

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 5th September 2012

Agenda item: 7

Wards:

Subject: Merton LINK Annual Report

Lead officer: Barbara Price, Chair, Merton LINK

Lead member: Councillor Suzanne Evans, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number: N/A

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Recommendations:

- A. Panel members are asked to note and comment on the work of Merton LINK
 - B.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To present to this Panel the Merton Link annual report

2 DETAILS

- 2.1. The Merton LINK annual report is attached at appendix A. This sets out the key work streams for the previous year as well as the year ahead. Panel members may wish to take this opportunity to comment on the work to date and consider how this Panel and the LINK can work together over the next few months.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2012/13

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

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

- MERTON LINK Annual Report 2011/12

12 BACKGROUND PAPERS

12.1.



Merton Local Involvement Network

Annual Report 2011-12

LINK Merton
c/o Merton Voluntary Service Council
Vestry Hall
London Road
Mitcham
CR4 3UD

Introduction

This year has been a period of transition for LINK Merton. A new governance structure has been developed, followed by my appointment as Chair and a process for recruiting a new steering group. As this annual report shows, alongside this there has been a strong focus on outcomes, with progress made in a number of key health and adult social care areas.

This is the final year of operation for LINK Merton. In April 2013 a new organisation, local Healthwatch, will take over the role of the LINK. We will play our role in helping to establish the new organisation, ensuring the community is able to shape its development and that it is able to build on the work of the LINK over recent years.

Barbara Price
Chair, LINK Merton

About LINK Merton

LINK Merton is a network which exists to enable local people to influence health and adult social care services. It has been established on the principle that the views of local people are essential to the delivery of effective local services. Meaningful public engagement can help ensure commissioners and service providers deliver high quality, appropriate services that local people need.

LINK Merton is an independent voice, accountable to the local community, that works through a network of independent voluntary and community organisations and individuals who have an interest in shaping local health and adult social care services. The network is committed to a policy of treating all individuals equally. No individual shall receive less favourable treatment or consideration on the grounds of disability, race, ethnic origin, culture, socio-economic background, gender, sexuality, religion, creed, marital status or age.

During 2011/12 governance arrangements for the LINK went through a period of transition, resulting in the appointment of a new Chair in December 2011 and a new steering group in April 2012. Current members of the steering group are as follows:

Barbara Price (Chair)
Myrtle Agutter
Roy Benjamin
Fran Hibbert
Melanie Monahan
Jay Patel

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Section 1: Delivering our work programme

Background

In this section, we focus on our key achievements in delivering our work programme. The LINK Merton work programme is built around the concerns of local communities, identified through an outreach programme delivered through local voluntary, community and faith organisations to identify their specific concerns and issues. The findings from our outreach meetings are then assessed to see how they can be built into a work programme using the following criteria:

- The issue should be relevant to LINK Merton's role and must concern health or adult social care.
- The issue should be significant to the local community. There should be evidence that the issue is important and affects more than one person.
- LINK Merton should become involved in the issue at an appropriate time.
- The issue should give LINK Merton an opportunity to make a difference and have a real impact.
- The range of issues covered should meet the needs of different sections of the community and not just focus on one specific community.
- The range of issues covered should reflect LINK Merton's role in both social care and health issues, and should demonstrate that the LINK has an interest and concern in both areas.

Other items are added to the work programme to reflect key local and national developments in health and adult social care services.

Delivery of the work programme

Progress towards each of the items on our 2011/12 work programme is listed below:

To Increase participation in and awareness of LINK Merton

We use a number of mechanisms to engage with local communities, inform people in the work of the LINK and enable people to participate in shaping local health and social care services. Key areas of work in 2011/12 were as follows:

- In November and December 2011 our community outreach programme facilitated ten separate client- specific meetings engaging directly with a range of service users. These issues have helped identify priorities for the LINK work programme, which will be taken forward through working groups, providing further opportunities for local people to get involved directly in the work.
- Our public meetings include invitations to guest speakers who cover a range of health and adult social care issues. Subjects included the NHS Better Services, Better Value programme, LBM adult services budget proposals, plans for establishing Local Healthwatch, and initial feedback from our outreach programme and how it will influence future priorities.
- Information on health and social care issues is 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. We also produce a hard-copy LINK newsletter which is distributed directly to local people, as well as to libraries and community centres.

To ensure patient experience continues to inform our work

The outreach programme referred to above provides a strong mechanism for ensuring the work programme reflects local experiences. Meetings were held with a range of community groups:

- 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 service users from BME communities);
- People with a learning disability

To ensure LINK involvement at a strategic level in NHS developments

LINK Merton is well represented in local NHS structures. Representations has been agreed with the Shadow Health and Wellbeing Board and the One Merton Group, which promotes joint commissioning and integration between health and social care. Alongside neighbouring LINKs, we are also involved in various engagement structures within NHS South West London, including the Patient and Public Advisory Group and the Equality and Diversity Group.

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

LINK has had a long running interest in the development of self-directed support and personalised care in Merton and carried out our first piece of research in 2010 to look at the experiences of people on the council's pilot programme. We followed this up in 2011/12 with:

- a workshop to enable a broad range of voluntary organisations to feed in the views of their service users about the programme.
- a major piece of research into customers' and carers' experiences of Self Directed Support, which was published in March 2012. We are now working with council to take forward the issues raised.

To make best use of LINK research into hospital discharge and to support the development of reablement services

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

During 2011/12 we followed up this work with a specific project in relation to reablement services in Merton. We organised a workshop and research aimed at mapping reablement services, identifying gaps and looking at areas for improvement. We are now working with health and social care partners to look at improving service delivery

To review BME access to community mental health provision

We organised a workshop 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, resulting 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 practices

We carried out research in 2011 to map the existence of Patient Participation Groups within GP surgeries. This found that only 6 practices had such groups. We are now working with NHS South West London to develop a programme to support the establishment of engagement groups in all local GP practices and strengthen the links between practices and the local community.

To improve the availability of information on local health and social care services

Access to information is regularly identified as a key issue for local communities. In partnership with LBM adult services we arranged a workshop in November 2011 for voluntary and community groups, carers and service users to influence the process for commissioning a new information portal. This workshop was followed with an opportunity to help shape the tender specification for the development of this one stop shop.

We are now working with the council to help them develop and pilot the portal amongst local communities.

To support the involvement of local communities in the commissioning of adult social care services

During 2011/12, an opportunity arose for a major programme of engagement with older people to help shape the development of preventative services and activities in the borough. This work was delivered in partnership with local agencies and facilitated by the Office for Public Management as part of the national Ageing Well programme. In all, 5 workshops were held, attended by older people and voluntary and community groups, aimed at identifying what 'the good life' should look like for older people. The outcomes from the workshops are being used to develop a new voluntary sector grants programme and as a basis for developing local community projects in Merton.

To continue to develop and maintain an effective LINK and to ensure involvement in the implementation of the NHS White Paper and the creation of Healthwatch

As Host, MVSC has worked with the London Borough of Merton to review governance arrangements and, following an open recruitment process a new Chair, Barbara Price, was appointed in December 2011. This has been followed with the establishment of a new steering group to act as the decision making body in relation to the work programme and, in conjunction with the Host, promote the work of LINK Merton and ensure the voice of local communities influences local services.

As previously mentioned, LINK Merton will be replaced by a new organisation, to be known as local Healthwatch, in April 2013. We are keen to ensure that local communities are able to shape the development of Healthwatch and are working with the council to promote consultation on this.

Section 2: Next Steps

Background

Our work programme priorities for 2012/13 have been put together, based on:

- the views of the local community, as identified through our outreach programme and public meetings;
- opportunities to continue and/ or develop current LINK projects;
- the need to maintain an effective LINK and support the transition to Local Healthwatch.

Work programme priorities 2012/13

Quality of residential care and Customer experience of domiciliary care

We will be establishing a working group to take forward both these subjects, including where to make best use of enter and view.

Support for carers, and carers' engagement and representation

We will be working with local voluntary and community organisations to take this forward.

Mapping mental health services and methods of engagement for service users.

We have commissioned a piece of research to compare mental health services in Merton and neighbouring boroughs. We are also working with the London Borough of Merton to seek service users' and carers' views on dementia services.

Strengthening links with GP surgeries and local communities (including developing Patient Participation Groups)

We are working with NHS South West London to develop a programme to support the development of engagement groups in all local GP practices and strengthen the links between practices and the local community.

Access to health and social care information

We have been supporting the development of an online information portal by LBM adult services. Various groups and individuals are due to pilot this shortly.

Helping the development of new NHS structures

LINK will continue to be involved in the development of the Health and Wellbeing Board and the One Merton Group and we are supporting the council to engage on the development of Local Healthwatch. We will also be looking to develop relationships between Local Healthwatch and the Clinical Commissioning Group.

Community engagement in NHS developments, e.g. Better Services Better Value

We will work to support the community to participate in the consultation, due later in 2012, on the major reorganisation of NHS hospital services in South West London.

Continuing to support the development of the Ageing Well programme in Merton

We have worked closely with LBM in consulting with older people on the development of activities and services. We will continue with this work, including to ensure the views of service users identified so far help shape the development of a new Adult Services voluntary sector grants programme.

Section 3: Facts and Figures

Reach and participation

Background

A fundamental aim for LINK Merton is to enable participation from all sections of the community and to ensure that the work programme reflects the needs of diverse groups within the borough, including those considered marginalised or seldom heard.

To bring this about, the network has adopted certain principles for the way it works. In particular, it is open to everyone. There is no requirement to become a member, or for people to participate in all of the network's activities, or attend any formal network meetings. Instead, the work programme is based on views identified from local communities through outreach work and groups and individuals raising their issues and concerns.

Communications and publicity

The key mechanism for encouraging participation in the LINK is *Merton Connected*, the host's extensive database of local contacts, including voluntary and community groups, public sector colleagues and interested individuals. Over 3,500 individuals and 750 organisations are registered on *Merton Connected*

Merton Connected also acts as the LINK's website. News items are posted to the website regularly and a weekly e-bulletin is produced automatically to include a summary of all of the stories from the previous week.

Participation in LINK activities

Participation in LINK activities included:

- Outreach programme : approximately 100 people participated in a number of meetings, including refugees and asylum seekers; carers (including targeted work with carers of people with dementia); older people; mental health service users (including targeted work with BME communities) and adults with learning disabilities.
- LINK public meetings: typically 50 to 80 people attended our meetings, including members of the public and people from voluntary, community and faith groups
- Workshops on specific areas of our work programme (reablement, BME mental health, developing the LBM information portal): typically attended by 30 to 40 people from voluntary and community groups.
- Self Directed Support research: participation from 77 disabled people and 21 carers, either through focus groups, one-to-one discussions or questionnaires
- Ageing Well programme: a range of 5 workshops for VCS groups and older people: Typically attended by 20 to 40 people at the events.

Summary of Activity

Requests for Information

The LINK submitted formal requests for information to a number of bodies during the year and are pleased to report that all were responded to within the

statutory 20 day period. This is in addition to responses to surveys from local GPs and other health professionals carried out as part of the work programme.

Enter and View

The LINK did not identify any specific issues that warranted the use of formal Enter and View visits during the year. As there are no acute hospitals in Merton, hospital visits are carried out by neighbouring LINKs. LINK Merton feeds issues to neighbouring LINKs to support this work.

Reports and Recommendations

The LINK produced a number of reports during the year, which are available on the LINK website:

- SDS research
- Workshop report on BME mental health services
- Workshop report on hospital discharge
- GP Patient participation groups research
- Reports and presentations from our public meetings

Referral to Overview and Scrutiny

No formal referrals to OSC were required during the year. However, we continue to work closely with them and the LINK chair is a co-opted member of the committee.

Our Finances

Income received by the London Borough of Merton from the Department of Health totalled £122,690. Of this, £100,115 was paid to MVSC as LINK host.

| | |
|---|----------------|
| INCOME | |
| London Borough of Merton | 100,115 |
| Total income | 100,115 |
| | |
| EXPENDITURE | |
| Staff costs – LINK delivery | 41,645 |
| Staff costs – communications | 14,730 |
| Staff costs – administration and support | 8,813 |
| Staff costs – LINK projects | 7,550 |
| Total staff costs | 72,738 |
| | |
| Premises costs | 3,257 |
| Professional fees – audit and legal | 1,300 |
| Expense allocation (including equipment) | 6,111 |
| Total office costs | 10,668 |
| | |
| Volunteer expenses | 46 |
| Publications and subscriptions | 45 |
| Communication and publicity costs | 979 |
| Meeting costs | 4,190 |
| Activities and volunteer expenses | 5,260 |
| | |
| Total expenditure | 88,666 |
| | |
| Balance – funding designated to complete work programme targets | 11,449 |

All figures are provisional and subject to audit.