

Leicestershire LINK

Annual
Report
2011-12



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01 Introduction



This was expected to be the last report for the Leicestershire LINK, before being replaced by Healthwatch. However, delays in the passing of the Health and Social Care Act have meant that our LINK will continue until March 2013.

One might expect that the delays have resulted in more preparation, but in fact at times the effect has been debilitating. People feel that the Act changes many aspects, but in fact much has already changed.

The change to GP's being the key commissioners has already resulted in the setting up of both West and East Leicestershire Clinical Commissioning Groups and we have been represented at all their public board meetings.

Similarly, the all important Health and Wellbeing Board has been set up in shadow form and your LINK has two places on that body.

The two trusts, University Hospitals of Leicester (UHL) and the Leicestershire Partnership Trust (LPT) have undergone many challenges and I would like to thank them for dealing with our concerns at the chief executive level and also for their prompt responses. The Leicestershire LINK also supports them in their quest for foundation status.

Despite all these changes, our task groups have continued their work around neurological conditions, carers, mental health, paediatric cardiac care, young peoples needs, East Midlands Ambulance Services, pharmaceutical services, ophthalmology, dementia and older people's services. In some of these groups we

have worked with neighbouring Leicester City LINK and Rutland LINK. We have responded to all the major NHS provider Quality Accounts. The LINK is very pleased to have received such encouraging and complimentary comments on the effectiveness of partnership working.

In terms of preparation for Healthwatch we have set up an implementation group and in conjunction with Leicestershire County Council, we became one of the pathfinder LINKs, with three topics including signposting patients, operational models for Healthwatch and hard to reach groups. As we move into the final year much work still needs to be done.

I would like to take this opportunity to thank all the professionals in health and social care that we have engaged with, many of whom have been in changing roles themselves. Equally I would like to thank the LINK Board and Task Group members for their hard work and support. I would like to thank our LINK members to their contribution to events, consultations, completing surveys and sharing their experiences of health and social care, which have helped to challenge and influence change. A big thanks to our host organisation Communities in Partnership, and it would be remiss of me not to especially thank Gill Wollerton, the Host Manager who has been involved with the LINK from the outset and without whose hard work, dedication and enthusiasm, the volunteers would not have achieved so much. We wish Gill well in her retirement in June 2012.

A handwritten signature in black ink, appearing to read 'John Baker'. The signature is fluid and cursive, written over a white background.

John Baker, Chair

Finally, I hope that we can have a fruitful last year for Leicestershire LINK and that we can move as seamless as possible to Healthwatch.

1.1 LINK Structure

Fund holder

Leicestershire County Council (LCC)



LINK Host Organisation

Communities in Partnership (CiP)



LINK Board



Chair
John Baker



Vice Chair
Colin Headley



Vice Chair
Sue Staples

LINK Board members



Richard Akers

Following nine years working in a hospital laboratory, taught chemistry and chemical engineering at London and Loughborough universities

John Baker

Over 20 years experience as a chief executive in the business sector and previously a member of the Patient & Public Involvement Forum

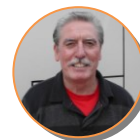


Fiona Barber

Involved in the public and voluntary sectors for over 30 years; currently head of care services for a major adult social care charity

Kevin Blanks

Retired public health specialist and former university academic; 33 years experience in the NHS and 35 years experience as a volunteer in sport and education



Sakarlal Gajjar

A former chair of the Leicester City Patient & Public Involvement Forum, ex-Leicester City Councillor and a prior member of the Community Health Council

Bev Gillman

Extensive knowledge and insight gained from acting as a voluntary patient representative for 10 years



Colin Headley

A former member of the Patient & Public Involvement Forum and founding chairman and member of Leicestershire LINK with responsibility for finance and governance

Andy Murtha

A former Commercial Training Manager with the rank of Assistant Commissioner for St John Ambulance Leicestershire and Rutland. Currently a trainer of professionals and the public on mental health issues



Margaret Moore

A former psychiatric nurse, midwife and child protection lead; ex-District Councillor and LINK representative on the Leicestershire Shadow Health & Wellbeing Board

Kate McGregor

40 years experience in the NHS as a qualified nurse and qualified in Health & Safety



Dave Kirkwood

A retired senior broadcast journalist, media trainer and public affairs specialist and former regional public affairs advisor for a national adult social care charity

Geoff Smith

Formerly a chief officer with Leicestershire County Council and member of the Patient & Public Involvement Forum; currently patient advisor for University Hospitals of Leicester and LINK representative on the Leicestershire Shadow Health & Wellbeing Board



Sue Staples

40 years experience in the NHS at a very senior nursing and management level, including lead for adult safeguarding

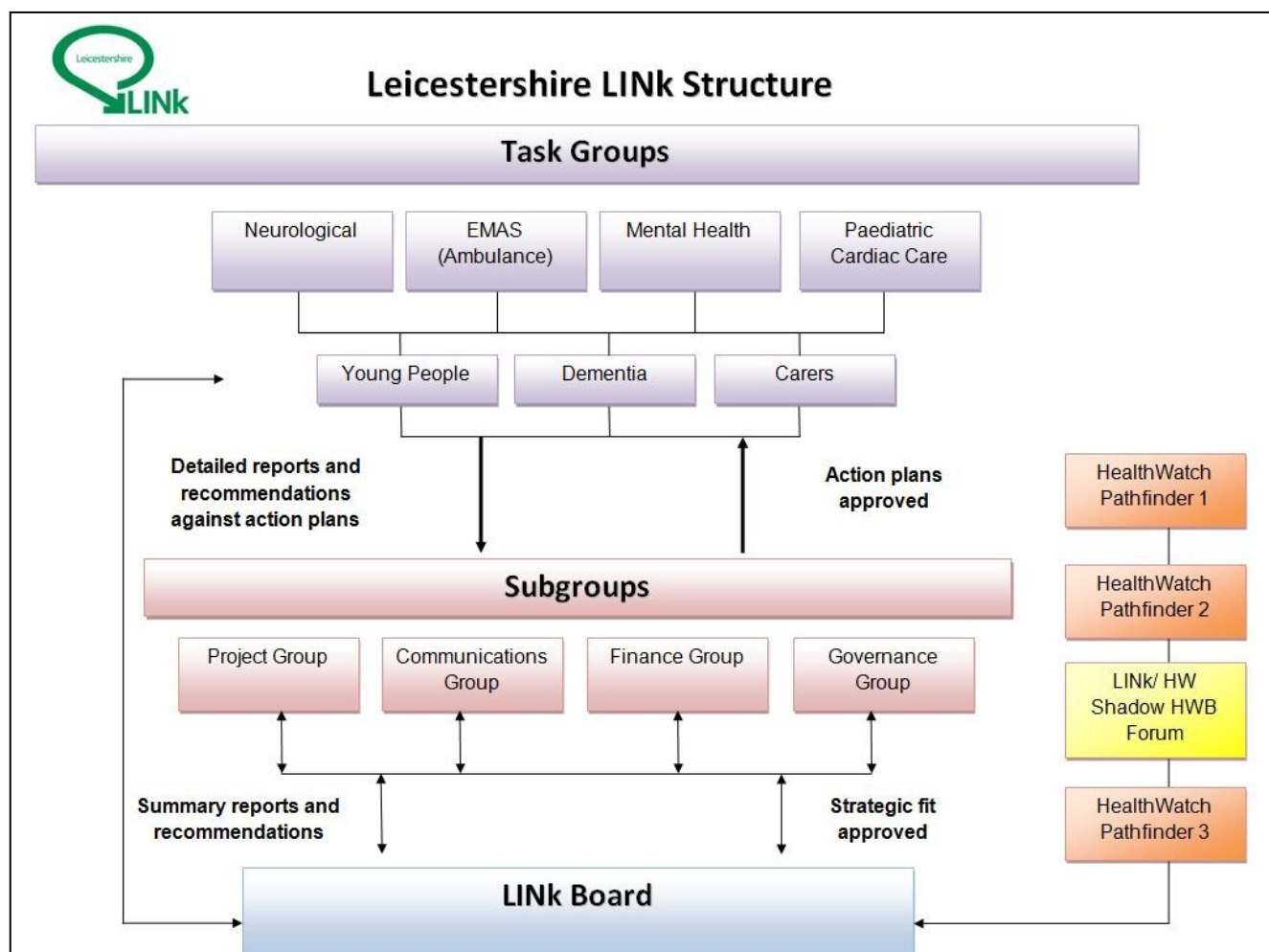


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The County of Leicestershire

The administrative geography of Leicestershire resembles a donut with Leicester City as the hole in the middle. Within the county there are seven administrative districts or boroughs some of which are predominately rural and others more urban and industrial. The LINK has tried to ensure that there is representation from each of the seven districts and to a large extent has achieved that aim. In addition there is representation from a number of special interest action groups and voluntary organisations. This mix is working well and all Board members

accept that personal campaigns must go through the appropriate channels. To safeguard this principle, declarations of interest are taken at every Board meeting. Decisions on whether conflicts of interest require exclusion of a member from discussion are not automatic but are taken in the light of circumstances at the time as rigid adherence to Standards for England practice could in some cases affect all members. Observance of the Nolan Principles is taken as our primary guidance.



Each of the Subgroups appoints its own Chair. The Project Group, which deals with the Health & Social Care issues, has a varying number of subsidiary Task Groups. It is normal practice for the chair of the main Subgroups to be a member of the Board and they are responsible for formulating LINK policy for presentation to the Board for approval. Board and Subgroup Chairs and Vice Chairs make up an Advisory Panel to ensure that duplication of effort and missed opportunities are avoided.

1.2 Values by which we operate

The LINK works to the principles established by parliament for standards to be observed in public life. These are known as the *Nolan Principles* and are incorporated into our Governance Document.

Leicestershire LINK Mission

The LINK exists to enable people within the County of Leicestershire to contribute to the improvement and shaping of Health & Social Care Services. Its role is to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services.

- Obtain the views of people about their needs for, and their experiences of local care services.
- Enable people to monitor and review the commissioning and provision of care services.
- Convey people's views to organisations responsible for commissioning, providing, managing and scrutinising local care services and recommend how services can be improved.

1.3 Authorised Representatives – Enter and View

The Local Government and Public Involvement in Health Act (2007) permits the LINK to undertake what is known as 'enter and view' activity to obtain factual information about services being provided by Health and Social Care organisations and opinions from service users. This activity can only be carried out by Authorised Representatives who must be trained, Independent Safeguarding Authority (ISA) registered, approved in writing by the Board and their names made public.

Five members have been approved as Authorised Representatives this year; these are Margaret Carter, Terry Kirby, Stella Baxter, Ian Staples and Sue Staples. Their names were recorded in the Board meeting minutes and published in the LINK newsletter and on the website. We now have eight Authorised Representatives in total. We have a two-stage training programme covering 'Practical' and 'Theory.' We have reviewed our Enter & View Authorised Persons Selection Procedure and in the coming year will be updating our training, introducing an assessment process and producing a pack for Authorised Representatives. So far there has been no need to use the 'enter and view' powers but we have volunteers ready trained if and when the need arises.

1.4 Our Decision Makers

As an independent organisation the LINK Board is the ultimate decision making body. It may listen to advice from the fund holding body (Leicestershire County Council), the Host organisation (Communities in Partnership), any other competent authority and its members. It may also receive recommendations from the Subgroups but in the final analysis the Board is responsible for its own decisions. The Board is made up from a range of people from many different backgrounds including business, the voluntary sector, special interest groups, and local government. We believe all of them bring enthusiasm and sound common sense to the Board's discussions and decision making, reflecting the trust placed in them by the LINK members.

The membership of the Board is detailed in section 1.1. The Chairs of the main Subgroups are:

Colin Headley
Governance
Group and
Finance



David Kirkwood
Communication
Group



Eric Charlesworth
Project Group

1.5 Host Staff Structure

Project Manager
Gill Wollerton



Policy Officer
Saima Khan



Communications Officer
Gemma Hammond



Network Development Officer
Kamini Patel



Engagement Officer
Ian Clowes

1.6 Leicestershire's Communities

The LINK recognised from the outset, that to create a network which really made a difference, we needed to understand our local communities.

Leicestershire is a county in central England. The county borders onto Derbyshire, Nottinghamshire, Rutland, Warwickshire, Staffordshire, Lincolnshire and Northamptonshire. Because of Leicestershire's geographic position, it has led to a considerable and helpful cross boundary interaction with LINKs in the East Midlands.

Health services within the county are also used by patients from outside the immediate area. Likewise patients from Leicestershire may also use services outside of the county. This has required the LINK to be dynamic in ensuring all our members are kept informed of changes to services and new government legislation and that we develop close working relationships with our bordering LINKs to avoid duplication and share both the work and any operational lessons learned.

Leicestershire's population is diverse and consists of both urban and quite large rural areas, which highlights the different challenges that we have, in comparison to a city based LINK in engaging with our members.

2.1 Case studies: promoting and encouraging involvement of a wide range of people

A Case for Serious Concern

The LINK played a key role in dealing with a highly sensitive, emotionally charged, high profile case of serious concern. This was in respect of a Consultant's medical practice, which was alleged to have caused or contributed to a number of deaths.

Two relatives of deceased patients had specifically sought the intervention of the Leicestershire LINK, following their seeming inability to obtain a level of transparency and factual detail which would allow them to close what had been highly distressing episodes from seven years previously. The matter had been examined by the General Medical Council, The NHS Ombudsman, and other bodies, all of whom concluded that there had been sensitive material that could not be placed in the public domain at that time. As a result of the dedication and perseverance of the relatives, supported by their legal advisors, LINK was asked to undertake their statutory role in uncovering facts and attempting to provide accurate information on what happened.

Over a number of months, with clarity of purpose and legal propriety, information was consistently sought from the NHS Trust concerned, who themselves were bound by legal constraints. Responses were offered which initially did not provide answers or clarify matters with the depth of

explanation expected. These were returned with a requirement for in- depth replies. Eventually full answers were given and shared with the relatives and their legal representatives.

The work was concluded only when answers and explanations, covering seven long and distressing years for the relatives, were addressed, explained and resolved. Their gratitude for the work, determination and skill shown in the challenge by the LINK was hugely appreciated.

We believe this work exemplifies what the LINK was established to do – to respond to public concern, to examine, to challenge and to pursue openness and accountability. This was greatly assisted by the respect developed in the working relationship with the Trust, the maintenance of confidentiality and the professional process involved in dealing with the complexities of data protection. We believe the outcome has answered a number of other people's concerns, has prevented further repetition of questionable practice and significantly changed policies and procedures at the Trust. It also proved that the LINK could expertly represent patients and achieve what they needed and provide them with closure.

Children's Congenital Cardiac Care - Safe and Sustainable - Glenfield Hospital

During the past year (and still continuing) Leicestershire LINK has played another key role in carrying out consultation and engagement with the public across the East Midlands to seek their views on the future of Children's Heart services at Glenfield Hospital. It had been decided, nationally, that such Centres of Excellence must be reduced from 11 to just 6 or 7. LINK took on the role of chairing a joint and unified working group with Leicester LINK members representing and acting as an



information conduit for all the LINKs in the East Midlands, from where children in need of specialist heart care would be referred to the Glenfield Unit. This high level of co-ordination enabled engagement with local MP's and Councillors and both County and City Health Overview and Scrutiny Committees. It facilitated public engagement meetings and media presentations on radio and in the local press, as well as providing extensive communication in seeking clarification from, and presenting opinion to, the National Director's team. Working with Heart Link, the local Children's charity, and of course the University Hospitals of Leicester (UHL) and their children's heart team at Glenfield, there has been a collective submission of evidence obtained from the public engagements and a challenge to, and accountability requirement from, the National Director as to the process being used and some public statements made by him.

Following the Brompton Hospital Judicial appeal, which was lost, the decision on the proposals will now be known on 4 July 2012. Work throughout 2011-12 was directed towards the action that may need to be taken if the single option, in which Glenfield is included, is unsuccessful. This work has demonstrated high levels of co-operation between the East Midlands' LINKs, united approaches with those who provide health and social care, and joint action with voluntary and charitable organisations and with the media. The role taken by the Leicestershire LINK has received significant recognition by the Hospital Board, the local authority and the media.

Proper Disposal of Needles

A patient living along the Warwick-Leicestershire county border contacted the LINK concerned at the lack of information and service for the disposal of needles, which were needed as part of their on-going medical condition. Checks had apparently been made with Warwickshire medical services and the local councils in Leicestershire and Warwickshire to ascertain how needles could be safely collected. All organisations in both health services and local authorities implied it was the other's responsibility. Leicestershire LINK recognised this situation could clearly apply to others in a similar position and as a result of some telephone calls on behalf of the patient were able to clarify where the responsibility lay and ensure that the disposal was undertaken safely.

Transport issues

LINK has tried to ensure that a correct balance is maintained in dealing equally with any issues raised concerning provision by the Local Authority and Health Services. Conduct requiring action by LINK with the Local Authority has occurred and further work to identify where earlier consultation would have been appropriate identified.



Leicestershire LINK had received messages of concern from the public at the apparent lack of consultation in respect of the removal of previously provided transport services. These decisions can have a marked effect on those living in rural areas and in urban areas when bus services which previously dropped patients outside of the Acute Hospitals in Leicester were stopped without consultation. This was short sighted and a failure by the County Council to recognise that transport is a key factor in contributing to efficient medical and social care for so many people. The lack of communication from the Local Highways Authority to the NHS Hospital Trust was unacceptable and resulted in the Trust, at extra costs it could ill afford, having to re-route their 'Hospital Hopper' Bus in order to meet the immediate need of patients and out-patients visiting the Hospitals. The LINK took a key role in seeking explanation and accountability from the County Council in a matter which provoked considerable media interest.

Correspondence from the County Council provided an explanation which the LINK agreed to monitor because the view remained that they had failed to carry out correct engagement with (and notification to) the LINK. However, a recent referral—suggests a repeat of the original concerns. This will be pursued by the LINK.

Kidney patients' concerns

The significance and purpose of the LINK involvements, in carrying out its proper and effective role as a conduit between the public and patients and the statutory agencies, can be seen again in the following example.

A detailed letter, sent from a group of renal patients receiving haemodialysis from one of University Hospitals of Leicester (UHL) NHS Trust's satellite units (subcontracted to a nationally renowned company) indicated a view that a significant decline in service had occurred. Patients expressed their belief that the normal procedures for complaints and improvement with the company had not

been achieved through the existing service provider. Action was taken to investigate the basis of the concerns, service level specifications reviewed, level of complaints received and resolutions sought. High level meetings were held with the Regional Manager of the sub-contractors, and separate meetings with the representatives of the Medical Director and Chief Executive at UHL. A full and thorough appraisal of all the factors, followed by an invitation to visit the unit was undertaken. This provided a detailed and transparent account of the findings which was sent to all the parties with satisfactory outcomes and resolution and an immediate improvement to the service.

Meetings with Chief Executives and Chief Officers

The LINK has maintained and developed the excellent protocol for working with the UHL Trust. This involves quarterly meeting with the Chief Executive Officer (CEO) and members of his team, at which any questions relating to the quality of provision or care provided by the Trust can be discussed and examined in detail, and answers to any issues addressed. This has allowed ordinary members of the public to have a direct opportunity to raise issues which were of note or concern to them. It provides a very constructive and productive vehicle for LINK members meeting face to face with the CEO.

This process has been so productive that it is now used as the working basis for similar meetings with the CEO of Leicestershire Partnership Trust (LPT) and more recently with the Director of Adult Social & Community Care in the Leicestershire County Council. The practice has been extremely successful as a source of information exchange, which is then shared with all our members via our other communication channels – newsletters, e-news, feedback to working groups, committees, other groups and board representatives (among others). It has recently been developed further so that members from Leicester City and the Rutland LINKs have joined with Leicestershire LINK in their meetings with UHL.

Listening to Patients and the Public

Radical changes that are occurring within NHS organisations relating to health services provision have provided the LINK with important roles in ensuring public engagement, consultation, and participation. The LINK have, in a number of instances, had to be the instigator of such engagement and have had to remind NHS organisations and Local Authorities of the primary role of patient and public engagement in decision making. Omissions in such representation have been challenged and resolved. LINK members now sit on (or are represented at) all the significant decision-making Boards and working groups and have been recognised for the contribution they make. The development of mutual respect in working relationships has substantially advanced the quality of decisions and outcomes achieved. This can be clearly demonstrated in work with the NHS Acute and Community Trusts, the Primary Care Trust (PCT) and more recently the Clinical Commissioning Groups. Continuity of work with the County Council is being addressed, particularly in the joint working partnership relating to the implementation of Healthwatch, and the Joint Commissioning group on services for Dementia where joint commitment has been less than satisfactory.



Social Care and Health Service involvement (persistence and perseverance)

Two examples of the personal commitment and the value of experience and the dedication to purpose of the LINK can be shown in how members have taken on the work and roles required in carrying out the LINK's responsibilities.

- 1) Extensive work has been undertaken over the last 30 months and more to act as a co-ordinator for the progression of improvement of services relating to those who have dementia. This work was triggered by a Consultant at the LPT Trust, and identified by both the City and County LINKs as a major area of concern. The value of this work has now been confirmed by the importance given by the Department of Health (DH) in implementing change in dementia services. The LINKs played, and continue to play, a significant role in engagement and consultation. We have joint working practice meetings with colleagues in Rutland to ensure the voice of the public is being addressed and that representatives can feed into the commissioning group the real views of patients and the public. There had been a number of issues and difficulties that emerged around the significance of LINK's engagement role in such major decision making. However, as a result of the LINK's persistence on behalf of the public, proper acknowledgement has now been given by the Joint Commissioning Board to the importance of this role.
- 2) A number of public concerns had been received, in relation to what was seen as a poor or declining quality of service for Ophthalmology provided by the UHL NHS Trust. At the quarterly meetings with the CEO, these were raised and fully acknowledged as an area in which the Trust was taking steps to improve a service which was seemingly falling below the required standards. Regular reviews and updates have been sought from the subsequent meetings with the CEO. As part of this process, and at the invitation of the CEO, a patient, personal experience report was requested and supplied by a LINK member, upon which the Trust would address any additional or outstanding issues.

Engagement with Clinical Commissioning Groups

The LINK has welcomed the representation given to two members to sit on the Clinical Commissioning Group (CCG) Boards for West Leicestershire and East Leicestershire and Rutland CCG (in a non-voting capacity). In recognition of the process of transfer of responsibility from the organisations (such as the Strategic Health Authority and the Primary Care Trusts) that will no longer exist from 1 April 2013, following the passing of the Health and Social Care Act (2012) to the CCGs, the contribution of the knowledge and experience of public involvement from the LINKs members has been welcomed. CCGs each have independence to respond to local needs. It is clear however, that there are a number of services which will be jointly shared together with Leicester City CCG. The development of these services and commissioning of new service provisions, we believe, are benefitting from the engagement with our LINK members. These are demanding but exciting times, at which it is pleasing to note the views of the public are being addressed and that they have a genuine conduit at this time from the LINK. This route for public engagement will hopefully transfer to Healthwatch Leicestershire, the replacement for the LINK in April 2013.

Leicestershire Partnership Trust - Bradgate Mental Health Unit Visit

Following the absconding and subsequent suicide of a patient in 2011, and the consequent security concerns, a small team of three LINK members and a Host employee visited the Bradgate Unit on the 21st February 2012 by invitation to view recent changes and the new security measures that had been put into place. They also discussed some related concerns that had been raised in the preceding months. Our visit was extremely well received and we were given a tour of the Unit and two secure wards, led by Ward Matrons, who were enthusiastic and dedicated to effecting change and quality improvements for patients. New security measures were highlighted and explained. Following this we were given time to discuss members' concerns with the new equally enthusiastic Divisional Heads of Service.

The visit was extremely successful; our experience not only provided answers for the LINK members who had raised concerns but provided a new platform for both parties to secure future closer working relationships. Recommendations to improve quality by having regular meetings with the Divisional leads and explore LINK's involvement with the Productive Ward Programme and also concerns regarding information sharing with regard to discharge, were all responded to positively. The report of the visit can be viewed on the LINK website.



Closer working with GP Patient Participation groups

At last year's LINK-PPG (Patient Participation Groups) conference a key action was to strengthen the partnerships as it would be mutually beneficial to both organisations. It was agreed that a place on the LINK Board would enhance this partnership. A role description for a PPG Chair member on the Board was developed and agreed. The proposal was tabled at the Commissioning group's new PPG Chairs Network. Unfortunately the Network was new and there was limited understanding of the LINK role on offer and little time left before Local Healthwatch came into being. This step, therefore, this is now on hold. The venture has however proved a success in other ways by raising the profile of the LINK's work to the PPGs, encouraging joint engagement working with the CCG and an agreement from the CCG to involve the LINK wherever possible. The engagement model developed together is now held as an exemplar of good practice by the Chief Executive of the National Association of Patients Participation (NAPP) on their website.



Productive Ward Programme

In August last year, a LINK member attended a workshop run by the NHS Institute for Innovation and Improvement; NALM (National Association of LINK Members) were also represented. The purpose was first to inform LINK representatives about the Productive Ward Scheme (PWS) and the benefits for quality Improvements in Patient Care, second to equip members with information to enable them to challenge and encourage their local Trusts to participate, and finally that those present would work with the Institute to produce two valuable protocol documents that would assist LINKs with both Observational Visits and Enter and View. These are the '15 Steps Challenge' and 'Supporting LINKs to observe indicators of high quality Care' (in draft form at present). Apart from this important contribution, we have been active and already discussed these initiatives with our Acute Trust and Mental and Community Health Trust, both of which are participants in PWS. However, as a result of recent discussions, LINK now looks forward to forming new partnership working that will enhance relationships and bring about quality improvements. We are also using these draft documents to help plan and deliver new Enter and View training in readiness for Local Healthwatch in April 2013.



Leicestershire County Council Call Centre - testing

Leicestershire County Council's Adult Social Care Call Centre was developed to meet the growing demand for information and advice about local services by the public. Since the Call Centre has opened, Leicestershire LINK has had a number of concerns expressed by local people who have used it, that this new service wasn't working as well as it could. To verify this information we undertook a mystery shop of the Social Services' Helpline. The Call Centre provides information and advice to the public about three main areas of adult social care service provision:



- County Council in-house services or 'direct services'
- Commissioned services from third-party providers
- Useful information about third party services

We therefore had to devise a series of questions which would be able to be used to test the service. In total we used over 40 different criteria to ensure that every aspect of the social care helpline, the call centre and the staff, were correctly assessed and recorded. We created a number of scenarios which covered various real issues faced by local people. These scenarios were designed to have specific outcomes which we used to test the value of the response and the quality of the advice and information given.

This was an important exercise for the LINK because this was the first time we had undertaken this sort of work and as a result have learned many lessons, which will help us in the future. The result of our secret shopping exercise was to congratulate the County Council for the service that they provide with the Social Services Helpline. The Call Centre staff should be congratulated for their hard work and customer care.

2.2 Gathering views

We have used many methods for gathering views of people in Leicestershire. These have ranged from holding open meetings, setting up Task Groups, using postal and electronic surveys, social networking sites and visiting local groups. Examples of these can be found throughout this report:

Surveys	Number of responses
Leicestershire LINK to HealthWatch signposting Project	177
Quality and Dignity of Care for Older People	14
Survey of Doctors Surgeries in Wigston	40
Community Health Services	11
Young People - Access to Services	20

2.3 Developing local stakeholder relationships

The LINK has regarded the need to gather the views, involve and engage with as many stakeholders as possible as a priority. Some of the groups with which LINK has engaged, include:

- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- East Midlands Ambulance Service
- Leicester, Leicestershire & Rutland Primary Care Trust Cluster
- East Leicestershire & Rutland Clinical Commissioning Group
- West Leicestershire Clinical Commissioning Group
- Local Authorities (District and County)
- Care Quality Commission
- Adults, Communities and Health Overview and Scrutiny Committee
- A wide range of Voluntary Organisations
- GP Patient Participation Groups
- Members of Parliament - MPs and Lords
- Leicester, Leicestershire & Rutland Local Medical Committee

- Leicester, Leicestershire & Rutland Local Pharmacy Committee
- East Midlands LINKs
- Department of Health
- Strategic Health Authority
- Schools and Young People
- Connexions
- Universities of Leicester, Loughborough and De Montfort
- East Midlands Specialised Commissioning Group
- County press, radio and TV

LINKs to LINKs

There are a number of good examples where Leicestershire LINK has made and used key connections with other LINKs in the East Midlands.

- A particularly beneficial role was played by the LINK Project Group in taking the lead and acting as a regional conduit to share information and seek support for promoting the joint views of LINKs in the East Midlands to the Paediatric Congenital Cardiac Care - Safe and Sustainable National Review. By engaging with partners, extra weight was given to the argument and views put forward.
- On a local basis there has been considerable work which has shown the effectiveness of joint working with either Leicester LINK or Rutland LINK or, on occasions, with all 3 LINKs working through one representative, thus enhancing the authority of their single voice. Examples are:

Dementia Task Group (Leicestershire and Rutland LINKs as joint leads)

EMAS Project Group (Leicestershire and Leicester LINKs)

Neurology Working Group (Leicestershire and Leicester LINKs)

One LINK representative (for all the LINKs of Leicestershire, Leicester and Rutland) attending each of the public Board meetings of University Hospitals of Leicester NHS Trust and Leicestershire Partnership NHS Trust

There are a number of instances of working groups and Board attendances that have been covered by a LINK member from Rutland or Leicester LINK where the Leicestershire LINK member or the deputy has not been able to attend. These have included:

- NHS Reconfiguration Programme Board
- Emergency Care Network Board
- Elective Care Board

Leicestershire LINK has met with all the other East Midlands LINKs on a number of occasions, especially with the planning for Healthwatch. In particular an organisation called *Locally Made*, a community development foundation, with a Department of Health grant organised a series of workshops for Healthwatch Transition programmes. On several occasions LINK were joined by Local Authority commissioners. Leicestershire LINK attended all the workshops, assisting us with our future plans.

2.4 Making views known

LINK Reps influence future plans

LINK members have played a key role in representing the patient and public view at a wide range of multi-agency meetings, as demonstrated below:

Planning Committee / Board (Multi-agency)	LINK representative(s)
Leicester, Leicestershire & Rutland (LLR)	
Stroke and Heart	1 Representative
Dementia Joint Commissioning Board	1 Representative
Leicester, Leicestershire & Rutland Local Pharmacy Committee	1 Representative
NHS Leicester, Leicestershire & Rutland PCT Cluster Board	1 Observer
NHS Stakeholder Briefing	2 Representatives
Maternity & Newborn Care Partnership Board	1 Representative
Patient Experience Data Management Group	1 Representative
Joint Health & Social Care	
Leicestershire Shadow Health & Wellbeing Board	<u>Interim Reps</u> 1 Representative (social care) 1 Representative (health)
Joint Strategic Needs Assessment Steering Board	1 Representative
Leicestershire County Adult Social Care & Health Overview and Scrutiny Committee (OSC)	1 Representative
Leicester, Leicestershire and Rutland Adult Social Care and Health OSC	1 Representative
Health	
West Leicestershire Clinical Commissioning Group Board	1 Representative
Walk-in-Centre Project Group (WLCCG)	1 Representative
East Leicestershire County & Rutland Clinical	1 Representative

Commissioning Group Board	
University Hospitals of Leicester NHS Trust (UHL) Board	1 Observer
Patient Participation Group of the Biomedical Research Unit at Glenfield General Hospital	1 Representative
East Midlands Ambulance Service (EMAS) Board	1 Observer
Leicestershire Partnership NHS Trust (LPT) Board	1 Observer
Multi-agency	
Ageing Well Programme (ongoing)	3 Representatives
Elective Care Steering Group	1 Representative
UHL Maternity services -Emergency Provision and Early Pregnancy Assessment Unit	6 Representatives
Elective Pathway Including Pre-Operative Assessment	9 Representatives
NHS 111 Clinical Governance Group	3 Representatives
NHS Reference Committee Development Session	1 Representative
LCC Hospital to Home Panel	1 Representative
EDS Grading Group <ul style="list-style-type: none"> • Leadership • Enter and view • Representation • Engagement • Influence 	3 Representatives 2 Representatives 2 Representatives 1 Representative 2 Representatives 2 Representatives
NHS Reconfiguration Board	1 Representative

2.5 Involvement in National and Local Consultations

The LINK takes 'the opportunity' for people to give their views as very important. The following lists all the national and local consultations that we have been involved in to facilitate a wide and comprehensive public response:

National	Local
Caring for our Future	LPT Foundation Trust
National Suicide Prevention Strategy	Loughborough Walk-In Centre
Healthwatch England Membership Consultation	
Consultation on allocation options for Local Healthwatch	



2.6 Acknowledgements from key commissioners and providers for the work of the LINK

2.6.1 New NHS bodies

East Leicestershire & Rutland CCG

East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) is a group of GPs from 34 practices in the south and east of Leicestershire and Rutland serving over 318,000 patients in Melton, Rutland, Market Harborough, Blaby District, Lutterworth, Oadby and Wigston and surrounding areas. We have come together under reforms to the NHS to take on responsibility for commissioning healthcare services when PCTs are abolished in 2013.

ELR CCG aims to truly involve local people in decisions about healthcare services and we recognise the vital role LINK undertakes in representing the views and interests of local networks, organisations and patients.

Many LINK members have contributed to shaping our organisation's commissioning priorities, sharing their views with us on what's important to patients and how we can improve services. As a result of this input, over coming years ELR CCG will be focusing on improving care for people with long term conditions, increasing services at our community hospitals to help people get treatment closer to home, driving up quality standards and working more closely with social care to create better and more integrated services.

We are pleased to have two LINK representatives in attendance at our Board meetings and representatives on some of our key project groups focusing on work such as improving elective care services and developing new hospital facilities in Market Harborough.

The challenge, scrutiny and support LINK provides to our organisation has been of significant benefit to us already, helping us shape services and make decisions that will directly help patient and improve local healthcare.

We would like to take this opportunity to formally thank all LINK members and representatives who have contributed to our work so far and to say how much we are looking forward to developing and strengthening our relationship further and supporting LINK in its transition to Healthwatch.



Dr Dave Briggs,
Clinical Chair ELR CCG

West Leicestershire CCG

West Leicestershire Clinical Commissioning Group has a clear vision for communications and engagement. Our vision and values underpin everything we do and influence the way we engage with our patients, public, staff and stakeholders. We are committed to putting patients at the heart of the decisions we make to ensure we can deliver quality services that meet their needs.

In our first year the West Leicestershire Clinical Commissioning Group had a LINK representation on the CCG board and as a result the Leicestershire LINK has been at the centre of our decision making process. The LINK has made a valuable contribution on our key work programmes, such as the relocation of the Loughborough Walk in Centre and at Board level.

The Leicestershire LINK has been instrumental in generating public involvement in the consultation process supporting the development of our commission strategy where we have had valuable contribution from the LINK members and the local population on how we plan for provision of services to meet the needs of the population we serve.

West Leicestershire Clinical Commissioning Group would like to thank the Leicestershire LINK for the much valued contribution to date and we look forward to building on our collaborative working in the future.



Dr Chris Trzcinski, Deputy Chair



Dr Nick Pullman, Chair

2.6.2 Statements from existing NHS bodies

Leicestershire Partnership NHS Trust

The Trust has spent the last few years, since the Leicestershire LINK's inception, building a strong working relationship with regards to matters relating to public concern or interest. This began with the development of a joint working protocol which provided us with a solid framework for how we work with the LINK throughout the year.

This past year has proven very fruitful in terms of programmes of work we have developed or have been a part with thanks to support from the LINK. This includes the development of a Students' Mental Health Steering Group, which, with thanks to the LINK's Engagement Team, we were fortunate enough to be able to support and which has resulted in students mental health related issues being included in the Leicester City Joint Strategic Needs Assessment.

The Trust has also continued with its regular meetings with the LINK host but in addition, this year, has had the support of the Leicestershire LINK in holding quarterly joint meetings with

all three of the LINKs situated in the Trust's patch, ensuring more joined up communications and helpful discussions around issues of interest to LINK members.

The LINK have also been very engaged and interested in the merging of the Trust and integration with the two community health organisations which took place in April last year and have been invited to support the Chief Operating Officer with a benefits analysis of that process. This work is in addition to the LINK supporting the Trust in providing a critical analysis relating to the priorities and contents of the Trust's Quality Accounts.

The LINK has also been actively involved with the Trust's PEAT inspections and in addition to this took part in a planned visit to the Trust's Bradgate Mental Health Unit, after which, they were able to provide a succinct and supportive report on their findings and recommendations.

In summary, although the Trust has its own strong membership base, our partnership working with the LINK has acted as a close critical friend and has provided us with the independent scrutiny throughout the year to enable us to assure ourselves that we are engaging with and involving the local community on issues which quite rightly are of importance to them. We thank the LINK for their continued support and look forward to the next year and the developments it will bring.



East Midlands **NHS** Ambulance Service NHS Trust

East Midlands Ambulance Service (EMAS) has been working closely with the Leicestershire LINK since its inception in 2008. During this time there has been a strong commitment to have a mutually open and constructive working relationship. This relationship has been strengthened by the signing of a Joint Protocol by both EMAS and Leicestershire LINK – pledging this commitment.

The setting up of the joint EMAS Task Group in 2011 has provided a platform for issues and concerns relating to the Ambulance Service to be raised and addressed by both members of the Leicester and Leicestershire LINKs (and more recently Rutland LINK). EMAS has welcomed the opportunity to be invited to the Task Group to discuss our Quality Account, Infection Control, Deep Clean and Make Ready of ambulances and turnaround times.

EMAS held its first Leicestershire and Rutland Divisional Community Engagement Event in July 2011. The support and assistance offered by the Leicestershire LINK in the planning and delivery of this event was invaluable in the outcomes and success of the Divisional event. The East Midlands Ambulance Service (EMAS) hopes to continue in the same spirit of commitment and partnership working with the Leicestershire LINK as it takes its next steps on its journey to becoming Healthwatch in 2013.



Leicestershire County and Rutland

NHS Leicestershire County and Rutland highly values the excellent working relationship we have enjoyed with Leicestershire LINK, which has been based on genuine partnership and collaboration. We have continued to work together on all engagement and consultation activity affecting Leicestershire people, and LINK have been extremely effective in cascading important information and messages to their members. This has meant that, working alongside our own engagement activity, NHS Leicestershire County and Rutland has been able to engage widely and effectively with the public, involve them in decision making processes and giving them a greater say in how the local NHS is run and delivered.

University Hospitals of Leicester



NHS Trust

The Leicestershire LINK may be rightfully proud of what they have achieved to date, not least because much of their work is undertaken on a voluntary basis. At University Hospitals of Leicester we continue to be impressed by the energy and professional standards by which LINK members carry out their responsibilities. Since the Leicestershire LINK was established we have developed a healthy and constructive working relationship, based on a shared conviction that patient and public involvement brings significant benefits to how we run our services. I have met with LINK representatives regularly over the last year to answer questions and discuss their concerns relating to hospital care. I find these meetings valuable and am pleased to see that the county LINK are now working with their Rutland and city counterparts to ensure that the voice of our service users in these areas is represented at these meetings.

We have been particularly grateful for the support that Leicestershire LINK has shown for the Glenfield Hospital during the “Safe and Sustainable” review of children’s heart services this year. Although the outcome of this review is yet to be announced, we have put a strong case forward for Glenfield which was certainly strengthened by the efforts of our Local Involvement Networks. As the LINK makes its transition to Healthwatch, we are enthusiastic to build on our existing relationship and to support the new organisation in its expanded role.

Adults & Communities

Engagement with people who use our services and the general public is a high priority for the Adults and Communities Department in Leicestershire County Council. We have worked very hard in many of our programmes to ensure that voices are heard in the way services are provided in the future. This is even more essential at such a challenging time for all public services. We are very fortunate in this regard to have such a positive relationship with Leicestershire LINK, an organisation that is very well placed to give us the guidance and support we need to get this right.

As Director of the department, I meet regularly with representatives of the LINK to manage our joint work programme. Together we can identify the major areas where working together closely will add the most value. This leads to LINK representation on programme boards, e.g. personalisation, or the setting up of events around particular themes where engagement or consultation is a necessary and a helpful part of the process, e.g. charging and eligibility. More recently we have also begun to use these meetings to address specific questions from independent LINK members which are then passed back to them and published on the LINK website.

In the future we want to extend this relationship even further. An example of this would be in developing what we are calling the 'Local Account' which was published for the first time in March and is available on our website - www.leics.gov.uk/local

This provides an opportunity for us to provide information on what we are doing and seeking feedback from service users and the public. We want to involve LINK in a more formal way in the future so that they can help us improve on this new approach so that we can become more open and transparent in the way we go about things.

LINK representatives are also represented on the Shadow Health and Wellbeing Board which will play a key part in driving improvement in health and social care. This also provides an opportunity for closer working with my department as I am also a member of the Board. Officers of the Council are working closely with LINK representatives and other partners to develop our local approach to Healthwatch. I am confident that we will have just as positive a relationship with Healthwatch in the future as we have with Leicestershire LINK today.



Mick Connell

Director of Adults and Communities

2.7 LINK members getting involved

The LINK has a number of groups, most of which are working on health and social care issues. Others are more to do with the running of the LINK, such as the Communications and Project Groups - these tend to meet more regularly. We also have a lot of Task Groups which are working on specific issues that have been raised, either at our conferences and events, or as we've been going out and talking to people - these can be short or long term.

Project Subgroup works on health and social care issues, concerns raised by Leicestershire communities and makes decisions on the LINK Work Programme and the need for ongoing work and research.

Communications Subgroup decides and plans the publicity and awareness campaigns for the LINK. This is a fun and engaging group and a great way to get involved with the LINK.

Finance Subgroup is responsible for making decisions on the work the LINK undertakes and for monitoring how the money is spent.

Carer's Task Group is working on developing the Carers Charter, the changes in Adult Social Care and how this will affect caring responsibilities.

Dementia Task Group ensures that concerns and issues raised influence the developing Dementia Strategy and future services for people with dementia and their carers.

EMAS (East Midlands Ambulance Services) works on issues and concerns raised on Patient Transport Services to ensure an improvement in service.

Neurological Task Group raise issues and lobbies the NHS Trusts and Adult Social Care to develop better services for people with long term neurological conditions.

Mental Health Task Group works with local groups and individuals to address the Mental Health issues they bring to us and makes recommendations to service providers.

Paediatric Cardiac Care works to inform, advise, research and provide commentary in preparation for the national consultation process. Works closely with NHS Trusts, MPs, Councillors and other LINKs around our Glenfield Hospital service.

Transforming Community Services worked with the PCT to make sure that NHS services transferred to other providers on the 1st April was in the best interest of patients.

Young People's Task Group represents young people's views and opinions, health needs and requirements to service providers and commissioners.

Joint Leicestershire & Rutland Dementia Task Group

Despite the high significance of dementia as one of the major issues faced by health and social care, and the increasing population of elderly people, the advancement and evidence of good working practices between the statutory bodies and the LINK has been poor.

Strenuous work and engagement had been instigated by the LINK two years previously and actions undertaken with both the Local Authority and Health services providers to recognise the valuable role and the need for patient and public engagement. However as a result of continuing, limited involvement it was decided that Leicestershire and Rutland LINKs should form a joint Dementia Task Group.

The objective of the group is to contribute to five workgroups to commission services which will aim to meet the needs of the local people and provide appropriate services and evidence of partnership working.

The joint LINK group has done this is by holding a 'Mapping the Care Pathway' Workshop to chronicle the real experience of carers and patients. The LINK will continue to work to ensure that public opinion is included within the dementia strategy and the future commissioning of services.

Leicestershire LINK's focus on Carers

The Leicestershire LINK Carers Task Group has, during 2011 – 2012, been pro-actively building partnerships to increase the number of carers identified. The Carers Task Group is made up of a mixture of carers and representatives from Carers Organisations in Leicestershire. Working together they organised a 'Long Weekend of Information' with Sainsbury's at Grove Park Triangle in December 2011.



The LINK would like to thank Sainsbury's for their co-operation and for allowing members inside (out of the cold) to meet and talk to carers and provide them with information to help them get the services and support that they need. Members of the group spoke to approximately 60 carers over the three day event, many of whom were not known to them and some of whom did not even realise they were carers.

As a result of this, a rolling programme of information events is being set up in Garden Centres across the county as they have been identified as a place where many carers go and where they are not rushing and have time to focus on themselves and their needs.

Over the coming year the Carers Task Group is planning to look at carer involvement in hospital discharge procedures as well as monitoring the implementation of the Carers Strategy.

Mental Health Task Group

The Mental Health Task Group, through its regular members and service user organisations has continued to provide a better understanding of the issues facing local people and to use this knowledge and experience to monitor and improve service provision.

The Task Group are involved in quarterly meetings with John Short, CEO of the Leicestershire Partnership Trust (LPT). Group members are regularly asked to be involved in a range of activities on behalf of LPT, from assisting with senior job interviews, PEAT Surveys on wards, participating in the 'Releasing time to Care' programme, and the consultation around the new care pathway. There was also a visit to the Bradgate Unit to see first-hand the services and provision offered. Additionally, this year, the chair helped to judge the "Celebrating Excellence Awards". The LINK also attends LPT Board Meetings and is allowed to ask questions of the Board. During the year one of the Task Group's actions was to respond to the LPT's Quality Accounts.

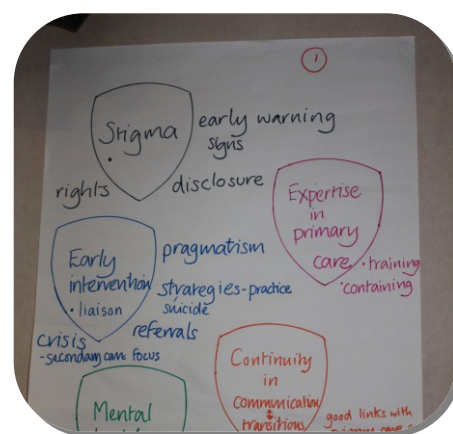
Neurological Task Group

This is a joint group with Leicester City LINK and Rutland LINK and brings together patients, carers, voluntary sector 'specialist' providers and NHS staff. Our focus is to raise awareness about the need for improved services for people with neurological conditions. We have met with our Clinical Commissioning Groups and agreed that there is potentially huge merit in working together. We have also talked about the need for smarter commissioning, which would definitely help patients and would save money. This is part of our action plan for the coming year.

Students in Higher Education Mental Health

The LINK was instrumental in the formation of this group and achieved significant advances by acting as a catalyst for Higher Education establishments, Local Authorities and NHS providers to be given the opportunity to share, plan and develop improved services for this important core of students. All three Universities within Leicestershire took part and there has been close work undertaken also with Oxford University and National mental health bodies.

Due to the financial restrictions during the last year, the work has not been able to progress as we would have wished. Having been the originators of the group, it was felt that the LPT would need to be the ongoing facilitator, with the LINK playing a high level monitoring role to ensure continued engagement and communication. The professional group, which will be responsible for steering the work of the wider forum is now constituted and its members have been recruited.



2.8 How we communicate with our members

A key responsibility of Leicestershire LINK is to engage with individuals and groups throughout the County and in particular to engage with those who are not already involved. The Leicestershire LINK Communications and Training Subgroup decide and plan the communication, publicity and awareness campaigns for the LINK.

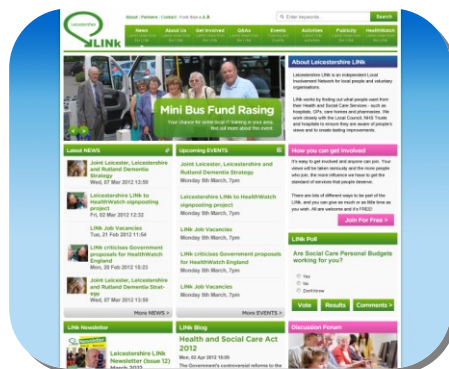
We have effective communications mechanisms in place; newsletters, e-news bulletins & paper bulletins to postal members, news releases, publicity materials, posters, website, regular email communication, telephone and Facebook to bring together networks, organisations and individuals in the county to enable them to have a voice in improving Health and Social Care Services. We regularly send out information on the impacts of the LINK that our members pass on to their networks, families, neighbours and friends.

Website and Social Networking

The Leicestershire LINK website - www.leicestershirelink.org.uk - is regularly updated with LINK news and events. Visitors to the website can find details of LINK activities and public meetings. Visitors can sign up to be a member of the LINK and are also encouraged to 'have their say' on consultations that the LINK are involved in. The LINK also has a Facebook page and members are encouraged to comment on Health & Social Care Issues and attend events. This year, we have also used Yammer, the Social Networking site to enable our group members to share information and ideas online and added an additional public forum to our website to run alongside it. Regular email broadcasts are also sent to the members through our database. This enables us to monitor what has been sent to our members and ensure that members are receiving relevant information.

News Releases

Regular news releases are written and sent to local papers and broadcasters for publication. The news releases invite people to attend LINK events and highlight current issues. We have kept our vast network of contacts, key stakeholders, Local Authorities and voluntary sector organisations across the County informed of our activities and they have included information on external websites and individual social networking websites.



03

Our figures

The reach of LINKs and level of people's participation

Number of LINK participants/ members on 31/03/2012

Level of participation	Total
Informed participants	1657
New members 01/04/11 – 31/03/12	207
Occasional participants	1509
Active participants	148
Attendees at all LINK events during the year, not all of whom are members	1850

Please see breakdown for each section below:

Informed participants

Number of Members	1657
Number of Organisations & Groups	131
Young People	390

Occasional participants

Number of people attending LINK events	1850
Number of people attending training events	31

Active participants

Task Group Members	Number of members
Carers	19
Neurological	36
East Midlands Ambulance Services	32
Mental Health	45
Student Mental Health	26
Paediatric Cardiac Care	12
Dementia	22

Subgroup Members	Number of members
Communications Group	6
Project Group	17
Finance Group	7
Governance Group	12
LINK Health & Wellbeing Forum	8

Summary of activity

Requests for information

Requests for Information in 2011-12	
The number of requests for information made by our LINK during 2011-12?	20
The number of requests for information that were answered within 20 working days?	14
How many related to social care?	2
Enter and View in 2011-12	

The number of enter and view visits undertaken by our LINK	8
Enter and view visits related to health care	8
The number of enter and view visits announced	8
Reports and Recommendations in 2011-12	
Number of reports made to commissioners and service managers	9
Number of reports of recommendation	18
The number acknowledged within 20 working days	18
Total number of recommendations by LINK	35
Number related to health services	27
Number related to social care services	8
Total number that led to service review	11
Referrals to Leicestershire Overview & Scrutiny Committee in 2011-12	
The number of referrals made by our LINK to OSC	5
The number OSC acknowledged	5
Service change	OSC noted LINK comments and it shaped their discussion

Our Finances

The LINK has continued to use the Finance Subgroup established in Year 1 to assume the responsibility for making financial recommendations, which are discussed and agreed by the Board in public. The Subgroup also monitors LINK activity expenses, reviews requests by the Task and Project Groups for funding and reports monthly to the Board.

Income Summary for 2011-12

Allocated to the local authority by the Dept. of Health	Unknown
Funding received by the Host from the local authority	167,256
Host funding carried over from previous year	20,136
Funding received by the LINK from the local authority	25,000
LINK funding carried over from previous year	24,387
Other income (cost contribution for shared events)	110
Total budget for 2011-12	212,502

Spending Summary for 2011-12

Total spend by Host organisation	184,785
Total spend by LINK	46,072

How did the Host organisation spend its allocation?

Salaries	121,434
Staff expenses (e.g. travel & subsistence)	2,700
Staff training	1,322
Office costs (Rent, electricity, heating, telephones, postage, etc.)	14,152
IT support (Equipment, website maintenance and training)	9,057
Management, finance and admin support	27,948
Communications	4,822
Accountancy & Audit	3,350
Total Spend by the Host organisation	184,785

How did the LINK spend its allocation?

Expenses for members (Including members of task groups)	4,853
Training for participants	102
Conferences /events	1,019
Publicity	545
Engagement	8,029
Professional fees (Including translation and legal fees)	50
Governance (Including expenses for Board and Sub-group meetings)	3,556
50% of Policy officer costs (Salary plus all overhead costs)	27,918
Total Spend by the LINK	46,072

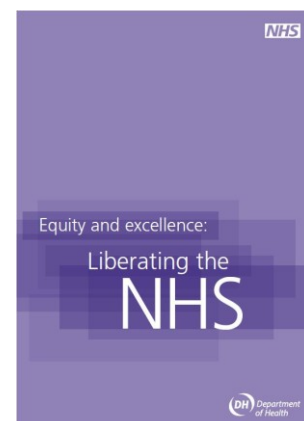
04

The future: steps towards Healthwatch

Healthwatch Leicestershire

The White Paper *Equity and excellence: Liberating the NHS* was published in 2010 and Leicestershire LINK immediately developed a Healthwatch Task Group, which evolved into its Healthwatch Implementation Group, to prepare for the opportunity to build on the LINK's substantial achievements and offer more and better services to the people of Leicestershire.

This past year, however, has seen the Parliamentary debates on the Health and Social Care Bill, a Government 'pause' to consult further, and the work of the Future Forum. All this produced last-minute changes to the statutory provisions for Healthwatch before the Bill received Royal Assent as the Health and Social Care Act (2012). The outcome provides the foundation for the establishment of Healthwatch Leicestershire, although a foundation that seems to deliver less than the expectations generated by the White Paper of an independent consumer champion for health and social care users in Leicestershire.



Board and member involvement

To ensure their interest and commitment to Healthwatch, the LINK Board, LINK membership, and stakeholders have been kept informed of progress through the LINK newsletter and specific Healthwatch Bulletins. As the County Council's plans for commissioning Healthwatch Leicestershire are developed, the LINK will ensure that it plays a full part in gaining and maintaining the support, interest and participation of the people of the county and its statutory and voluntary organisations in the development of their local Healthwatch.

The successive deferments of the implementation date for Local Healthwatch have been welcome, given the lack of specific guidance from government, but overall the year has been one of frustration and uncertainty. Nevertheless, the determination of the LINK, working in partnership with Leicestershire County Council, to deliver the best possible Healthwatch for the people of the county in April 2013 has done much to maintain momentum towards its future success.

Healthwatch has the potential to build on and develop the work of the LINK. LINK Board members took part in the Government consultations on the White Paper and, while we are grateful for the interest and support of Leicestershire MPs and Peers during the passage of the Health and Social Care Bill, there were some improvements that could have been made better to reflect the real front-line experience of patient and public involvement shared by LINK members. It was unfortunate that the late changes at Report Stage in the House of Lords were made without consultation and discussion at Committee Stage which would have given the opportunity for such experience to be heard.

LINK consultation on Healthwatch

The LINK has expressed its concern at the delay in the appointment of the Chair of Healthwatch England. Unless Healthwatch England is able to provide early guidance on governance, good practice and joint working by Local Healthwatch there could be a repetition of the waste of volunteer and staff time that frustrated the work of Leicestershire LINK in its early years.

Our work has been informed by the papers from the Department of Health's Healthwatch Programme Board and its Advisory Group, LINKs Exchange, Care Quality Commission (CQC) Healthwatch Community, and most notably by the information circulated by NALM (National Association of LINK Members). The work commissioned by the Department of Health from the Local Government Association is now providing helpful contributions. The LINK took part in the Strategic Health Authority funded project to assist local authorities and LINKs in the East Midlands. Delivered by the organisation *Locally Made*, it provided an opportunity for focussed discussion with other East Midlands LINKs on the challenges facing us and a welcome opportunity to exchange views with senior officials from the Department of Health.

The LINK responded to the Department of Health's consultations on the 'Allocation options for the distribution of additional funding to local authorities for local healthwatch and NHS complaints advocacy' and on the proposals for membership of the HealthWatch England Committee.

Pathfinder

The Leicestershire Pathfinder proposals were co-produced by a multi-agency group representing the LINK, NHS Leicestershire County and Rutland (NHS LCR), Leicestershire County Council (LCC) and Communities in Partnership (CiP) the LINK Host. The proposals submitted by the County Council were ambitious and fully costed but dependent on the additional funding expected from the Department of Health. The acceptance of the proposals enabled work to commence but when it became clear that no such significant funding would be made available the proposals had to be scaled back. It is regrettable that the Department of Health failed to facilitate the information sharing and exchange of ideas between Pathfinders that was clearly indicated in the invitation to take part in the Pathfinder Programme.

By the end of the year significant progress had been made in each of the three Pathfinder Focus Areas in Leicestershire and the work is continuing in 2012-13.

1. Developing a signposting model

A multi-agency group including a wide range of organisations providing and disseminating information and advice in the County, adopted this definition of signposting: *Signposting offers information to clients about providers of services which may be appropriate to the clients' needs. This will be based on knowledge about the*

providers and the needs of the client. The client has responsibility for taking further action and making contact. The group took account of the work of other Pathfinders, carried out a consultation process and is developing a report for consideration by the County Council in its commissioning of Healthwatch.

2. Organisation transformation, stakeholder engagement, including children and young people

A LINK and PCT Group has produced local Healthwatch bulletins; established a process for selecting representatives of the LINK on the Health and Wellbeing Board; arranged a Forum in which LINK representatives on the Shadow Health and Wellbeing Board, JSNA Board and the Clinical Commissioning Groups can share information and align approaches; contributed to the development of the LINK Vision for Healthwatch Leicestershire; planned an approach to developing the understanding of Public Health among LINK members; and considered the training needs of LINK members in relation to Healthwatch. In 2012-13 the group will continue to work with the County Council on building relationships with stakeholders, hold a joint Stakeholder engagement event, review with the LINKs for Leicester and Rutland opportunities for joint Healthwatch activity and develop ways of involving children and young people.

3. Engagement of Leicestershire's Hard to Reach and Seldom Heard Groups including Children and Young People

A multi-agency group defined 'seldom heard' groups, analysed the groups involved with the LINK and identified gaps, reviewed existing engagement, scoped work to develop 'Healthwatch champions' and volunteer support and development. The group has identified two focus areas – isolated rural communities and young people and is developing pilot methods and styles of engagement and surveys.

This LINK believes the work of the three Focus Areas will make a major contribution to the planning of Leicestershire Healthwatch.

LINK working with the Local Authority

The LINK regrets the loss of momentum in local authority planning for Healthwatch that has followed staff changes at Leicestershire County Council and the consequential cessation from November 2011 of the fortnightly joint Healthwatch Programme Team. The new arrangements that came into effect at the end of this financial year are expected to provide a multi-agency advisory board, led by an Assistant Chief Executive of the County Council and supported by a Project Officer. The LINK looks forward to playing a full part in the work of the board and its sub-groups and will continue to contribute its knowledge, experience and ideas for Healthwatch Leicestershire.

To assist the County Council in planning for Healthwatch, the LINK has provided papers analysing the proposed functions of Local Healthwatch and their implications, the LINK's vision for Healthwatch Leicestershire and its suggestions for a procurement specification. This work has given an insight into the risks to the success of Healthwatch Leicestershire if the County Council does not allocate adequate funding to carry out the required Healthwatch functions from the grants made by the Department of Health.

LINK/Healthwatch Representation

The LINK appointed two interim members to take up places on the Leicestershire County Council Shadow Health and Wellbeing Board. They have played a full part in the work of the Board and its Development Sessions. The County Council assists them with background information and briefings from the Director of Public Health and has agreed that the LINK can appoint trained and nominated deputies for the LINK members of the Board. The LINK is also represented on the important Joint Strategic Needs Assessment (JSNA) Board. The JSNA will inform the production of the Health and Wellbeing Board's joint strategic plan for health and social care in Leicestershire.

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