# Wolverhampton City Council

#### **HEALTH SCRUTINY PANEL**

Date: 28 MARCH 2013

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Title/Subject Matter LINK WORK PROGRAMME - UPDATE

#### 1.0 Purpose of the Report

The purpose of this report is to update members on Wolverhampton Local Involvement Network (LINk) Membership and Work Programme progress.

#### 2.0 Recommendations

To update the Panel and on LINk activity.

#### 3.0 Background Information

# 3.1 Wolverhampton Local Involvement Network (LINk) Membership update

The full LINk Annual Report, based on LINks legislation and the DOH LINk Annual Report Guidance covering LINk activity for the period 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013, will be published by June 2013.

As of the end of January 2013, Wolverhampton LINk had a total of **749** members **108** group members and **641** individual members.

**42%** of LINk members were of Black and Minority Ethnic Origin 35.5% of the population of Wolverhampton is of Black and Minority Ethnic Origin (2011 Census)

**40%** of LINk Members are under 44 years of age, out of 749 LINk Members **143** consider themselves to be disabled and **428** Members stated on their membership application forms that they had not previously been involved with having a say about health and social care services.

#### 3.2 Wolverhampton LINk Work Programme update

The LINk continue to work on its major work plan topics: Transport to Health Appointments, Discharge Planning, A&E Eye Emergencies, Protected Meal Times at New Cross Hospital, Young Peoples Access to Health Services, New Cross Hospital Pharmacy, Older People and Isolation, Regular Ward Visits, GP Appointment Systems, Mental Health and Nursing / Care Homes.

As well as working on the major work plan items the LINk give regular public and patient soft intelligence updates, to service providers for their information and action.

#### 3.3 Wolverhampton LINk Consultation Activity update

During 2012 – 2013 Wolverhampton LINk have carried out the following consultations: Making It Real, Local Accounts, Council Budget Consultation and Young Persons Consultation - Emotional Wellbeing Services.

**3.4** Further information on LINk Activity is attached in Appendix .1. for information and comment.

#### 4.0 Equalities Implications

4.1 Wolverhampton LINk promote equality in relation to ensuring that the mechanisms used for involvement activities are accessible to all and that the specific needs of participants are addressed.

#### 5.0 Legal Implications

5.1 There are no direct legal implications arising from this report.

#### 6.0 Environmental Implications

6.1 There are no direct legal implications arising from this report.

#### 7.0 Financial Implications

7.1 There will be no financial implications for Scrutiny Panels linked to this report.



# Wolverhampton LINk - Scrutiny Summary 2012 – 2013

#### **INTRODUCTION**

The full LINk Annual Report, based on LINks legislation and the DOH LINk Annual Report Guidance covering LINk activity for the period 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013, will be published by June 2013.

#### Introducing the Board

The Board is made up of a mixture of individuals and group members who have previous experience of working on Patient and Public Involvement Forums and individuals who are new to involvement, bringing an invaluable mix of experience and enthusiasm.

The Boards group members represent the voices of individuals who are seldom heard and reflects some of the key areas of challenge for the City i.e. high rates of heart disease and stroke and the population projections of a significant increase in older people.



#### **LINk Board Executive**

- Chairperson
- Deputy Chairperson
- Vice Chairperson

John Mellor OBE,QSM,FCMI

**Brian Griffiths** 

Patricia Burton

#### What is the job of a LINk?

- The job of the LINk is to find out what people like and dislike about local services.
- To work with the people who plan and run services to help make them better.
- This may involve talking directly to health and social care staff about a service that is not being offered, or suggesting ways that an existing service could be made better.

# LINK MEMBERSHIP - AS OF 31<sup>ST</sup> JANUARY 2013

As of the end of January 2013, Wolverhampton LINk had a total of **749** members **108** group members and **641** individual members.

- 57.1% of LINk Members are new to involvement
- 42.0% of Members are of black and minority ethnic origin (2011 Census, total Wolverhampton BME population = 35.5%)
- 40.0% of Members are aged 16 to 44 (2011 Census, total Wolverhampton population aged 16 to 44 = 40.4%)
- 19.0% of Members consider themselves to have a disability. (Unable to compare with Census due to change of question)



#### **HOW DO WE LET PEOPLE KNOW ABOUT THE LINK?**

During the period April 2012 to February 2013 the LINk has reached **2,685** members of the public.

Instead of expecting LINk members and the public to come to us we concentrate our focus on going out into the communities of Wolverhampton, to ensure that local people have the opportunity to voice their views and opinions about the City's health and social care services.

The LINk Board appointed Community Engagement Worker's role is to raise public awareness of the LINk, actively targeting the communities whose voices are seldom heard (through: holding events; giving presentations; staffing stalls at community events; leafleting; media work and general outreach to the wider community).

So far this year LINk has taken part in mental health week, carer's week, international woman's week and the city show.

We visited: community associations, deaf and blind support groups, autism support groups, dementia support groups, religious groups, Asian women's and men's groups, day centres, learning disability groups, HIV support group, diabetes groups, expert by experience panel, LGBT groups, young people's groups and residential and nursing homes.



LINk Board Members Staffing the City Show Stand

#### INTRODUCTION TO THE LINK WORK PROGRAMME

Local people have the opportunity to feed their experiences of health and social care services to us in a variety of ways including: the interactive display stand, visiting the office, postal surveys, consultation events, young peoples graffiti wall, online surveys, website contact us form and facebook.

Using the above methods, local people have identified topics for the LINk to look into. Using a prioritisation tool that we developed with the support of an Independent Advisor from the Centre of Public Scrutiny, the topics were classified as: major issues; issues requiring further investigation and issues to be fed into service providers.

During 2012 – 2013 work was carried out on the following major issues:

- Transport to Health Appointments (New Cross Bus)
- Aftercare Discharge Planning
- A&E Eye Casualty
- Protected Meal Times
- Young Peoples access to Health Services
- Older People and Isolation
- New Cross Hospital Pharmacy
- Regular Ward Visits
- Access to GP Appointments
- Mental Health Services
- Nursing and Residential Care Homes

Wolverhampton LINk has used its powers in the implementation of its 2012 – 2013 work programme. Throughout the year work has been undertaken, led by the work plan subcommittee to examine these topics as follows:

#### **Transport - New Cross Bus**

Members of the public have been telling us about the problems that they experience trying to get a bus to New Cross Hospital.

We have used our powers to make requests for information and recommendations to Centro.

In response to LINk recommendations Centro have: Put a stand in the new Bus Station for buses going to New Cross Hospital; updated their information leaflet to indicate the buses that go to New Cross – previously their information leaflet only showed how to get to Mecca Bingo!

LINk are currently in conversations with Centro regarding concerns that the 59h Diamond Service has been cancelled, so there are now no buses that travel all the way around the New Cross Hospital Site.

#### **Aftercare Discharge Planning**

Wolverhampton LINk received feed-back concerning peoples experiences of discharge from hospital. Some of the things people have told us about: Lack of communication with other agencies on discharge resulting in a delay of treatment and support once home. Delays in leaving hospital due to long waits for patient transport and pharmacy.

We have used our powers to make requests for information and carry out enter and view visits and make reports and recommendations.

In response to the LINk July 2011 report and recommendations the hospital have developed an action plan and they are trailing a better discharge process on three wards in the hospital (D18, 19, 20)

In January 2013 the LINk carried out a follow up audit and found that not all of the actions had been implemented by the Royal Wolverhampton Trust (RWT). Wolverhampton LINk are in the process of following this up and have written to RWT accordingly.

#### **A&E Eye Casualty Services**

Wolverhampton LINk has received a number of complaints from patients regarding a variety of issues relating to the Eye Casualty. Complaints received have occurred since; emergency treatment for eye problems was transferred to the general Accident and Emergency department. The complaints received, directly from patients, relate to emergency treatment and as examples we would quote the following: Consultants not being available, only one Doctor on duty (People visiting at the weekend being asked to return on Monday to see Ophthalmic Staff); Excessive waiting times (Over 4 hours); Lack of privacy.

We have used our powers to make requests for information and carry out enter and view visits and make reports and recommendations.

In response to the LINk June 2011 report and recommendations the hospital have developed an action plan and are looking at ways they can improve the service for eye casualty patients, they have already made new signs that make it quite clear that eye casualty patients should go to A&E, carried out a communication exercise with GP's, changed the information on their website, and refurbished the Eye Casualty area in A&E.

In November 2012 the LINk carried out a follow up audit and found that not all of the actions had been implemented by the Royal Wolverhampton Trust (RWT). Wolverhampton LINk are in the process of following this up and have written to RWT accordingly.

#### **Protected Meal Times**

Wolverhampton LINk received feed-back from members of the public regarding their experiences of mealtimes at the Royal Wolverhampton Hospital NHS Trust, New Cross Hospital.

We have used our powers to make requests for information, carry out enter and view visits and make recommendations.

Wolverhampton LINk submitted a report in 2010 and the hospital have been working on an action plan to make improvements. In June 2012 the LINk went back to see if things have improved and wrote a follow up report and recommendations.

More recently in December 2012 the LINk carried out a Mystery Shopper Exercise and whilst they found some improvements had been made, not all of the actions had been implemented by the Royal Wolverhampton Trust (RWT). Wolverhampton LINk are in the process of following this up and have written to RWT accordingly.

#### **Young Peoples Access to Health Services**

Young people told us about their concerns regarding access to health services. "You can't go on your own to the Dr for personal issues under 16, or can you? "The need for more information, more privacy, someone at the GP Practice with a young person's focus, text service, peer support.

We are using our powers to support the Young Peoples group to carry out You're Welcome Audits, to assess how welcoming services are for young people.

This is an ongoing project – young people have been trained to go into health services to see how young people friendly they are.



You're Welcome Young Assessors

#### Older People and Isolation

Following concerns raised by members of the public about older people and isolation, the LINk Older People and Isolation groups was set up. The group focussed on looking at: access to information; transport, connectedness / activity and housing.

LINk's concerns are being been fed into the Older Peoples Strategy Implementation group.

#### New Cross Hospital Pharmacy

Wolverhampton LINk board decided to include this issue in their work programme because of the number and nature of concerns expressed by members of the public. Typical concerns expressed were: delays in provision of to take home medication; waiting times for prescriptions collected by patients in pharmacy

We have used our powers to make requests for information and make a report and recommendations.

In early 2012 the LINk submitted a report to the Hospital making recommendations about how the service could be improved and have recently followed this up with the Royal Wolverhampton NHS Trust.

This is an ongoing issue, the hospital are piloting a number of initiatives to speed up the process and discharge patients more quickly after they have been told they can go home. The LINk will continue to monitor progress being made.

#### **Regular Ward Visits**

The need for the audit of individual wards at New Cross Hospital was identified following representations from the public, LINks members and media scrutiny. The need for the audit was further reinforced by reports from the Care Quality Commission following reviews carried out by them in July 2011, which concluded with some criticism.

We have used our powers to make requests for information, carry out enter and view visits and make reports and recommendations.

In April 2012 the LINk submitted two reports an interim report covering 10 wards at New Cross Hospital and a report focusing on the three Best Practice Wards (D18,19,20). In response to LINk recommendations RWT developed an action plan.

More recently in December 2012 the LINk carried out a follow up audit, whilst they found some improvements had been made not all of the actions had been implemented by the Royal Wolverhampton Trust (RWT). Wolverhampton LINk are in the process of following this up and have written to RWT accordingly.

#### **GP Appointment Systems**

The LINk Board had decided to include an investigation of General Practitioner appointment systems within the work programme, because of the number and nature of concerns about them received from members of the general public. Typical concerns included: inflexible and limited surgery times; the length of time from requesting an appointment to it occurring; restrictions on when an appointment can be requested; difficulty of securing appointment with preferred doctors and none or limited availability of emergency appointments.

We have used our powers to make requests for information and made reports and recommendations.

The Local Medical Committee (LMC) have read the report and noted the points that were raised by Wolverhampton LINk, the central core of the recommendations is a nine point list of items that collectively represent the main features of a "user friendly" appointment system. The LINk recommendations have been circulated to all GP practices for implementation.

Wolverhampton LINk are in the process of encouraging LINk Members to feedback to us to let us know if their GP practice has improved its appointment system, also encouraging members to join their Practice Participation Group asking them to adopt the "user friendly" system if it has not been introduced already.

#### **Mental Health Services**

Mental Health was prioritised due to the volume of feed-back from members of the public regarding their concerns about mental heath services. Concerns raised fell into four areas:

- Access to talking therapies
- Penn Hospital
- Access Criteria for Secondary mental health services
- Day Provision / Drop-ins

The LINk Board lead attended the Positive Action for Mental Health Group (a strategic mental health service user group) and invited the group members to prioritise the area that Wolverhampton LINk should initially focus on. The group prioritised Day Provision / Drop-In's.

We are currently in the process of reviewing the Service Specification for the Community Inclusion Team / Drop-ins and meeting with the Mental Health Commissioners and Service Provider.

#### **Nursing and Residential Care Homes**

The need for LINk to focus on Nursing / Residential Homes was identified following representations from the public, LINks members and media scrutiny. The need for the audit was further reinforced by reports from the Care Quality Commission.

During August and September 2012 we distributed a survey to gather feedback of the experiences of residents, their family and friends of using or visiting care / nursing homes in Wolverhampton.

In discussion with the Care Quality Commission, we are currently using this feed-back to develop an audit tool so that we can carry out a programme of enter and view visits to nursing / residential homes in Wolverhampton.

Copies of all LINk reports and responses from service providers / commissioners can be found on the LINk website.

www.wolverhamptonlink.co.uk

Hard copies of reports can be made available by contacting the LINk Office.

#### **LINK CONSULTATIONS** 2012 – 2013

During this period we have supported LINk members to engage in **4** local consultations, involving **853** members of the public.

Support has included one-to-one briefing, information provision in accessible formats, supporting individuals to complete surveys and questionnaires and providing one-to-one support to enable individuals who would otherwise have been excluded from taking part in consultations. As a direct result of this support LINk members have reported improved knowledge in how they can influence services.

LINk Members have been involved in having their say about the following consultations:

#### Making It Real Peer Challenge

April - May 2012

### Asking Your Views on the Personalisation of Adult Social Care

**124** people gave their views to help the Council understand how they feel about the type of care and support services they receive. So the Council could:

- Look at what they're doing at the moment and check to see how well they're doing.
- See which areas need to be better and come up with plans for action
- Let others know how they're doing especially within the local community and the people they serve.

#### **Local Accounts**

**Sept - Nov 2012** 

How well did the Council do and what should they be doing in 2013/2014?

Local Accounts – are a document published by Councils on how they believe they had made progress on achieving goals for adult social care over the past year & this year.

**406** people had their say about how well they felt the Council were doing and what they felt the Council should be doing in 2013/2014?

# **Council Cuts Challenge**

#### November 2012

The consultation document was sent to **750** members. **41** members attended the LINk event and gave their views on the proposals:

- Were the proposals the best ways that the Council can save the money it needs to?
- Which Council services should be protected?
- Are any of the Council's savings proposals unfair to any community group in particular?

## <u>Young Peoples Emotional Wellbeing Services</u> Dec – Feb 2013

**6** young LINk members designed, advertised and delivered this consultation. They spoke to **87** young people at Epic Cafe and **195** young people in a shop at the Mander Centre.

The aim of the consultation was to find out young people's views about the existing emotional wellbeing services and their ideas about how services should be delivered.

# **Contacting the LINk Office**



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