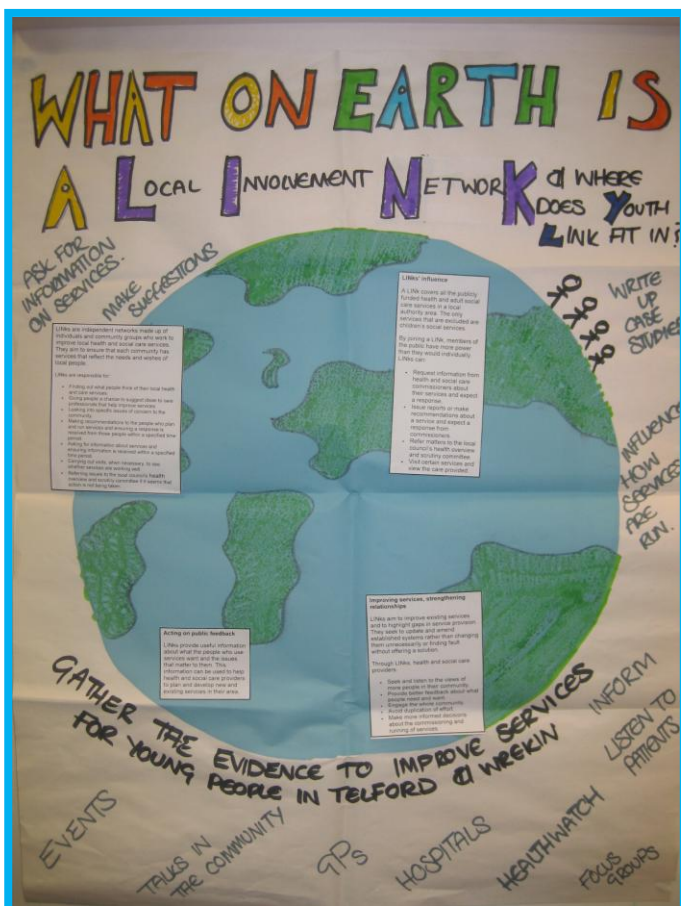


Telford & Wrekin Local Involvement Network ANNUAL REPORT April 2011 - March 2012



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Local Involvement Networks

Local Involvement Networks (LINKs) were set up to support patient and public involvement in the *independent scrutiny* of publicly funded health and social care.

LINKs ask patients, service users and carers about their first hand experiences of health and adult social care services as this offers really good insight into what is working well, and what needs to be improved. Local community groups and voluntary organisations are also asked to contribute evidence of local community needs which is then presented to commissioners and providers as they are responsible for planning and delivering services which improve health and wellbeing.

Telford & Wrekin Local Involvement Network:

what we've been doing in 2011/12

In the last twelve months we have focused our attention on finding out what patients think about the quality of care provided by the Princess Royal Hospital and the Royal Shrewsbury Hospital, community mental health services and medical practices. We have also contributed to national and local consultations, including the review of adult social care services by the council.

Our annual report provides the opportunity to let you know what we have done over the last year so that you can judge for yourselves whether we did what we said we'd do, and whether we focused on the right things. We try to maintain a watchful eye on the way NHS and local authority commissioners plan and procure services, and how well providers care for everyone in Telford & Wrekin. Our relationships with them are based on the belief that we all have the same goal – which is to improve health outcomes for the local community. We hope you find the annual report informative, interesting and are reassured by what you read.

We have gathered your views about local services by visiting hospital wards, residential care homes and day care centres; we've helped set up patient reference groups in eighteen surgeries in Telford and Wrekin, have arranged focus groups with people who use mental health services and with people living in residential care settings. The report on page 27 regarding the investigation that we sparked into the lack of dignity in care on Ward 15 is one example of how asking questions about what we saw and heard can make a real difference.

During the course of the year we've also supported the formation of Youth LINK by working with young people aged 14 – 20 and helping them to become community investigators. Within a few weeks they had carried out a survey about out of hours care, organised a world cafe event and even attended the council's consultation event about the budget.

We've presented the findings of our investigations to chief officers, directors and board members at meetings including the Shadow Health and Wellbeing Board, the Scrutiny Committee, the Dementia Strategy Group and numerous other forums, which we attend in order to ensure that patients, service users and carer's needs aren't overlooked. We can – and often do – ask challenging questions, and although it isn't usually necessary because of the good relations we have with local statutory bodies, we can resort to using our statutory powers to ask for answers.

....and what we've got planned for 2012/13

We are pleased to report that we are one of a handful of LINKs across England to be invited to work with the National Children's Bureau in 2012. This will help us build on what has been achieved by Youth LINK in the last year. We also need to step up our involvement with families with children which we intend to do by working the local Parents Opening Doors (PODS). At the other end of the scale we will increase the number of visits we make to residential care homes in Telford and also Shropshire by combining forces with Shropshire LINK.

In April 2013 Telford & Wrekin LINK will hand over the reins to Healthwatch Telford and Wrekin which will inherit the statutory powers that were given to local involvement networks when we were first established. The unprecedented scale of changes that is taking place is posing considerable challenges for everyone: patients, providers and commissioners alike.

Our number one focus must be to work with Telford and Wrekin Council to ensure Healthwatch Telford & Wrekin continues to be a strong champion of the user and patient voice in Telford & Wrekin. Healthwatch will need to be especially vigilant regarding the quality of health and personal/ social care provided for vulnerable groups: people with dementia, older people who are frail, and adults with learning disabilities.

Finding out what people who use adult social care services think about the changes being introduced as part of the modernisation agenda is another priority that we will be looking at. This will involve us in assessing the impact of personalisation on different groups who need personal care and support including users of mental health services, adults with learning disabilities and older people. It will also help prepare us to respond to the White Paper about social care which will be published some time later this year.

On behalf of the Central Management Group we would like to thank everyone who has been involved in - or supported - Telford & Wrekin LINK in the last year. We look forward to working with you again in 2012 and hope that you will continue to be involved in Healthwatch Telford and Wrekin when it is set up in April 2013 – please see page 42 for brief details about the successor body to LINK.

Details of our other priorities in the year ahead are listed on page . As you will see, we aren't anticipating putting our feet up until 31 March, so if you are looking for a rewarding way of spending your spare time, then please do consider getting involved with the LINK.

Dag Saunders
Chair

Jean Gulliver
Vice –chair

Telford & Wrekin LINK: who we are

What is really significant about LINKs is that they are run by people who live in an area and who use local services. And because LINK volunteers are unpaid, we are beholden to no-one except our local communities.

Although everyone in Telford is able to participate in the local involvement network, decisions are taken by the Central Management Group whose 16 members are elected at the Annual General Meeting. A further 25 volunteers were involved in the LINK in 2011/12 as authorised representatives or community champions



Muriel Fellows

Some of us work locally, some of us are retired; others are unemployed 'jobseekers' and several of us have long term health problems that prevent us from returning to work at present. We've all had first hand experience of using local health and social care services so know what its like to be a patient or a service user. Most of us have looked after someone so have some understanding of what being a carer involves.

Between us we've back problems, diabetes and sight loss, survived cancer and nervous breakdowns. We all know how important it is to be able to get an appointment with our family doctor when we need it - and especially when it is for a dependent child or relative. From time to time we've all had to use out of hours care - A&E, Shropdoc or the mental health crisis team.

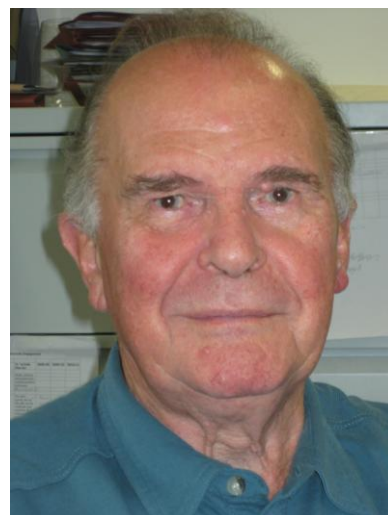
"We've all been frustrated by red tape and disappointed by poor customer care; we've experienced anxiety and anger. But we've also been grateful for the help we've received from our family doctors, nurses and consultants who've provided expert care for our minds and bodies. We are proud of the NHS, if fearful of what it may become if we don't look after it as well as it looks after us."

Tina Jones



"Many of us have also been involved with adult social care services – if not for ourselves or our own families, then in our role as advocates for people who are vulnerable due to infirmity, disability or complex long term conditions. When it is genuinely tailored to meet the unique needs that every individual has, it makes a huge difference not only to their lives but also to their family. But the amount of care available – or the quality of what is provided – sometimes doesn't seem to be as fair or as accessible as it should be."

Derek Tremayne





Gaynor Stevens

"Myself and my family are members of the community, so we want the best healthcare service we can. Being involved with LINK allows me to make that happen for everyone"

"Why did I get involved in the LINK?"

Essentially because I don't want other patients go through the same experience as my husband and I did, that led him to die earlier than he should have done.

We help to remind the senior people that they don't just help people get better, they help the and their families achieve a better quality of life We use every opportunity to talk about the experiences of real people – vulnerable older people with dementia or kidney problems – and even with eyes, ears and feet that don't work as well as they used to.."



Jean Gulliver, vice chair



"I want to make sure that the voices of families are heard - especially those who look after children with disabilities"

Jayne Stevens, co-opted member of the Central Management Group

Our top priorities for 2012/13

subject to endorsement by the AGM on 21 June 2012

Countdown to Healthwatch

Raising public awareness of the changes that are taking place to the way that patients and people who use adult social care services and their carers can influence the way health and social care is planned, commissioned and delivered.

Youth LINK

Super sleuth Sherlock Bones, Telford's very own Health Detective, will assist Youth LINK with the Case of the Reluctant Patient. This work will be supported by the National Children's Bureau which has been commissioned by the Department of Health to help 15 healthwatch pathfinders in England to develop good practice.

Patient participation

Encouraging local community involvement in the Patient Reference Groups being set up by medical practices in Telford and the Wrekin so that everyone can influence the quality of healthcare provision.

DonningtonVOICE

Providing opportunities for everyone who lives in Donnington or Donnington Wood to have a say about their community - and have the chance to become community health champions.

Adult Social Care

When the government White Paper on the future of Adult Social Care is published in 2012, we will invite members of the local network to help us produce a response that is informed by what is best for Telford and Wrekin.

Using LINK's statutory powers to scrutinise services

- Visits to premises where health and social care services are being delivered, especially hospitals and care homes
- Commenting on the Quality Accounts published by the acute, community and mental health provider trusts
- Seeking information from commissioners and providers to enable LINK to scrutinise health and social care services

LINK's powers will also be used to promote diversity of representation and equality of access. The projects will also gather evidence to inform policy and practice by monitoring the way that minority interests are identified and supported to ensure that the whole community has a stronger voice.

Other issues that we will maintain an interest in during 2012/13

The reconfiguration of health services – specifically mental health and acute hospital services

Children's health and wellbeing – especially those services needed by children with disabilities

Discharge – LINK and the Senior Citizens Forum will use the findings of the discharge survey to make recommendations about improvements needed

TEEF survey – we will work with the Senior Citizens Forum to investigate older peoples experiences of services that deal with teeth, eyes, ears and feet

Mid Staffs Inquiry – when the Francis Report is published in the autumn we will consider what its recommendations mean for the way we represent patients, and also the impact it will have on those we work with to improve the quality of care and safety for patients and service users

Equality Delivery System – we will review how we can use our limited resources to contribute to the evaluation of NHS bodies compliance with the Equality Act using qualitative and quantitative data

Accessible information – we will monitor whether information is being provided in a range of accessible formats for people who are visually impaired, deaf patients and those who have learning disabilities



**Rebecca Dove, Community Engagement Worker
sitting still (for a change)**

Have YOUR say – making your experiences count

Listening and looking

- we go into hospitals and care homes to talk to patients and service users about their experience of care, and also undertake observations of care
- we put up displays in shopping centres, in the hospital foyer and at events
- we attend forums and consultation events to hear what people are saying

Surveys

- Youth LINK out of hours urgent care survey
- discharge from hospital
- patients feedback about their doctors surgeries

Focus groups

- with people who use MIND at Sutton Hill - focus on GPs and mental health
- Youth LINK used a world cafe event at Hadley Learning Centre to focus on young peoples experiences of out of hours health care
- LINK community champions and Wellington Medical Practice ran themed focus groups with people in residential care, adults with learning difficulties and acute mental health service users

LINK community engagement and outreach activities

- Oakengates Youth Club information session
- Young Carers information session
- LINK stalls in Southwater Square; at PRH and at Donnington Learning Centre (Apprentice events and Lifelong Learning events)

Local consultation opportunities

- Telford & Wrekin Council adult social care services review
- Telford & Wrekin Council budget consultation
- Telford Community Forums (Volunteering; Health)
- Telford & Wrekin Council service review of Age UK(Telford and Wrekin)
- The Redwoods Centre new build project about inpatient facilities being planned to replace Shelton hospital (Open access sessions about organised by South Staffordshire and Shropshire NHS Foundation Trust)
- Looking to the Future - Plans of Princess Royal Hospital Unveiled

Consultation with national bodies

- the Listening Exercise 'pause' in the Health and Social Care Bill
- local healthwatch funding options
- GPs and safeguarding
- Queens Nursing Institute – nursing care at home
- Healthwatch - CQC and Nunwood Healthwatch webinar
- NICE Guidance for Patients and the Public

LINK Events promoted

- LINK AGM 2011
- Meetings in public – Ketley Parish Council offices, the Park Lane Centre in Woodside, and the Civic Offices in the town centre
- Countdown to Healthwatch (October, December and March)
- Mental Health – No decision about me, without me

Other organisations events that we've promoted or supported

- Age UK Shropshire Telford & Wrekin Conference - 9 November 2011
- Telford College of Arts and Technology (TCAT) Disability Awareness Event
- Shropshire LINK AGM
- Culture Kind Chinese New Year Celebration
- Donnington Partnership and Lifelong learning centre
- Listen not Label Personalisation open event
- Rheumatoid Arthritis Group Shropshire Re-launch
- Singing for health! For people with dementia and their carers
- Funding Surgery (Children in Need and Lottery funding)
- Mental Health Service Users and Carer's Forum
- World Mental Health Day/barriers to employment
- Shrewsbury & Telford Hospital NHS Trust AGM
- NHS Telford & Wrekin AGM
- Sikh temple
- Together as one (Sutton Hill)
- Brookside
- CEIA events in Wellington
- Constituency meeting with governor members of SSSFT NHS Foundation Trust
- Centre for Ageing & Mental Health Seminars:
 - Extra Care Housing – is it still the answer?
 - Why is Psychiatry Addicted to Drugs?
 - An Introduction to Personalisation

What YOU told us

Services you PRAISED

- ✓ **Medical practice staff** “the attitude of staff helped me to feel better”
- ✓ **Social care** “letting my elderly father stay in his own home with support”
- ✓ **Health care assistants** “they go out of their way for my comfort”
- ✓ **Walk in centre** “provides quick and prompt attention”
- ✓ **Mental health support** “from my medical practice has been fantastic”
- ✓ **The triage system** “works well for some patients who can’t get an appointment with their GP”
- ✓ **Social services** “the assistance provided with my personal care including deliveries, commode, perching stool, raising of bed, easy chair, tea trolley, grips on wall & door, shopping 3 wheeler and bed raiser etc has made me have my home life back which is so important and there is always a person at the end of a phone line, if needed, so a big thank you and my grateful praise to everyone concerned”

...and some that you GRUMBLED about

- ✗ **Hydrotherapy pool** is fantastic “People with psoriatic arthritis and rheumatoid arthritis need to have regular sessions of hydrotherapy (as this is often the only way for them to exercise) – however although the sessions are very good at the Princess Royal Hospital, the sessions do not last long enough”.
- ✗ **Hospital car park charges** are too high for patients or family carers who are frequent visitors
- ✗ **Community mental health** service users complain that it is very hard to summons support when needed
- ✗ **Making an appointment** with a specific doctor is very difficult in many surgeries which patients feel affects the continuity of care provided – which is a pity as the quality of care is usually considered to be good
- ✗ **Access to Euston House** is very difficult for people who use public transport as there is no pavement from the train station to the building which is especially hazardous for visually impaired people attending the cataract clinic

What we did in 2011/12

Our overall purpose is to help improve the health and adult social care services that are provided in Telford and Wrekin. The local involvement network does this by listening and consulting and involving as many people so that everyone in the local community has opportunities to be heard.

When we set these priorities in May we had anticipated being replaced by local Healthwatch in April 2012, however in January 2013 the government announced that would continue to function until March 2013.

You will find information about the Health and Social Care Act 2012 and local healthwatch on page 42

When planning our priorities 2011/12 we said we would make the local involvement network stronger and more effective by focusing on

- raising awareness of the LINK
- identifying unmet needs and gaps in provision
- enabling groups which are 'seldom heard' have a stronger voice
- developing effective working relationships with policy-makers, commissioners and providers in areas where feedback from service users indicates that improvements are required

We said we would focus our efforts on

Acute hospital care

We said we would use the LINK's statutory powers to seek information, visit premises and comment on the annual Quality Account to try to make sure that patients receive the best care possible (within available resources). We also said we would find out what patients and carers experience of hospital services has been particularly in regard to A&E, renal and end of life care

Community mental health provision

We said we would find out whether the changes that are currently taking place by asking service users whether the new arrangements are delivering timely and effective care that meets their needs

Adult social care services

We said we would ask vulnerable older people and their carers whether they are receiving a fair and thorough assessment and a care 'package' that meets their needs

WE SAID WE WOULD strengthen the local involvement network

We have done this

(i) by raising awareness of the LINK

- **holding more meetings in public** - wherever possible in community facilities such as Park Lane (Woodside), Ketley Community Centre, Meeting Point House
- **training and supporting eleven new community champions** – whose interests include mental health, dementia, diabetes, renal disability, cancer, visual impairment, children’s health – to be more confident communicators and researchers
- **using social media to gather local intelligence** including Telford Talks, Facebook, Twitter
- **setting up Youth LINK** so that the views of young people aged 13-21 are taken into account by service commissioners and providers
- **helping establish patient reference groups** in 18 local surgeries
- **producing “Get involved” and “Get elected”** information packs, publishing a newsletter and organising information displays in shopping centres and events



(ii) by involving community and voluntary organisations in LINK activities

- we have provided opportunities for disability groups, patients groups, faith groups and organisations of black and minority ethnic communities, tenants groups and advocacy organisations to become - more familiar with and involved in health and social care issues - see below for details of which groups have become actively engaged
- they have been able to contribute their ideas about how local healthwatch should be set up by the council
- combining our know-how with Telford Senior Citizens Forum knowledge and resources has resulted in more than 160 people being invited to share their experience of discharge from hospital with us

Community and voluntary organisations that were involved in 2011/12

- ✚ Telford's user led organisation Listen Not Label
- ✚ Rights and Fairness Telford (RAF-T)
- ✚ Shropshire Disability Forum
- ✚ Telford Senior Citizens Forum,
- ✚ Age UK (Telford and Wrekin branch),
- ✚ Sutton Hill (Together as One),
- ✚ Brookside Information Group,
- ✚ Asian Women's Network
- ✚ The Sikh Temple elders
- ✚ CEIA
- ✚ MIND
- ✚ Parents Opening Doors (PODS)
- ✚ Taking Part
- ✚ Terence Higgins Trust
- ✚ Gender Matters
- ✚ The West Telford VIP Group
- ✚ The Red Cross
- ✚ Chairs and Spares
- ✚ Shropshire Partners in Care (SPIC),
- ✚ the ME Society,
- ✚ Diabetes UK,
- ✚ Shropshire, Telford and Mid Wales Cancer Services Users Forum
- ✚ Alzheimer's Society
- ✚ A4U,
- ✚ ICAS/PoWHER
- ✚ registered social landlords and tenants organisations
- ✚ the Heart and Stroke network
- ✚ Parents and Carers Forum
- ✚ Carers Contact Centre
- ✚ Voluntary Sector Mental Health Forum of Shropshire, Telford Wrekin

(iii) encouraging 'seldom heard' to become more actively involved so we know more about their needs, and they acquire a stronger voice

- young people from the Telford Youth Forum Young Carers, Terence Higgins Trust, Young Minds and the Youth Forum were invited to take part in a world cafe event organised by Youth LINK
- Gender Matters, Age UK, the West Telford VIP group, Terence Higgins Trust and Taking Part attended a briefing about the NHS Equality Delivery System
- the West Telford Association for Visually Impaired People call for hospital appointments and test results to be provided in an accessible/preferred format for visually impaired patients is being supported by the LINK

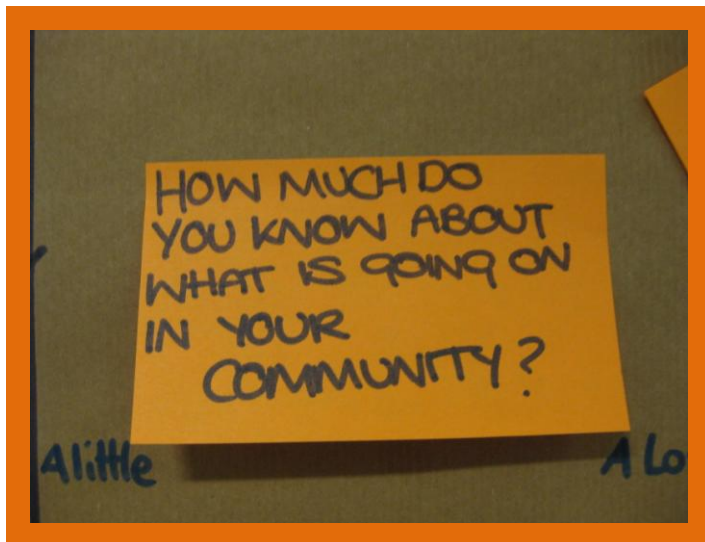


Ken Whitcombe

Member of CMG and a community champion for visually impaired patients and service users

(iv) by identifying unmet needs and gaps in provision

- LINK has worked closely with NHS Telford & Wrekin to help four existing patient groups to develop and to set up 14 new Patient Reference Groups
- we have worked closely with all 18 patient reference groups to help them design and carry out patient surveys tailored to the need of their medical practices
- LINK co-opted a new member from Parents Opening Doors (PODS) to sit on the Central Management Group to ensure that the needs of families with children are being taken into account
- when they asked their peers to tell them their experience of urgent care Youth LINK discovered that very few young people are aware of the range of services available out of hours, so we helped them develop surveys and focus groups to look into this more carefully



(v) developing effective working relationships with policy-makers, commissioners and providers

- LINK representatives attended almost all meetings of NHS Telford & Wrekin Board from April until December 2011; we also attended board meetings of the Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Shropshire Community Healthcare NHS Trust (ShropComm) where we have observer status so we able to pose questions about commissioning intentions and decisions and /or about compliance and performance.
- We met with Andrew Mason, chair of the Board and Dr Leigh Griffin chief executive of NHS Telford & Wrekin on a regular basis to discuss local concerns. In 2011/12 these included reconfiguration of hospital services (RSH, PRH and Shelton Hospital); the quality of clinical and nursing care and implications for patient safety; and also discussed concerns being expressed by patients of Wellington Medical Practice.
- LINK representatives regularly contributed to local, regional and national health and social care forums established by service providers to help them better understand the patients perspectives and needs– see page 37 for details of where we represent you
- our relationships with commissioners and joint commissioners – especially those responsible for primary care, mental health, patient and public involvement and quality, ophthalmology - has helped LINK to influence service planning and reviews. In 2011/12 these included the
 - Keep well campaign over the winter
 - Winter 9 initiative (planned discharge)
 - Urgent Care Strategy
 - Reconfiguration of community mental health services
 - Lingen Davies Cancer Centre - design of the new Haematology and Head, Neck service
 - Shropshire Community Health's stakeholder planning event
 - Planning the launch of the Equality Delivery System
 - West Midlands Trauma Network – launch of the major trauma centres + PPI strategy and action plan
- LINK worked with Listen not Label to contribute to the review of adult social care services; supported the user led organisation's awareness raising event about personalisation and also considered how we can develop a better understanding of how the Equality Delivery System can measure and endorse the added protection that the Equality Act gives.

WHAT DIFFERENCE did we make - and to whom?

As a result of making the local involvement network stronger we have been able to influence the way services respond to the needs of the local community

- ➔ **NHS Telford & Wrekin** reviewed its criteria for determining whether issues are discussed by the board in public or in private session, as a consequence of concerns raised by us.
- ➔ **Patient Reference Groups:** hundred of ideas identified by patients to improve the quality of care provided by their medical practice have been posted on practice websites and are being implemented by 18 local surgeries
- ➔ **Out of hours urgent care:** the need to provide better information for young people about health services has been identified as a priority action and in 2012 Youth LINK will be involved in designing some of the materials
- ➔ **Lingen Davies Cancer Centre:** patients who use this facility at the Royal Shrewsbury Hospital will benefit from the contribution made by LINK representatives regarding access for people with impaired mobility, sight and hearing loss, and cognitive impairment
- ➔ **Don't just grumble, praise or rumble:** feedback from patients and service users who praised or grumbled about local services was used to influence the quality of care being provided by the acute trust for patients with learning disabilities and diabetes which ensured they were treated with greater dignity and respect.
- ➔ **Wellington Medical Practice:** having attended meetings with patients who had expressed concerns about the length of time it was taking to get an appointment we were able to offer independent advice and also ensure that the issues were raised with the practice's patient reference group.
- ➔ **Adult Social Care Services:** raising awareness of the need for adult social care services to practice person-centred care and to demonstrate greater empathy of people who have physical, sensory or cognitive disabilities and long term conditions, mental health needs and who are frail or elderly
- ➔ **Voluntary organisations:** by providing information about the passage of the Health and Social Care Bill and its implications for the way services will be planned and commissioned in the future we have enabled providers from the voluntary sector to develop a better understanding of the changes taking place in the local health economy.

What we weren't able to do

- ☒ The Eye Clinic Liaison Officer post that had been commissioned in 2011 to provide timely support for people recently registered as blind or visually impaired. Despite providing early intervention and support pending the involvement of social care specialists, the service was curtailed before it could be properly evaluated by LINK due to funding cuts

Over the past three years NHS Telford and Wrekin have had close working relations with LINKs to improve patient care across the Borough e.g.:

1. The out of hours urgent care project
2. The reconfiguration of hospital, community and mental health services
3. GP Practice Patient Reference Groups (PRG)

By involving Telford & Wrekin LINK 18 out of 22 practices now have a Patient Reference Group, compared to only 4 in the previous year.

The Urgent Care Project has also achieved wider engagement from a number of local groups because of their involvement in the local network.

The outputs have influenced commissioning decisions and have brought about outcomes. The Primary Care Trust values to work undertaken by LINK and hopes that during transition to Healthwatch our close working patterns will continue.

Sian Huszak

Lead Commissioner Quality, Patient & Public Involvement
(Patient Relations, PALS & Self Care Management)
NHS Telford and Wrekin



Telford & Wrekin LINK: enabling patients to have a stronger voice in local medical practices

When the Primary Care Trust invited LINK to support the development of patient reference groups, we asked our community champions to help local surgeries to

- set up a steering group to oversee the PRG development programme
- advise practice staff about how to engage with patients
- help to design a patient survey
- encourage patients to use the survey to have their say, or to take part in a focus group, or leave comments and suggestions on a graffiti wall
- help the patient groups to work with the practices to devise an action plan based on patients feedback

Ironbridge Medical Practice developed its survey by working partnership with patients to ask how they rated

- receptionists
- the appointment system
- the length of time spent with the doctor or nurse
- the GP or nurse's listening skills
- how well tests and treatments are explained
- patient involvement in decisions about their care
- patients levels of confidence and trust in the GP and nurse

Wellington Medical Practice conducted with

- older people in residential care homes that are serviced by the surgery,
- adults with learning difficulties
- residents of a care home providing rehabilitation for people with acute mental health needs

What issues have patients identified?

- ☹️ difficulty in making an appointment when needed
- ☹️ poor continuity of care as its not always possible to see the same doctor
- ☹️ a lack of understanding of mental health service users needs

What have patients praised?

- 😊 receptionists who go out of their way to help
- 😊 doctors and nurses who make an effort to really listen
- 😊 the range of services available in some surgeries
- 😊 prompt referrals to specialists when necessary

What difference have PRG's made to the way doctors and practice staff meet their patients' needs....

- ✓ **Linden Hall** has agreed to improve the way it tracks and communicates test results
- ✓ **Wellington** practice has accepted that it needs to speed up its recruitment to ensure better continuity of care. Appointments have now been made.
- ✓ **Donnington** is consulting with patients about the new surgery that is being built
- ✓ **Ironbridge** is introducing a new telephone triage system for patients who can't get a routine appointment
- ✓ **Leegomery** has started to use the TV screen in the waiting area to make sure more people know about the health check service for people age 40+

Changes that are in the pipeline

- 🕒 **Madeley** is looking to improve privacy by redesigning the waiting room
- 🕒 **Leegomery** will provide an online appointments system
- 🕒 **Oakengates** will provide a hearing loop and will provide more health information
- 🕒 **Donnington** will set up a local health forum with Donnington VOICE to
- 🕒 **Trinity** is to extend opening hours at weekends
- 🕒 **Sutton Hill** is improving referrals for hospital appointments, mental health diagnosis and support, and access to physiotherapy

A 'super PRG' may be set up in 2012 with representation by every patient groups so they can consider Telford wide issues and feed recommendations into the Health and Wellbeing Board. This will enable patients to influence service planning

PRG – phase 2

Telford & Wrekin LINK will continue to support the development of patient groups throughout 2012 because we believe patient involvement will be even more crucial to patient care when the new NHS commissioning arrangements are introduced

We will encourage participation by as wide a range of interests as possible to ensure that the reference group reflects diverse needs. We will also provide training and support help patient groups to be involved in shared decision-making.

The 18 medical practices which took part in the PRG Development Project have posted their actions plans on their websites.

If you want to be involved in the patient groups at your surgery please ask your receptionist for more information.

WE SAID WE WOULD use the LINK's statutory powers to make sure patients at the Princess Royal Hospital and the Royal Shrewsbury Hospital receive the best care possible

We have done this by

(i) commenting on the quality of services provided

- we used feedback from patients to inform our response to the 2010-11 Quality Accounts produced by the Shrewsbury and Telford Hospital NHS Trust to confirm that although we agreed with the Trust's choice of priorities which included reducing falls and pressures sores, we felt that these were symptomatic of poor basic nursing care which we urged the acute trust to improve as a matter of urgency. Our response was include in the published Quality Account which can be downloaded from www.sath.nhs.uk
- We also provided a commentary for the Quality Accounts published by South Staffordshire and Shropshire NHS Foundation Healthcare Trust and the community service which was being provided at that time by NHS Telford & Wrekin

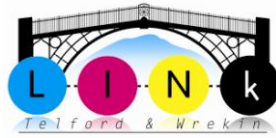
(ii) using our power to visit premises where health services are being delivered

- LINK recruited seven new Authorised Representatives (independent visitors) taking the total number of visitors trained to date to 18
- LINK visited eight wards at the Princess Royal Hospital ; and nine t the Royal Shrewsbury Hospital ; two residential care homes and two day care centres in 2011/12 (see pages 23, 24 and 32 for details of the visits carried out).



“If visits can help to improve patient experience, then it has all been worth it”

Gerry Stokes-Harrison
Authorised Representative



Visits to Royal Shrewsbury Hospital in 2011/12

Date	Ward	Services provided	Announced in advance?
21 March 2011	Ward 32	Discharge Ward	Yes
21 March 2011	Ward 21	Cancer treatments	Yes
23 March 2011	Ward 22	Stroke	Yes
23 March 2011		Children's Ward	Yes
1 April 2012	Ward 21	Neurological and Rehabilitation Unit.	No
2 March 2012	Ward 21	Cancer treatments	No
2 March 2012	Ward 25	Colorectal	No
12 March 2012	Ward 19	Maternity ante natal	Yes
12 March 2012	Ward 20	Maternity labour	No

Examples of actions taken as a result of our visits

- ➔ Comments about food quality been referred to food standards group and a patient focus group will be set up to use first hand experience to assist the Trust
- ➔ Improvements in communication skills to be raised in ward meetings
- ➔ Staff training to improve dignity and respect being arranged
- ➔ Staffing review led to increased numbers on maternity ward

"Since the LINK visit [on 12 March 2012] we have undertaken a review of our current staffing establishment on each of these ward areas and have increased the staff numbers on the post natal ward to reflect the workload of the transitional care babies."

Anthea Gregory-Page, Midwifery Matron

Visits to the Princess Royal Hospital Telford in 2011/12

Date	Ward	Services provided	Announced
1 April 2011	Ward 4	Acute elderly/stroke.	Yes
1 April 2011	Ward 16	Neurological and Rehabilitation Unit	Yes
1 April 2011	Off ward 7	Discharge	Yes
22 May 2011		Accident & Emergency	No
10 June 2011	Ward 15	Stroke rehabilitation	No
10 June 2011	Ward 16	Neurological and Rehabilitation Unit	No
7 March 2012	Ward 15	Stroke rehabilitation	No
7 March 2012		Coronary Care Unit	No

Note: we also accompanied the commissioner for patient quality by walking around the Princess Royal Hospital to observe the quality of facilities and services on the Medical Assessment Unit, Ward 14, Accident & Emergency, Outpatients, the cafeteria and the car park. Reports were produced for all of these visits and a response requested from the hospital.

Examples of actions taken as a result of our visits

- ➔ Investigation into concerns about lack of dignity and patient safety led to safeguarding investigation and management review
- ➔ Review of provision of water jugs
- ➔ Funding sought for new dishwasher
- ➔ Review use of communication aids

"Poor communication by the nursing and medical staff and the implications of this on the patient experience will be shared with the entire team to raise awareness....and that nurses are encouraged to challenge poor performance to enable us to identify where failing are within the team to provide training and support. Nursing staff are now provided with additional training regarding dignity in care with Professor McSherry; this training will be extended to medical team and domestics as a priority."

Ceri Adamson, Matron Surgical Centre

What patients told us

We asked patients to tell us about their experience in the Princess Royal hospital and also at the Royal Shrewsbury Hospital.

We report this in a way that doesn't identify individual patients.

Dignity and respect

- I am treated with respect
- Nurses are very polite and doctors are pleasant and respectful

Involvement in care (nothing about me, without me)

- I have been well treated and feel well supported
- My treatment and care has been discussed with me

Quality of treatment and care

- The nurses are generally good, but some are not quite up to scratch, and some have been quite rude
- Everything that could go wrong with the treatment and care provided, has gone wrong
- I am satisfied with the quality of care which is very good

Prompt response

- Staff are run off their feet, as there were not enough nurses
- I can't really complain – but you have to wait your turn for attention as everyone's so busy
- Assistance is willingly provided by staff and when help was required the staff were very prompt

Quality of food

- Food not hotel class but it's alright
- The food was disgusting. It isn't seasoned, fish horrendous – don't know what it is,
- Omelettes and scrambled eggs are extremely hard and rubbery
- Pork casserole was good, chunky and tasty

The hospital's response

Each visit results in a report which is sent to the service provider so they can comment on what we found. In 2011 we met with the Chief Nurse, who is also the Director of Safety and Quality, to discuss our findings, which was very helpful as it led to several important changes – see details of how the service on Ward 15 at the Princess Royal Hospital has improved as a result.

In 2012 we have asked service providers to respond with an action plan telling us what they are intending to do to improve any issues identified and to confirm with us when they have taken action. We do a repeat visit within the year to see for ourselves whether there has been any change.

The Shrewsbury and Telford Hospital NHS Trust

We thank you for your valued contribution to this end and for taking the time to bring your visit findings to our attention. The visit report included many positive observations and patient experience feedback which we have shared with our team

In forming our devolution and cooperation strategy within the Trust, it has been very important to enable the clinical leaders within each centre to review your reports after each visit and to form a response and action plan.



Vicky Morris
Chief Nurse/ Director of Quality and Safety

Quality News *25 November 2011*

A special edition focusing on using patient feedback and mortality measures to improve care

Acting on Concerns: Ward 15

Ward 15 is a 25-bedded Stroke Rehabilitation Unit at the Princess Royal Hospital that cares for patients from other wards in the hospital that have suffered a stroke or stroke type illness and are in need of specialist rehabilitation. **Earlier this year, Telford & Wrekin Local Involvement Network (LINK) shared their concerns with me about a complex complaint relating to Ward 15.**

Their concerns had triggered an unannounced visit to the ward by the LINK, and also led to a detailed review of the ward by the Trust. I, other senior nurses and LINKs representatives spoke with patients and staff to form a clear picture of where improvements needed to be made. This approach allowed us to develop a comprehensive plan tailored specifically to improve the way we worked on that ward. Improvements often need fresh eyes, so I put in place a new interim ward manager (the senior nurse responsible for the day-to-day running of the ward) to work with other frontline staff to help with this.

A plan for improvement has been put in place, which helps to give me, our external regulators and most importantly our patients the reassurance that the concerns are being addressed. This work has already brought about significant improvements on the ward, and will continue to ensure it is somewhere our staff can be proud to work on, and our patients happy to receive their care on.

Patient feedback has made a positive difference and helped us to change care for the better, and this two-way communication is now an integral part of the way we work. The approach that we have used on Ward 15 is an approach that we intend to adopt across the Trust when concerns are raised, so I welcome your comments and feedback. I would also like to thank patients and carers, staff on Ward 15, Telford &

By being open and transparent and by co-operating with other agencies involved in the investigation, the matter been resolved, and lessons have been learned – not least being the value of observations of care by independent visitors who go in with their eyes - and their ears - wide open.

LINKs Authorised Representatives have made a return visit to been Ward 15 recently and reported good improvements in the quality of care being provided. This was a very pleasing outcome, nevertheless we realise that we must remain vigilant.

Dag Saunders, chair Telford&Wrekin LINK

WHAT DIFFERENCE did we make?

- ➔ **improving the quality of care:** concerns raised by our visitors regarding poor quality of care being provided on Ward 15 in 2011 led to a safeguarding order being put in place. The investigation into the care of a vulnerable adult found the concerns to be partially substantiated
- ➔ **improving patient safety:** concerns raised in 2012 regarding the numbers of staff on duty in the maternity ward at RSH contributed to a review of the way the service was delivered which included a review of staffing levels
- ➔ **carer's comfort:** additional resources have also provided to replace beds in the partners room which were reported to be very uncomfortable
- ➔ **patient centred care:** the need for more robust planning and improved communications with the family of a patient with profound learning disabilities prior to an operation will hopefully be applied in the future to all other patients with a learning disability
- ➔ **Think glucose 1:** provision of drinks and snacks for anyone who has to wait to be seen in the Accident and Emergency Unit was agreed - especially for those patients with diabetes and children.
- ➔ **Think glucose 2:** patients with diabetes will be made aware of the snack boxes available on all wards for patients with diabetes
- ➔ **Hospital appointments:** visually impaired patients will soon be receiving details of hospital appointments and test results in their preferred format (e.g. Braille, large print, audio or digital) as the Trust has indicated that this will be provided once staff are familiar with a new system that was introduced in January 2012

What we weren't able to do

- ☒ LINK did not systematically monitor the use /avoidance of Section 242 of the Duty to Involve, however we were vigilant about changes taking place and used meetings with chief officers and board members to check out rumours and concerns
- ☒ although we did seek representation on the Shropshire Palliative Care Forum, but to-date this has not materialised; we have not had the capacity to scrutinise palliative care services
- ☒ we have not made follow-up visit to the renal units to ask dialysis patients whether they receive the care and support they need relating to hospital transport, home dialysis and counselling but this service will be included in our schedule of visits for 2012/13.

WE SAID WE WOULD make sure users of mental health service receive the care and support they need, when and where they need it

We did this by

(i) raising public awareness about mental health

- we supported an event organised by governor members of the South Staffordshire and Shropshire NHS Foundation Trust to help raise public awareness of mental health issues

(ii) monitoring the reconfiguration of mental health services

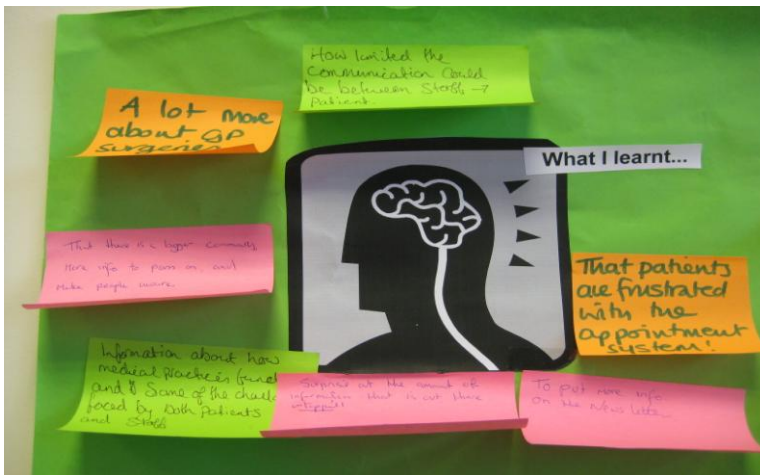
- in our response to the mental health provider's Quality Account we asked SSSFT to provide more evidence of how they had made a difference to the lives of people with poor mental health. We also draw attention to service users anxieties about access to care and provision of good quality care by emphasising the need for workforce training and development to be more advanced if the modernisation of mental health services is going to work.
- we also asked for greater acknowledgement to be given to community and voluntary organisations who work in partnership with SSSFT NHS Trust
- we invited Staffordshire University to run a session about its role in supporting modernisation of the mental health workforce. This was well attended by individuals and local organisations
- we do not attend SSSFT board meetings as they are always held in Stafford, but we do go to the mental health provider forum and the commissioning partnership board where we contribute feedback from service users who tell us what they think of the service they receive

(iii) gathering experiences of the care given to mental health service users at GP surgeries and in hospitals

- we have asked SaTH for reassurance about the care of inpatients who have a previously diagnosed mental health condition as during visits to the hospital patients have reported that the nursing staff at RSH and PRH don't always involve the mental health liaison team. One lady told us that she cried every day as she was mentally ill, but as she was an inpatient being treated for appendicitis, the staff didn't think her mental health responsibility to deal with.
- LINK community champions involved in the Patient Reference Group project at Sutton Hill met with service users from MIND in March 2012 to discuss their experiences of GP support for people with underlying mental health needs. Although the report hasn't yet been finalised or shared with the commissioner, some preliminary findings are that people with mental health problems believe they are treated less favourably than patients who have physical health problems. They also feel that they aren't being taken seriously when seeking early intervention and report significant and frequent difficulties with obtaining help when in a crisis.

WHAT DIFFERENCE did we make?

- ➔ **combating stigma:** LINK has raised awareness of how important good mental health is to overall wellbeing by using “No health without mental health” and “No decision about me without me” with the aim of stigma and discrimination
- ➔ **early intervention:** we have helped set up patient groups in 18 surgeries which are helping mental health service users to identify practical ways that family doctors surgeries can provide early intervention and support
- ➔ **collaborative working:** working with MIND has enabled us to meet with more service users to discuss their experiences – not only has this provided a wealth of information that we can use to inform commissioning decisions and feed into service /contract reviews, it has also reinforced the importance of peer support



WE SAID WE WOULD investigate whether elderly and vulnerable people and their carers who need social care receive a fair and thorough assessment of and a care 'package' that meets their needs

We did this by

(i) using feedback from service users to contribute to the review of adult social care services

- we contributed to the report submitted by Listen Not Label, the user led organisation for people with disabilities and long term conditions

(ii) supporting the Senior Citizens Forum discharge project

- more than 160 patients have been interviewed about their experience of discharge from hospital. The Shrewsbury and Telford Hospitals Trust (SaTH) and Shropshire Partners in Care (SPIC) were both very supportive and helped us meet patients who were about to be discharged or who had recently left hospital.

WHAT DIFFERENCE did we make?

- ➔ **quality account:** we have however been invited to comment on the approach being proposed by Telford & Wrekin Council regarding its first quality account this autumn, which is appreciated as there has previously been limited
- ➔ **joined up action:** LINK and the Senior Citizens Forum are still analysing the feedback from the discharge survey. Our report will be sent to the Primary Care Trust, the Clinical Commissioning Group, the Shadow Health and Wellbeing Board, Health Scrutiny Committee, the acute hospital trust (SaTH), the Care Quality Commission and also Shropshire Partners in Care (SPIC) when the findings have been considered.



“We are confident that the report will be taken note of as there is considerable evidence which indicates that much better coordination is needed at discharge if vulnerable older people are to be supported properly so they can recuperate and regain their independence, and maintain their dignity.

How this is going to be achieved with the cutbacks to services is a real concern.”

Visits to social care premises in 2011/12

We also visited two residential care homes and two day centres in 2011/12, all of which were announced

Millbrook Daycare Centre

- ➔ Activities appropriate to the needs of service users
- ➔ Advice being given about access to personal budgets to fund their day care
- ➔ Safeguarding policies and CRB checks for staff, volunteers and others e.g. transport providers and staff training - POVA/Mental incapacity/DOLS
- ➔ Staff engagement with service users e.g. at lunch time
- ➔ Methods for making family carers aware of how to raise concerns

Bennett House Residential Home and Daycare Centre

- ➔ Residents right to retire to their own rooms during the day
- ➔ Staff training/ skills e.g. helping residents form friendship/social engagement
- ➔ Social activities and use of reminiscence activities
- ➔ Nutrition and assistance with eating
- ➔ Medicines management and access to GPs
- ➔ Communication and support for people with sensory loss and cognitive impairment

High Mount, Donnington

- ➔ Staffing levels – day and night
- ➔ Volunteer and student placement opportunities
- ➔ Psychological assessment / support
- ➔ Staff have regarding non verbal communications
- ➔ Meal planning and preparation – choice, nutrition and hygiene training

Youth LINK: the case of the reluctant patient

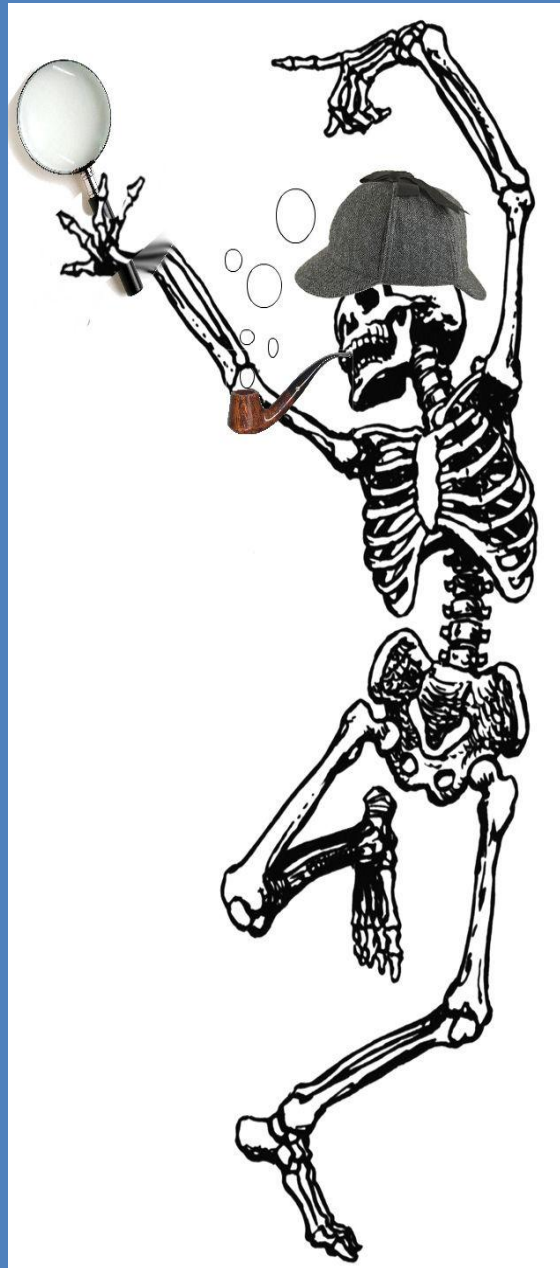
Youth LINK has been set up by a group of volunteers aged between 14-21 who champion young people's voices by creating opportunities to talk about their experience of local health services and to identify improvements.

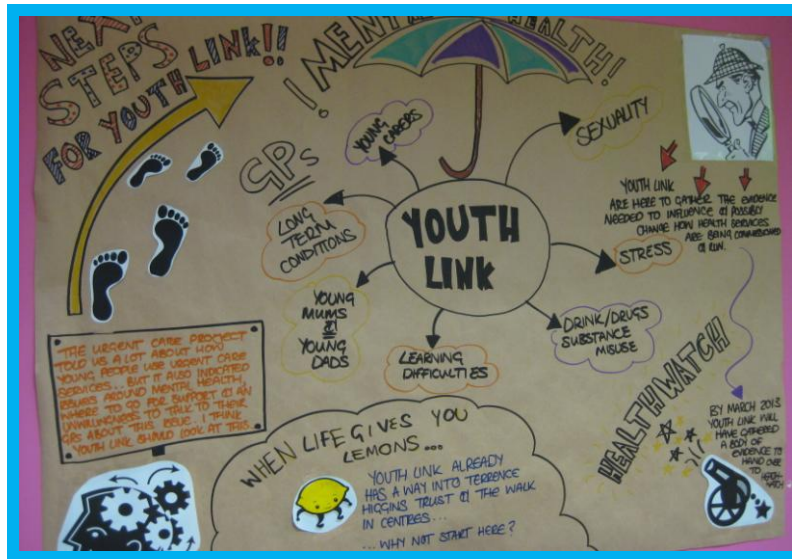
Towards the end of 2011 Youth LINK was asked by the PCT to find out what young people knew about out of hours urgent care provision. We conducted 70 semi-structured interviews around Urgent and out-of-hours care provision and when the results were analysed Youth LINK identified a real issue around young people not feeling able to go to see their family doctor for a number of reasons which included strong perceptions that :

- **family doctors aren't as knowledgeable as hospital doctors leading to a lack of confidence in their GP**
- **breaches of confidentiality were possible/probable**
- **being forced to see a GP they didn't want to see, or to see a same-sex GP**

Many young people also said they felt ashamed, embarrassed or judged so we decided to hold a world cafe event at Hadley Learning Centre to establish if this is a minority viewpoint or if most young people feel this way. The feedback confirmed that the feelings identified by the survey were fairly typical: most young people don't know much about out of hour care and the potential for little problems to become big issues was a real consequence. It also highlighted the need for information to be provided that young people find attractive.

In 2012 Youth LINK will go into existing youth group settings to do some targeted consultation work with young people who are involved in the youth forum, Terence Higgins Trust, Young Minds etc where super sleuth Sherlock Bones – Telford's very own Health Detective will help Youth LINK investigate specific issues and help them solve cases by making evidence based recommendations to the NHS or local council





Who is involved in Telford & Wrekin LINK?

The Central Management Group is LINK's governing body. It decides the annual priorities, and determines how our limited resources will be spent to support implementation of the workplan.

CMG also appoints the LINK Authorised Representatives who are allowed to 'enter and view' premises on our behalf.

Telford & Wrekin LINK Central Management Group 2011/12

Trevor Dickenson
David Edwards
Muriel Fellows
Jean Gulliver (vice chair)
Tony Glover
Tina Jones
Lilian Owens
Lorraine Parkes

Dag Saunders (chair)
Richard Shaw
Gaynor Stevens
Derek Tremayne
Ken Whitcombe
Paula Whitcombe
Sally Carter (resigned October 2011)
Jayne Stevens (from March 2012)



The Central Management Group assigned tasks to subgroups

- **Executive subgroup:** governance and internal policy/operational issues including insurance cover
- **Enter and view subgroup:** safeguarding training (POVA and DoLs/Mental Capacity Act); recruitment and induction of new visitors; undertaking visits to hospitals and care homes and reporting the findings
- **Mental health subgroup:** monitoring the reconfiguration of mental health services; nurturing relationships with SSSFT governor members; working in partnership promoting information on services available
- **Acute subgroup:** SaTH reconfiguration; walk the wards; urgent care network; patient involvement and engagement panel; patient environmental assessment team inspection
- **Primary care (Community Services and West Midlands Ambulance Service) subgroup:** meeting the CEO and Chair of NHS Telford & Wrekin; attending board meetings; supporting the development of Patient Reference Groups; trauma care network
- **Social care subgroup:** Review of Adult Social Care Services
- **Community engagement subgroup:** communications, PR; training and capacity building; establishment of Youth LINK
- **Transition into Healthwatch subgroup:** Local Healthwatch Pathfinder; Equality Delivery System; Donnington Voice



The Central Management Group also appointed representatives to attend local forums

- **Representation on local health and social care forums**
- *Telford & Wrekin Council*
 - Scrutiny Committee
 - Health and Wellbeing Board
- *Joint NHS and local authority forums*
 - Dementia Provider Forum
 - Dementia Strategy Group
 - Mental Health Providers Forum
 - Mental Health Commissioning Board
 - Mental Health Modernisation Sub Committee
- *Clinical Governance Group*
- *Shrewsbury and Telford Hospitals NHS Trust*
 - Patient Experience and Involvement Panel
 - Urgent Care Stakeholder Group
 - Dementia Strategy Group
- *South Staffordshire and Shropshire NHS Healthcare Foundation Trust*
 - Community Engagement Forum
- *Shropshire Community Healthcare NHS Trust*
 - Stakeholder forum
- **Representation on local voluntary organisations**
- *Rights and Fairness -Telford (RAFT)*
- *Listen not Label*
- *Steering Group - Patient Reference Group*
- **Representation on regional health bodies**
- *Regional Action West Midlands (RAWM)*
- *West Midlands Trauma Network*
- **Representation on national health bodies:**
- *National Association of LINKs Members (NALM):*
 - NALM Executive
- *Department of Health:*
 - Healthwatch Programme Board

Conferences attended by LINK representatives in 2011/12

- NHS West Midlands The Equality Delivery System (EDS) training workshop
- National Ambulance Conference of the Equality Delivery System (EDS),
- National Children's Bureau – involving children and young people
- Trauma Care System - Implementation Planning Day
- Community, Patient, Service Users and Carer Engagement in the New Health and Social Care Landscape
- National Association of LINK Member (NALM) AGM and national conference
- RAWM workshops
- DH LINK Learning Sets

Youth LINK members

Youth LINK was established in mid 2011 by

- 😊 Scott
- 😊 Joanna
- 😊 Nikita
- 😊 Jade
- 😊 Bart
- 😊 Alice
- 😊 Lauren
- 😊 Mike


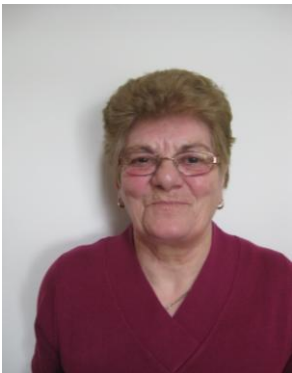






March 2012
The World Cafe event at Hadley Learning Centre
Sponsored by Telford & Wrekin Council

Authorised Representatives

Local involvement networks have the right to authorise representatives to visit premises where health and social care services are being delivered so that they can speak to patients and service users about the care they are receiving, and then report their findings to the Central Management Group.

All members of the visits team have to satisfy stringent requirements including an enhanced CRB disclosure and have to agree to comply with the national code of conduct. Visitors have to attend training about safeguarding adults and demonstrate that they can understand what to do if they identify causes for concern regarding vulnerable adults so these can be referred to the local council for investigation.

 <p>Brian Begley</p>	 <p>Gwen James</p>	<p>Our Authorised Representatives are:</p> <ul style="list-style-type: none"> ■ Chris Alford ■ Brian Begley ■ Jacky Bowyer ■ Muriel Fellows ■ Tony Glover ■ Jean Gulliver ■ Jo Havell ■ Tony Heathcote ■ Gwen James ■ Sue Jenkins ■ Lilian Owens ■ Lorraine Parkes ■ Gaynor Stevens ■ Geraldine Stokes-Harrison ■ Audrey Thompson ■ Derek Tremayne ■ Paula Whitcombe
 <p>Audrey Thompson</p>	 <p>Chris Alford</p>	
 <p>Tony Heathcote</p>	 <p>Geraldine Stokes - Harrison</p>	

LINK community champions

Community champions support LINK by:

- attending events and meetings to promote the LINK's work
- taking the LINK into communities, sharing information and showing people that LINKs can make a difference
- gathering local people's views
- getting involved in events and projects



Natasha



Tanya



In 2011/12 our community champions were

- Ken Whitcombe
- Tanya S Love
- Sally Mason
- Jenny Shaw
- Natasha Rocket
- Belinda Ezeguzu
- Dorothy Hughes
- Anne Fletcher
- John Chadderton
- Jayne Stevens
- Sian Hallewell
- Mohamed Choudhary
- Christine Choudhary
- Heather Osborne
- John Tuck
- Jaime Rixom

When I was asked to attend a meeting about the new trauma centres patients I was really pleased It was 12 months since I was working and I really missed being with patients on daily basis.

From that initial meeting I became a member of the patient and public engagement group representing Telford & Wrekin LINK. I now try to attend the trauma network meeting every month. I've also been asked to join a regional group doing work which reports to the national commissioning board.



One of the tasks I've been given recently is to comment on the documents for the relatives/carers of trauma patients. A strategy has been produced by the West Midlands Trauma Network and I have been commenting on this document. Recently as part of regional clinical reference group I've also been working on the service specification for trauma to be sent to the national commissioning board (NCB).

"I hadn't been involved with my community until I took part in the expert patient programme and getting involved with LINKs. This opened up the possibilities for me. It hit me how can we improve our ability to speak to and give people a voice."

I now feel like I am combining my experience as a professional and also as a patient representative - so can make a real difference to patient care."

Tony Glover, CMG member and Patient Representative on the West Midlands Trauma Network

Local Healthwatch

Health and social care is changing – don't just watch and wait, use your voice to influence what happens in Telford

The Health and Social Care Act will introduce significant changes to the planning, commissioning and delivery of health and social care services.

A cornerstone of the reforms is the introduction of Healthwatch, both at a national and local level. The reforms propose that LINKs will evolve into local Healthwatch, with the aim to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their area.

What is a Local Healthwatch?

Local Healthwatch will be a new local champion for people who use health and adult social care services. It will help get local people's views heard in order to ensure the best possible services are provided locally.

What will Local Healthwatch do?

- ➔ Local Healthwatch will build on the work of Telford & Wrekin LINK to:
- ➔ Get more adults, young people and children involved in the planning, delivery and monitoring of health and social care services;
- ➔ Get more people involved in talking about what you get from health and social care services in Telford & Wrekin;
- ➔ Make sure people who make decisions know about your experience and how you think services could be improved;
- ➔ Put forward everyone's ideas for improving local services and assist local people to influence change;
- ➔ Make sure Healthwatch England knows what you think which should help shape services nationally;
- ➔ Have a seat on the local council's Health and Wellbeing Board.

When will Local Healthwatch start?

Local Healthwatch in Telford & Wrekin will start in April 2013.

How will Local Healthwatch be funded?

Funding will be available for Local Healthwatch from the Department of Health who will provide the money to Telford & Wrekin Council as a grant.

Health and Wellbeing Boards

A shadow Health & Wellbeing Board was established in Telford & Wrekin in January 2011. The Board is a subcommittee of the Council and plays a strategic role in planning the borough's Health and Social Care provision, assessing community health and social care needs and developing a Health & Wellbeing Strategy to address them.

The hosting service

In 2008 a three-year contract to provide the LINK hosting service was awarded to Staffordshire University which was extended for a further year in 2011/12.

When LINKs were extended for a further year (from April 2012 until March 2013) the university indicated that it did not wish to seek an extension to the contract. As a consequence of this decision and owing to the fact that LINK will cease to exist after 31 March 2013, Telford & Wrekin Council undertook to take on the function previously provided by Staffordshire University. The officer responsible for the host performance is

Paul Taylor
Assistant Director
Social Care Specialist
Telford & Wrekin Council
Civic Offices
Telford
TF3 4HD

01952 381200
paul.taylor@telford.gov.uk

The host support team

The role of the host is to enable the LINK members to carry out their activities by providing them with advice and organisational support. In 2011/12 the hosting service consisted of:

- Linda Seru Director
- Marie Jones LINK Administrator
- Catherine Pert LINK Administrator and Youth LINK support worker
- Rebecca Dove Community Engagement Worker

Two additional staff were appointed in January 2012 to assist with the project work and office move

- Leah Tirmizi, Community Engagement Worker
- Dave Hayes, LINK Administrator

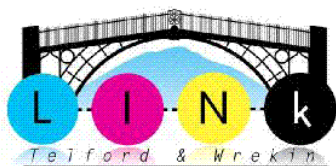
The team's contact details are on page 44



Catherine declining to have her photograph taken

PS: thanks to Catherine for the creative artwork she contributes to Youth LINK

How to contact us



Telford & Wrekin Local Involvement Network

This is the fourth annual report to be produced by Telford & Wrekin LINK. Reports produced for 2008/09, 2009/10 and 2010/11 may be downloaded from our website (www.telfordandwrekinlink.org.uk), or can be obtained on request from the address opposite.

Although produced for the general public, we hope it will also be of interest to policymakers, commissioners and providers. It is formally presented to the Annual General Meeting of LINK members and stakeholders to enable them to decide whether we did what we said we'd do in 2011/12; it also explains how we spent the grant given to support our activities and seeks endorsement for the workplan priorities proposed for the year ahead. The AGM is held in public; in 2012 it will be held at 7pm on Thursday 21 June at Meeting Point House.

A copy of this report is also sent to

- The Secretary of State for Health
- The Care Quality Commission
- Telford & Wrekin Council Overview and Scrutiny Committee and the Shadow Health and Wellbeing Board
- Shropshire County Council
- The West Mercia Cluster of primary care trusts which includes NHS Telford & Wrekin and Shropshire County Primary Care Trust
- Telford & Wrekin Clinical Commissioning Group
- West Midlands NHS (Strategic Health Authority)
- Telford & Wrekin Clinical Commissioning Group

Please contact us if you would like

- ➔ a copy of this annual report in a different format or community language
- ➔ more information about Telford & Wrekin LINK
- ➔ or want to get involved in the LINK or in Healthwatch Telford & Wrekin

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You can also find Telford & Wrekin LINK and Telford Talks on www.facebook.com

This annual report is available in two versions: a full version (this one) and a summary. Both can be downloaded from the website or supplied as an attachment to an email, and both are available in a range of alternative formats including Braille, large print and audio tape. Translation into a number of languages other than English can be arranged on request.