

<u>Select Committee on Health and Adult Social Care (HASC) – 19th</u> November 2009

Report of the Dudley Local Involvement Network

Update on the progress of Dudley's Local Involvement Network

Purpose of Report

1. To receive an update on the progress of Dudley's Local Involvement Network.

Background

- 2. The Committee received a number of reports on the progress of the Local Involvement Network (LINk) during the last municipal year.
- 3. At its Committee meeting in July 2008 Members agreed a protocol to manage its complementary relationship with the LINk. Arising from this meeting Members also agreed to co-opt a Member of LINk onto the Committee - the Chairman of the LINk has been attending HASC since July 2009.

Local Involvement Networks

- 4. LINks are established through a duty placed on Local Authorities with social care responsibilities to ensure that LINk activities can take place in their areas.
- 5. Defined in the Local Government and Public Involvement in Health Act 2007 LINks are designed with the purpose of strengthening the local voice in the way health and social care services are delivered.
- 6. The Act requires Authorities to make contractual arrangements with a 'host organisation' to support LINks. Dudley procured Shaw Trust in July 2008 to support the Local Involvement Network to:
 - promote and support the involvement of people in commissioning, provision and scrutiny of local health and care services

- enable local people to monitor and review the standard of local health and care services and report on how they could be improved
- o obtain the views of local people about their experience of local health and care services and their care needs.

Relationship between LINk and HASC

- 7. The roles and responsibilities of Health Scrutiny Committees and LINks are different but complementary. For example, LINks have powers to 'enter and view' places where services are provided, whereas HASC has powers to call to meetings staff to explain decisions and proposals. As such the work of the LINk should run parallel to that of the HASC and other statutory providers in order to avoid duplication of work.
- 8. It is envisaged in guidance that the following will apply to the relationship between Scrutiny Committees and LINks:
 - LINks and scrutiny committees will be expected to share information and evidence to inform respective work programmes and reviews;
 - The LINk can refer matters to Scrutiny for further investigation –
 these are likely to be issues the LINk is unable to resolve
 independently; HASC has a duty to respond to referrals within 20
 days, stating what action it will take and why.
 - Scrutiny committees can request that a LINk carries out a piece of work to support its work programme and in-depth reviews. The LINk will then decide whether to support HASC's item of work or not and whether it is within their remit
- LINks are a key component of locally accountable health and social care.
 As such HASC will have an interest in ensuring that the arrangements for LINk activities are effective in the Borough.
- 10. It should be emphasised that the LINk is an independent body, and as such is not accountable to the Committee – arrangements are in-place to manage the performance of the LINk via the Councils ordinary contract monitoring processes.

HASC LINk Protocol

11. At the Committee meeting in July 2008 Members acknowledged the potential to assist in developing a relationship with the LINk and agreed a protocol to govern the relationship between both bodies. Subsequently, the Committee resolved to co-opt a LINk Member onto HASC with the aim

of enabling matters relating to the relationship between both bodies to be discussed in constructive and inclusive way. A copy of this is attached at appendix 2 for information.

Update on progress of the LINk

A progress report containing recent LINk activity is attached at appendix
 for consideration. Members may wish to discuss HASCs involvement in its work plan and opportunities for joint working.

Finance

13. There are no direct financial implications arising from this report.

Law

- 14. All Local Authorities are required to procure an organisation or "Host" to establish and support a LINk in accordance with the Local Government and Public Involvement Health Act 2007 (Section 223).
- 15. The relevant statutory provisions regarding the Council's Constitution are contained in Part 11 of the Local Government Act, 2000, together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.

Equality Impact

16. Not applicable

Recommendation

17. It is recommended the Select Committee note contents of this report including the update on LINk activity attached at appendix 1.

Background Papers

Darrid Orma

18. Co-opting a LINk member onto HASC July 7th 2009 Report of the Lead Officer to the Committee

David Orme		
David	Orme	

Chairman of Dudley's Local Involvement Network

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LINk Workplan

Members of Dudley LINk have analysed information that has been accumulated from a variety of difference sources from the community regarding issue around Health and Social Care in Dudley.

Prioritisation of the issues was undertaken and a collective final decision made regarding items to be prioritised in the Workplan.

LINk Workplan Priorities

Look at opportunities to improve services in Dudley by utilising recommendations 1-23 from the Mid Staffordshire NHS Foundation Trust review (April 2009).

Identify gaps in Social Care support.

Improve cross boundary working between Dudley and Sandwell (or/and others) in health and social care services etc.

Raise Health and Social Care staff awareness of sensory impairment needs.

Improve staffs understanding of people's needs when they are admitted to Bushey Fields.

Improve waiting times on discharge from hospital due to having to wait for a prescription.

Investigate why it is still so difficult to access services and get help or a diagnosis for Autism and Mental Health?

Each of these prioritised items is been looked at individually in order to ensure that the correct approach is taken that will allow the LINk to understand and appreciate what actions are required.

It is appreciated that some of these items are looking at longer term goals and therefore it is important to ensure that both short and medium term goals are managed effectively alongside the priorities.

Many of the comments received from the community have allowed the LINk to inform providers of their concerns. The LINk have recently been in contact with providers to ask the following questions which have been derived from comments the LINk has received from members of the public who use the services in Dudley:

Dudley and Walsall Mental Health Trust

What plans do you have to ensure that the following can be achieved?

Same sex wards in Bushyfields
More home visits if required
Education for staff regarding mental health issues
Privacy to be always taken into account
Informing people of their rights
Targeting schools regarding raising awareness of mental health issues
More support for bereavement and depression

What plans do you have to ensure that staff interact in a positive way with patients, carers and families?

Examples that have been suggested to the LINk are:

Staff must listen to patients
Activities are provided that can involve members of staff
Staff should give patients reasonable information regarding their condition and medication

The community is concerned about the lack of support groups and facilities currently available for individuals with mental health issues. What are you plans for improving this?

Dudley Social Care

How are you getting carers involved in care planning?

Please consider the following:

Amenities which provide support Activities Help with independent living skills Transport

The LINk is aware of the good work being undertaken at Newbridge House and the benefits of this service to the community. Are there any plans to expand this service across the borough?

How do you propose to improve communication in the community for patients and carers?

Dudley LINk would like to suggest the following: Carers disability advice line Sensory and visual materials to be used Out reach community services Befriending services Easy access to social care information

What are your plans for ensuring that there is enough frontline staff, in particular social workers, to deal with the following?

Domestic abuse Mental health Vulnerable adults

Dudley PCT

What arrangements have been made to inform or educate the public as to the availability of the Walk in Centres which have been set up for the purpose of relieving waiting times in GP surgeries and the A and E department?

What provision has been put in place to ensure GP's are trained effectively to be able to communicate with their patients regarding the following?

Choose and book
Explanation of illnesses
Explanation of medication
The services they offer
Language interpretation and translation
The offer of a female GP to patients that request them
Information available for individuals with visual impairment.

How are you advertising NHS dentists who have available places and their charges?

Can chiropody services do home visits free of charge to those eligible?

Dudley Group of Hospitals

What is being done regarding the time it takes for a patient being discharges and the requirement for a Doctors signature?

Are medical staff being educated regarding confidentiality of patient records?

Are patients sufficiently well informed about their rights and responsibilities?

The LINk is aware of a variety of leaflets on nurse's stations but would expect that relevant leaflets are routinely given to patients and relatives on admission?

Many comments and issues are coming to the LINk on a regular basis and therefore the LINk Workplan is a fluid plan that will allow changes to be made as and when the LINk decides.

Comments from individuals and groups are collated regularly. Identification of common trends or clusters are also taken into account.

Dudley LINk would appreciate full support from HASC as and when required regarding issues that will require the support of the select committee. If the select committee feels that any of the issues and concerns raised with the providers to date are of interest to the select committee Dudley LINk will be happy to consider opportunities for joint working.

Appendix 2





Dudley Metropolitan Borough Council Overview & Scrutiny and the Dudley LINk

Agreed

Next Review

The following are guidelines to govern the relationship between the Scrutiny function at Dudley Metropolitan Borough Council and the Dudley LINk. On a day-to-day basis it would be beneficial to all parties for there to be a relaxed and informal dialogue based on good relations and a common interest in the improvement of health and social care services in the Borough.

In terms of the Scrutiny function at Dudley Council the first point of contact would be the Chair of the Health and Adult Social Care Overview and Scrutiny Select Committee.

In terms of the LINk the first point of contact would be the Chair of the LINk via Shaw Trust.

Formal Dialogue

The LINk and appropriate Scrutiny Councillors will meet together at least once per year for a discussion about the year ahead and to reflect on the previous year. This meeting will be hosted and administered alternatively between the Scrutiny function at Dudley Council and the Dudley LINk. This meeting will also be used to consider the different work programmes for the forthcoming year.

Work Programme Planning

At the meeting referred to above, work planning discussions will take place. Whilst the final decision over work items remains with each group, such a dialogue could avoid duplication of effort. It could also ensure that the appropriate body undertakes work more suited to its skills. It is noted, however that some work items will be undertaken by both bodies such as consultation exercises. If appropriate, any evidence gathering on such issues could be undertaken in partnership although responses would come from each individual group.

Referrals to Scrutiny from the LINk

All referrals from a LINk to Scrutiny shall be co-ordinated through the administration arrangements for the LINk. Individual LINk members will not be able to make a referral without going through the central administration for the LINk.

If the LINk wishes to refer an item for the consideration of Scrutiny the following shall be provided:

(1) A description of the item of work

- (2) Reasons why the LINk thinks Scrutiny needs to consider the item of work
- (3) Why the LINk thinks it more appropriate that Scrutiny considers the item of work rather than the LINk considering it
- (4) Any evidence that the LINk has already considered prior to the referral to Scrutiny
- (5) What other organisations the LINk has approached for discussion on the item prior to the referral to Scrutiny.

The LINk will receive an acknowledgement of the referral within 20 working days.

The Overview and Scrutiny Select Committee, in discussion with other relevant Councillors and the LINk, will then consider the referral and decide whether to undertake the piece of work. Should Scrutiny decide not to undertake the piece of work full reasons for this decision will be given to the LINk. This decision will be final and as detailed in Statutory Instrument 528 all outcomes of LINk referrals to Scrutiny will be detailed in the LINk Annual Report.

Scrutiny will also list the details and outcomes of any referrals from the LINk in its annual report.

The LINk, under The Local Involvement Networks Regulations 2008, will also be required to publish any decision taken to refer a matter to Scrutiny at Dudley Metropolitan Borough Council.

Referrals to the LINk from Scrutiny

Although there is no statutory requirement for Scrutiny to be able to refer items of work to the LINk a local practice of this being possible would be good practice. Should scrutiny refer items to the LINk it will provide the same information that the LINk must provide when referring to Scrutiny.

Referrals from Scrutiny to the LINk will also feature in both organisations' Annual Reports.

Joint Working

Any joint working will be agreed on an issue by issue basis and shall be informal in nature. Any recommendations shall come from each organisation independently.

Right of Entry and View

As detailed in the legislative framework for LINks certain trained members will have the power of entry into health and social care buildings. This is a power that Scrutiny does not have and as such it would be good practice for the LINk to share the outcomes of such visits to Scrutiny. It will also be possible for Scrutiny to request the LINk to undertake a visit on its behalf.

Annual Health Check

Both the Scrutiny function and the LINk will be approached by the Care Quality Commission to comment on the Core Standards of the Annual Health Check. In order to best feed into this process the LINk and Scrutiny will respond separately but will liaise with one another to co-ordinate an appropriate response utilising the skills that the different functions have.

Sharing of Information

Any Committee papers shall be shared between Scrutiny and the LINk, including any annual reports produced. This shall be in a format agreed by the Scrutiny and the LINk.

The LINk and the Scrutiny function will share between one another any reviews, recommendations and consultation responses in relation to health or social care.

Recommendations from the LINk to the Council

Recommendations from the LINk to the Council need to be fed into the Council's executive function. Recommendations from the LINk to the Council should only be sent to Scrutiny for information and not for Scrutiny to action. There are certain scenarios which might lead to the Dudley LINk asking Scrutiny for assistance, these may include but are not limited to:

- Where the LINk is blocked from performing an Enter and View without good reasons.
- Where the LINk has identified a serious issue and the response and actions from a provider fail to take account of the need for change or improvement.
- Where the issues identified are wider, across a range of providers, are longer term or affect planning. For example the issue could be across Trust and Social Care, and dependent upon allocation of resources, including finance.

Signed:	 Date:	