

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 JULY 2010

MEDWAY LOCAL INVOLVEMENT NETWORK (LINK) ANNUAL REPORT AND RELATED ISSUES

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Leisure, Culture, Democracy and Governance

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Summary

This report presents the Medway LINK annual report and related issues for the committee's consideration.

1. Budget and Policy Framework

- 1.1 Local Involvement Networks (LINKs) were established to replace Patients' Forums under the Local Government and Public Involvement in Health Act 2007. Medway Council has contracted with Kent and Medway Networks (KMN) to act as the host organisation for the Medway LINK. The LINK is an independent network of local people and community groups with a remit which covers all publicly funded health and social care services.
- 1.2 The Medway LINK and the Council's Overview and Scrutiny Committees covering health and social care have distinct but complementary powers and responsibilities.

2. Background

Annual report

- 2.1. Attached as appendix A to this report is the annual report of Medway LINK agreed at its Annual General Meeting held on 9 June 2010, for members' comments.

Review of protocol

- 2.2 In January 2010 the committee agreed that the protocol between the LINK and this committee would initially be reviewed after six months and then subsequently annually. Members are, therefore, asked to undertake an initial review of its working. From the perspective of

overview and scrutiny there are no obvious issues to report although it is very early in the process to assess it. For ease of reference the agreed protocol is attached as appendix B.

Adult social care referrals

- 2.3. In accordance with paragraph 9 of the protocol a six monthly report on any referrals by the LINK to adult social care need to be reported twice a year. Appendix C sets out the interactions between Medway LINK and adult social care over the last six months.

Referral letter to trust in Medway

- 2.4. On 11 June 2010 Medway LINK referred to Medway NHS Foundation Trust a report on hygiene, disinfection and patient experience in hospitals, which followed a project undertaken across Kent and Medway. The trust has 20 working days to respond.
- 2.5. A representative from Medway LINK will update Members at the meeting.

3. Financial and legal implications

- 3.1. There are no financial implications arising from this report. LINKs are funded through an Area Based Grant.
- 3.2. LINKs were established to replace Patients' Forums under the Local Government and Housing Act 2007, which also extended the remit of local authority OSCs to scrutinise partner organisations in relation to the Local Area Agreement. The Council's OSCs derive their power to scrutinise social care services and the NHS from the Local Government Act 2000 and the Health and Social Care Act 2001. The Council is obliged to appoint a 'host' that will provide support to the LINK achieving its duties.

4. Recommendations

- 4.1. The Committee is asked to:
 - (a) consider the LINK annual report;
 - (b) review the operation of the LINK protocol; and
 - (c) comment on the interaction between Medway LINK and adult social care.

Lead officer contact

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Background papers

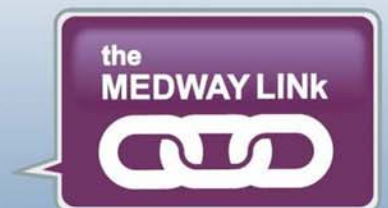
Local Government and Public Involvement In Health Act 2007



The Medway LINK

Your LINK for improving health and social care





Annual Report
2009 / 2010













a LOCAL INVOLVEMENT NETWORK

Contents

Foreword by Facilitator of LINK's Coordinating Team Page 6

	Section 1	Summary	
		Welcome	Page 8
		Format of this Report	Page 8
		Acknowledgments	Page 10
		Conclusion	Page 11
	Section 2	The Role of a LINK	
		What is a LINK?	Page 12
	Section 3	The Area of Medway	Page 13
	Section 4	The Medway LINK	
		Introduction	Page 14
		Statistics	Page 14
		Components of the Medway LINK	Page 15
		Medway LINK Structure	Page 16
		Coordinating Team	Page 18
		Moderating Panel	Page 20
		Authorised Visitors and Mystery Shoppers	Page 22
		External Representatives	Page 25

	Section 5	LINK Activity	
		LINK Annual Work Programme	Page 29
		LINK Projects	Page 29
		LINK Achievements	Page 30
<hr/>			
	Section 6	LINK Projects	
		❖ Hygiene, Disinfection and Patient Experience in Hospitals	Page 32
		❖ Access (Transport) to Health Services	Page 33
		❖ Fair Access to Care Services in Medway	Page 35
		❖ Quality Accounts	Page 36
<hr/>			
	Section 7	Public Engagement	
		Introduction	Page 38
		LINK Community Engagement Events	Page 39
		Health Promotion Roadshows	Page 41
		LINK Presence at Statutory, Community and Voluntary Organisations' Events	Page 42
<hr/>			
	Section 8	Working with Others	
		Introduction	Page 43
		Relationships with Medway's Social Services	Page 43
		Relationships with NHS Medway	Page 43
		Relationships with Medway NHS Foundation Trust	Page 44
		Working with the Community	Page 45
		Relationships with the Regulators	Page 45
		Maintaining the LINK's Independence	Page 46

	Section 9	Financial Report 2009 / 2010	Page 47
<hr/>			
	Section 10	How to Contact the LINK	
<hr/>			
		Support for the LINK	Page 50
		Kent & Medway Networks	Page 51
<hr/>			
	Section 11	Next Steps	
<hr/>			
		Looking Ahead	Page 52
		Working with Other Organisations	Page 52
		LINK Priorities for 2010 / 2011	Page 53
<hr/>			
	Appendix A	Medway Demographics	Page 55
<hr/>			
	Appendix B	Medway LINK Statistics	
<hr/>			
		Statistics	Page 56
		Training Provided for LINK Participants	Page 60
<hr/>			
	Appendix C	Issues Referred to the LINK	Page 61
<hr/>			

Foreword



David Harris

Facilitator, Medway LINK
Coordinating Team

This 2009 / 2010 Annual Report represents an important step forward for the Medway LINK and it gives me great pleasure in presenting it to you. It is a worthy read of our achievements over the year and explains how our organisation and way of doing things has developed.

The first year of LINK operations saw the launch of the Medway LINK, creating and setting in motion the ability for the voice of Medway's communities, in the provision and development of local Social Care and Health Services, to be heard. An operational method was set in place and the Host organisation, Kent & Medway Networks Ltd, recruited and trained the volunteers who were needed to deliver operations in Medway.

In this year we have experienced an increase in our activities as more and more organisations in the area called upon us to be represented in, and contribute to, their activities. For example, working relationships have also been established with the Council's Overview and Scrutiny Committees, with whom we signed a protocol in March 2010. This lays down our respective responsibilities and working relationships. Importantly, the protocol identifies areas where we can work collaboratively in future to complement our particular interests but, at the same time, maintaining the LINK's independence. Work is currently underway to create similar protocols with other key organisations, such as NHS Medway, Medway Social Services, Medway NHS Foundation Trust, South East Coast Ambulance Service NHS Trust, and Kent and Medway NHS and Social Care Partnership Trust.

As the LINK's reputation grew, so did its workload. We have undertaken a number of important and informed research projects and surveys with a view to submitting our reports to local and national government organisations for their consideration and action. To assist the LINK in developing this work we have funded the employment of a LINK Project Worker. This is to continue into the next year and will enable the LINK to undertake and complete more projects.

Medway LINK also needed more volunteers, particularly for the LINK's Coordinating Team, Moderating Panel and for Authorised Visitors / Mystery Shoppers and External Representatives. In October 2009, a recruitment campaign was organised, resulting in the selection of additional Coordinating Team members and the reappointment of some of the initial Team members. Additional members of other LINK groups were also selected. Recruitment is ongoing and a further campaign is planned for April 2010 to increase the number of LINK External Representatives in particular. This is to ensure that the LINK is represented on all NHS Medway Commissioning Groups. The LINK has been fortunate in that it has been given a head start, with the former members of the disbanded

internal NHS Medway Patient Carer and Public Involvement Group becoming LINK External Representatives and bringing with them their vast knowledge and experience.

Over the year our Moderating Panel has been busy considering a number of issues raised by LINK participants, members of the public, voluntary / community groups and statutory bodies – a full list of those issues can be found in Appendix C.

The LINK has also been out and about monitoring services as part of key LINK projects. Details of these achievements are well worth reading later in this report and include the following:

- LINK Authorised Visitors have carried out hygiene visits in hospital settings as part of the Hygiene, Disinfection and Patient Experience in Hospitals Project, undertaken jointly with the Kent LINK
- LINK Mystery Shoppers have carried out a telephone Mystery Shopping exercise as part of the Fair Access to Care Services in Medway Project

Further projects are underway, such as the Access (Transport) to Health Services Project (joint with the Kent LINK) and Quality Accounts – the LINK's opportunity to respond to NHS Trusts' declarations on their performance.

Over the coming year we will be seeking to maximise our effectiveness in representing Medway's communities' interests, our efficiency in targeting our efforts to have the most influential impact, and our economical usage of the resources at our disposal. We look forward to working with LINK participants on the LINK's forward plan (at the LINK's annual meeting and beyond). We will also be building on the good working relationships established with the commissioners and providers of our health and social care services.

The LINK, through two members of the LINK's Coordinating Team, is involved in the performance management of its Host organisation, Kent & Medway Networks (KMN). KMN has the contract with Medway Council to deliver the support services to the Medway LINK until March 2011. The two team members contribute to the quarterly performance reviews held with Medway Council and are able to provide their views on how the Host has supported the LINK in all of its activities, according to the terms of the contract.

I would encourage you to read in the following pages all about the developments I have referred to above. If you have any views on this Annual Report then please contact me via KMN (address shown in the How to Contact Us section, page 50). It is only by making your views known that we, at Medway LINK, can influence others and seek to make changes for the better for all of us. Thank you for your continued support.

Kind regards

David Harris
Facilitator, Medway LINK Coordinating Team

Summary

Welcome to the second Annual Report of the Medway Local Involvement Network (LINK) - your local network of local people and voluntary / community groups who work together to influence and improve local health and social care services.

We know that not everyone wants to know about everything that the LINK has been doing! So, in this section we aim to highlight the key points made in the rest of the Report and, if you want to know more about any item, you can go straight to the relevant section.

Format of this Report

1. This report contains a factual statement of the work undertaken by the Medway LINK during the period 1 April 2009 to 31 March 2010. Also featured in the report are comments / views from individual LINK participants.
2. You will already have seen the Foreword - a welcome from David Harris, Facilitator of the LINK's Coordinating Team.
3. This first section, **Summary**, outlines different sections in the report and highlights examples of key successes, outcomes and good practice. It also sets out the key issues for the Medway LINK in the following year and acknowledges all the hard work that has been done to develop the LINK into the organisation it is today.
4. Local Involvement Networks (LINKs) are statutory organisations made up of people who volunteer to give communities a stronger voice in how their health and social care services are planned and delivered. **Section 2, The Role of a LINK**, outlines the LINK's role and indicates how the Medway LINK has set itself up to perform that role, taking into account the geographical area it covers.
5. **Section 3, The Area of Medway**, provides a brief introduction to the area of Medway, as pertinent to the LINK, with the relevant statistics and details contained in Appendix A. The Medway LINK covers the whole of the Unitary Authority Area of Medway, ie that covered by Medway Council. In trying to ensure that as many people and groups and communities can get involved, the LINK needs to take account of these details.
6. Having briefly looked at the characteristics of the area it covers, **Section 4, The Medway LINK**, shows the structure of the LINK and the LINK's main groups - the Coordinating Team, Moderating Panel, External Representatives, Authorised Visitors and Mystery Shoppers, who is involved and what they do. If you want to see who they are, this is the section to go to. This section also lists external organisations where the LINK is represented, as well as personal experiences of some of the LINK participants involved in these groups.
7. **Section 5, LINK Activity**, introduces you to what the LINK has been doing over the last year, reflecting on the LINK Work Programme and, more significantly, highlighting the projects it has been working on and giving one example of the LINK's achievements -

helping the Medway Swale Advocacy Partnership. This section also refers to the issues raised with the LINK throughout the year and refers you to Appendix C, where you can see what issues were raised, the decisions made by the LINK's Moderating Panel and the outcomes.

8. A summary of the LINK's projects can be found in **Section 6, LINK Projects**. In outline the Projects are:

8.1. **Cleanliness, Disinfection and Patient Experience in Hospitals** was initiated at the LINK's first annual meeting in June 2009 and involved the Medway LINK working with its neighbouring LINK, the Kent LINK. The joint LINK project was started in September 2009 and the full project report is due to be published in May 2010. In essence the project looked at hand hygiene, use of alcohol dispensers, cleanliness and disinfection with chlorine and patient experiences of hygiene in hospital.

8.2. **Access (Transport) to Health Services Project** is another project undertaken jointly with the Kent LINK. The project is ongoing with completion and report scheduled for June 2010. It reflects the ongoing issue raised with all organisations associated with the provision of health care, including the Medway LINK, and one that has no easy answer. In this section of the report we provide details of how the project is being undertaken and a list of some of the key issues identified so far.

8.3. **Fair Access to Care Services in Medway** is the project commissioned by Medway Council that looks at the care services provided in the community, using mystery shopping. Again, the method used is highlighted and the report of the findings will be published for the LINK's annual meeting in June 2010.

8.4. **Quality Accounts** is an exciting and innovative initiative, with the Medway LINK collaborating with Canterbury Christchurch University in the Quality Accounts Project. This relates to seeking lay input to the Care Quality Commission's regulation of health trusts. The LINK project will involve providing participants and harder-to-reach groups with the opportunity to give feedback on their experiences and quality of health service they have received. LINK input is due in June 2010.

9. **Section 7, Public Engagement**, highlights how the LINK has been out and about in Medway, seeking views from local people, communities and groups. The LINK has organised and hosted two significant community events, featured in detail in this section. As well as seeking the views of local people and enabling more people to be involved in the work of the LINK, these events provide the LINK Coordinating Team's and Moderating Panel's accountability to different communities and the wider population of LINK participants. A summary of these events follows:

9.1. **The Medway LINK Community Engagement Event held on 3 June 2009 in Chatham** (immediately following the LINK's annual meeting), at which attendees heard from LINK participant Mary Butcher, a carer managing a social budget for her daughter Ann-Marie, and Genette Laws, of Medway Council, on the new Personalisation (Social Care) agenda in Medway. Further information and discussions were held on subjects referred to as 'giants' of ill health in Medway - Sally-Ann Ironmonger, of NHS Medway, on prevalence of strokes and deaths from coronary heart disease, and Richard Woolterton on NHS Medway's network of walk-in centres.

- 9.2. **The Medway LINK Community Engagement Event held on 27 October 2009 in Gillingham**, where attendees were able to listen to and ask questions of the Chief Executive of NHS Medway on their future plans. This event also gave many people the opportunity to take part in the Department of Health's Big Care Debate.
10. Further examples of the LINK getting out and about are featured in Section 7 of this report:
- 10.1. The LINK presence in the Health Promotion Roadshows
 - 10.2. The LINK attending many statutory, community and voluntary organisations' events
 - 10.3. LINK presence at the Independent Living Day fair
11. **Section 8, Working with Others**, highlights how the LINK has established effective working relationships with NHS Medway, Medway Social Services and Medway NHS Foundation Trust. It also highlights the exciting and innovative work that has been undertaken with Medway Overview and Scrutiny Committees.
12. The LINK's financial status, as at the end of 31 March 2010, is covered in **Section 9, Financial Report 2009 / 2010**. The LINK is carrying forward some funds to the next financial year and plans for these funds are also featured in this section.
13. **Section 10, How to Contact the LINK**, not only provides contact details but also outlines the support that is available to the LINK and its participants. Have a look at this section if you want to see who is helping the LINK, in the communities and in the background.
14. Finally, and by no means least, **Section 11, Next Steps**, highlights the LINK's ambitions for the forthcoming year, developing the network further and making the LINK more visible in communities, and developing the LINK's potential.

Acknowledgements

The LINK Coordinating Team and Kent & Medway Networks (KMN) wish to thank all the participants who have contributed to the development and activities of the LINK in Medway.

Special thanks also go to past Coordinating Team members, Edward O'Neill, Joy Birdsey, Jennifer Gibson, Tina Murphy, Nazma Hoque, Toni Lancaster and Pauline Yau, who contributed their time and effort in ensuring that the LINK had good foundations from which to embark on its role in local communities.

Our appreciation also goes to staff at NHS Medway, Medway NHS Foundation Trust, South East Coast Ambulance NHS Trust and Kent and Medway Health and Social Care Partnership Trust for their ongoing support and assistance in enabling the LINK to perform its role. Also our gratitude goes to Medway Council's Overview and Scrutiny Committees' support team in working with the Host organisation to build and maintain the LINK and OSCs' working relationships.

All have worked hard to maintain the momentum and interest in this new way of encouraging more local people to get involved, not just in their local health service but also, for the first time, in local social care services.

Our thanks must also go to the Host organisation, KMN, especially our LINK Development Worker, Jane Williamson, LINK Administrator Kirsty Tipler and Neville Dack, Project Worker, who have all admirably supported us in our endeavours.

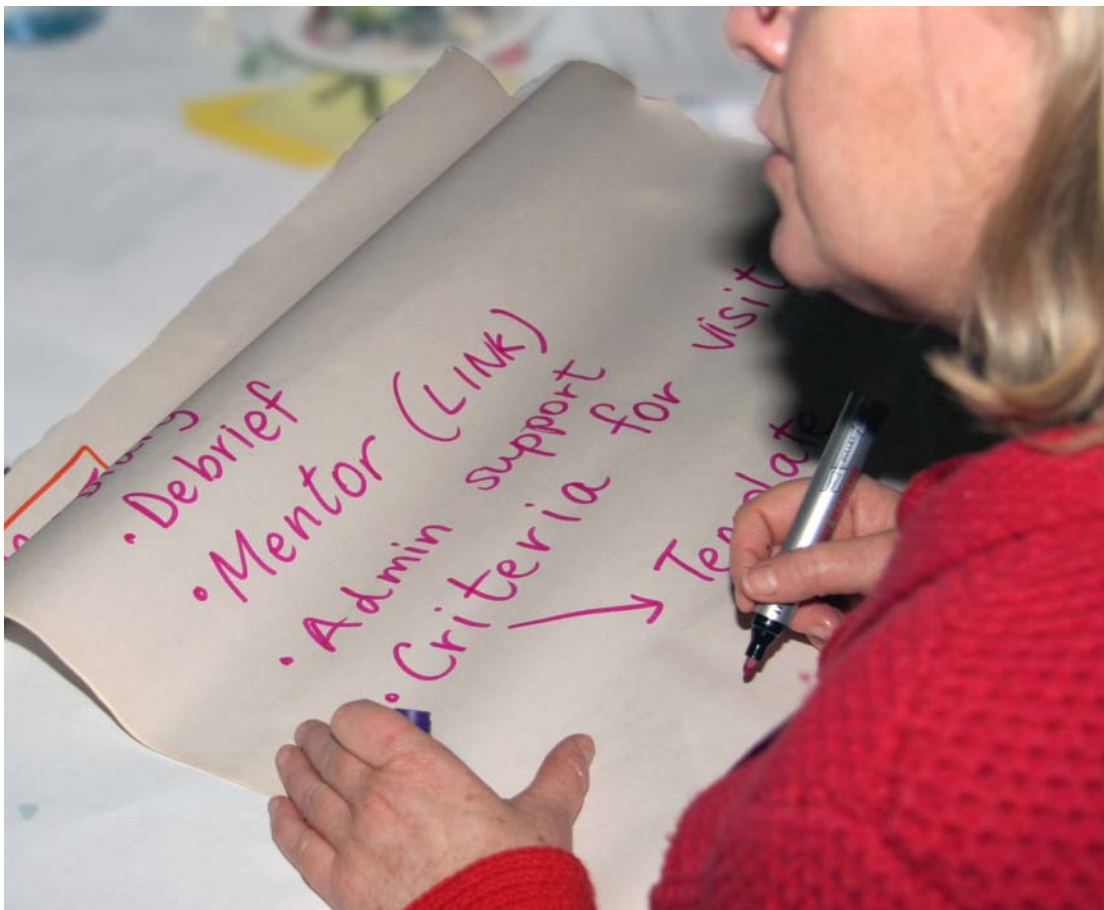
Finally, KMN would like to thank all of the LINK Coordinating Team members and Panel members, past and present, for their time, effort, support and assistance in ensuring that the LINK can function effectively, as well as helping with the production of the LINK's various policies and governance framework.

Conclusion

The LINK members and KMN are keen to learn from you, so tell us:

- What do you think about this report? For example, is it informative, is it too long?
- Having read it, do you have sufficient information to know what the LINK is about and how you can get involved?
- What do you feel the LINK should be addressing in the future?
- How do you wish to become involved in the LINK and its work?

A separate feedback form is included - please do take a few minutes of your time to complete and return this to us; contact details are on the form. If you are not already a LINK participant then please do sign up, either through the website or on the feedback form.



The Role of a LINK

What is a LINK?

LINKs were set up, by Central Government, in every local authority area where the Local Authority has responsibility for social services, to give communities a stronger voice in how their health and social care services are delivered. LINKs are run by local people and groups. Their role is to promote involvement, to find out what people like and dislike about local services, monitor care provided by services and use LINK powers to hold services to account.

To be effective LINKs should:

- Enable different people and groups to get involved
- Agree practical arrangements for finding out local priorities for health and social care services
- Establish the right foundations for all of this to work

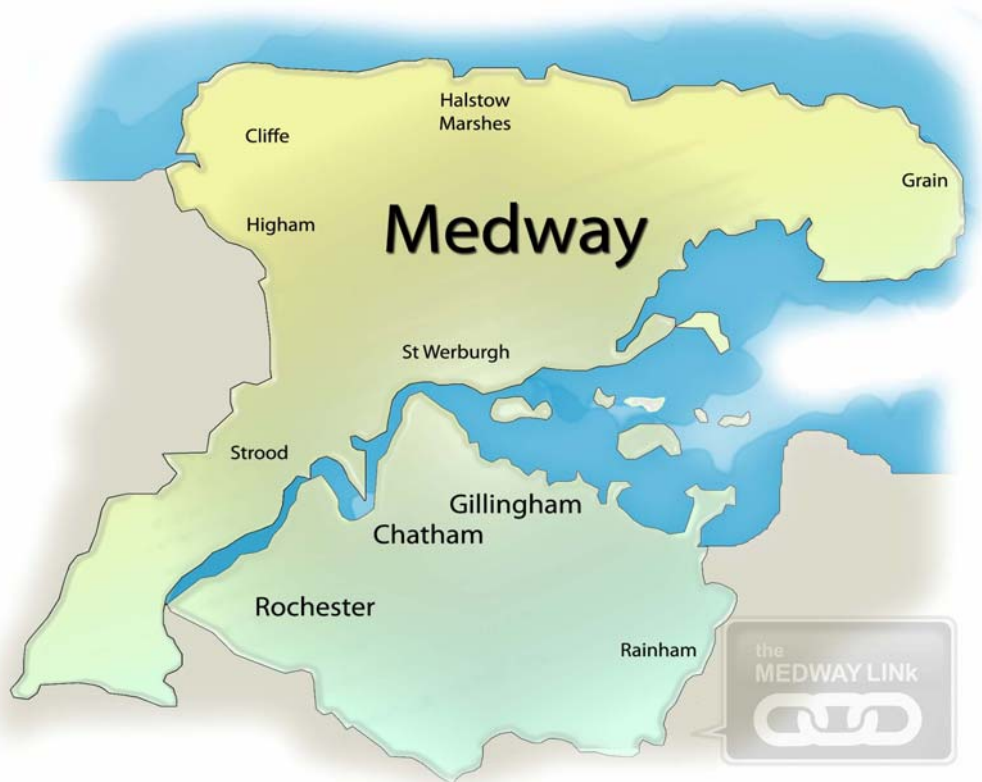
The Medway LINK achieved this in its first year by establishing its own rules - its governance arrangements, detailing how it is organised, the groups and roles it needs, how it will engage with local communities, how it will make sure that it is as inclusive as possible and that it promotes itself and the many opportunities that exist for local people and communities to influence what health and social care services they should expect.

The Medway LINK's governance arrangements were developed taking account of the area it covers - its geography, population and the complexity of services provided for local people. The following section provides more details of the area covered (the Unitary Authority of Medway) and Section 4 shows how the LINK has organised itself - what it does on an annual, quarterly, monthly and day-to-day basis.

This last year 2009 / 2010, we have been building on the components established in the first year alongside developing what the LINK is intended for - finding out your views, monitoring the services and holding them to account. Examples of that work are given later in this report.

The Area of Medway

Medway is the largest free-standing urban area in the South East, comprised of a series of towns along the River Medway, including Chatham, which is the administrative headquarters, Rochester, Strood, Rainham and Gillingham. The Medway Council, a unitary authority, was formed in 1998. Smaller towns, villages and parish councils reside on the fringes of the urban area. Appendix A provides more details about the demography - the population figures, ethnicity, deprivation etc.



The above geographical area has a LINK Development Worker (LDW), whose principal role is to get to know the local communities. In particular, the LDW works to support the LINK in giving a voice to individuals and groups that previously have not had a say, enabling them to influence decisions around local health and social care services.

The Medway LINK

Introduction

This section of the Annual Report describes how the LINK is organised and works in Medway.

It is always difficult to describe simply what an organisation looks like and the Medway LINK is no exception. On the next two pages we have described graphically and chronologically how the Medway LINK is organised and operates on an annual, monthly and day-to-day basis.

Firstly there are some statistics and a brief description of each of the components of the LINK - how it has organised itself to take account of Medway's characteristics, size, geography and population. Later in this section there is more detail on the groups - who is involved, their roles and responsibilities and what they have been doing on behalf of the LINK during the year.

Statistics

One of the key factors of the Medway LINK's success has been its ability to reach out to the variety of Medway's communities and recruit many people to the network. The details of the participants who sign up to the LINK are kept on a database, accessed only by Kent & Medway Networks staff. This allows for easy and regular communication between the Host organisation, on behalf of the Medway LINK, and the LINK participants. The database also acts as a means of filtering the diversity, location and interests' data of Medway LINK participants.



The LINK has 408 participants registered (as at 31 March 2010) and that number continues to grow. Participants can sign up as individuals or sign up on behalf of a whole organisation. A number of these participants are voluntary / community groups / organisations and with them they bring their membership. This means that the Medway LINK has around 5,000 people, from very diverse backgrounds, who can contribute to its work.

Appendix B shows in greater detail the diversity of Medway LINK participants, including their location in Medway, ethnicity, gender and whether they receive Medway LINK information via post or email.

Also in Appendix B are details of training provided for LINK participants.

Components of the Medway LINK

Coordinating Team

The Coordinating Team exists to ensure that the LINK operates within its statutory remit, within the law and its own rules, within the budget available and that the LINK is as inclusive as it can be and continues to develop to enable as many people, individuals, community / voluntary groups to have their voices heard.

Moderating Panel

This is the group of selected LINK participants who review the issues raised with the LINK and determine, against a set of agreed criteria, if the LINK should take any action. Individual's complaints about health and / or social care services are not dealt with by the Panel, but such individuals are advised about the relevant complaints procedure and person to contact.

Authorised Visitors

The LINK has the right to 'enter and view' NHS / Social Care units. This right is fulfilled by individual LINK participants who have been selected and trained to undertake this role. Any visit to such units is undertaken as part of a LINK Project.

External Representatives

The LINK participants who have been selected to represent the LINK on External Bodies are the 'eyes and ears' of the LINK. They attend meetings of the particular group they have been nominated to sit on, provide LINK views and feedback to LINK participants. These are the LINK participants who are at the decision-making tables.

Mystery Shoppers

The LINK Mystery Shopper may be called upon to use questionnaires, audio and video methods of collecting evidence and visiting adult social care services that are either directly provided by Medway Council or commissioned by them. The LINK's Mystery Shoppers have undergone the same selection process and training as LINK Authorised Visitors. This includes CRB checks.

LINK Website

The LINK's website is one of the tools available for the LINK to seek views of individuals and groups to provide feedback on what the LINK is doing. However, the LINK website is not the only method used to seek input from the public or LINK participants as anyone not on the internet is contacted in the most appropriate way.

Medway LINK Structure

These two pages describe how the Medway LINK operates on an annual, quarterly, monthly and daily basis and identifies the main components of the LINK.

Annual

The Annual Meeting

An open public meeting to discuss and agree LINK policies, strategies and the Annual Work Programme

Community Engagement Events

Public events held throughout Medway to enable LINK participants to hold LINK Groups to account, promote LINK work and hold discussions about relevant current topics

Monthly

Coordinating Team

The Coordinating Team meets monthly to oversee how the LINK is operating, that it is working within the law and its own rules and within the budget

Moderating Panel

The Moderating Panel meets regularly to assess, against a set of criteria, issues brought to the Medway LINK

Daily



Coordinating Team Members

Current Members:



Joe Cannavina
Project/Performance
Management



Hans Eigenwillig
Project Management



Shirley Griffiths
Community
Engagement



David Harris
Facilitator



Terry Horobin
External Representative
Coordinator



Kamila Manik
Equality and Diversity



Edwina Morris
Community
Engagement



Clare Murray
Information
- Social Care



Richard Tripp
Strategic Planning /
Finance

Coordinating Team

History

The Medway LINK Coordinating Team evolved from the Early Adopter Project and formally confirmed when the Medway LINK was officially launched in January 2009. The LINK had basic rules in place and nine members selected to serve until September 2009. All members were assigned specific portfolios.

Role of the Group

The main role of the Coordinating Team is to establish and maintain the LINK's rules by which it works - its governance arrangements. The team collectively ensures that the LINK operates within the law, within its own rules, and within budget.

Individual Roles

Individual members take responsibility for a specific area of governance for the LINK, taking the lead on such items as Finance, Diversity and Equality, Community Engagement, Strategy, External Representatives Coordinator, Information – Social Care, Governance, Projects and Performance Management.

Selection Process

All Coordinating Team members have gone through a selection process that comprises completing an application form, selection by an independent selection panel and receipt of two satisfactory references. At a selection event the Selection Panel are looking for individuals with particular skills, experience, professionalism and integrity to undertake this voluntary role - unpaid but out-of-pocket expenses are reimbursed.

Issues addressed / work undertaken

The Coordinating Team meets regularly to discuss and decide on a whole range of items such as:

- The LINK's budget and expenditure
- Governance matters, such as the need for additional rules or changes
- Resources
- Projects
- Issues referred by the Moderating Panel
- Strategic direction of the LINK
- Working arrangements with external organisations
- Consultations – the LINK action and response as required

Moderating Panel

Current Moderating Panel members:



Naseer Ahmad



Lyn Bruce



Mary Butcher



Nilu Chowdhury



David Goddard



Kulwant Jhita



Ian Stingmore

Role of the Group

The Moderating Panel was set up to handle the volume of issues brought to the LINK by participants, members of the public and health and social care organisations. These issues are made up of peoples' concerns about health and social care services in Medway. The Panel does not look at individual complaints about services; such individuals are advised of the relevant complaints procedure and who they should contact within the particular organisation.

The Panel operates a system for assessing and scoring each issue brought to its attention to ensure that the LINK is following correct procedure, that decisions are consistent and within the remit of the LINK.

Selection Process

All members of the Moderating Panel have gone through a selection process, the same as that for LINK Coordinating Team members.

Issues addressed

The Panel has reviewed a wide range of issues and a full list with the outcomes is contained in Appendix C.



The role of the Moderating Panel is to discuss which issues brought to the attention of Medway LINK can be investigated further

LINK Authorised Visitors and Mystery Shoppers

Current:



Nikki Bailey



Fiona Bambridge



Betty Enwright



Sara Fadil



Lynn Hinkley



Ronald Jones



Blossom Lee



Kamila Manik



Amarjeet Missan



Kelly Samra



Bosede Omopariola

Role of the Authorised Visitor

The LINK has the right to 'enter and view' NHS / Social Care units to monitor the services provided from a patient / user perspective. This right is fulfilled by individual LINK participants who have been selected and trained to undertake this role. Any visit to such units is undertaken as part of a LINK Project.

Authorised Visitors are LINK participants who are called on to visit health and social care premises for LINK projects

Selection Process

All Authorised Visitors have gone through a selection process, the same as for LINK Coordinating Team members. They also have to pass the enhanced Criminal Records Bureau (CRB) checks that include Protection of Vulnerable Adults (POVA). Before becoming authorised the participant has to attend at least one of the two-day training courses for the role.

All Authorised Visitors have to pass a selection event, provide two references, be CRB/POVA checked and complete two training sessions – it's a very thorough process!

Projects

Authorised Visitors have been involved in LINK projects, such as the Hygiene, Disinfection and Patient Experience in Hospitals project, undertaking the relevant tests and monitoring the use of hand gels for example.

Role of the Mystery Shopper

The LINK Mystery Shopper may be called upon to use questionnaires, audio and video methods of collecting evidence and visiting adult social cares services that are either directly provided by Medway Council or commissioned by them. All LINK Mystery Shoppers have to go through the same selection process and training as for LINK Authorised Visitors - see above.



Point of view: A LINK member's perspective

Mystery Shopping – A Learning Experience:

My name is Lynn Hinkley and I have been a member of the Medway LINK since retiring from work in June 2009. I decided that I would like to do some sort of voluntary work and the LINK was at that time advertising for people to apply to join in various capacities.

Having been invited to various training days and workshops, I was chosen to be a Mystery Shopper. I had had no experience of Mystery Shopping and had only a small amount of knowledge as to what was required.

It took some time for Medway LINK to ask me and the other Mystery Shoppers to complete a piece of work, but eventually we were asked to attend a training day with the agency who were dealing with organising the paperwork and would be collating the answers at the end of the exercise.

The job we were asked to complete was asking questions from a voluntary organisation that was giving information to the public on all aspects of benefits and social care available in the Medway area. Another part of the same job was asking various questions of residential care homes to ensure that the information they were giving to the public was correct.

I was given a list of whom, and at what time of the day, the calls should be made. The most calls I was asked to make in one day was four. It varied between care homes and the Living Well Centres based in Gillingham and Chatham. There were various scenarios that we had to base our call on, with varying degrees of need. The time taken on individual calls varied, due to how much information was offered, or if you had to prompt or ask for more information than was being offered. The longest call was about 10 to 15 minutes. I then had to complete the paperwork, which was provided, and score how the questions were answered inline with the laid-down criteria. At the end of the day I probably spent at least two hours making these calls and it was amazing how tiring it was. I was glad of my cup of tea at the end of the session!

Now, having the chance to look back on the exercise, I am not sure how I feel about being a Mystery Shopper. I do feel that more training time should have been spent on the paperwork, as I am not someone who had ever done something like this before. I think that maybe more information may have gone a long way to make me feel that I knew what I was doing.”



Author: **Lynn Hinkley**
Mystery Shopper

External Representatives

Role of the External Representative

All NHS Trusts and Primary Care Trusts, as well as Social Services, are required to involve and seek the views of the public in how they make their decisions. From time to time they request representation from the LINK to assist with this requirement.

LINK External Representatives attend the relevant organisation's meetings, input LINK views and feedback to LINK participants.

LINK External Representatives can attend meetings of statutory bodies in health and social care, as well as events, in order to report back to the rest of the LINK.

Selection Process

Most LINK External Representatives have gone through a selection process, the same as for the Coordinating Team. Others have been appointed following the closure of the NHS Medway internal Patient Care Public Involvement Group (PCPI). The LINK was very fortunate to work with members of this Group and NHS Medway to ensure that they could easily transfer to the LINK's pool of External Representatives. This ensured that their vast range of skills and expertise on NHS Medway and the services it provides was not lost. It also ensured that the LINK had a pool of knowledgeable representatives ready to represent it on one of the many NHS Medway Strategic Care Programme Groups as detailed further on in this report.

Current External Representatives:



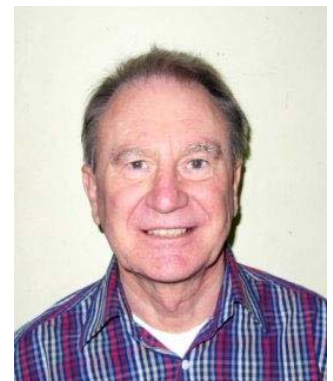
Shirley Griffiths



Terry Horobin



Clare Murray



Richard Tripp

The following are former NHS Medway PCPI members who have agreed to transfer to the Medway LINK, undertaking the role of LINK External Representative on various commissioning groups, some of which are detailed on page 26:

- David Elks
- Sue Hannant
- Maureen Luxton
- John Rankin
- Alan West

Current groups on which the LINK is represented

The Medway LINK has built up good working relationships with various health and social care statutory organisations. As a result, there are many opportunities available to LINK participants to represent the LINK on these statutory organisations. These are advertised through the LINK Bulletin and on the website. The representatives are then able to attend annual meetings, public debates and other Community Engagement Events and provide feedback to the LINK.

Below are the current organisations that the LINK has representation on, and the names of the LINK representatives and their roles:



Health and Adult Social Care Overview and Scrutiny Committee, Medway Council:

Shirley Griffiths



Children's and Adults' Overview and Scrutiny Committee, Medway Council:

Clare Murray



Social Services Marketing Strategy Steering Group:

Richard Tripp



NHS Medway Board Meetings:

Terry Horobin / Richard Tripp

NHS Medway Whole Systems Delivery Board Meetings:

Richard Tripp

NHS Medway Adult Mental Health Commissioning Group:

Sue Hannant

NHS Medway Primary Care Commissioning Group:

David Elks

NHS Medway Facilities Balmoral Gardens and Canterbury Street Projects:

David Elks

Medway Community Healthcare Patient Experience Committee:

Terry Horobin

Medway Community Healthcare Productive Series Group:

Terry Horobin

Medway Community Healthcare Health and Safety:

Alan West



Point of view: A LINK member's perspective



Author: **Terry Horobin**
External Representatives
Co-ordinator

NHS Medway Strategic Change Programme

“The first significant piece of work for the LINK’s External Representatives has been to ensure that the LINK is represented on the NHS Medway Strategic Change Programme. The Medway LINK was invited by NHS Medway Commissioning to send LINK participants to sit on their Strategic Change Programmes.

These Programmes form part of NHS Medway’s strategic commissioning plan Growing Healthier and are based on priorities identified within Medway as part of the *Healthier People, Excellent Care* commitments. The programmes, of which there are currently 14, include:

- Planned Care - services closer to home
- Urgent Care - reducing the demand on A&E
- Primary Care - access and responsiveness
- Long-Term Conditions
- Stroke
- Diabetes.

Each of these groups will be reporting to a Whole Systems Delivery Board, an initiative of, and chaired by, the Chief Executive of NHS Medway. It is designed to bring together senior members of all interested bodies including Medway Council and Medway NHS Foundation Trust (Hospital Trust) to ensure that recommendations are acted upon and delivered as seamlessly as possible. The LINK also has representation at this level with a Coordinating Team member who has the Strategic portfolio for the LINK Team (Richard Tripp).

The LINK Coordinating Team acknowledged the importance of having regular and effective representation on these NHS Medway external groups that this involved. This is was one of the ways in which the LINK can fulfil its role of influencing decisions made about local health / social care services. The Coordinating Team also acknowledged that this would involve a significant amount of work for the LINK. As a result, and as a member of the LINK’s Coordinating Team, I agreed to take on the role of External Representatives Co-ordinator.

This role involves me ensuring that the LINK is represented on the most appropriate groups bearing in mind its funding, time and priorities. Once it has been agreed that the LINK will be represented on a particular group, I need to ensure that a suitable representative is found; they are appropriately trained and have access to the relevant information. For example, minutes of the relevant meetings, terms of reference and future meeting dates.

With the help of the LINK's support staff, we have devised a procedure for managing external representation which involves:

- Gathering views of patients / service users / LINK participants
- Reporting and feedback methods
- Highlighting issues
- Support needs

Issues raised will be filtered through the system, allowing you to have your say, so that added together with our programmes and objectives they can be raised by the LINK representative. The NHS Commissioning Teams will also benefit by having a continual dialogue with the people of Medway.

Participation within these groups, together with our anticipated involvement with other sections of NHS and Social Care Services, gives us all the opportunity to improve our health and services. However, it does mean that we will always be on the lookout for more representatives. So members; when the call comes please do not hesitate to apply.

I now look forward to working with Social Services and other NHS bodies in Medway to ensure that the LINK is at their decision-making tables."



LINK Activity

LINK Annual Work Programme

The LINK's Annual Work Programme is a plan of the activities that the LINK intends to undertake throughout the coming year. It is a combination of LINK projects (major pieces of work where the LINK needs to invest resources, time and effort) and issues that have been referred to the LINK throughout the year.

Ideas for the Work Programme originate from individual LINK participants, LINK participant organisations and projects which stem from the LINK's statutory duties. An example of the latter is providing a community response to NHS Trusts' annual statements on the quality of their services (Quality Accounts). The LINK's Annual Work Programme is reviewed and agreed by LINK participants at the LINK's annual meeting.

In addition, and throughout the year, other items are added to the Work Programme and these are derived from issues brought to the LINK by LINK participants (individuals or organisations) or LINK stakeholder groups, ie the NHS or social care agencies in the county. A list of those issues raised up to 31 March 2010 can be seen in **Appendix C** on page 62.

For an issue to be added to the LINK Work Programme, it is considered first by the LINK's Moderating Panel, which takes into account a number of factors. Any issue that appears not to be within the remit of the LINK will be referred to the Coordinating Team for decision. Also, if an issue is to be followed up, but will incur LINK resources, the Panel refers it to the LINK's Coordinating Team to assess the impact on its budget and other priorities.

It is important for LINK participants to review the Work Programme at the LINK's annual meeting as the LINK's priorities will change from year to year, depending on the circumstances affecting the NHS and social care services. This is particularly important given the financial situation which may impact on public services in the future.

LINK Projects

The LINK has embarked on a number of projects, some in partnership with NHS and social care services, which are referred to elsewhere in this report. In considering such pieces of work the LINK ensures that:

- The LINK can add value
- The independence of the LINK is assured, by such devices as retaining the right to publish and ensure that there is total openness and transparency in all aspects of the work

- The work does not adversely affect the resources available to deal with issues brought to the LINK by its participants. To date, no issue has been turned away on financial or resource grounds

In order to help the LINK deliver on an ambitious work programme and deal with the ever-mounting number of issues, the LINK employed a Project Worker, Neville Dack, in the latter half of the year. We are delighted by his contribution in the short time he has been with us and are pleased that he will be with the LINK for the forthcoming year.

Projects completed during the year have included:

- Hygiene, Disinfection and Patient Experience in Hospitals (with Kent LINK)
- Fair Access to Care Services in Medway

Projects nearing completion include:

- Access (Transport) to Health Services
- A Review of Stroke Services in Kent and Medway
- Quality Accounts

A summary of a number of these projects can be found in the next section of this Annual Report.

LINK Achievements

On behalf of various communities, the Medway LINK has worked on a number of issues. An example of where it has seen an achievement is listed below:

Medway and Swale Advocacy Partnership

Medway and Swale Advocacy Partnership (MSAP) is located in Strood and has been speaking on behalf of individuals with mental health problems since 1995. The Partnership promotes the rights of people with mental health problems who are living in the Medway Towns and the Swale area. Their aim is to speak up for people with mental health problems and to empower them to gain their rights.

On 1 April 2009, legislation came into effect under amendments to the Mental Health Act 1983 introduced by the Mental Health Act 2007. The Act details provision of the Independent Mental Health Advocate (IMHA) Service. Under the Act, persons who qualify for the IMHA Service include those being detained under a Section of the Mental Health Act, and, amongst other provisions, the IMHA is entitled to facilities to meet with the patient in private.

At the Medway Maritime Hospital (Medway NHS Foundation Trust), there was no room set aside for private consultations. This meant that not only were MSAP unable to meet their responsibilities under the Act, it made it very difficult to meet their other responsibilities under the Act, including:

- Assisting clients to understand their rights and the rights others have in relation to them
- Assisting them to find information, including information about any treatment, and the legal authority for providing that treatment

- Giving clients a voice in decisions affecting them by providing support for them to speak out, or by representing their views, choices and opinions.

MSAP repeatedly spoke to staff members about the matter, and although staff were aware of the need for confidentiality, very little was being done to resolve these problems.

MSAP asked Medway LINK to assist in ensuring that a private room was available for MSAP to use. The LINK contacted the PALS office to identify who had responsibility for the issue. Tony Peplow, the local PALS Officer in Kent and Medway NHS and Social Care Partnership Trust, responded extremely quickly, visiting the hospital within a week.

Within two weeks a response was sent from the Modern Matron, outlining plans to provide space within six to eight weeks as part of a reconfiguration of all of the rooms available in the hospital. We are pleased to report that MSAP now has a designated room in the hospital to enable confidential sessions to take place.

LINK Projects

The previous section of this Annual Report described the LINK Annual Work Programme, how ideas for LINK activity arise and the section referred to LINK Projects. Here we provide a summary of some of the Projects mentioned in the previous section.

Hygiene, Disinfection and Patient Experience in Hospitals

IMPACT - IMPACT - IMPACT

The LINK finds out how clean the Medway Maritime Hospital really is

At the LINK's Annual Meeting in June 2009 the topic of hygiene and hospital-acquired infections was identified by Medway LINK participants as important. As a result, the project was started by the Medway and the Kent LINKs in September 2009. The project was completed in March 2010 and it is anticipated that the project report will be published in May 2010.

There were three aspects to the LINKs' investigation:

- Hand hygiene and the use of alcohol dispensers
- Cleanliness and disinfection with chlorine
- Patient experience of hygiene

All acute hospitals in Medway and Kent were included in the LINKs' investigations. Visits were made by Medway and Kent LINK Authorised Visitors, who recorded the use of the hand alcohol dispensers, took swabs from wards, obtained samples of chlorine containing disinfectant solution, measured the available chlorine concentration, and made notes of observations during their visits.

A total of 1,353 observations were made of use of alcohol gel dispensers, of which 853 were at ward entrances and a further 500 at hospital entrances. Compliance figures at ward entrances varied from 16-64% for professionals and 13-53% for visitors. Observations at hospital entrances could only be made at three sites and compliance figures varied from 31-60% for professionals to 22-81% for visitors.

A total of 145 swab samples were taken in the hospitals. Results from these showed that eight had Staphylococcus aureus, three had Enterobacter and 51 had total colony counts of more than 200.

Too few chlorine samples were obtained to allow conclusions to be drawn, although the level of available chlorine in the eight that were measured indicated that some chlorine disinfectant is being used at below the recommended 1,000ppm. Only one sample had a very low concentration (100ppm).

There were 54 respondents to the patient experience survey with only one hospital having sufficient responders to allow tentative conclusions to be drawn. However, very useful comments were received.

As a result of these investigations a number of recommendations are being made for the Trusts to consider. The LINKs' full report of their findings will be published in May 2010.

Access (Transport) to Health Services Project

IMPACT - IMPACT - IMPACT

LINK Project not yet complete but already secured the right for local people to have their say on a multi-agency Transport for Health Working Group

Transport to healthcare is an emotive issue for people across Medway and Kent. At the annual meeting of the Medway LINK in June 2009 it was agreed that the LINKs should develop a joint project to look at the issue.

This is a joint project between Kent & Medway LINKs because patients cross the boundaries between the two councils when accessing healthcare services.

The aims of the project are:

- To find out what systems Trusts have in place to minimise transport problems for their patients, particularly the use of innovative approaches to addressing these problems, including working with partner organisations
- To see what level of consistency exists between Trusts in the provision they make for patient transport, car parking, patients who are stranded at A&E, links with community transport schemes and the quality of travel information given out to patients
- To initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Medway (and Kent)

LINK participants were invited to join a project group. Eighteen people signed up and have been regularly updated and involved in commenting on the plans for the debates, the draft report and providing valuable local information across Medway and Kent.

At the beginning of the project, research was carried out to find out what patient transport is available, where, when and for whom. The research was carried out on the internet and by attending meetings - Transport for Health Working Group and West Kent Patient Transport Services (PTS) Steering Group. We also wrote to organisations such as South East Coast Ambulance NHS Trust (SECAMB), the Primary Care Trusts (PCTs), Hospital Trusts, Councils and voluntary sector organisations asking for information about their transport policies and plans. Once the information had been gathered, it was collated, summarised and included in a draft report. This enabled consistencies and inconsistencies to be identified across Medway and Kent, highlighting popular schemes and raising further issues people have with patient transport.

The next stage of the project was to run a series of mini debates across Medway and Kent to enable patients and the public who have experience of patient transport to have their say about:

- What works, what does not work, what needs improving, and make suggestions for those improvements to patient transport
- Communication - what key information needs to be available, where, and in what format

We also put the debate discussion points out as an online and paper copy survey to LINK participants and the wider public. To ensure that we had a broad input from the public, we went out into the community to meet people in a wide range of settings, including Disabled and Carers Groups, mental health services' user groups, the Alzheimer's & Dementia Family Support Group, the National Council for Women and a number of Age Concern Day Centres.

Finally, we visited and interviewed individuals who are heavy users of health and transport services in their homes.

The key issues that the consultation process has identified so far include:

- The length of time that journeys can take by whatever form of transport. This is a particular issue for specific groups who have long outpatient appointments, for example for dialysis; or for diabetes patients who are fasting prior to a phlebotomy test and for people who live in remote areas
- Timing of transport - the issue that came up again and again was the inflexibility of Patient Transport Service (PTS) with people being told to be ready to travel at a specific time but having no idea of when the pick-up was likely to be, or missing their slot for the journey home because of a long appointment
- Public Transport - generally the lack of direct links to hospitals, accessibility issues and lack of integration
- Lack of awareness - a number of people we spoke to did not know that PTS or voluntary car schemes existed. Of those who were aware, many did not know whether they would be eligible
- Wheelchairs - wheelchair users, especially those with especially adapted chairs, had particular problems with accessing PTS and volunteer car schemes
- Carers and escorts - there were a number of issues raised about carers and escorts travelling, with some having no problems and others not able to go on the bus, despite the bus being half empty

- Eligibility - a common experience for people was that they were told that if they can walk they are not eligible. This presents particular problems with people with conditions such as ME, who can cope sometimes and not at other times. We also came across a number of people who were told that the service was being withdrawn from them as they were no longer eligible, but no explanation of right of appeal was offered
- Booking procedures are complex and appointments are made with no reference to the condition of the patient or the length of their journey. We had a number of concerns expressed about the need to call to book transport and being put on hold for 45 minutes on the telephone.
- The information gathered throughout the project and at the debates will be collated into a report which will be published in June 2010. This report will then be formally submitted to the PCTs and especially the LINK's Project Group, with key recommendations for service improvements.

Fair Access to Care Services in Medway

IMPACT - IMPACT - IMPACT

Care and support services are commissioned by Medway Council.

Are they giving the right advice?

Are they helping you to live independently at home?

**Can they advise whether their service is appropriate for you,
or your relatives' needs?**

In the first joint project with Medway Council, the Medway LINK was commissioned to undertake a mystery shopping exercise looking at residential homes that provide care services to the community of Medway and Living Well Centres. The Living Well Centres are commissioned by Medway Council to provide an advice service for the residents of Medway with the purpose of enabling more people to remain independent in their own homes.

The Medway LINK Mystery Shoppers carried out a series of scripted telephone calls, posing as a potential client or on behalf of a potential client. They were allocated a range of different levels of need that the 'client' for each call would have, from someone with a low-level need, to someone with high-level needs and possible mental health issues. The range also included the carer of someone with moderate needs and a physical disability.

The aim of the calls to the care homes was to assess how they were meeting the following specification:

- That a person is provided with a range of options based on a real discussion of their needs and aspirations, which may include residential care, but is not exclusively about residential / nursing care

- The provider clearly explains what happens to a person when they become financially eligible for Council-funded support
- The provider recommends that the person contacts an advocacy service to assist them and provides details of where, and how to, contact the advocacy services

The key measures were the consistency, quality and scope of the services offered by each home.

Living Well Centres were assessed for the knowledge and helpfulness of the advisor and the appropriateness of their response. For example, they would be expected to direct a client with low-level needs to appropriate services, whereas the advisor would be expected to set up the relevant appointments with GPs, hospitals, residential care providers, bereavement counselling services etc for someone with high-level needs.

This was a three-way partnership with a commercial field research company, FDS, providing induction and training for participants at the beginning of the project and analysis of the outcomes at the end. In addition, Kent & Medway Networks held a further training session for all Mystery Shoppers, along with one-to-one mentoring, to focus on:

- Their understanding of the project and its purpose
- The questions to be asked
- Development of individual Mystery Shoppers' own approach to the calls that would suit their individual personalities and experiences

A total of around 100 telephone calls were made. Participants recorded the outcomes of the calls on pre-prepared sheets, which they sent directly to FDS for collation and analysis. The report of the findings will be published in June 2010.

Quality Accounts

IMPACT - IMPACT - IMPACT

Medway LINK working with a local university to enable users of services, especially harder-to-reach groups, to feedback on their experiences

In 2009, the Medway LINK provided a commentary on the Healthcare Commission's Annual Health Check. From April 2010 all providers who provide NHS acute, mental health, learning disability and ambulance healthcare services are required to prepare an Annual Quality Account, with the first one being presented in respect of the financial year 2009 / 2010.

The LINK will be given an opportunity to review each Trust's draft Quality Account prior to publication. Trusts must allow the LINK 30 days to supply a comment for inclusion to indicate

whether the report is a fair reflection of the healthcare services provided and that the priorities it has identified for improvement to quality of care are accurate, to the best of its knowledge.

In order to do this, the Medway LINK is collaborating with Canterbury Christ Church University to provide the opportunity for participants and harder-to-reach groups in each Trust's catchment area to give feedback on their experiences of the quality of service they have received from the Trust, which will then be consolidated to form a LINK response.

The deadline for all 2009 / 2010 accounts to be submitted to the Department of Health is 30 June 2010, so all feedback must be provided by then.

Public Engagement

Introduction

How the LINK effectively engages with the diverse and geographically spread population of Medway is a daunting thought.

In 2009, 70% of all households in the UK had access to the internet*. The LINK is communicating through its website www.themedwaylink.co.uk which contains news and involvement opportunities, as well as keeping the people of Medway informed about their health and social care services. The LINK's monthly Bulletin provides a way of engaging with LINK participants that are not on the internet.



*Source: Office for National Statistics

The annual meeting of the LINK is its formal meeting of the year and provides engagement opportunities for LINK participants and a way of influencing the work of the LINK in the coming year. Last June's annual meeting, which attracted more than 50 LINK participants, was held at the Corn Exchange in Rochester.

One of the other ways the LINK is visible in Medway's communities is through the LINK's Community Engagement Events, which serve a number of purposes:



1. To provide an accountability mechanism for LINK participants to hold to account those groups and panels within the LINK that are working on its behalf
2. To provide an opportunity for LINK participants to raise and debate some of the issues that affect Medway's health and social care services
3. A way to meet and network with other LINK participants

LINK Community Engagement Events

The Medway LINK visited The Queens Hall, Corn Exchange, Rochester on Wednesday, 3 June 2009 from 10.30am to 3.30pm

It was decided that the Annual General Meeting be combined with a LINK Community Engagement Event so that participants attending could benefit from both events. Following the annual meeting, more than 85 attendees got down to the business of discussing some of the burning questions that affect the lives of Medway residents. These included:

- How MHS Medway is tackling some of the 'giants' of ill health in Medway. Sally-Ann Ironmonger of NHS Medway reported concerns at the prevalence of strokes and deaths from coronary heart disease. In the South East, Medway heads the smoking league table and is sixth in the table for obesity.
- Richard Woolterton of NHS Medway gave an update on the ambitious programme NHS Medway is currently undertaking, particularly around the network of walk-in centres where a patient can just turn up and receive treatment without being registered; they also have the option of registering with those practices.
- Mary Butcher, a carer managing a social care budget, and Genette Laws of Medway Council both gave short talks on the new personalisation agenda in Medway. Mary gave an inspirational address on how she manages, with the use of two books, her daughter's social care arrangements and, as she says that if she can do it, anyone can!

At the event there were also many stalls with useful information about health and social care services, for example, Kent Association for the Blind, Health Action Charity Organisation, Medway Parkinson's Disease Society, Medway NHS's No Smoking and Weight Management Teams, to name just a few. This gave attendees not only the opportunity to find out what local, voluntary and statutory services in Medway were available, but also gave them a chance to network with each other. The feedback from the event was that participants found it very informative and encouraging to see a participant getting to grips and benefiting from the Personalisation Agenda.



Above: Mary Butcher giving her presentation on caring for her daughter Ann-Marie (right)

The Medway LINK visited The King Charles Hotel, Brompton Road, Gillingham on Tuesday, 27 October 2009 from 5.00pm to 8.00pm



A visit from the Medway LINK gave residents in the Medway area the chance to hear about NHS Medway's future plans, take part in a question-and-answer session with Marion Dinwoodie, Chief Executive of NHS Medway, network with voluntary and community sector organisations, as well as the opportunity to get involved in the Department of Health's Big Care Debate. Despite the cold and dark weather outside, the Medway LINK was pleased to see a number of new faces, as well as some familiar ones, who wanted to participate in the meeting and the debate. Representatives from various health and

social care-related organisations brought displays along to share their important work in the community with Medway LINK participants, members of the public and to network with other professionals. Stand-holders included Crossroads, Nubia Magazine, Health Action Charity Organisation, Fibromyalgia Support Group, NHS Medway PALS, Medway Carers Centre, Kent & Medway Partnership Trust, Medway Council Benefits Team, ICAS, Living Well and Ahmadiyya Muslim Association. Stand-holders also got involved with the debate, generating many different points of view.

The evening started with Marion Dinwoodie, NHS Medway Chief Executive, giving a presentation on the Trust's future plans and answering questions from participants. Issues raised centred around the Trust's intentions on tackling obesity, teenage pregnancy, infection control, physiotherapy services and more primary care services being made available in Medway. Many participants questioned how the Trust would manage the financial downturn that all Trusts would be facing in the future.

The formal meeting which followed began with an update report from Medway LINK Coordinating Team. The report included LINK Finance, Community Engagement and recruitment. The Moderating Panel then gave a report update and presentation, which highlighted the issues that the Panel had been considering over the previous months.

The event concluded with the Big Care Debate, which allowed people to discuss and debate the Department of Health's green paper; Shaping the Future of Care Together, and contribute to the consultation. LINK participants had expressed a concern on the likely impact on benefits such as Attendance Allowance and Disability Allowance in response to the paper, so it was an ideal opportunity to find out more about the consultation and have a say about what it entailed for local residents.

The atmosphere of the debate was very positive and provoked many constructive criticisms, as well as highlighted some of the more positive details in the document. The Medway LINK and Kent & Medway Networks team would like to thank all the attendees and stand-holders who took part and thank everyone who came along, as well as the Coordinating Team and Moderating Panel for all their dedication in creating the reports for the meeting.

Health Promotion Roadshows

The Medway LINK has been fortunate in that NHS Medway Patient Advice Liaison (PALS) Service Team has invited them to take part in their Health Promotion Roadshows, held in Medway over the past year. This has given the LINK the opportunity of exhibiting at:

Where	When
Lordswood Healthy Living Centre	1 June 2009 and 5 October 2009
Rochester Healthy Living Centre	8 June 2009 and 12 October 2009
Rainham Healthy Living Centre	15 June 2009 and 9 November 2009
Gillingham Sunlight Centre	22 June 2009 and 9 November 2009
Chatham Pentagon Centre	2 July 2009 and 23 November 2009



The LINK is grateful for the opportunity to take part in these lively events as they have all proved very successful for recruiting, promoting and seeking the views of Medway residents on local NHS and Social

Care services. 'Piggybacking' on these events has proved more successful than those undertaken by the Medway LINK alone. Health promotion stands draw many more people in and these people seem to be more comfortable stopping to talk to the LINK. The events held at the Pentagon Centre were particularly successful and it is thought that this was due to the large, constant public throughput.

The LINK extends their thanks to NHS Medway for allowing them to take part in these events and looks forward to continuing to take part in future Health Promotion Roadshows that NHS Medway PALS team organise.

The LINK presence at Statutory, Community and Voluntary Organisations' Events

Though the LINK has utilised many advertising opportunities to promote its work, the most successful way has always been through face-to-face contact. Therefore the LINK has concentrated a lot of effort in working with statutory, community and voluntary sector organisations throughout Medway. They have again been fortunate in that many of these groups have invited the LINK to take part in events they have held. Below are just a few of the events that the LINK has taken part in:

- 28 September 2009 NHS Medway's Annual General Meeting
- 29 September 2009 Medway NHS Foundation Trust's Annual General Meeting
- 21 October 2009 Medway NHS Foundation Trust 'What the Dickens' Conference
- 28 October 2009 Health Action Charity Organisation's Annual Conference



The LINK was one of the proud sponsors of the latter conference, which was aimed at the Afro and Caribbean community. The LINK's contribution enabled the organisation to produce conference bags which included the Medway LINK logo. The LINK also recognised that the general public who were not involved in any community or voluntary organisation needed to be aware of how they could become involved and participate. As well as the Kent County Show, the LINK also exhibited at the Rochester Dickens Festival.

The Medway LINK was invited to take part in Medway Council's Independence Fair on Wednesday, 17 March 2010 at the King Charles Hotel in Gillingham. The all-day event, organised and hosted by Medway Council, was to advise and inform the general public of the vast number of voluntary, community and statutory organisations available in Medway to assist people remaining independent in their homes.



It gave the LINK the opportunity of finding out how people felt about the health and social care services they used and how they can influence the way they are commissioned and delivered in Medway. Many attendees with mobility problems (such as needing to use a wheelchair) were encouraged to learn that they could get involved in the Medway LINK without leaving their homes, for example through using the internet. Some gave their views on how their mobility problems had disadvantaged them accessing health services and agreed to provide feedback to the LINK Project, Access (Transport) to Health Services. This event also gave the LINK the opportunity to network with the other organisations showcasing their services, which has resulted in LINK Development Workers visiting various support groups, such as the Alzheimer and Dementia Family Support Group.

The Medway LINK looks forward to taking part in all of the above events in the coming year.

Working with Others

Introduction

One definition of a stakeholder is a person, group, organisation, or system that affects or can be affected by an organisation's actions. In the context of the Medway LINK, it is clear that this could potentially mean 253,500 people in Medway whose services could be affected by what the LINK does. It certainly means those who commission or provide health or social care services and those in the community and voluntary sector who may not be LINK participant organisations. Two other important stakeholders are the Health and Social Care Overview and Scrutiny Committees of the Medway Council, with whom the LINK has a legal relationship, and the important regulator, the Care Quality Commission.

The LINK's attempt to involve a quarter of a million residents in Medway is in the early stages of development but a promising start has been made. The list of organisations and LINK representatives in an earlier section of this report is an excellent example of how the Medway LINK has developed its working relationships with key stakeholders. The Medway LINK has been acknowledged by these stakeholders as key to their decision-making and discussions around the services they commission or provide. The LINK continues to develop these relationships to ensure the public view is represented at the relevant decision-making tables.

Relationships with Medway's Social Services

Working with Social Services is a new role for a patient / user organisation such as the LINK and much work has been undertaken, and continues, to ensure that the LINK is in a position to influence the planning and provision for this important aspect of people's care. The LINK needs to keep abreast of national and local initiatives in social care provision, eg Self Directed Support - where an individual has direct control of their own care and support and greater control over how they live their lives and remain as independent as possible.

To build on the working relationship with Medway Social Services, the LINK has presented to the Medway Providers' Forum and met with managers and commissioners within Medway Social Services. The LINK already has a representative, Richard Tripp, on the Social Services Marketing Strategy Steering Group.

The LINK looks forward to building on this relationship further and has LINK representatives on the appropriate decision-making groups as it recognises that Social Services needs to have an equal amount of LINK time to that given to health.

Relationships with NHS Medway

The LINK has been acknowledged by NHS Medway as an effective way of ensuring that the voice of patients, service users and the public in Medway is heard. The Coordinating Team and Trust personnel have worked tirelessly in building and maintaining an excellent working relationship which has resulted in:

- The Chief Executive presenting at a LINK Community Engagement Event, the Trust's future plans to LINK participants and residents of Medway and responding to any questions they had
- The Trust assigning a dedicated person to whom all issues, queries and correspondence are sent and who is responsible for forwarding to the relevant person and ensuring that a response is returned to the LINK within the 20-day time limit
- The Trust inviting LINK participants to take part in their Facing the Storm event, a day dedicated to working with their stakeholders to discuss how they can provide the best possible service with the financial constraints they face
- The Chief Executive and Commissioning Manager presenting to the LINK's core groups on the structure and commissioning process within NHS Medway
- The LINK support organisation receiving information on all NHS Medway consultations, news, events, service changes, etc, in order that LINK participants' views and comments is provided to the Trust appropriately
- The LINK Coordinating Team working with key personnel within the Trust to secure representation on their commissioning groups as detailed previously, enabling the LINK to make a real start on fulfilling one of its main roles - influencing the way health / social care services are commissioned within Medway

The above is just an example of the excellent progress the LINK has made with NHS Medway and the LINK looks forward to continuing this work and building on the good working relationship in the coming year.

Relationships with Medway NHS Foundation Trust

The LINK has been welcomed by Medway NHS Foundation Trust, which recognises the role that the LINK can play in ensuring all in the community have their say about how their local health services are provided. The Coordinating Team and key personnel have worked extremely hard to build and maintain an admirable relationship which has resulted in:

- The Trust assigning a dedicated person to whom all issues, queries and correspondence are sent and who is responsible for forwarding to the relevant person and ensuring that a response is returned to the LINK within the 20-day time limit
- The Trust enabling the LINK to seek new participants via their Foundation Trust membership
- The LINK support organisation receiving information about all Trust consultations, news, events, service changes, etc, in order that it can garner LINK participant's views and comments and feed these back to the Trust accordingly

- Providing the LINK with space within the Medway Maritime Hospital to promote its work and assist with recruitment
- Responding and acting upon issues brought to them via LINK participants
- Inviting LINK participants to take part in their diversity evaluation, ie was the Trust providing a service for all sectors of the community? Many LINK participants took the opportunity to take part in this exercise and were also invited to the Trust's What the Dickens conference, which was an opportunity to feed-back their views in person.

The above list is just an example of the excellent progress the LINK has made with Medway NHS Foundation Trust and they very much look forward to continuing working with the Trust in the coming year. They will be concentrating on having LINK representation on the Trust's various internal committees / working groups, for example, Infection Control Committee, and drawing up a Ways of Working protocol.

Working with the Community

Community and voluntary sector organisations are learning about how the LINK can complement their activities. LINK Development Workers (LDWs) have maintained a steady programme of talks to voluntary groups, aiming to inform them about the LINK and its role and to invite the group's participation in the LINK. The LDWs and LINK participants have also attended community events with the same goal of encouraging more people to get involved.

The LINK's Moderating Panel has already considered a number of referrals from voluntary / community groups and the LINK has been able to progress them.

The LINK recognises the significance of such groups in the community and will continue to work with all to ensure that their views and involvement in the LINK is maintained.

Relationships with the Regulators

Medway Overview and Scrutiny Committees

Medway Health and Adult Social Care and Medway Children's and Adults' Overview and Scrutiny Committees (OSCs) have an important scrutiny role over Medway's health and social care services and undertake reviews of those services. The OSCs are both important partners for the LINK in enabling the community of Medway to be assured of the quality of services the NHS and Social Care is delivering to its community. The LINK has representation on both committees: Shirley Griffiths (Health and Adult Social Care) and Clare Murray (Children and Adults).

The LINK and both OSC committees were keen to involve more LINK participants in their discussions and work. Therefore, during the year, the LINK was keen to work with OSC support staff in developing a protocol explaining how the LINK and OSCs will work together in the future. The protocol and resulting action plan has afforded both parties the opportunities of:

- Web links and LINK and OSC information / meeting dates being made available on the

- respective websites
- Information regarding OSC-themed meetings being available to LINK participants with the opportunity for them to attend such meetings
 - Dedicated procedures for the LINK to refer issues to OSC committees.

The LINK looks forward to continuing to work with both OSC committees in the coming year and building on this relationship.

Care Quality Commission (CQC)

The CQC is a major regulator of NHS and Social Care Services in the country and the relationship between the CQC and the LINK is an important one. The LINK hosted a feedback event in November 2009 to follow up on the LINK's contribution to the previous year's Annual Health Check. The LINK in the coming year will be contributing to the Commission's Quality Account programme - see Section 6, LINK Projects on page 32 for more details.

Maintaining the LINK's independence

Whilst the LINK has a duty to develop effective working relationships with its key stakeholders, those representing the LINK are anxious at all times to ensure that the independence of the LINK is not compromised. To this end, rules of engagement have been agreed with some of the key stakeholders and are in development for others.

Financial Report 2009 / 2010

The following represents the income and expenditure of the Medway LINK for the period to 31 March 2010

	Budget	Expenditure	Variance
	£	£	£
Fixed Costs			
Staff Costs	£ 40,967.04	£ 40,350.33	£ 616.71
Office Daily Costs	£ 9,000.00	£ 4,022.86	£ 4,977.14
Professional Fees	£ 9,999.96	£ 7,017.52	£ 2,982.44
Premises Costs	£ 18,000.00	£ 11,212.81	£ 6,787.19
Fixed Costs Total	£ 77,967.00	£ 62,603.52	+ £ 15,363.48
LINK Costs			
Expenses	£ 5,000.04	£ 496.41	£ 4,503.63
Communications	£ 14,333.04	£ 6,907.89	£ 7,425.15
Development Work	£ 22,099.92	£ 14,243.44	£ 7,856.48
Other	£ 3,000.00	£ 1,835.74	£ 1,164.26
Total LINK Costs	£ 44,433.00	£ 23,483.48	+ £ 20,949.52
Carry forward from 2008 / 2009 re fixed costs		£ 9,992.10	
Carry forward from 2008 / 2009 re Medway LINK		£ 21,646.23	
Total Budget		£ 122,400.00	
Bank Interest Received		£ 16.33	
Total Expenditure		£ 86,087.00	
Balance		+£ 67,967.66	

Notes:

- Total underspend of £67,967.66, of which £20,949.52 relates to the Medway LINK budget for 2009 / 2010 plus bank interest received (£16.33), plus the carry forward of £21,646.23 from 2008 / 2009 (totalling £42,612.08)
- Staff Costs include salaries, staff training and travel
- Office Daily Costs include IT, stationery, postage and copying
- Professional Fees include insurances, contract management fee and accounting
- Premises Costs include office and communication costs
- Communications includes LINK website, recruitment, publicity and promotional costs
- Development work includes project running costs, network events and Co-ordinating Team meetings
- Other includes CRB checking and participant training

The LINK Coordinating Team is pleased that the LINK has had an underspend in its previous two years. This means that there will now be funds available to engage in much more LINK activity.

Support for the LINK

The Coordinating Team recognises and acknowledges the ever-increasing workload cannot be undertaken with the level of resource for support in the overall budget. Therefore they will be reviewing that resource and are likely to be allocating a large proportion of the underspend to fund additional support staff. It is no good having a wealth of volunteers with time and expertise to do the work when they have not got the information and support to carry it out.

Finding out about the LINK

The Coordinating Team also recognises the importance of raising the LINK's profile and enabling the general public to have better access to the LINK; especially for those who do not have access to the internet. We highlighted earlier in the report that engaging the public is far more successful when done face to face. It is also important that the LINK invests more in reaching those people who are generally termed as 'seldom-heard'.

Bearing all of this in mind, LINK funds are being assigned to establishing LINK Access Points in as many Medway towns as possible, for example, Under One Roof, Healthy Living Centres and Community Centres etc. Funds will be required, not only to set these up, but also to advertise these Access Points and maintain them.

Medway LINK Activity

In Section 11 of this report, Next Steps, there is a summary of what the LINK wants to do / needs to do over the next year. The surplus funds from the previous two years will enable this to happen. In addition, we are increasingly being made aware of issues which have been referred to the LINK's Moderating Panel, and these will need to be researched and followed up; with some becoming LINK Projects.

It is essential that Medway LINK has the ability to be flexible and able to respond rapidly to changing circumstances, especially in the financial climate. Hence, it needs to be in a position to adjust its priorities accordingly.

Working with other LINKs

Following the success of the LINK Hygiene Project it is anticipated that this year the LINK will concentrate on funding further projects that 'make a difference'. For example, we plan to have an annual jointly-funded Hospital Hygiene survey in partnership with the Kent LINK. Future investigations on hygiene will repeat the core work of the last survey and will be developed by including additional focus items such as eating facilities and staff clothing.

Also, we are evaluating the benefits of another joint venture with Kent LINK into the working of the Joint Needs Assessment framework.

In addition, the Coordinating Team has agreed in principle that we will participate with other LINKs and outside bodies in jointly-funded projects. The key proviso is that, upon completion of

the report, the unedited and uncensored results will immediately be put into the public domain via the Medway LINK website and Bulletin.

Conclusion

All of the above helps to explain why the Coordinating Team is delighted that the LINK is in an underspend situation at the end of this reporting year. However, there is much work still to be done in the forthcoming year – to maintain the efforts already put in, to build on the LINK’s capacity and expertise to do its work and continuing its success.

Richard Tripp
Medway LINK Coordinating Team
Finance Lead

How to contact the LINK

Support for the LINK

Support for the LINK is provided through a contract between the local authority (Medway Council) and the Host organisation (Kent & Medway Networks, KMN).

KMN is a not-for-profit organisation that handles the administrative duties of the LINK and KMN also acts as the point of contact for the LINK.

The LINK's support team is pictured on the following page. All are employed by KMN, are generally full time, with the exception of Erika Collison, the LINK's Finance Administrator.

Most of the support team work in the community providing face-to-face contact with the public and community / voluntary groups, as well as having responsibility for helping the LINK to develop its working relationships with key stakeholders in their area.

The Project Worker also works from home and undertakes support of the LINK's projects and the Moderating Panel.

The administrative support for the LINK is provided from a central office where there is a small team of administrators. Their role includes being the first point of contact for the LINK, maintaining the LINK's database and management information processes, preparing the LINK's paperwork for events, meetings of the LINK Groups and LINK reports, dealing with all LINK correspondence, responding to enquiries and requests for information regarding the LINK, processing participants' expenses and ensuring the LINK website is kept up to date.

For all general enquiries, contact the KMN central office by:

Telephone: 01303 297050
Email: info@kmn-ltd.co.uk
Fax: 01303 297069

Or write to:
The Medway LINK
Unit 24, Folkestone Enterprise Centre
Shearway Road
Folkestone, Kent, CT19 4RH

Medway Local Office:

Telephone: 01634 821135
Email: info@kmn-ltd.co.uk
Fax: 01303 297069

The Medway LINK
17 New Road Avenue
Chatham, Kent, ME4 6BA

**The office hours are Monday to Friday (excluding Bank Holidays)
8.30am to 4.00pm (an answering machine is available during out of hours)**

Kent & Medway Networks - supporting the Medway LINK

KMN staff - LINK Development Workers (LDWs) - working in the community



Jane Williamson
Medway LINK LDW

07968 056285

jane@medwaylink.org



Graham Hills
Medway LINK LDW

07817 536877

graham@medwaylink.org

KMN staff - LINK Project Worker -
working in the community



Neville Dack
LINK Project Worker

07814 427245

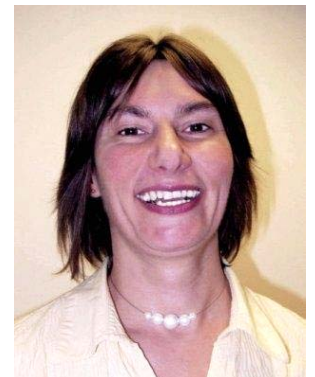
neville@kmn-ltd.co.uk

KMN staff - Central Office



Kirsty Tipler
LINK Administrator

kirsty@kmn-ltd.co.uk



Erika Collison
Finance Administrator

erika@kmn-ltd.co.uk

Next Steps



Looking Ahead

Effectively, the Medway LINK has been operational for 15 months (as at 31 March 2010). Earlier in the Annual Report you will have read how the LINK has already established good working relationships with key external organisations. The LINK has external representation on a number of relevant health committees and the amount that has been achieved to date is to be commended. We are not complacent, however. The full potential of the LINK through its ever-growing number of LINK participants remains to be seen, and below we explain how the LINK will focus its attentions over the coming year.

Working with Other Organisations

We look forward to expanding the LINK's representation covering all of the 14 groups within the NHS Medway's Strategic Change Programme. We also look forward to ensuring that the appropriate groups within other NHS bodies covering Medway, including SECAMB and Partnership Trust, have continued LINK involvement.

The most important difference between the LINK and its predecessors - Community Health Councils (CHCs) and Patient and Public Involvement (PPI) Forums - is that the LINK has the power to monitor social services as well as health services. Our task now is to continue to build relationships with the Council's Social Services and their providers, similar to those we maintain with the NHS and its providers. We will also need to ensure that the LINK is not only monitoring but also influencing the decisions made around social care - how they are commissioned and provided.

LINK's Priorities for 2010 / 2011

It is important for the LINK to set priorities at the start of the year, maintaining some flexibility to deal with any emerging issues throughout the year. We have already referred in an earlier section to the following initiatives which are already underway:

- Following the success of the LINK Hygiene Project it is anticipated that this year the LINK will concentrate on funding further projects that 'make a difference'. For example, we plan to have an annual jointly-funded Hospital Hygiene survey in partnership with the Kent LINK. Future investigations on hygiene will repeat the core work of the last survey and will be developed by including additional focus items such as eating facilities and staff clothing.
- Also, we are evaluating the benefits of another joint venture with Kent LINK into the working of the Joint Needs Assessment framework.
- In addition, the Coordinating Team has agreed in principle that we will participate with other LINKs and outside bodies in jointly-funded projects. The key proviso is that, upon completion of the report, the unedited and uncensored results will immediately be put into the public domain via the Medway LINK website and Bulletin
- The need to continue to raise the LINK's profile and enabling the general public to have better access to the LINK; especially for those who do not have access to the internet. We have already reported that engaging the public is far more successful when done face to face. It is also important that the LINK invests more in reaching those people who are generally termed as 'seldom heard'. This means establishing LINK Access Points in as many Medway towns as possible. For example, Under One Roof, Healthy Living Centres, Community Centres, etc. Funds will be required, not only to set these up, but also to advertise the Access Points and maintain them

The Medway LINK will continue to have an overview of the activities of NHS and Social Services in Medway. In addition, and to enable the LINK to be focused, the Coordinating Team has developed a series of themes that will form the core of the LINK's Work Programme for the coming year. Considerable information has been gathered to arrive at these themes, such as LINK participant feedback, LINK Development Worker findings (from engaging locally in communities) and other outside organisations' issues. There are five themes:

- The Patient
- Hospital / Care Home standards
- Specific Medical Conditions
- Intermediate Care Provision
- Carers' Needs

It is likely that many LINK projects will encompass a number of our themes. As an example, we know that over the next three years personalised budgets for care are planned to become the norm. There is concern, however, about how the elderly and people with mental health issues will cope with this change and who will act as their advocates.

Within each theme the Coordinating Team has identified subsets requiring further review. However, the priority of these will be subject to discussion at the LINK's second annual meeting in June 2010.

- **The Patient:**
 - Personalised Budgets - monitoring their impact
 - Patient Experience / Quality of Care
 - Monitoring Providers
 - Diaries of Users' Experiences
 - Medical Intervention for the Elderly
 - Circumstances where treatment is denied or withdrawn, or based on age-related criteria, drugs, transplants etc
 - Monitoring effects of NHS efficiency savings and Social Services cuts
 - Joint Needs Assessments' trigger standards
 - Patient Transport – location, outside of public transport hours
 - Early diagnosis and treatment implementation

- **Hospital / Care Home Standards:**
 - Monitoring of Hospital / Care Home Infection Control / Hygiene Standards
 - Patient – Doctor / Social Worker Communications
 - Poor spoken English
 - Excessive use of 'Medical terms', acronyms and jargon that are incomprehensible to most patients.
 - Patients ability to comprehend diagnosis and clinical instructions

- **Specific Medical Conditions / Issues:**
 - Dementia
 - Patient Care
 - Carers' Care
 - Specialised Care Homes provision
 - Diabetes
 - Eating Disorders
 - Obesity
 - Bulimia
 - Substance Abuse
 - Drugs
 - Alcohol
 - Suicide
 - Domestic Violence

- **Intermediate Care Provision** (Too well for hospital: Too ill for home)
 - Who pays PCT? Social Services or patient?
 - Bed Blocking

- **Carers' Needs:**
 - Young people
 - Adults and older people

Appendix A: Medway Demographics



The latest population figures (as at June 2008) show a total of 253,500 in the Unitary Authority of Medway. Year on year, Medway has seen more births than deaths and the population is predicted to increase by 24,000 to 278,000 by the year 2020. As a Thames Gateway area regeneration is well underway but many of the employed population of 160,000 now work outside the district.

7.4% of Medway residents are classified as Black Minority Ethnic (BME), which is approximately equivalent to just under 19,000 people.

Medway is an area of deprivation in relation to the rest of the South East and the UK as a whole*.

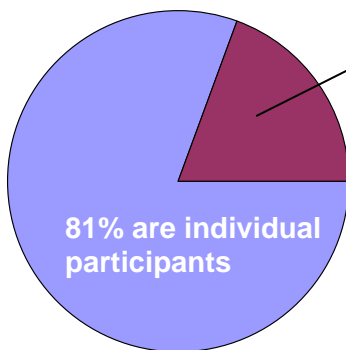
*Sources: National Office of Statistics, Medway Council website

Statistics

One of the Medway LINK's many challenges is to reach out to all members of the community and recruit a diversity of people to its network. The Medway LINK currently has a total of 408 participants, which includes 79 community, statutory and voluntary organisations (up to 31 March 2010).

During the period 1 April 2009 to 31 March 2010, the Medway LINK has recruited 275 individuals and 25 organisations; when compared to the previous Annual Report covering 1 April 2008 to 31 March 2009, of 56 individuals and 56 organisations, shows a substantial increase in participation. This is largely down to the Medway LINK's involvement in community events, representation on external organisations and publicity in local areas, such as shopping centres and exhibitions.

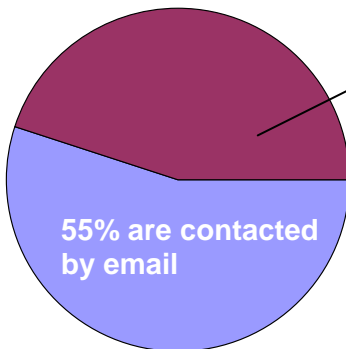
The participants who sign up to the LINK are kept on a database, used only by Kent & Medway Networks staff. This allows for easy and regular communication between the Host organisation, KMN, and the participants. The database also acts as a means of filtering the diversity, location and interests' data of those participants. Below are the Medway LINK statistics filtered from the database up to 31 March 2010. Participants can sign up as individuals or sign up on behalf of a whole organisation.



19% are organisations

Total Medway LINK participants	408
- Number of individuals	329
- Number of organisations	79

The Medway LINK does not discriminate against people who do not have access to the internet. As a result, all the information that is posted on our website is also sent in hard copy to those LINK participants without email. Participants are encouraged on registration to provide an email address if they have one, as this is the most environmentally-friendly and cost-effective means of communication.



45% are contacted by post

Total Medway LINK participants	408
- Number contacted by email	224
- Number contacted by post	184

Once a LINK participant is registered on the database, they are sent a welcome letter or email one week from their date of entry. A diversity monitoring form is also included with the welcome letter or email. One of the main aims of the LINK is to seek to involve all sections of the community in helping to shape their NHS and social care services. To do this, the LINK needs to find out about the LINK participants who have signed up. All answers are treated in the strictest confidence and are not used to identify the participants under the Data Protection Act 1998.

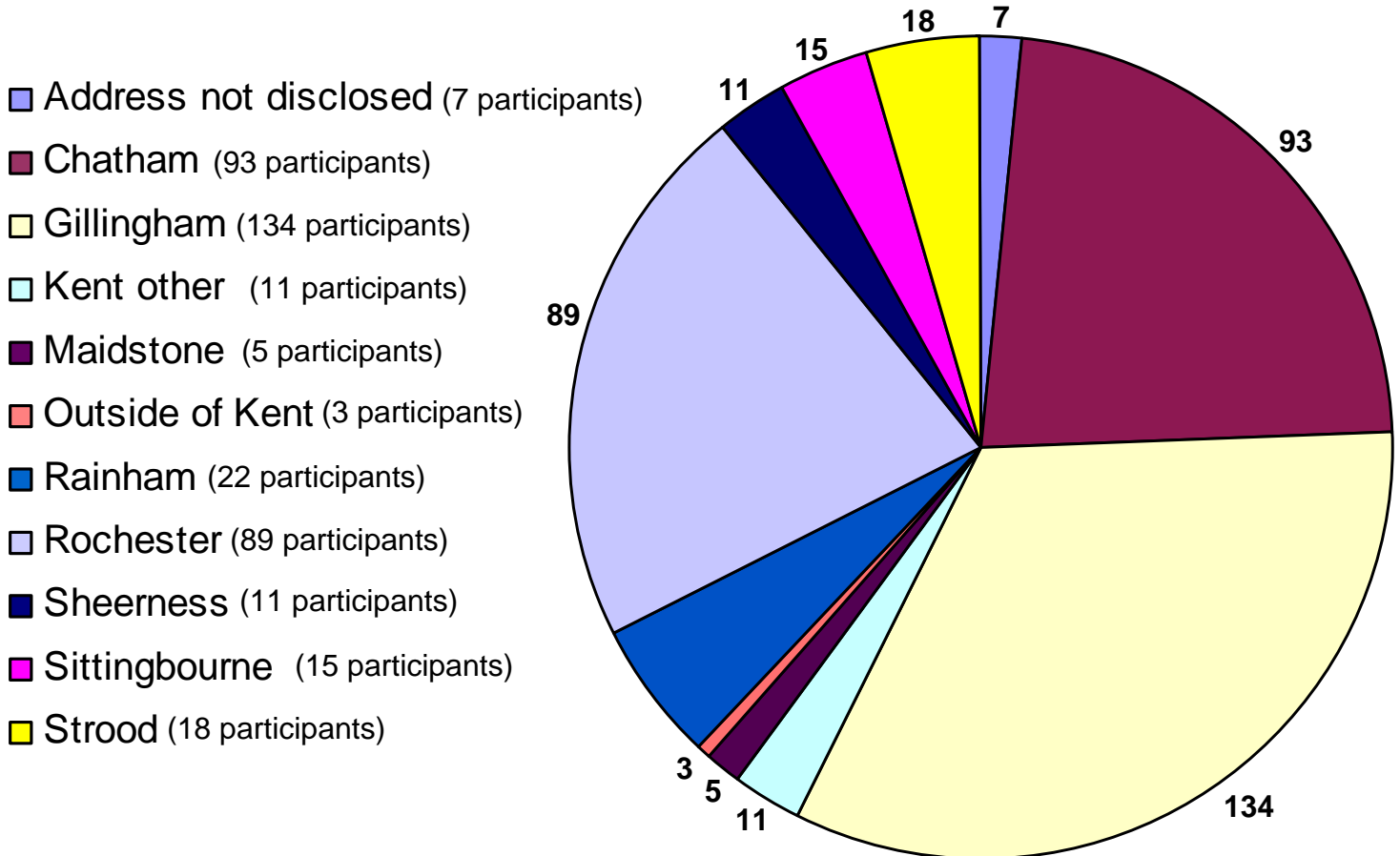
The diversity monitoring form is not an obligatory part of the registration process and participants can choose not to fill out and return the form if they wish. Below is the data currently filed by Kent & Medway Networks up to 31 March 2010:

Gender		Religion	
Male	205	Buddhism	0
Female	158	Christianity	104
No response	45	Hinduism	0
Age		Islam	1
0-15	0	Jainism	0
16-24	0	Judaism	0
25-44	12	Sikhism	2
45-64	57	None	22
65-74	39	Other	0
75+	30	Did not wish to disclose	2
No response	270	No response	277
Sexual Orientation		Nationality	
Bisexual	4	British	51
Gay	1	English	80
Heterosexual	115	Irish	1
Lesbian	2	Scottish	1
Other	0	Welsh	0
Did not wish to disclose	8	Other	0
No response	278	No response	275

Ethnicity			
African	3	Mixed-White Black Caribbean	0
Bangladeshi	0	Mixed-White Black African	0
British	117	Mixed-White Asian	0
Chinese	1	Mixed-White Chinese	0
Caribbean	2	Pakistani	1
Indian Asian	2	Romany / Gypsy	0
Irish	1	Other	0
No response	281		

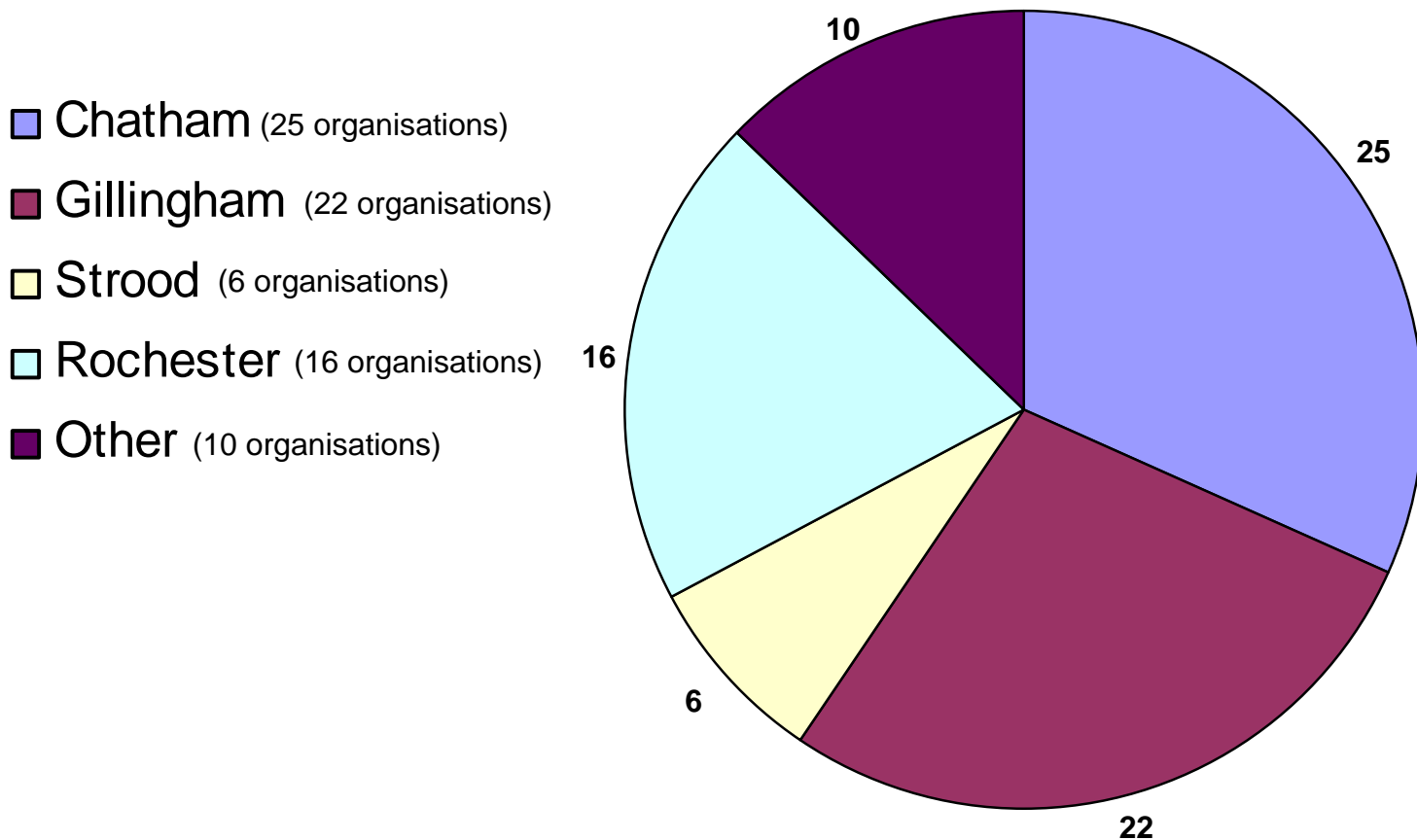
The LINK database is also capable of filtering LINK participants' home towns, to show which areas require more LINK involvement. If a participant or member of the public feels that their area is under-represented by the LINK, they are encouraged to contact the Host organisation, Kent & Medway Networks (KMN).

Below are the statistics for each participant registration by town up to 31 March 2010:



The Medway LINK can also sign up whole organisations to its network. By signing up an organisation, the Medway LINK can potentially involve all the diverse people who are part of that organisation. To date, the Medway LINK has signed up 79, which is an increase of 23 since its last Annual Report from 1 April 2008 to 31 March 2009.

Below are the locations of the Medway LINK organisations in and around Medway as filtered through the KMN database up to 31 March 2010:



Training Provided for LINK Participants

Annual Budget:	£2500.00
As at 31 March 2010 total spent:	£1626.00

The Medway LINK panels have completed the following training events, which were facilitated and provided by the Host organisation, Kent & Medway Networks.

Type of training event	Date held
Coordinating Team Training	3 February 2010
Enter and View Training	30 July 2009 - Session 1 3 August 2009 - Session 1 22 September 2009 - Session 2 30 September 2009 - Session 2
Hygiene Project Training	23 November 2009 3 December 2009
Mystery Shopper Training	22 January 2010 4 March 2010

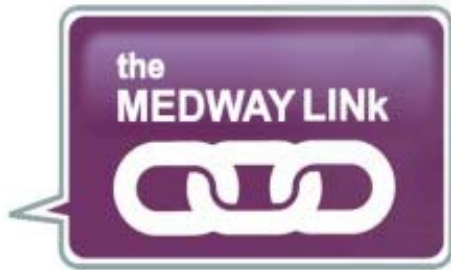
Below is a table showing the ID numbers allocated by the Moderating Panel, what the issue was, and what action taken, on the issue.

To request more information on any of these issues or on the criteria / scoring / weighting system used by the Panel, contact Neville Dack, LINK Project Worker, on 07814 427245 or email neville@kmn-ltd.co.uk. Please remember to quote the relevant ID number for which issue you would like to see more information.

Issues summary

Item no	Title	Outcome
ID 001	Deficiencies in physiotherapy and occupational therapy services – excess waiting times and curtailing treatment for chronic cases	Responses from NHS Medway passed to the referrer
ID 002	Assisted help with services for Young Carers	Participant being placed as LINK External Representative on NHS Medway Strategic Change Programme panel
ID 003	Improving Audiology Services in Medway and West Kent	Response from West Kent NHS supplied to referrer. Bulletin item to invite participants to contribute to West Kent review of Audiology services
ID 004	Adverse health impacts on Black and Minority Ethnic Groups (BME)	Response from NHS Medway fed back to referrer. Findings to feed into upcoming Equality and Diversity workshops to inform LINK Strategy 2010 / 2011
ID 005	Impact on Green Paper, Shaping the Future of Care Together, for people on benefits	Debate held at Medway LINK Quarterly Event in Folkestone and collated to form LINK response to Department of Health which was sent to all MPs in Kent and Medway
ID 006	Proposal to set up a primary angioplasty service in West Kent	Issue researched and Bulletin item to inform LINK participants about the new 24/7 angioplasty service operating at William Harvey Hospital in Ashford to serve the whole of Kent and Medway
ID 007	Shortcoming in Pain Control Services in Kent and Medway	Bulletin item, discussion topic on the LINK website opened and publicised to LINK participants
ID 008	Discrimination affecting gay people - clinicians treating homosexuality as a mental illness	Issue researched and Bulletin item to inform LINK participants and ask for any experiences
ID 009	Support for people with chronic conditions	Support groups identified and information passed to referrer

ID 010	Discharge arrangements at Medway Maritime Hospital	Representations were made to the hospital and a copy of discharge arrangements requested from the head of nursing
ID 011	Hygiene and cleanliness in hospitals	A project was initiated to investigate this issue, see page 32
ID 012	Restorative Justice in Prisons	Referred to Co-ordinating Team. A decision was made that this does not come within the remit of the LINK. This was fed back to referrer with request that the LINK be kept up to date with future progress
ID 013	Commissioning strategy for diabetic services in Medway	Participant being placed as LINK External Representative on NHS Medway Strategic Change Programme panel
ID 014	Closure of Sanderson Unit, Medway Maritime Hospital, without consultation with parents and LINK	Representations were made to Medway NHS Foundation Trust and NHS Medway
ID 015	Long waiting times for assessment and treatment in Speech and Language Therapy	LINK's representation prompted a review of services by NHS Medway. An action plan was formulated in consultation with service providers and service users, which will be implemented by 30 September 2010.
ID 016	Fire safety at Medway Maritime Hospital	Issue raised with Medway Maritime Hospital, response passed to referrer
ID 017	Difficulty of finding a wheelchair at Medway Maritime Hospital	Issue taken up with the hospital, which reviewed provision and implemented improvements to processes and provided new stocks of wheelchairs
ID 018	Lack of sexual health staff for people with learning difficulties	NHS Medway and Medway Council were written to, asking what provision is in place, how many specialists employed, their distribution across Medway and how many people they are serving?
ID 019	Waiting time in Phlebotomy clinic, Medway Maritime Hospital	Participants are having ongoing meetings with NHS Medway
ID 020	Availability of health information for blind and partially sighted people	Full copy of report obtained. Awaiting feedback as to whether barriers are widespread
ID 021	Medication in Care Homes for Older People	Full copy of the research obtained. PCTs have identified a timetable for action. LINKs to establish how recommendations have been implemented
ID 022	Lack of Audiology Clinic in Medway and impact on people with learning disabilities	Issue to be raised with Moderating Panel



a LOCAL INVOLVEMENT NETWORK



Your LINK

for **improving** health and social care

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Protocol between Medway Council's Overview and Scrutiny Committees and the Medway Local Involvement Network (LINK)

January 2010

1. Introduction

- 1.1 This protocol covers the relationship between Medway's Local Involvement Network (LINK) and Medway Council's Overview and Scrutiny Committees (OSCs) with responsibility for scrutiny of health and social care. These are currently the Health and Adult Social Care Overview and Scrutiny Committee and the Children and Adults Overview and Scrutiny Committee.
- 1.2 The protocol has been developed following two briefing sessions in July and October 2009 involving OSC members, LINK participants and the host organisation for the Medway LINK, Kent and Medway Networks Ltd (KMN). The two key objectives at these sessions were:
- (i) to develop a clear understanding by OSC members and the LINK of respective roles and responsibilities and
 - (ii) to explore key relationships and opportunities for the LINK and OSCs to work together to maximise their contribution to public accountability of health and social care.

2. Summary of roles

- 2.1 The NHS Centre for Involvement has published a guide on LINKs and OSCs working together. The guide provides the following useful summary of respective roles:

"The roles and responsibilities of OSCs and LINKs are different but complementary. For example, LINKs have powers to "enter and view" places where services are provided, whereas OSCs have powers to call staff to meetings to explain decisions and proposals.

People and groups who become involved with LINKs have an interest in local health and social care services from a patient's, service user's or member of the public's perspective, whereas elected Councillors serving on OSCs are local politicians who fulfil their role within the wider context of the Council's corporate objectives and external partnerships. However, when considered together, we can begin to identify how LINKs and OSCs can use their roles and powers in partnership to improve local health and social care services."

- 2.2 The guide says that LINKs and OSCs both act as a critical friend to health and social care commissioners and providers and both are provided with information by health and social care organisations. Health and social care organisations are required to respond to the findings of OSCs and the LINK. The powers of both are summarised in the guide:

Powers and responsibilities of OSCs	Powers and responsibilities of LINKs
To review and scrutinise any matter relating to the planning, provision and operation of health and social care services in Medway	To ask local people what they think about local health and social care, providing a chance for them to suggest ideas to help improve services
To make reports and recommendations to local NHS bodies and the Council	To investigate specific issues of concern to the community
May require the attendance of the NHS and Council officers to answer questions and provide information	May use powers to ask for information and hold providers and commissioners to account
Must scrutinise health scrutiny of issues affecting more than one local authority area via Joint Committees	May authorise representative to “enter and view” premises to see if services are working well
May report to the Secretary of State for Health where the Committee believes NHS consultation on a substantial service development or variation has been inadequate or where it believes the proposal is not in the interests of the health service in Medway	May make formal referrals to OSCs

3. Points of contact

- 3.1 Principal points of contact between the Medway LINK and Medway Council's OSCs will be:

Medway LINK point of contact:

KMN, Unit 24, Folkestone Enterprise Centre, Shearway Road, Folkestone, Kent, CT19, 4RH Tel 01303 297050
Email: info@kmn-ltd.co.uk

Medway Council's OSCs point of contact:

Rosie Gunstone, Overview and Scrutiny Co-ordinator, Democratic Services Team, Medway Council, Gun Wharf, Dock Road, Chatham, Kent, ME4 4TR
Tel 01634 332715.
Email: rosie.gunstone@medway.gov.uk

4. Exchange of Information

- 4.1 The LINK and the Overview and Scrutiny Team will exchange or provide web links to publicly available agendas, minutes and papers.
- 4.2 All Overview and Scrutiny in-depth review reports are published on Medway Council's web site and these may be a useful source of reference for the LINK when planning its work programme of activities.
- 4.3 Twice a year there will be an item on the agenda for Health and Adult Social Care Overview and Scrutiny Committee and the Children and Adults Overview and Scrutiny Committee with an invitation to the LINK to provide general feedback on its work programme, activities and achievements. One of these dates will be used to review the Annual Report of the LINK.
- 4.4 The LINK has a legal obligation to publish its Annual Report and Accounts by the 30 June of each year and must provide a copy to the OSCs. The report has to include a summary of any referrals made by the LINK to the OSCs and any action taken in response. The Overview and Scrutiny Co-ordinator will have an opportunity to comment on the section of the draft Annual Report relating to referrals to the OSCs.
- 4.5 The Overview and Scrutiny Team may request the LINK to include information about the work the OSCs on its website and in newsletters and vice versa.
- 4.6 The LINK and OSCs will exchange a schedule of dates and deadlines for meetings and key publications so that contributions and reports can be planned, drafted and submitted in good time.

5. Co-ordinating activities and work programmes

- 5.1 The LINK currently determines its broad work programme on an annual basis although adjustments are made in-year by the LINK Moderating Panel. The LINK will have regard to the rolling work programmes of the relevant OSCs to identify shared priorities and concerns, avoid duplication and identify areas where joined up working would be beneficial. The LINK will have access to the reports of in-depth reviews already undertaken by Medway's OSCs via the Medway Council website.
- 5.2 The LINK work programme will be included as an Appendix to the standing work programming report on the agenda for each meeting of the Health and Adult Social Care OSC and the Children and Adults OSC so that areas of common interest can be identified.
- 5.3 Overview and Scrutiny Co-ordinators and members of the relevant OSCs will be invited to the annual meeting of the LINK and quarterly community engagement events.
- 5.4 The Overview and Scrutiny Co-ordinator will also attend meetings of the LINK Coordinating Team and Moderating Panel by invitation to discuss work programmes and discuss areas of joint activity as appropriate.

6. LINK referrals to Medway Council's OSCs

- 6.1 Medway LINK has a statutory right to refer health and social care matters to the relevant OSC for consideration. The procedure and criteria to be followed by the LINK in determining when to make a formal referral is as follows:

The LINK will only refer a matter to the OSC once it has been deemed, by the LINK Co-ordinating Team, that all attempts to resolve it locally with the relevant NHS Trust or with the relevant departments of Medway Council concerned with adult social care services or with services for children and families, have been exhausted.

- 6.2 Any such referral will be submitted in writing by the LINK with confirmation that it has been considered by the LINK Co-ordinating Team and will indicate whether or not it is to be treated as a formal referral under the Local Involvement Networks Regulations 2008. This can be done by email to the agreed contact address set out in Section 3 above.
- 6.3 The relevant Overview and Scrutiny Co-ordinator will acknowledge receipt of any referrals from the LINK within 20 days beginning with the date on which the referral was made.
- 6.4 Referrals from the LINK will be submitted to the next ordinary meeting of the relevant OSC for consideration and the Committee will consider whether or not any of its powers are exercisable in relation to the matter referred and what action to take, if any.
- 6.5 There will be an opportunity for the LINK to contribute to the discussion at the OSC meeting. The relevant NHS or social care organisation will also be notified of the matter and invited to attend and contribute. After the meeting the Overview and Scrutiny Co-ordinator will advise the LINK of any related action taken by the Committee.
- 6.6 If a referral from the LINK is received and is so urgent it cannot wait until the next meeting of the relevant OSC the Head of Democratic Services will consult with the Chairman and Opposition Spokespersons to agree an appropriate immediate response. Any action taken will be reported to the next ordinary meeting of the OSC.

7. OSC referrals to the LINK

- 7.1 The OSCs in Medway appreciate that the LINK has to prioritise its work programme and ensure that its limited resources are applied in pursuit of its core purpose. It will not always be possible for the LINK to undertake work requested by the OSC.
- 7.2 At the same time the LINK is a valuable source of information about patient and service user experience that will strengthen the capacity of OSCs to influence health and social care commissioners and providers.
- 7.3 OSCs may ask the LINK to seek feedback from LINK participants on a particular issue or investigation. Usually this will involve an invitation to LINK participants to submit written comments on an issue, to participate in a focus

group discussion or give evidence to a Task Group undertaking an in-depth review.

- 7.4 These requests or referrals will be made in writing with reasonable notice and, where necessary, the LINK Moderating Panel will determine how the LINK should respond. By invitation the relevant Overview and Scrutiny Co-ordinator will attend the Moderating Panel to outline the scope of a request for LINK input to OSC work and answer any questions.

8. Joint working

- 8.1 There may be opportunities for joint working between the LINK and OSCs arising from regular reviews of respective work programmes or when the Government or an NHS body seeks views on a particular issue.
- 8.2 When the LINK and OSCs agree to adopt a joint approach on a particular issue the process for signing off the final outcome will be agreed in advance. If a difference of opinion emerges this will be reflected in the final report or response.

9. Feedback from LINK visits to health and social care premises

- 9.1 The LINK may in certain circumstances, enter health and adult social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. Only “authorised representatives” may conduct a visit and these will be people who have undergone a Criminal Records Bureau check and have satisfied the LINK they are suitable to carry out visits.
- 9.2 A non-statutory Code of Conduct relating to this power has been issued by the Department of Health and this states it is good practice for LINKs to provide detailed and constructive feedback directly to the staff that they visited and, where appropriate, the service users. The Code says in all cases the provider who was the subject of the visit should be able to check draft findings and recommendations for factual accuracy.
- 9.3 There is no legal obligation on the LINK to share their findings with other organisations but the Code encourages LINKs to consider when and how it does this and there is particular guidance on what to do if safeguarding issues arise. In particular LINKs are encouraged to consider whether they should send their findings to the relevant Commissioner and relevant OSC.
- 9.4 The Code does not envisage LINKs routinely sharing feedback from visits and inspections with OSCs but says in certain circumstances it could be appropriate. In making the decision the Code suggests LINKs might wish to consider:
- The OSCs planned programme of activity
 - Whether particular services have significantly deteriorated or improved
 - Whether particular services have regularly failed to respond to recommendations for changes or improvements; and

- Whether service users and others have reported specific areas of concern that it would be appropriate for an OSC to follow up.
- 9.5 In circumstances where the LINK has not been satisfied with a response from a service provider or commissioning body it may ask the OSC to exercise its powers to require information from an NHS body for attendance at one of its meetings.
- 9.6 There will be a report from Medway's Adult Social Care Department to the relevant OSCs twice a year reporting back on information shared with Adult Social Care by the LINK following visits and inspections and also covering joint working undertaken such as mystery shopping and collaboration on responses to Government consultation documents. The LINK will have an opportunity to comment on this report in draft before it is presented to the OSCs.
- 9.7 The OSCs may ask for similar reports from the NHS Trusts in Medway.

10. LINK representation at meetings of OSCs

- 10.1 The LINK will be invited each year to nominate one representative to be co-opted as a non-voting member of the Health and Adult Social Care OSC and one to be co-opted as a non-voting member of the Children and Adults OSC. This will provide continuity of dialogue with the LINK by each of the OSCs.
- 10.2 The formally co-opted LINK representative will be encouraged to bring along other LINK participants to OSC meetings to represent the views of patients and service users on particular items. This will ensure that the views expressed on behalf of the LINK are representative and based on the experiences and knowledge of the various communities of interest participating in the LINK.
- 10.3 The key roles of the members of the LINK co-opted to the OSCs will be as follows with the aim of ensuring two-way information exchange and co-ordination of activity:
- To establish and represent the views of the LINK at OSC meetings and to identify where it would be appropriate to bring other LINK participants along to express their views on particular issues
 - To provide feedback to the LINK on OSC activity
 - To contribute to the co-ordination of the LINK and OSC work programmes by advising the OSC of related activity being undertaken by the LINK and suggesting areas for a co-ordinated or shared approach
 - To arrange for the appropriate LINK representative to present reports or referrals from the LINK to the OSC.

Signature on behalf of Medway Council:

Date

Signature on behalf of Medway LINK:

Date

WORKING WITH MEDWAY LINK

Summary

Officers within the Adult Social Care division have been working with Medway Local Involvement Network (Medway LINK). This report summarises the nature of this work and the outcomes.

1. Budget and Policy Framework

- 1.1 In accordance with the Local Government and Public Involvement In Health Act 2007, a Local Involvement Network (LINK) must be established in each local authority in England. A LINK has a responsibility to scrutinise and inform the commissioning and delivery of health and social services from 1 April 2008.
- 1.2 Medway's LINK is grant funded as part of the Area Based Grant.

2. Background

- 2.1 A LINK is an independent network of local people and voluntary and community sector groups with an interest in local health and social care issues. Medway's LINK is designed to ensure that people have a voice, are empowered to influence commissioners of services and service providers and have an active role in improving local services.

LINKs have a number of powers and duties including:

- The ability to produce reports and make recommendations on health and social care issues for commissioners and providers.
- The right to request relevant information from service commissioners and providers and to expect a response within a given timescale.
- Some members will have the right to 'enter and view' premises where health and social care services are provided.
- The development of a pro-active relationship with the local Overview and Scrutiny Committee, and participation in other key meetings, in order to share information and support one another's work.

3. Current activities with Medway LINK

3.1 Mystery shopping

- 3.1.1 As an addition to the range of contract monitoring and market research in Medway, the Social Care Commissioning Team commissioned Medway Link to undertake mystery shopping of residential and nursing

care in relation to supporting self-funders and the Living Well in Medway service.

- 3.1.2 The pilot is coming to a conclusion and a debriefing meeting is to be held between the Council and Medway LINK later this month. The Social Care Commissioning Team continue to be committed to the principle of testing the customer experience through mystery shopping as a robust source of challenging performance and driving up quality. However, there are lessons to be learnt from the pilot before it becomes a routine part of quality assurance.

3.2 Market development steering group

- 3.2.1 There are a number of Putting People First milestones for delivering the transformation of adult social care. One of these milestones is the development of the market to respond to personalisation. The council has established a market development steering group that includes stakeholders such as Council for Voluntary Service, Kent and Medway Care Alliance and Medway LINK.

- 3.2.2 Medway LINK is supporting the council in identifying citizens who can be part of the steering group in terms of how they or their loved one's care is purchased: (1) Direct payments; (2) Self-funding; and (3) The council purchases on behalf of the service user.

3.3 Provider forum

- 3.3.1 Medway LINK attended the January 2010 meeting to explain the 'Enter and view' rights and protocol for visiting social care premises.
- 3.3.2 The LINK is a regular invitee to the forum, where the theme of July meeting is hospital discharge.

3.4 Coordinating team

- 3.4.1 The Community Involvement Officer for the Commissioning Team attends the Coordinating Team meetings so that they can respond to the forward plan of activities.
- 3.4.2 Discussions are taking place to nominate a commissioner to attend these meetings.

3.5 Enter and View

- 3.5.1 The LINK has the right to 'enter and view' premises that deliver social care services. The LINK has trained a number of participants to be Authorised Visitors, however, no visits have been undertaken using these powers.

4. Risks and mitigating action

- 4.1 The current working relationship relies on clarity of the various working relationships being established in terms of commissioning activities in

relation to mystery shopping and participating in the commissioning activities.

- 4.2 The risk of confusion and/or conflict arising from the various activities and related relationships is managed by the double-lock of the three-way monitoring meetings chaired by the Assistant Director of Communications, Performance and Partnerships; and the bi-annual reporting from Adult Social Care to the Health and Adult Social Care Overview and Scrutiny Committee.

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