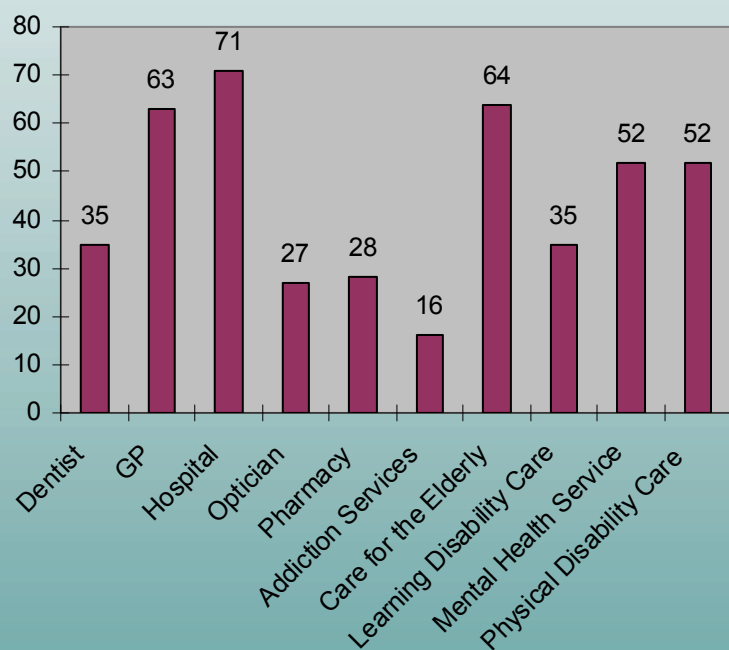
Membership of Derby LiNk has progressed well over the past year; currently we have 368 individual and organisational members. Of these 156 are active volunteers, with a good spread of representation from all equality groups across the city.

We have developed a range of different roles for members to allow them to participate as much or as little as they would like. These roles provide a range of opportunities for involvement and offer a variety of volunteer experiences, they are: Member, Researcher, Ambassador, Representative, Authorised Representative and Committee Member.



Member Roles	Numbers
LiNk Member	368
LiNk Committee Member	15
LiNk Researcher	40
LiNk Authorised Representatives	31
LiNk Ambassador	37
LiNk Representatives	33

Which Health and Social Care Services are important to you?



Recruitment and Awareness Events

We have held regular recruitment and awareness events throughout the year at various Health Centres across the City. Royal Derby Hospital and Kingsway Hospital have been the main venues throughout. These events have been a valuable source of information gathering providing an outlet to raise awareness of Derby LiNk but also allowing residents of Derby access to information and giving them an opportunity to let us know some of the issues that concern them with Health and Social Care.

Community events

We have attended many community events including coffee mornings, work shops, support groups, information events and staff meetings either to give presentations or as part of our engagement and promotional activity.

To reach as wide a section of the population as possible, the Derby LINK team decided to use a range of communication channels to raise awareness of issues and opportunities for involvement and promote the good work we have achieved so far.

The work has helped to raise awareness increase our membership and ensure we have good representation from communities and interested groups across the City.



Newsletter

One of the main methods of communicating with our members and the wider community is via our fortnightly newsletter. This goes out to around 400 groups and individuals, including providers and statutory partners. The newsletter carries information on upcoming events, opportunities for involvement, current consultations and latest news about health and social care services. We have received great praise for the newsletter, and its style and format have been copied by other LINKs nationally.

We provide paper copies for members who do not have computer access and most news items are copied to our website for wider publicity. Our feed back shows that we have a higher than average open rate for the electronic version of our newsletter .

Training

Volunteers play a vital role in Derby LiNk. Our aim is to meet the needs of our volunteers and provide all the training and support they request to help make the most of their volunteering opportunity.

Derby LiNk has developed training plans for their members, to enable them to fully participate in consultations, meetings, conferences and represent Derby LiNk.

Induction and Communication Training

Induction and communication training is offered to all new members, this training session gives our volunteers a better understanding of Derby LiNk, their role as a volunteer and the policies and procedures of Derby LiNk. Ensuring they have the necessary skills and the confidence to effectively carry out this important role.



The training session gives members a chance to raise any concerns they may have about volunteering with the project and on successful completion ensures members are fully covered and have the necessary ID to carry out LiNk activities.

Ambassador and Representative Training

One of the aims of LiNk is to engage with as many different groups and individuals as possible. To help with this we have devised the roles of Ambassador and Representative.



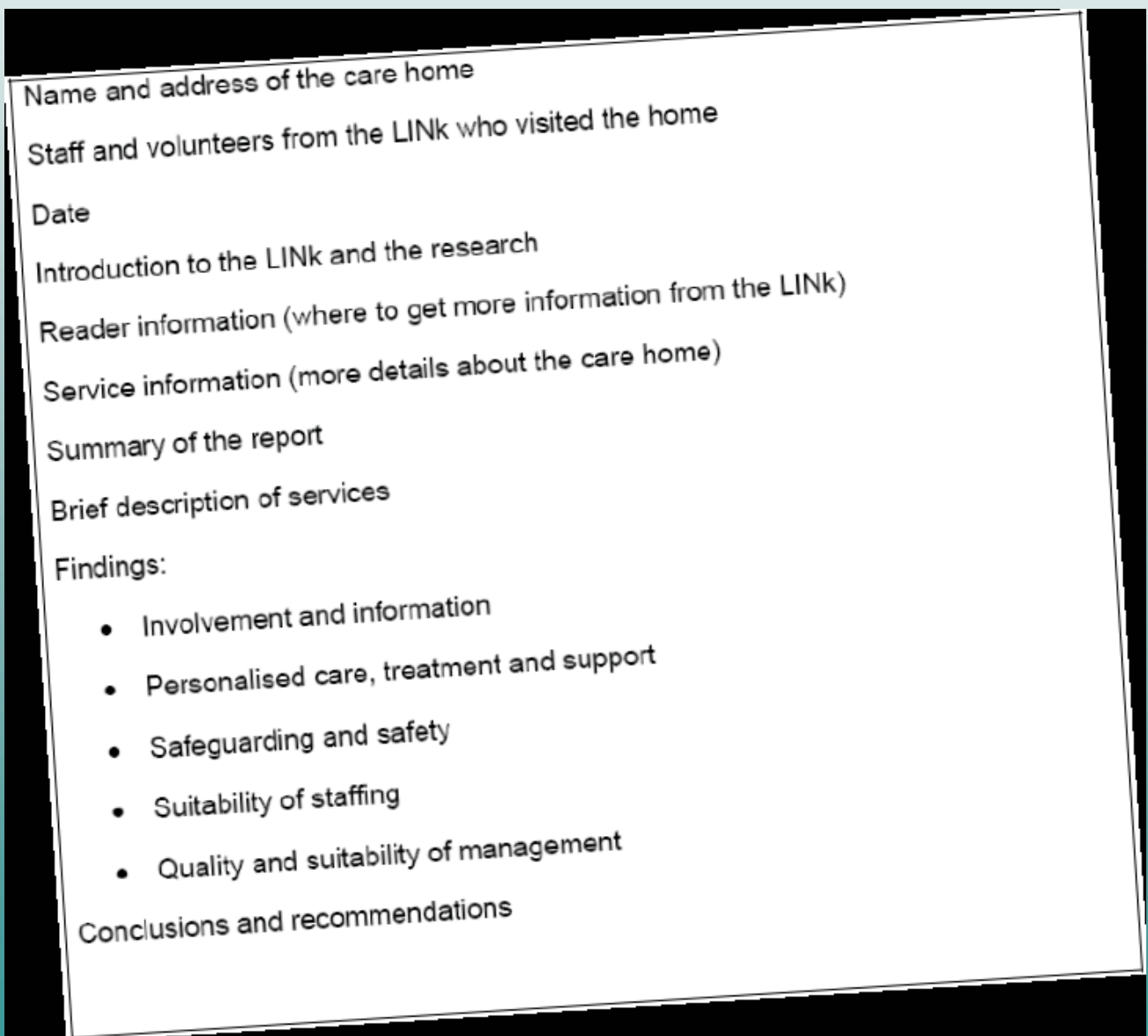
Members who undertake these roles agree to attend meetings or events and feedback any information or developments whilst also raising issues on behalf of LiNk and the wider community.

Enter and View training

The Enter and View training is compulsory training for Derby LINK members who wish to qualify as Authorised Representatives, and take part in enter and view visits of health and social care premises.

Only members who have successfully completed our induction training are eligible to take part. On completion of training, a CRB check for members is submitted.

This training session is specifically designed for better understanding of legislation, government directions, the process of a visit and the reporting system we use. In this session, group work, group discussions and different case studies are planned to give members in-depth understanding of issues and highlight the importance and sensitivity of these visits.



The image shows a tilted document, likely a checklist or report form, with the following sections:

- Name and address of the care home
- Staff and volunteers from the LINK who visited the home
- Date
- Introduction to the LINK and the research
- Reader information (where to get more information from the LINK)
- Service information (more details about the care home)
- Summary of the report
- Brief description of services
- Findings:
 - Involvement and information
 - Personalised care, treatment and support
 - Safeguarding and safety
 - Suitability of staffing
 - Quality and suitability of management
- Conclusions and recommendations

Care homes

Every LINK has powers to 'Enter and View' any premises that provide health or social care services. We provide training for our members on the legislation and procedures associated with an Enter and View visit.

Derby LINK members discussed how we should use these powers and focus on how we would help improve services within Derby, members decided to use our powers to speak to residents of care homes about their experiences of living in the homes. We later expanded this to include visitors and staff members' views of the homes to give a more rounded view.

We have visited most of the care and residential homes in the city and recorded the views of hundreds of residents, their visitors and the staff of the homes.

A report is compiled of each visit which, once approved by the home, it is shared with NHS Derby City, Derby City Council and the Care Quality Commission (CQC).

These reports have been very well received and resulted in Derby LINK being invited to take part in a national learning set with CQC on how LINKs can share information gained. This has culminated in Derby LINKs Enter and View report template being included in the CQC *A guide for LINKs* publication in June 2011.

Additionally CQC compliance inspectors now access these reports prior to carrying out formal inspections to gather a fuller picture of services offered.

We plan to continue this work , revisiting homes to see if they have acted on our recommendations.



As a result of the care homes work, we were invited to get involved with other CQC reviews and inspections. This included work with East Midland Ambulance Service last year.

We are currently working with the CQC as part of the LINKs/Healthwatch national development project.

The development project aims to:-

- Develop further tools and guidance for Healthwatch to use in recording and sharing information with CQC about the quality and safety of health and social care services
- Explore the information local Healthwatch will be likely to share with Healthwatch England and how CQC can work with Healthwatch England to manage this information
- Pilot options for how and when CQC and LINKs/Healthwatch should work more closely together on CQC inspections and LINKs' enter and view visits, to make better use of information from people who use services, and produce guidance and protocols for use by LINKs/local Healthwatch.
- Maintain effective two way dialogue between CQC and local Healthwatch pathfinders and regional networks of LINKs/local authorities to help us shape the development of CQC's relationship with LINKs/local Healthwatch, and how we work with Healthwatch England

We continue to develop our relationship with the CQC and expect this relationship to continue as Healthwatch England will be part of the CQC structure which Local Healthwatch is expected to be feeding into .

Research Report

Care Homes

After the success of the first phase of the research into Care Homes within the city, examining what peoples experiences were of living, visiting and working at individual homes, and the 38 original visits, Derby LINK has been involved in revisits to homes where the Enter and View Team had made significant recommendations. So far, 6 homes have been revisited and it is most promising to observe that many of the recommendations Derby LINK made have been acted on.



Dignity in care is now much more relevant than ever before and through these visits, Derby LINK are working more closely with the Care Quality Commission, Derby City Council and the Safeguarding Adults Board, and are able to contribute to the improvement of ongoing standards of care.

Community Engagement

Whilst at events at The Royal Derby Hospital, the LINK Team have been involved with a wider form of community engagement, asking people to inform the LINK Team what services they consider to be of most importance. Our findings suggest that the three most important services identified by our sample were **Hospital, Care for the elderly** and **G.P. services**.

This served to not only gain an overview of what local people felt about services and what may be of interest to look at in more detail in the future but also to raise awareness of LINK by starting to get people to think about their health and social care services and to build rapport with local communities.



Case Study

At the request of Derby LINKs Management Committee a case study about an inpatient experience at Derby Royal Hospital has also been conducted. This case study examined the patient's experience of admission, arrival, their stay at hospital including medication, nutrition, visitors, preparing to go home and being discharged.

The results indicated that the patients experience was mostly a positive one, apart from their experience of the provision of food. This concern had been raised with the hospital directly and the participant had received a response outlining their course of action.

Hospital Discharge

After the successes of Derbyshire LINKs “Inappropriate Discharge: Report”, Derby LINK members decided there would be value in researching the experiences of people being discharged from hospital into residential and nursing care across the city.

The subject of hospital discharges, especially regarding the elderly and vulnerable raises concern amongst patients, their families and their carers. In our society, care is provided to a patient by a multi disciplinary team; a range of health and social care professionals are responsible for the patient’s well being and policies and procedures are set out ensure that principles outlined by the Care Standards Act 2000 are met sufficiently.

This study examines the experiences of health care professionals, at both residential and nursing homes, regarding the process of a patient’s discharge from hospital to a care home, in terms of awareness, communication, information, medication, appropriateness and involvement and support.

The Hospital Discharge Survey was launched in April and was open for four weeks. It consisted of 18 multiple choice questions gaining both qualitative and quantitative data. The survey was sent to a total of 50 residential and nursing homes in the city achieving a 50% response rate for the study . The experiences outlined in this survey were directly compared with the Derby Hospitals NHS Discharge Policy.

In conclusion, the findings of our survey indicated that the standard of discharge procedure from Derby Hospitals to care and residential homes in the city was generally poor. Whilst not universally negative, the vast majority of respondents expressed concerns regarding the quality of information, level of support and management of medication for patients on discharge. These issues have had negative implications for the speed and effectiveness of patients’ recovery. Whilst these issues raised concerns, the most worrying issue identified was the perceived lack of dignity in care experienced by patients. Over half of all respondents said patients had been discharged inappropriately clothed, in some cases without shoes or suitable outdoor clothes. A quarter of respondents said patients had been discharged at inappropriate times of day with examples of after 7pm or 9pm being cited. Our survey showed there was evidence of good practice around discharge carried at Derby Hospitals but there was also a worrying amount of poor practice and deviation from the approved policy. Recommendations included a review of the policy in terms of dignity and respect, medication and communication.

Since the survey, Derby LINK have been involved in the development and implementation of a new Standard Operating Procedure around the transfer of patients from acute care to the care home setting, and will be following up the survey in the near future to find out what improvements have been made.

Dementia Pathfinder

Another long term project the team has been involved with is the development of the Derby LINK Healthwatch Pathfinder. Derby LINK was one of seventy-five Pathfinders granted throughout England. The Derby LINK Healthwatch Pathfinder was launched jointly by Derby LINK and Oleana Consultants Ltd in January 2011. The expectation was that the Pathfinder would produce an action plan, by developing a model of citizen engagement with transferable working and recommendations which would be presented to and considered by the CCG's, and the Health and Wellbeing Board as appropriate.

In order to deliver the Derby LINK Healthwatch Pathfinder, the aims and objectives were twofold:

- To develop a model for Derby Healthwatch to strategically influence commissioning;
- To develop a model of citizen engagement is to strengthen public influence and involvement in health and social care.

Derby City's Emerging Dementia Strategy 2010 – 2015 estimated 4,122 people would be affected by dementia. It identified five wards within the city, Allestree, Blagreaves, Boulton, Mickleover and Spondon with increased need, and also outlined that Asian and African Caribbean elders had an 'increased risk of developing dementia'. It was for this reason, and the LINKs members' prioritisation of mental health issues that the decision was taken to focus on dementia. The focus of the Pathfinder therefore was future services for people affected by dementia and their carers, and how those people could influence service design now, before they become patients or carers, while they are in a position to have an objective input.

Our findings showed that there was a need for more information around dementia for those affected and their families, for those providing informal care and for the wider society. The results also indicated that people were worried about many aspects of formal care, including the experience of diagnosis, sheltered accommodation, care at home, residential and nursing care, dignity and respect, preventative care and reminiscence services, and representation. In terms of informal care our findings showed that people felt more resources needed to be invested around support for informal carers, and support for local community groups and organisations.

In the current climate of financial difficulties it was also felt that funding needed to be invested in medication, care at home, research and services. These results were similar to national findings presented in 'Dementia 2012: A National Challenge' (Alzheimer's Society 2012), 'Support, Stay, Save' (Alzheimer's Society 2011), 'Counting The Cost' (Alzheimer's Society 2009).

Healthwatch

The White Paper Equity and excellence Liberating the NHS discussed that Local Involvement Networks were to become part local Healthwatch.

It was envisaged that Local Healthwatch would have been up and running from April 2012. However the Health and Social Care Bill 2012 only received Royal Assent at the end of March 2012 meaning that the launch of Healthwatch England would not be until October 2012.



Healthwatch England will give local voice influence at the national level it will be a statutory committee of the Care Quality Commission (CQC) and it will be key to enabling the collective views and experiences of people who use services to influence national policy, advice and guidance and as a statutory committee of CQC it will help strengthen links between patient/public views and regulation.

A crucial function of Healthwatch England will be providing leadership and support for local Healthwatch. to provide national leadership and support.

Local Healthwatch organisations are to start in April 2013 Healthwatch Derby will be an independent organisation that will build on the work Derby LINK has done to date.

Discussions with Derby City LINK members and stakeholders about the transition to HealthWatch revealed an aspiration for the new organisation to build on its established role as the health and social care champion for patients and the public by increasing strategic input and influence.



Over the last 12 months a lot of work has gone into the planning and transition of LINK to Healthwatch and this will continue throughout the coming year to enable the new Healthwatch Derby to be ready for April 2013.

The Derby LINK Chair now sits on the Shadow Health and Wellbeing Board and the Derby LINK Management Committee are involved in the design and establishment of the new Derby Healthwatch along with the City Council and the new Clinical Commissioning Groups (CCG's).

The new Healthwatch Derby will ensure that local peoples views are taken into account when services are commissioned .

Overview and Scrutiny Commission (OSC)

We have developed a good relationships with our local Overview and Scrutiny Commission (OSC). We have agreed a policy for working together and sharing information which has worked well to date and we are looking at how this relationship will develop as we move towards Healthwatch.

As part of the OSC's review of NHS Derby City's consultation on Out of Hours Access to GPs, we were asked to gather information about whether patients were registered with a GP and if they experienced any difficulty in making appointments. We managed to speak to over 300 residents. The results showed that although many patients were registered locally, 945 had experienced difficulty in making an appointment. Our findings were fed back to the OSC for action.

Derby LINK has yet to refer an issue to the Health OSC but would feel confident of receiving the full backing of the members should we do so.



Formal requests

In 2011–12 we have not made any formal requests for information from NHS services. This is due to the excellent relationship we have developed with the trusts who, in our experience, have been more than happy to share information and resources without recourse to formal action. We hope to continue and further develop these relationships as we move towards Healthwatch

Finance Report

COMMUNITY ACTION DERBY

CONTRACT: PROVISION OF HOST SERVICES to DERBY LINK

Budget 2011-2012

Monitoring 2011-2012 (rounded to nearest £)

COSTS:	BUDGET 2011-2012 £	Monitoring 2011-2012 (rounded to nearest £)				Totals
		Qtr 1 Apr- June	Qtr 2 July - Sept	Qtr 3 Oct - Dec	Qtr 4 Jan - Mar	
STAFFING COSTS:						
LINK Co-Ordinator & Cover	29,383	7,038	7,003	6,942	7,208	28,191
LINK Officer	23,368	5,835	5,835	5,835	5,835	23,339
LINK Researcher -15 Hours @ Officer Rate	9,632	2,340	2,340	2,340	2,340	9,359
Staff Recruitment & Staff Training Costs	0	0	168	0	1,407	1,575
TOTAL Staffing Costs	62,383	15,213	15,345	15,117	16,790	62,464
Premises & Office Running Costs	11,000	3,285	2,887	2,754	3,771	12,697
Staff Travel Costs	600	64	62	132	76	334
Publicity & Communications	1,500	72	549	381	49	1,050
Members Expenses	1,000	109	159	462	727	1,458
Recruitment & Training	1,000	0	350	0	0	350
IT Support	1,000	132	0	0	0	132
Management & Core Support Fee ~ 10%	7,600	1,900	1,900	1,900	1,900	7,600
TOTAL Other Costs	23,700	5,562	5,907	5,629	6,523	23,621
TOTAL PROJECT COSTS	86,083	20,774	21,253	20,745	23,313	86,085

How can you get involved?

LINKs are designed to be as open and accessible as possible; therefore we have developed a range of ways of participating to ensure everyone can get involved.

You could be a:

Committee Member – attending meetings and taking a full part in Derby LINK's activities;

Researcher – finding information about issues raised, consulting with your community and informing the Derby LINK of your findings;

Ambassador – meeting with service providers and acting as a point of contact for LINK members, representing the views of the LINK when asked to do so; or

Member – receiving information from Derby LINK about current issues and letting us know your thoughts and playing a more active role if you wish.

Contact us

For more information about the work of Derby LINK, to request a membership pack or let us know about an issue you would like us to look into, please contact us at:

Derby LINK
4 Charnwood Street
Derby

LINK **MAKE IT HAPPEN!**



Everyone has a say about health and care in Derby

Everyone has a voice - we want to hear yours!
Talk to the people who decide what hospitals, care
homes, dentists' and doctors' surgeries offer in
our city

Tell them what you want and help change services.

Find out more at www.derbylink.org.uk
or call 01332 227730

