

**Committee: Healthier Communities and Older People
Overview and Scrutiny Panel**

Date: 23 February 2012

Agenda item: 11

Wards: All

Subject: LINK Merton and preparations for HealthWatch

Lead officer: James Flynn, Head of Communications

Lead member: Councillor Edith Macauley, Cabinet Member for Community Safety, Engagement & Equalities/ Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health

Forward Plan reference number: n/a

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Reason for urgency: The legal requirements for Access to Information have not been met. The Chair has agreed to this report being submitted as a matter of urgency in order to meet the committee's request for this information and to comply with its work programme.

Recommendations:

- A. That the Healthier Communities and Older People Overview and Scrutiny Panel consider the recent activity relating to LINK Merton and preparations for HealthWatch.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To provide members of the Healthier Communities and Older People Overview and Scrutiny Panel with an update on developments with LINK Merton and preparations for HealthWatch.

2 BACKGROUND

- 2.1. The Local Government and Public Involvement in Health Act 2007 introduced Local Involvement Networks (LINKs) to act as a mechanism for patient and public involvement in health and adult social care services. The Act placed a statutory duty on local authorities responsible for adult social care services to procure support services for the LINK – known as the host organisation.
- 2.2. Merton Council undertook a tender exercise to procure a host organisation and in June 2008 Merton Voluntary Service Council (MVSC) was awarded the contract to act as LINK Merton host. The LINK model that MVSC was contracted to deliver involves a 'network' of voluntary and community sector organisations and individuals.
- 2.3. Each year Merton LINK has used a community engagement outreach programme to identify key priorities for local communities. This has included

more than 50 meetings with more than 750 people attending. This work informs the work plan for the LINK which is then delivered upon.

2.4. Projects to date have included:

- Working with Sutton and Merton PCT and St George's NHS Trust resulted in improvements in the provision of information by the breast screening service at St Georges Hospital and greater awareness of the needs of people with a visual impairment
- Worked jointly with LINK Sutton to produce a report into patient's experience of discharge procedures at St Helier hospital. St Helier accepted the findings and used the report as a basis for attracting additional funds to implement some of the recommendations
- Held an event and produced a report to identify experience of people on Merton Council's self directed support pilot
- Produced a simple guide to making a complaint about local health and social care services
- Conducted a survey of GP Patient Participation Groups. After response rate of 68% the LINK has worked with GP surgeries to support new engagement groups
- Held an initial event to consider reablement services with almost 40 people attending

2.5. In March 2011, it was brought to the attention of the council that there had been some disagreements between some former members of the LINK steering group and MVSC as the LINK host about how MVSC was delivering the contract. Kate Martyn, Head of Policy, Strategy and Partnerships, undertook an investigation into the issues and spoke to the interested parties. A number of issues were identified about the LINK that are now being addressed.

2.6. All those who contributed to the investigation were driven by good intentions for the public good to ensure that Merton LINK was fit for purpose. The council is committed to local people being able to participate in local health and social care services, and we welcome input from anyone who can make a constructive contribution to both this work and the preparations for HealthWatch.

2.7. LINK Merton will continue until at least March 2013 before a local HealthWatch for Merton replaces it. The current contract for the host arrangements with MVSC has been extended until June 2012 so will need to be further extended to support the LINK to its conclusion. This contract could potentially remain in place until June 2013 if required.

2.8. A governance structure will also be in place for the remainder of the LINK's existence. A new chair has been appointed, Barbara Price, who has significant experience of working in and with health and social care services as well as having experience of giving a voice to patients and carers. The new chair will work with stakeholders to devise a new governance structure fit for purpose.

2.9. The work programme for LINK Merton will continue to be based on evidence gathered from patients, service users and carers. An outreach programme took place in autumn 2011 and the results were fed back to a public meeting

on 17 January 2012. A draft work plan for the remaining period of the LINK is attached as appendix 1. Key priorities are:

- Care homes
- Carers
- Domiciliary care
- Mental health engagement and services
- Access to Information
- Re-ablement/ hospital discharge
- New NHS structures
- Ongoing NHS engagement
- Maintaining an effective LINK and transition to LHW

- 2.10. The activities undertaken by LINK Merton will be reported to stakeholders through a variety of mechanisms. These will include quarterly public meetings, reports to Involve meetings, reports to the Healthier Communities and Older People Overview & Scrutiny Panel, reports to the Shadow Health and Well Being Board, a quarterly e-newsletter, bulletins in the weekly Merton Connected email and through project reports circulated to stakeholders and service providers.
- 2.11. LINK Merton will also support the transition to local HealthWatch. As further detail on the nature of Healthwatch develops from national guidance the council will need to consider the range of procurement options available. Discussion facilitated by LINK Merton will support this process to ensure that the work to date is not lost in the change to the new structure.
- 2.12. Under the Health and Social Care Bill, currently before Parliament, councils will have a duty to commission a local HealthWatch instead of a host organisation for a LINK. The local HealthWatch body will need to be a 'body corporate' so there will no longer be a host and network model in place.
- 2.13. This new body will carry on the same responsibility for providing a voice for patients as the LINKs currently do but with some additional functions. Local HealthWatch will be responsible for providing signposting to local services, a function currently provided by Patient Advice and Liaison Services (PALS). There will also be a function to provide support and advocacy to individuals making a complaint. This work is currently delivered by the Independent Complaints Advocacy Service (ICAS).
- 2.14. Procurement options for local HealthWatch are not yet defined by the legislation or by guidance from government but the indications to date suggest that there will be a lot of flexibility left for local decision-making. There a number of options that Merton could consider including taking a cross-borough approach, splitting the functions between different organisations, and taking a grant-aid approach.

3 ALTERNATIVE OPTIONS

- 3.1. The Healthier Communities and Older People Overview and Scrutiny Panel could choose not to receive this update; however this would mean that they were not fully briefed on activity relating to LINK Merton.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. Covered in the body of the report.

5 TIMETABLE

- 5.1. LINK Merton will continue until at least March 2013 before a local HealthWatch replaces it.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The contract for the LINK Merton host is valued at £100,115 each year and this funding comes to the council as part of the Area Based Grant from the Department of Health.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. The Local Government and Public Involvement in Health Act 2007 introduced Local Involvement Networks (LINKs) to act as a mechanism for patient and public involvement in health and adult social care services. The Act required local authorities with social care responsibilities to procure a 'host' organisation to provide support for the LINK in its area.
- 7.2. MVSC was contracted to act as the LINK Merton host in June 2008. This contract has been extended until June 2012, so will need to be further extended to support LINK Merton to its conclusion. This contract could potentially remain in place until June 2013 if required.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. None for the purposes of this report.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None for the purposes of this report.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. None for the purposes of this report.

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Draft work programme for LINK Merton

12 BACKGROUND PAPERS

- None

LINK Merton

2011/12 work programme update



Introduction

This report, covering the period from April 2011 provides a summary of LINK Merton's work and achievements in delivering each of its work programme targets and achieving outcomes on behalf of the local community.

Increasing participation in and awareness of LINK Merton

During November and December our community outreach programme facilitated ten separate client- specific meetings engaging directly with a range of service users. Issues raised at these meeting will inform future work programme priorities and these will be taken forward through working groups providing another opportunity for local people to get involved directly in the work.

Senior public sector officers and members addressed two well-attended public meetings in October and January which covered topics such as NHS Better Services, Better Value programme, the LBM adult services budget proposals, plans for establishing Local HealthWatch, and initial feedback from the outreach programme and how it will influence future priorities.

Information continues to be disseminated via the Merton Connected website, to over 3,500 recipients via the weekly e-bulletin and is highlighted at various networks and partnership meetings. The revamped newsletter is due to be published at the end of January and will be distributed via libraries, community centres and other venues, as well as through public meetings and via Merton Connected.

To ensure LINK involvement at a strategic level in NHS and Social Care developments, including Better Healthcare Closer to Home, developments in GP commissioning and sector commissioning.

LINK representation has been agreed with the Shadow Health and Wellbeing Board, the Merton Clinical Commissioning Group and, alongside neighbouring LINKs, with various governance structures within NHS South West London.

To ensure involvement in the implementation of the NHS White Paper and the creation of HealthWatch.

The establishment of Local HealthWatch, postponed by the Department of Health to April 2013, was a main agenda item at the January public meeting and we will continue to ensure there are regular opportunities for LBM to engage with local communities on this important development.

To ensure LINK involvement at a strategic level in personalising social care.

Following our initial research into the development of Self Directed Support we held a workshop in May to enable a broad range of voluntary organisations to feed in the views of their service users about the programme . Since November we have been looking at this important issue in more depth through direct contact with customers

and carers to explore their experiences in relation to the programme. This research is due to be completed in March 2012.

To complete the review of hospital discharge and make best use of research.

Working in partnership with Sutton LINK we completed a major piece of research in November 2010 in relation to discharge procedures at St Helier Hospital and we continue to work together with the hospital to explore ways of improving the patient experience.

In Merton we have followed up this initial work with a specific project in relation to reablement services. A workshop was held in June and was followed by some research to map reablement services, identify gaps and look at areas for improvement. Our report on this is due to be published shortly.

To continue our review of BME access to community mental health provision.

We arranged a workshop in September to bring together the Mental Health Trust's Improving Access to Psychological Therapies (IAPT) service with a range of local BME voluntary, community and faith groups. This was very successful and has resulted in the Trust forging closer relationships with these communities and arranging further events to promote understanding and take up of services.

To monitor and promote patient involvement in GP practice and commissioning – to map the existence of GP patient forums and encourage their development.

Our initial research identified 6 GP Patient Participation Groups in the borough and we are currently exploring with NHS Sutton and Merton how to support the development of engagement groups in all local GP practices.

To review delivery of, and access to, Footcare services

This work involved mapping voluntary sector services, identifying unmet demand, and exploring the potential to develop new services. Findings from the recent outreach programme suggest that this work could now be followed up with specific research into access to NHS services.

To identify/respond to opportunities for quick wins and follow up existing work

In partnership with LBM adult services we arranged a workshop for voluntary and community groups, carers and service users to influence the process for commissioning an information portal (previously identified as a high priority). This workshop was followed up with an opportunity to help shape the tender specification for the development of this *one stop shop*.

We are also participating in the OPM Ageing Well programme which aims to engage with older people on the development of local preventative services and activities.

To ensure patient experience continues to inform our work

The outreach programme provides a strong mechanism for ensuring the work programme reflects local experiences and meetings have been held with:

- Refugees and asylum seekers
- Carers (including a specific meeting for carers of people with dementia)
- Older people (including those attending various day centres and lunch clubs)

- Mental Health service users (including a specific meeting for BME communities)
- People with a learning disability

To continue to develop and maintain an effective LINK

As Host MVSC has worked with the London Borough of Merton to review governance arrangements and following an open recruitment process and interviews Barbara Price was appointed as the independent Chair in December. The Chair will lead the next steps with regards forming specific working groups to take forward work programme priorities in the next year and the volunteers who lead these groups will work with the Chair to provide an effective, outcome-focussed structure.

Future work programme

As highlighted above the public meeting in January provided an opportunity to consider the results of the extensive outreach programme and began to identify future priorities. Emerging new themes to date are:

- Safeguarding in care homes (including the impact of de-registration)
- Quality of domiciliary care, especially in view of reduced contract funding
- Transport provision
- Impact of independent living on social isolation
- Access to respite care
- Research into the needs of carers.

The outreach also identified the importance of continuing current priorities, including:

- Re-ablement services and access to equipment
- Information about support services
- Access to NHS Footcare services
- Ongoing engagement and outreach with local communities to increase awareness and participation

Other strategic issues which we will be involved in will include:

- Developing clinical commissioning arrangements
- Strengthening further our engagement with the Mental Health Trust
- Development of Local HealthWatch
- Further engagement with the Better Services, Better Value programme.