Bath and North East Somerset

Local Involvement Network

Report to B&NES Wellbeing Policy Development & Scrutiny Panel, 21 September 2012

1. Impact Assessment - Paediatric Audiology Service

This impact assessment related to the proposed relocation of Paediatric Audiology services from the Royal United Hospital to new-built premises at the St Martin's Hospital site. The community-based service provides hearing assessment of children from 16 months to 16 years of age at 15 venues across B&NES, West and North Wiltshire, and Mendip. Children are referred by GPs, Health Visitors, Paediatricians and Speech Therapists. The service also provides a newborn-children's hearing screening service, and school-entrance hearing screening.

The service's current premises at the RUH are inadequate for purpose, and create risks of misdiagnosis through the lack of sound-proof facilities in which specialised equipment can be properly used. The overall risk from these present inadequacies is that 50% of the hearing assessments conducted carry an unacceptable risk that conditions that could lead to permanent loss of hearing will not be diagnosed.

Diana Hall Hall and Jill Tompkins attended the impact assessment on behalf of the LINk. They felt that the proposed change would benefit users of the Paediatric Audiology services considerably. In implementing the proposals, particular attention was to be given to provision for parents, and to parking and transport problems. They reported this to the LINk Committee at its August meeting, and the Committee enthusiastically supported the proposed change.

2. LINk's Annual Report, 2011-12 *[attached]*

The LINk's Annual Report for 2011-12 gives a detailed account of our work during the year. We feel that this is a creditable record of the achievement of volunteers. The Chair of the LINk will be happy to answer any questions on the Report and to receive the Panel's comments.

Diana Hall Hall
Chair, B&NES Local Involvement Network
10 September 2012

BANES LINk

OUR COMMUNITY, OUR HEALTH, OUR SOCIAL CARE

Bath & North East Somerset Local Involvement Network

Annual Report 2011-2012

Host Support Organisation
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Chair's Introduction

This foreword was compiled at the end of the fourth year of our brief life as a Local Involvement Network. In last year's report we noted the coming change in the arrangements for public involvement in health and social care, and the replacement of LINks with new Local HealthWatch organisations. During the last year there has been much uncertainty and speculation over what these changes would be and how they would be implemented. The new Health & Social Care Act was finally given Royal Assent on 27 March 2012, and we now know that LINks will be replaced by Local HealthWatch organisations in April 2013.

As in 2010-11, LINk members have spent much of their time participating in the discussions around the planning and design of the new organisations that will emerge from the new Health and Social Care Act . We hope that involvement will continue through 2012-13 as we approach the formal establishment and launch of the B&NES Local HealthWatch organisation.

In spite of all the uncertainty and speculation over the future of public involvement in health and social care, and the uncertainty over the LINk's place in this future, Members of the LINk have been very busy in carrying out its formal workplan, and in responding to opinions, proposals and events that it feels are important for the population of Bath and North East Somerset. In this Annual Report, you will find details of the major representations we have made on such issues. These include .

Signage at the Royal United Hospital, Bath;

Participation in the development of a new Health & Wellbeing Board for B&NES;

Participation in the interview Panel for Board members of the new Social Enterprise for the provision of Community Services in B&NES, and representation of the public through membership of the Board;

Representation to the Health Minister via Don Foster MP on the retention of Cancer Networks;

Contribution to the NHS B&NES legacy document for handing over to future Commissioners;

Input to Commissioners' Clinical Priorities Policy;

Work with Council's Overview & Scrutiny Committee to achieve thorough impact assessment for closure of part of a mental health unit;

Representation of B&NES patients in problems of accessing GP Out-of-Hours services;

Expression of concerns to the Strategic Health Authority on behalf of the public over the possible threat to Joint Commissioning in B&NES from the PCT's amalgamation with Wiltshire PCT in a new PCT "cluster";

Expression of concern to B&NES Council over the commissioning of an Avon-wide provider for the Home Improvement Agency;

Representation to the Council on the proposal to close Mortuary Services facilities in Flax Bourton - used by many people from B&NES. This proposal was subsequently rescinded.

All the above are merely examples of the wide-ranging work that the LINk has done on behalf of the people of B&NES, and this Annual Report contains more details of all of them, and of many other areas of our work.

In closing this introduction to our Annual Report, there are several records of my thanks that I would like to make.

Firstly, my thanks must go to Councillor Malcolm Hanney, who as Chair of NHS B&NES and of the Partnership Board until 2012 has been a good friend to the LINk, and has always ensured that its views were heard at the meetings he chaired.

Secondly, we say goodbye to our present Host at the end of October 2012. They have been with us since the LINk was created in 2008, and my thanks go to them for their support to me as Chair and to the LINk generally.

On a brighter note, former councillor Adrian Inker, always our supportive friend as Chair of the Healthier Communities and Older People Overview and Scrutiny Panel, has, following his retirement as a councillor in March 2011, become an active member of the LINk, and, amongst other activities, is one of the LINk's representatives on the Members' Group of the new B&NES Community Services social enterprise, *Sirona*.

I do hope that you will find our Annual Report interesting. The LINk is always keen to hear from the people who use health and social care services in B&NES - to represent you and to make your problems and concerns known is the very reason for our existence. We have been given the legal powers to make our voice for you heard by those who make decisions.

Diana Hall Hall
Chair

June 2012

1. Local Involvement Networks

Local Involvement Networks

Local Involvement Networks (LINks) were created by Parliament in April 2008. There is a LINk for the area of every local authority in England with social services responsibilities.

Although there are some legal requirements, which all LINks must follow, they have a wide discretion in how they set themselves up, and in the way they arrange to carry out their work.

Each LINk has a "Host" organisation to provide it with support and guidance. The Host for Bath & North East Somerset LINk is Scout Enterprises Ltd.

The LINk's formal role is to -

- Promote and support the involvement of the people of Bath & North East Somerset in planning and shaping the development of local health and social care services.
- Ask the people of Bath & North East Somerset what they think about local health and social care services, and provide a chance to suggest ideas to help improve services.
- Investigate specific issues of concern to the community relating to their health and social care.
- Use its legal powers to hold those who provide health and social care services to account for the range and quality of those services.

To enable it to do this, the LINk has legal powers to -

- ask those responsible for planning and providing care services for information, and to get an answer in a specified amount of time;
- carry out visits to places where services are provided, to assess the nature and quality of services and obtain the views of the people using those services, and to see if they are working well;
- make reports and recommendations to improve services, and receive a response from those responsible for the services.
- refer issues to the Overview and Scrutiny Panel of Bath & North East Somerset Council.

The LINk is made up of both Members who want to be actively involved, and Participants who only want to receive information on the LINk's work. Individuals and local voluntary/community sector organisations and groups can become Members or Participants. Each March, Members of the LINk elect the LINk Committee, which is made up of six individual and six organisational members. The Host and the LINk work together on targeted engagement to achieve a LINk that is representative of the local community. See Appendices 1 and 2 for membership background, and membership of the LINk Committee and Sub-Committees.

Local HealthWatch Organisations

Local authorities will be required to set up local HealthWatch organisations for their areas from April 2013. They will have all the functions and powers of LINks, and will have a number of additional features -

- They will have an important relationship with the new HealthWatch England organisation, and will feed in local information to contribute to its national-level work, as well as receiving advice and guidance from HealthWatch England;. They will also have the power to make recommendations to the HealthWatch England Committee of the Care Quality Commission, or, where the circumstances justify this, directly to the Care Quality Commission. They will also give the HealthWatch England Committee such assistance as it may require.
- They will have a statutory place on the new Health and Wellbeing Boards, which are being created for each local authority area. They will have representatives on these Boards, who will be equal partners alongside the new Clinical Commissioning Groups, Local Authorities, and other startegic representatives.
- They will have a new "Signposting" function, through which they will advise, and direct members of the public to help and to sources of information relating to health and social care.

The statutory provisions for HealthWatch England and Local Healthwatch organisations were contained in the Health and Social Care Act 2012. After a very long and contentious passage through Parliament, this Act finally became law on 27 March 2012. It has had one of the most agonised and protracted passages through Parliament of any recent piece of legislation. Its complexity and size are formidable - it is said to be the largest piece of legislation ever to come before Parliament. The most significant amendments to the arrangements for HealthWatch England and Local Healthwatch were introduced at the very end of the Bill's passage through Parliament. They were thus never fully debated in detail by the House of Commons, and were published only a matter of days before the Lords held their final debate on this section of the legislation. Perhaps the most significant change introduced at this stage was that Local HealthWatch organisations would not, after all, be statutory bodies. Another major change was that local authorities, who will be responsible for setting up LHW's and for managing their performance, will be able to split up and contract separately for the various statutory functions of LHW's. The fact that they will have considerable latitude in the arrangements for LHW's, will probably mean that there will be a large number of different models across England. At the time of writing, the Statutory Instruments and formal Directions that will put more operational flesh on the legislation have not been published.

The Bath & North East Somerset local authority has been among the first in England to start its tendering process for a Local HealthWatch provider. The provider appointed for Local HealthWatch will also be required to continue support for the LINk until the creation of a Local HeathWatch organisation in April 2013.

2. How the LINk Manages Itself

The LINk has governance arrangements which are intended to make involvement for everyone as easy as possible. At the same time, they ensure that the LINk operates in a way that is accountable to the public, and that it uses the public funds provided for it by the Government in a responsible and accountable way. The LINk's 'Governance Principles and Procedures' (its Constitution) and its key policies are published on our web site, and are also available from our Host.

Anyone can participate in the vast majority of LINk activities - not just members. We know that not everyone has the time or the inclination to become deeply involved in our work, so we have made it easy to be involved in the LINk as much or as little as people want.

Membership of the LINk is open to people and organisations who live, work, receive health and social care services, or have any other appropriate connection with health and social care matters in B&NES. All you have to do to become a member is to fill in a short form - with the help of the Host, if needed. Membership is free and allows you to have a say in how the LINk is run. It also allows you to stand for election to the LINk Committee, and to vote in the annual election.

If, on the other hand, you just want to hear what the LINk is doing, or to become involved only when you have a particular concern, then you can easily do that.

When we set the LINk up, we decided that it would be most effectively managed by a small group of people, elected by the Members of the LINk, and that this group should have an equal balance of individuals and organisations - six of each. This "LINk Committee" is intended to be an enabler of activity. The main work of the LINk is done by individuals and working groups, and many of them are not members of the LINk Committee. They are given resources and authorisation by the committee, and supported by the Host. For the Year 2011-12, the Chair of the LINk Committee was Diana Hall Hall. The Deputy Chairs were Jill Tompkins and Jayne Pye.

We noted in our last report that the LINk has three formal Sub-Committees, which were set up when it's Constitution was originally drawn up. We also noted that the work of these Sub-Committees is confined to purely formal matters when required. This situation has not changed, and the Sub-Committees have not needed any meetings during 2011-12. They are:

- the Strategies & Priorities Sub-Committee
- the Governance & Appointments Sub-Committee
- the Engagement Sub-Committee

The LINk's normal work is organised and managed by its three Working Groups (see next Section of this Report).

Authorised Representatives

The LINk has the specific statutory power to carry out Enter and View visits to health and social care premises, for the purpose of evaluating services. It exercises this power through its "Authorised Representatives", who carry out the visiting role on behalf of the

LINk. Each Authorised Representative has to undertake specific training for the role, as well as having to undergo a Criminal Records Bureau check. As at March 2012, there are eight members who are Authorised Visitors:

Diana Hall Hall	Ann Harding
Jill Tompkins	Veronica Parker
Jayne Pye	Howard Wreford-Glanvill
Dr Pat Jones	Ben Rogers

3. The LINk out and about in the Community

During the first quarter of 2011, B&NES LINk continued contacting groups in the community that were identified as under-represented by the December 2010 Gap Analysis survey review. Disappointingly, we received replies from less than half of those contacted and only a few accepted the offer to become involved in a LINk survey. The most common reason given for organisations being unable to get involved was a lack of resources. The groups that did respond to the engagement email were visited to raise awareness of the LINk, and some surveys were completed to gather views and experiences. Groups visited were, MOSAIC (run by Bath MIND), The Big Issue and The Rainbow Café (run by Gay West). A report was produced following each visit and any concerns highlighted were followed up. In doing this work, we were reminded of the importance of visiting hard-to-reach groups to enable those who are under-represented in our engagement work to have a voice and be involved in the work of the LINk. The LINk has developed strong working relationships with the groups visited, and our thanks go to all those that made us welcome and have contributed to the work of the LINk. See **Appendix 4a** of this Annual Report for the second Gap Analysis Report February 2011-July 2011.

Appendix 4b relates to engagement activity during 2011/12 and this is covered in more detail in the following sections.

Following on from the 'Hidden Carers' drop in session early in 2011, a questionnaire was sent out with the LINk's April 2011 newsletter to gain a better picture of the experiences of "hidden carers" in B&NES (these are people with caring responsibilities for relatives or friends, who are unknown to and unrecognised by any organisations who could give them support). The response was much improved, with several key issues highlighted, including the need for better information regarding the rights and responsibilities of carers.
Joan Travis, the lead of the LINk's Carers Working Group, completed this piece of work in July 2011 by compiling a "Hidden Carers" database, to provide details of voluntary organisations to help inform carers in B&NES.

In December 2011, the Carers Working Group began to look at 'Care Provision Options' in B&NES, and a survey was used to measure public awareness. Again the LINk received a reasonable response and a report of our findings was produced, in which Joan Travis commented -

> *"Following an analysis of the returns of completed questionnaires the indication was that carers have an increasing awareness of what is available to them and how to access relevant information.*
> *They are aware of the range of services provided by the Statutory Organisations but are less aware of the Voluntary Organisations and the wide and varied range of services they offer.*
> *There was a disappointing response from potential carers, which indicates that care issues are not given much consideration until the need arises.*

The recent economic climate is causing some carers concern about future care provision or the possible cut- back in the support they receive.

Research shows that care at home, whenever possible, is the most desirable outcome, and so support and reassurance for carers should be a top priority".

Engagement work carried out by the LINk in 2009, highlighted the high usage of Ketamine by young people in B&NES, and the long term damage that it can cause to the bladder. The LINk had advised the Primary Care Trust of its findings in 2009, and we were informed that Ketamine awareness training for GPs took place in May 2011. This was an extremely positive outcome for the LINk

We continued to keep contact and maintain our relationship with *Hop Skip and Jump*, a day-care centre for Children with Special Needs in Kingswood, South Gloucestershire. Although situated just outside the B&NES border, it is not attended by many people from B&NES and so on request, we provided advice on how the centre could reach out and raise awareness of the people in B&NES that might benefit from the services they provide.

During the summer months of 2011-12, we identified a number of networking opportunities in B&NES. In June, we attended the open day of *Community@67* to increase links with groups in Keynsham and engaged with many new organisations and individuals, gaining new additions to our membership. In July, Carole Pullen, the LINk Development Worker, and Deputy-Chair Jill Tompkins worked in partnership with the Wiltshire LINk and visited the Lymphoedoema Support Group to gather views and experiences and inform the group about the LINk and its future evolution into Local HealthWatch.

The LINk supported a positive piece of work completed over several months by a member of the community. He compiled useful advice and suggestions on how to support those with Alzheimer's to use the facilities and services at Bath Spa railway station. This was then fed back to the station manager.

Developing public awareness of the coming HealthWatch arrangements formed a large part of the engagement work, especially in the second half of the year. Information leaflets were hand delivered and posted to many organisations across B&NES, including, libraries, the RUH, The Guildhall, Universities and Colleges - **See Appendix 4c.** Letters and leaflets were also sent to all GP Practice Managers in B&NES to raise awareness of the transition of LINk into Local HealthWatch, and particularly to invite partnership working between the Practices' Patient Participation Groups and the LINk. Disappointingly, we did not have any responses at all to these letters.

As lead of the LINk's Disability Working Group, Jayne Pye represented the LINk on the South West Development Programme for Long Term Conditions. Jayne co-ordinated the dissemination of a six-question survey of 100 people with Long Term Health Conditions living in B&NES. The responses were collated and the information fed back in October 2011.

During the Autumn months, a visit was made to the "Rural Recovery Hub" run by *Developing Health and Independence* (DHI) in Midsomer Norton, which specialises in support for people with drug and alcohol issues. We spoke with a number of these service-users to get their views and hear about their experiences.

The LINk worked with the National Autistic Society and the Family Information Service on facilitating public involvement in the shaping of the B&NES Autism Strategy. Two meetings were held, one in October 2011 and one in February 2012, to raise awareness of the strategy and to enable people to share their views and experiences, which were passed on to the Autism Strategy Partnership Board. The LINk will continue to liaise with NAS to ensure public awareness of the Autism Strategy Consultation, and to facilitate community involvement in the consultation.

The LINk attended both of the B&NES *Healthy Conversation* meetings that were held in 2011-12. At the15 June 2011 meeting, the workshop sessions focused on the delivery of the three functions of a local HealthWatch - the roles of Influencing decision-makers, providing Information on health and social care, and acting as a "Watchdog" on behalf of the public. The LINk facilitated the Influencing workshop. The topic at the second *Healthy Conversation* on 16 November 2011 was Clinical Commissioning & Planning Priorities. The LINk attended with a stand and publicity material to raise awareness of the LINk.

Towards the end of 2011, the LINk began planning a long-term piece of work, to gain a picture of the variety of care and services provided at care homes in B&NES. It was agreed that this would be done through a series of informal visits to care homes. The first visit took place in February 2012, and an interim report was completed after the fourth care home visit in May, This was later in 2012 presented to the Council's Wellbeing Policy Development and Scrutiny Panel, which received it with enthusiasm and encouraged us to continue with this work. The LINk plans to carry out further visits during 2012-13.

The LINk has monthly meetings in public, and we often invite speakers to talk to us about aspects of health and social care. One of our most interesting topics this year was *The Big Issue*, which came out of engagement we had done with the homeless. Two speakers from *The Big Issue* Foundation came to talk to the LINk Committee, to describe the work of the Foundation and the way that "Vendors" were helped and supported. It was, by common consent, one of the most informative and rewarding, and thought-provoking presentations we have had.

The LINk continues to build relationships with the Care Quality Commission, Avon and Wiltshire Mental Health Partnership, and Great Wester Ambulance Trust. Our Development Worker, Carole Pullen, has also continued to meet with Development Workers for the other LINks in the Avon area to share best practices, swap ideas, and be involved in joint working when relevant.

Throughout the year, LINk newsletters and e-bulletins for Members and the public provided regular updates on issues related to health and social care, and have, in particular, given information about local HealthWatch and the progress of the Health and Social Care Bill through Parliament.

Recognising the need to engage and involve through social media, the LINk joined *Facebook* in December 2011 to reach out to the wider public, and to encourage younger people to join our membership. The B&NES LINk website www.baneslink.co.uk is also a source of information and is regularly updated with information relating to health and social care.

4. Working with our Strategic Partners

A key function of the LINk is its work with its strategic partners (such as NHS B&NES and B&NES Council) to represent the people of B&NES in the decisions that are made about their health care and their social care.

As in 2010-11, much of our work with partners has been in the area of the implementation of the Health and Social Care Act 2012, and particularly in the preparation for the new Local HealthWatch organisations, whose start has now been delayed until April 2013. However, the LINk has continued to monitor local strategic issues, and has also worked with its partners on a number of these.

B&NES Healthier Communities and Older People Overview and Scrutiny Panel

The LINk views its relationship with the B&NES Council Wellbeing Policy Development and Scrutiny Panel as one of its most important strategic alliances. The Chair of the LINk and the Host Manager (and other LINk members) regularly attend Panel meetings, and are always given a formal slot on the agendas to report on the LINk's work and concerns. These reports cover the activities that are noted in other parts of this Annual Report. The sharing of concerns with this influential Panel gives the LINk's work much increased profile and credibility, and a number of issues have been taken forward as joint concerns. Foremost among these have been the consideration of new arrangements for the Home Impovement Agency, and shared concerns over the implications for joint health and social care commissioning of the new PCT clustering arrangements.

We are grateful to the Members and Chair of the Panel for the warm welcome they always extend to the LINk when it participates in the Panel's business, and for the support they have given us during 2011-12 in pursuing the concerns we bring to them on behalf of the people of B&NES.

New B&NES Health & Wellbeing Board

The Health & Social Care Act 2012 gives Local Healthwatch organisations a formal place on the new Health & Wellbeing Boards that will be established from April 2013. Like many other local authorities, Bath & North East Somerset Council have established a shadow Board for the purposes of the Act. The Chair and the Host Manager together attended an initial planning meeting for this shadow Board in April 2011. Since then, the LINk Chair has been attending meetings of the shadow Board as a full *ex officio* member.

Strategic Transition Board

The LINk's Deputy-Chair, Jayne Pye, sits on the Strategic Transition Board, as a part of her work in the field of Disabilities.

Reform of the NHS

A general picture of the Government's plans for Local HealthWatch is given in Section 2 of this Annual Report, and our Annual Report for 2010-11 gave an account of developments last year. During 2011-12, the target date for the commencement of Local HealthWatch was revised twice, first to July 2012, and then to April 2013. The LINk has continued to work with its partners during the year to prepare for the new system, and has participated in consultation events and in the Council's selection process for a contractor for Local HealthWatch. Since this took place, the Council has announced that it intends to re-commence its procurement following a challenge to its original procurement process.

The LINk has also engaged with other key areas of the NHS Reforms, such as the development of Clinical Commissioning Groups and the development of the new B&NES Health and Wellbeing Board. We have participated in the consultation on the CCG's Clinical Priorities Policy, particularly in respect of Homeopathic Medicine services, and the LINk's Chair is an ex officio member of the shadow Health and Wellbeing Board, regularly attending its meetings.

Care Quality Commission

The LINk has continued its working relationship with the Care Quality Commission during 2011-12, through quarterly meetings with the CQC officers covering the B&NES area. This has given the LINk useful insights into the CQC's findings in its inspection visits to hospitals and care homes, and it was particularly useful to be able to plan our work in visiting care homes with reference to the inspections made by the CQC and to their knowledge of individual homes.

Regional Working

The LINk and its Host organisation have attended regular meetings between all LINks and Hosts in the south west. These meetings cover a variety of topics, and, as in 2010-11, much of the shared work has related to the development of the new Local HealthWatch organisations, and the new relationships that they will need to forge.

Member of Parliament - Don Foster MP

During 2011, many cancer services users and professionals expressed concerns that the failure to guarantee the future of Cancer Networks under the new commissioning arrangements would lead to their demise as the new commissioners sought savings. The Secretary of State had refused to intervene, seeing this as a matter for prioritisation by the new commissioners.

In May, the LINk received information on this from Macmillan Cancer Support, arguing that there should be specific statutory protection for Cancer Networks during the changes to commissioning arrangements, and the LINk Committee decided that it should take action in support of this. The LINk wrote to Don Foster, MP for Bath, asking him to intervene with the Secretary of State. Mr Foster replied, supporting the LINk's view, and saying that he had forwarded our correspondence with him to the Secretary of State. He wrote again in June, enclosing the reply to him from Andrew Lansley. Referring to the LINk's correspondence, the Secretary of State replied that in response

to wide concerns, he would be providing protection for Cancer Networks for 2012-13, and that the new National Commissioning Board would continue to support “strengthened” Cancer Networks in the longer term.

5. Working with Other Local Organisations

The LINk has formal representatives on a number of local health and social care organisations, and works with commissioners, services providers and users to look into concerns and to feed-in ideas for improvement. Updates on this from these representatives have been given below.

Commissioning - NHS Bath & North East Somerset

The Chair continued to represent the LINk at meetings of the PCT Board during 2011-12. From April 2012, the PCT will come together with the Wiltshire PCT to form the NHS B&NES and Wiltshire Cluster PCT, although each PCT will retain its statutory identity and responsibilities.

Work done by the LINk relating to NHS Bath & North East Somerset included:

- Expressions of concern at the "Clustering" arrangements to be introduced for the PCT and Wiltshire PCT. We wrote to the Strategic Health Authority with the view that this clustering would have a detrimental effect on the very well-developed and successful joint commissioning arrangements that have been developed between the PCT and the Local Authority in B&NES. These arrangements are not, we believe nearly as advanced in Wiltshire. The clustering arrangement was, nevertheless, put in place.
- In August, NHS B&NES asked the LINk to draw up a "legacy" document detailing the LINk's work since it was created in 2008. This will be an important part of the PCT's overall legacy document, which will be handed over to the new commissioners when the PCT is abolished in April 2013. It was presented to the PCT Board at its November meeting, and is a useful account of the LINk's work over three years. The document can be found on the LINk website.
- The LINk was given in-depth introductions by PCT officers to the new Care Summary Record system, to the new non-emergency NHS telephone contact number "111", and to the changes being implemented nationally to Public Health.
- A member of the public wrote to the LINk, outlining the problems she had encountered in accessing GP out-of-hours care. She lived alone, had no personal transport, and could not afford the cost of taxis. Late at night, she had been asked to attend either the RUH or Paulton Hospital. She could not get to either. She told us that the GP did, with some reluctance, visit and treat her at her home, but that she was made to feel guilty about this. We raised this issue with NHS B&NES, and pointed out that this was a problem that was likely to get more common as services became more centralised and distant from where people lived, and as an aging population became less able to drive.

  NHS B&NES replied that this was a recognised problem, but one that only affected a very small number of people. It would be difficult to commission a regular service for a need that, they felt, would amount to no more than one case per day. They also pointed out that the NHS is only able to meet needs that arise from medical conditions, and that such problems arise not from these, but from social and local infrastructure considerations. If the patient's inability to travel had been

the result of a medical condition, then the doctor would have visited as a matter of routine, but there was no medical reason for her being unable to travel.

NHS B&NES has agreed to keep this issue under review, but the LINk feels that the increasing tendency to centralise services to save the NHS money might be simply shifting the costs of access from the NHS to the public.

Commissioning - Clinical Commissioning Group

The LINk has continued to engage with the shadow Clinical Commissioning Group, which still formally operates as a committee of NHS B&NES. Members attend its meetings, although without any formal presence on the Group.

During the year, the LINk worked with the CCG on its Clinical Priorities Policy, and took part in a formal Impact Assessment of proposed commissioning changes for Homeopathy Services in B&NES. Members also felt strongly that there should have been full formal consultation on the commissioning policy being proposed by the CCG.

Commissioning - Bath & North East Somerset Council

In addition to its role as our funder and as our Host's contract performance manager, B&NES Council is also subject to our independent scrutiny as a LINk.

Home-Improvement Agency tendering

The LINk's Deputy-Chair, Jayne Pye, visited *Care and Repair* in late-November, and there learnt that there was a consultation under way for re-tendering of the Council's Homes Improvement Agency contract. The LINk had not previously heard about this. We made further enquiries, and in mid-December, the LINk received information that the consultation, which had commenced at the beginning of October, was due to finish at the end of December. The LINk was concerned that, not only had it not been consulted on the tendering, but also had not been involved in the design of the consultation process or the specification for the service. We were also worried that the high level of service given by the current holder of the contract, who operated on a very popular and effectve social model of service, might be lost in favour of a larger, less local provider offering a lower price. We wrote to Councillors expressing this concern, and received a comprehensive reply from Councillor Simon Allen, who holds the portfolio for Wellbeing.

Councillor Allen apologised for the fact that the LINk had not been involved earlier in the procurement process, and explained why the service was being re-tendered.

During the year, the LINk Committee was also given presentations on the Council's Personalisation programme, and the Independent Living Service provided by Somer Community Housing Trust.

Sirona Care and Health

Sirona Care and Health is the new Community Interest Company which, from October 2011, took over NHS B&NES' and B&NES Council's previous responsibilities for providing publicly-funded health and social care services in the community. It was set up to take over the PCT's role in providing community health services when the PCT is abolished in April 2013, and also to move towards the integration of all care services in

the community by removing the confusing, and sometimes obstructive division between the provision of health and social care.

In June 2011, the Chair and Deputy-Chairs of the LINk sat on the interview Panel for Executive and Non-Executive Board members for Sirona, and a Deputy-Chair, Jayne Pye, attended a Sirona Membership Workshop.

The LINk was kept well informed through the year on developments at Sirona, with a presentation in August on "Opportunities for Membership", and an update on Sirona's progress in February, both from its Chief Executive. In August, the LINk Chair also joined the Chief Executive of Sirona in an interview on Radio 4 on the subject of the the creation of the new Community Interest Company.

LINk Members participated in an Equalities Impact Assessment for one of Sirona's services, relating to the proposals to reduce the opening hours of Paulton Hospital Minor Injuries Unit from 24 hours each day to 13½ hours. This assessment was followed by a Health Impact Assessment early in 2012-13.

Two members of the LINk, Adrian Inker and Jayne Pye, are Members of Sirona CIC ("Community Interest Company").

Royal United Hospital, Bath

Deputy Chair, Jill Tompkins, has attended the RUH Trust Board meetings, throughout the year on behalf of the LINk. Jayne Pye, the other Deputy Chair attends the meetings of the *Respect, Dignity, Privacy* team.

We have been kept up to date with developments in the Trust's progress towards Foundation Trust status, and in June the Chief Executive and the Chairman of the Trust attended the LINk Committee meeting to give us a full update on this. We also had clarification from the Trust on the training in Dementia care given to non-specialist nurses - an issue that concerned us, since patients with dementia may have treatment under any specialty at the Trust.

Another issue that concerned us was a proposal to close the Mortuary Services department at the RUH, with re-location of all services for B&NES and a large part of Wiltshire to Flax Bourton in North Somerset. A significant issue with the consultation around this change was that the consultation conducted had not included an Equalities Impact Assessment, and that people in Wiltshire (a major usr of the service) had not been consulted. The LINk aligned itself with the many other organisations opposing this change, which was aimed at saving a very small amount of money in overall budgetary terms, and the proposal was abandoned.

Royal National Hospital for Rheumatic Diseases NHS Foundation Trust

Connie Wright is the LINk's representative for RNHRD matters, and she has given the following account of her activities during 2011-12:

Infection Control and Environment Committee

I attend bi-monthly meetings for Infection Control and Patient Environment where I can question and contribute to discussions. Reporting and updating is very detailed,

CDiff is a concern in all Trusts at present. The RNHRD has a very good record for infection control figures.

Council of Governors Service Development and Delivery Committee

I chose to be a member of this committee. We discuss the progress of services and consider patient feedback on quality of services. We meet with a CQC inspector twice a year to discuss progress and concerns or new services being developed. A new service is now underway to support Cancer Survivors.

Our group comment on the Annual Quality Report which is published on the Trust's website.

There is now a reported financial pressure placing the Trust in significant difficulty while the standards of service delivery are still of a high quality and must continue in the interest of patients. The CQC is aware of the situation and has no concern about the delivery of quality services.

New Service development at the RNHRD NHS FT

As B&NES LINk Representative and a Cancer Survivor I am a member of the Steering Group funded by Macmillan cancer support in developing an educational intervention for cancer-related fatigue at the Trust. Using the National Survivorship Agenda and Criteria for Cancer Survivorship a rehabilitation programme is now operational at the trust developed by RNHRD CFS/ME Team. This ground breaking, innovative development has been complicated and dynamic in developing an operational policy, working with Macmillan advisor, consultants , researchers, GPs,cancer advisors and Patient Representatives. In this role I attended a Macmillan Conference in Plymouth with the RNHRD Team, which emphasised the patient need for more services. Cancer patients were well represented.

RUH presentations for patients and public to become members of their Foundation Trust

The RNHRD were invited by the Chief Executive of RUH, to appoint some members of the Council of Governors who would be willing to talk about their experience as Governors to those applying for RUH membership. I was one of five people invited and found the experience interesting as the opportunity for working together, sharing experience and involving people in the community is at the heart of LINks and Healthwatch. However, when questioned on the role of LINks and Healthwatch, the Chief Executive seemed to have reservations over this, particularly in the light of the current lack of understanding about how LINks would evolve into Local HealthWatch organisations, and about how Local HealthWatch would work. After the presentations we were informed that many people signed up for membership.

Staff at RUH are working very hard to achieve efficiency.

University of West of England and South West Strategic Health Authority

Joint service Lead for CFS/ME Service RNHRD, Anne Johnson, invited me to join her team of lecturers to teach Allied Health Professionals in a degree programme to modernise AHP career's to deliver high quality care for all, transform community services and clinical practice through leadership and clinical development. My role is to show how developing Patient and Public Involvement groups has a historical basis which has been formed and reformed over decades. In recent years putting this innovation into practice has been to take note of patient experience(giving power to patients), which can influence clinical practice and deliver safer care. Health,

work and wellbeing has relevance to AHPs, as growing research evidence demonstrates through rehabilitation. Students have to show how they involve patients and public in their planning and the importance of institutional checks to improve access to services , reducing inequalities and ensure social inclusion for all.

Research Groups

Government now demands that health researchers in hospitals and universities must use PPI in all research projects, the following presentations were given at the Hilton Hotel in Bath. A patient who had hugely benefited from research restoring her from a crippling musculo-skeletal disorder at an early age, now studying for a postgraduate degree, spoke of how she was involved in her treatment as a research project and how she and the team benefited.

University of Bath Research Groups Conference: Road Map for Patient and Public Involvement.

Presentations:- 25th May 2012:
How best to involve the public when designing a research project - *INVOLVE,* a national advisory group funded by and part of National Institute for Health Research, supports active public involvement in NHS, public health and social care research.

National Institute for Health Research ; Helps to build successful grant applications, methodologies, designs studies and all research needs. Sees patient/public involvement as important in research as they are experts in their conditions
Relevant to the research
Lived experience
Networks into a wider community
Know what will and won't be acceptable.

Nigel Harris University of Bath/ Bath Institute of Mechanical Engineering & Team.
Design and research projects for those with Alzheimer's disease and their carers.
Registered charity
Deals with all the problems of dementia, works with engineers, therapists ,designers, mechanics, technologists and carers to produce different models for improvement.

The LINk's representatives also provided a formal response to the RNHRD's Quality Account for 2011-12.

Great Western Ambulance Service NHS Trust

The Great Western Ambulance Trust ("GWAS") provides emergency and urgent care and patient transport services across the local authority areas of Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset, Gloucestershire, Wiltshire and Swindon. For this reason, the seven LINks for those areas have formed a joint GWAS working group to ensure coordinated dealings with the Trust.

The GWAS Trust was formed in 2006 from the three former ambulance services of Avon, Gloucestershire and Wiltshire. At that time, other ambulance Trusts across England were being combined into much larger organisations covering very large areas.

As a result of all this, GWAS was left as by far the smallest ambulance Trust in the country. All ambulance Trusts are now required to become Foundation Trusts, and it has become clear that GWAS is not large enough to be sustainable as such a Trust. It therefore decided to seek to become a part of the very much larger South Western Ambulance Services Foundation Trust, which covers the rest of the south-west penisula. This will result in the dissolution of GWAS as a Trust, and the transfer of its services and assets to the South Western Ambulance Services Trust ("SWAST"). None of this will change the services used by the public, and users will see no difference apart from the name on ambulances and buildings. The final confirmation of this change will be made by November 2012, and services will be taken over by SWAST from April 2013.

Much of the work that LINk members have done with GWAS during 2011-12 has been concerned with this reconfiguration, and with the consultation that is required with representatives of the public when such changes are being proposed.

The Joint LINks' Working Group also decided to carry out visits to Accident & Emergency Departments at all the District General Hospitals in the GWAS area, to inspect the services available for patients, and the procedures in place. It was decided that this should be done on an informal basis, rather than by using the LINks' legal powers to "Enter and View" health service premises, and all the hospitals agreed to this. Each of the constituent LINks visited the hospital(s) in their own areas, and the B&NES LINk representatives on the Working Group visited the Royal United Hospital Bath on 16 January 2012. As well as asking questions about some standard operational matters (agreed in advance as questions to be asked at all the visits conducted by the LINks across the area), the B&NES team asked some specific questions relating to the manner of recording ambulance "turn-around" times at the hospital, and to the provision made in the A&E Department for patients with mental illness who need emergency care. It was explained that any discrepancies between turn-around times recorded by ambulance crews and those recorded by hospital staff were reconciled through regular liaison meetings between these staff to reconcile any discrepancies. The LINk members who carried out this visit were impressed with what they saw, and produced a report for inclusion in the wider report being produced for the whole GWAS area by the Joint Working Group.

The LINk has also worked with the other LINks in the GWAS service-area to formally respond to the Trust's Quality Account for 2011-12.

During 2011-12, Jill Tompkins has been the formal LINk representative on the Joint Working Group. Veronica Parker has also contributed to the work and attended meetings.

Avon & Wiltshire Mental Health Partnership NHS Trust

LINk Members Jill Tompkins and Veronica Parker have continued their involvement in the work of the Mental Health Trust, attending its meetings on behalf of the LINk to represent the public. The Trust hopes to achieve Foundation Trust status during 2012-13. The Trust's service area includes six LINks, and they all contributed to a joint response to the Trust's Quality Account.

In March, the LINk Committee was given a detailed account of the work being done by the Trust in the area of Early-Onset Dementia at its *Forget-Me-Not* Centre in Swindon.

There was a valuable contribution to this by users of the service, which provides support to both patients and their families.

An important issue for the Trust's service-users that was brought to the attention of the LINk in July 2011, was the planned closure of the acute high-dependency ward for mental health patients at Hillview Lodge. This was raised by a representative of *MIND*, one of the LINk's Organisational Members. This had originally been presented as a temporary closure, but there was a fear locally that the closure could become a permanent one, resulting in patients from B&NES having to travel long distances to units in Bristol or Salisbury for very short-term crititical care. The LINk was particularly concerned that these more remote care-settings could change the thresholds for entry and exit to care for vulnerable patients, affecting the safety and quality of their care, and also removing them from the communities within which their recovery could be more naturally achieved.

The Chair of the LINk wrote to the Chief Executive of the Avon & Wiltshire Partnership Trust, expressing these concerns, and also raised the issue at the B&NES Overview and Scrutiny Panel at its October meeting, saying that it did not feel that the correct procedure for consultation had been followed. Following the concerns expressed at the OSC, AWP conducted a full Impact Assessment which included representatives from the LINk, and returned to the January meeting of the OSC with the results of this, and with clear proposals to mitigate the effects of the proposed changes, including the establishment of a "de-escalation" facility to fill the gap left by the closure of the High-Dependency Unit. The OSC and the LINk were both pleased with this outcome, which they felt provided assurance that the needs of users would be well met.

The LINk's representatives worked with the other LINks in the AWP services-area to provide the statutory response from LINks to the Trust's Quality Account.

Urgent Care Redesign Project and Urgent Care Network

The Urgent Care Redesign Project Group was established in 2010, and followed a Department of Health review of local Urgent Care Services in November 2009, which had highlighted the confusion for patients and staff when trying to access urgent care. The Project Group's membership includes NHS B&NES, NHS Wiltshire, B&NES Emergency Medical Services, Wiltshire Medical Services, B&NES LINk, the provider of the Riverside Health Centre in Bath, the provider of community health and social care services in B&NES, Wiltshire PCT Community Health Services, and the RUH A&E Department.

The aim of the Group is to simplify urgent care, to provide consistency, to enhance the role of GP Practices in urgent care, and to achieve value for money.

The LINk has been working as a part of this this group since 2010 through the close involvement of one of its Deputy Chairs, Jayne Pye. This year changes have been seen in the way urgent care has been approached within the B&NES community. The change of opening hours of the Bath Walk-in-Centre, the RUH change in ED administration with GPs on site and front-door triage for trial periods , after hours GP cover and changes of opening hours at Paulton Minor Injuries Unit.

The new 111 telephone service, now commissioned by NHS B&NES, has also been part of the above project. LINk were invited to hear all of the organisations competing for the tender and discuss with the tender group their opinions.

In April 2012, Jayne Pye joined the Urgent Care Network as its community member. The group is basing its principles on the "*Breaking the Mould without Breaking the System*" document, and is looking to have various commissioning decisions around urgent care put in place by Autumn 2013 to complete the Urgent Care Pathway.

Equality B&NES Health Group

The LINk's Deputy Chair, Jayne Pye, has continued with the work she reported in our Annual Report for 2010-11, and acts at the health lead on the Equality B&NES Steering Group. She has worked with them on many consultations regarding Access issues in B&NES for people with disabilities. Jayne feels that this work and involvement provides a useful "sounding board" for her other work for the LINk on Long-Term Conditions.

Bath Area Play Project

This organization works with children and young people, families, and the statutory authorities within B&NES in the area of disability. LINk member, Jayne Pye, is a trustee of the Bath Area Play Project, and, following an invitation from the Children and Young People's Network, also sits on the Project's Strategic Transition Committee on the Network's behalf.

National Autistic Society

During 2011, following discussions with the National Autistic Society, the LINk worked with the Society to enage with people with autism and their families to establish their views and concerns about the health and social care they received, and to establish what support there would be for a B&NES Autism Group.

This work resulted in two public meetings held in 2011-12. The first of these was held on 24 October at the Guidhall in Bath to listen to and gather the views and experiences of adults with Asperger/Autism Spectrum conditions, and those of their families and carers. Another aim of this meeting was to encourage the setting-up of a B&NES Autism group to take forward work from the meeting. The meeting was well-attended, and information was provided on the Autism Act 2009, and on the development of the B&NES Autism Strategy. Important issues raised by those at the meeting were:

- problems of diagnosis of these conditions;
- the management of the transition from children's to adults' services, and then help into employment;
- the service requirements for mental health in regard to the wellbeing of young adults.

A further meeting was held jointly by the LINk and the National Autistic Society in February at Keynsham Town Hall, and this was specifically focused on young people (aged 14-25 years), and the transition for them from children's to adults' health and social care services. The meeting started with presentations from the National Autistic Society on national and local Autism strategies, and on work being done locally on care transition through the *Person Centred Approach* from B&NES Council. This was followed by a participatory discussion with service-users on "What is Working and What is not Working". The main issues that arose in this discussion were:

- information on the condition and services available;
- the transition from children's to adult services;
- consistency and reliabilty of points contact with services;
- the lack of understanding of these conditions in mental health teams;
- the difficulties faced in higher education, employment and housing;
- difficulties in diagnosis;

Copies of the full reports on both the meeting of 24 October and the meeting of 17 February can be obtained from the LINk office.

We are pleased to have been able to help in taking forward this work in the interests of people with autistic conditions. The National Autistic Society has been asked to organise a consultation event on the new B&NES Autism Strategy, although, due to its reduced resources, the LINk will have to step back from the significant level of support that it has been giving.

LINk member, Jayne Pye, is also a member of the B&NES Autism Strategy Board.

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6. Issues we have Investigated as Part of Our Work Plan

Much of the LINk's work is done in response to issues emerging from its work with its strategic partners, and this is described in other sections of this Annual Report. However, the LINk also decided that it wanted to investigate particular themes coming out of its interaction with the public or from its views of how emerging issues would impact on people using health and social care services. The LINk Committee selected a small number of areas that they wished to investigate alongside the wider work described in this Report, although they recognised that there would inevitably be much overlap between the two.

The specific themes chosen for 2011-12 were:

- Quality of Care in Care Homes
- Disability
- Carers

Quality of Care in Care Homes

Jill Tompkins, the LINk lead for this work writes:

"This year, quite recently, we have been visiting local residential homes. As yet we have only been able to look at four. Under our 'Enter and View' terms we have visited to familiarize ourselves, usually three of us, to look at the services they provide. On every occasion we were welcomed, and given answers to all our questions. A review of this programme will be completed in the near future."

Disabilities

The LINk's Deputy-Chair, Jayne Pye, has been leading on this work-stream, and has written the following report -

"For this year my work has centred on the Long-Term Conditions Development Programme. The LINk was asked to join the B&NES group in July 2011. In August 2011, I organised a Long-Term Conditions feedback exercise with Clinical Commissioning Group and other Commissioning colleagues, and had a very good response. This work is ongoing, and will be the backbone of CCG commissioning for the next few years."

As Long-Term Conditions cover many disabilities, during the year I have become involved with many groups, both statutory and voluntary, to try to understand the "cradle to grave" philosophy that I feel is needed to understand this group's needs.

1. Work around children and young people: I am a member of the Children and Young People's Network, have completed my lead professional training. I sit on the Common-Assessment Quality Assurance Group, and I am a trustee of the Bath Area Play Project. I also sit on the Strategic Transition Board. For me, this is the beginning of the Long-Term Conditions "ladder" for many, and I

needed to understand how the children and young peoples services work for this group

2. During 2011, the LINk has been working with the National Autistic Society regarding engaging with adults who are diagnosed on the autistic spectrum. Our impetus at this time for action was the document *Fulfilling and Rewarding Lives',* the statutory guidelines for implementing the national Autism Strategy. Our first meeting was in October 2011, and since then another meeting has been held to gather views of how this particular group sees its place within the B&NES community, finding the positives and negatives of living in our area. We are now awaiting a consultation event on the strategy proposed by the statutory commissioners. I now sit on the Autism Strategy Group.
3. I have worked with *Equality B&NES* on many practical consultations regarding access around B&NES, looking at all areas of disability and being included in core strategy and public realm consultations. I lead on health for *Equality B&NES,* and find this disability-wide group a good sounding board for Long-Term Conditions work.
4. To understand particular difficulties within secondary care around disability groups, and to put forward the needs of the Long-Term Conditions Group, I joined the multidisciplinary team in the Dignity, Respect and Privacy group at the RUH. The LINk also has a comment section in the RUH quality accounts, and throughout the year we meet regarding their ongoing quality goals.
5. A consultation was undertaken regarding the experiences of Dental Practices by the disabled community within B&NES. The LINk contributed after engagement with disabled groups regarding appropriate questions. The commissioner involved found this very informative and got a very good response .
6. We were also invited by the Clinical Commissioning Group to hold meetings with them regarding their strategy, and particularly the forming of GP Practice Patient Participation Groups in B&NES. There has now been funding given particularly for the PPG's to be formed, and a meeting has been held to which the LINk was invited to announce their strategy.
7. In September 2011, I was appointed as a service-user member of *Sirona Care and Health*. This appointment was made due to my breadth of experience, skills and networks within B&NES. My Long-Term Conditions work for the LINk obviously is a basis for this. As a member, my responsibilities are as the owner of the company taking a special interest in ensuring the organisation acts in accordance with its Community Interest Statement. The LINk is asked to comment on the organisation's Quality Account, and to take part in impact assessments."

Carers

Joan Travis, who is the member leading on this work, writes:

"Following an analysis of the returns of completed questionaires the indication was that carers have an increasing awareness of what is available to them and how to access relevant information. They are aware of the range of services provided by the Statutory Organisations but are less aware of the Voluntary Organisations and

the wide and varied range of services they offer. There was a disappointing response from potential carers which indicates that care issues are not given much consideration until the need arises. The recent economic climate are causing some carers concern about future care provision or the possible cut- back in the support they receive.Research shows that care at home, whenever possible, is the most desirable outcome and so support and reassurence for carers should be a top priority."

7. The Future

The New HealthWatch system

The statutory implementation date for Local HealthWatch has finally been set at 1 April 2013. The Health and Social Care Act, which gained Royal Assent on 27 March 2012, contains provisions for HealthWatch, both Healthwatch England (which will be a part of the Care Quality Commission), and Local HealthWatch organisations.

> *"The Health and Social Care Bill 2011 proposes that Healthwatch will be the new consumer champion for both health and social care. It will exist in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level."*

Local HealthWatch Organisations will have all the functions of LINks, and will have, in addition, the role of providing the public with advice and information about access to local care services and about the choices that they have about using those services. They will also provide information on local views to Healthwatch England, and will be able to make recommendations to HealthWatch England about investigations that it should carry out.

> *"Local Healthwatch will gather local views on the health and social care system to provide feedback, which will enable Healthwatch England to advise on the national picture, in turn influencing national policy, advice and guidance."*
>
> *"Local Healthwatch will gather views on the social care as well as the healthcare system. The aim of local Healthwatch therefore will be to gather views of patients and the public on both health and social care at the local level, but it will have the additional benefit of having a national level body to act as consumer champion."*

The decisions about the form Local HealthWatch organisations should have, and their funding and performance management will be the responsibility of Local Authorities. However, we now know that it is a statutory requirement that Local HealthWatch organisations will be social enterprises, and that they will not be statutory bodies in their own right. These requirements resulted from last-minute changes to the legislation in Parliament. As we write this Report, we are waiting for the publication of the Statutory Instruments that will put some flesh on the bones of the broad requirements of the Health and Social Care Act.

Preparing for Local HealthWatch

The LINk has already been involved during 2011-12 in paving the way for Local HealthWatch, and for the other major changes being introduced into the NHS. It has produced various "legacy" materials for the new system, including a major piece of work on the LINk's work and achievements over the last four years for incorporation into NHS Bath & North East Somerset's work in handing over to the new Clinical Commissioning Group and the new Health and Wellbeing Board. The LINk also has representatives on the shadow Clinical Commissioning Group and the shadow Health and Wellbeing Board, and these arrangements will continue through 2012-13.

APPENDIX 1

DEMOGRAPHIC COMPOSITION OF THE LINK 2011-12

Membership

Total number of members at 1st April 2011	64
Total number of members at 31st March 2012	67
Made up of:	
• Individual Members	37
• Organisational Members	30

Participants

Total number of participants at 1st April 2011	545
Total number of participants at 31st March 2012	595
Made up of:	
• Individual Participants	222
• Organisational Participants	373

The total of members and participants on 31st March 2012 is 662.

Equality and Diversity Monitoring Data

Equality and Diversity Monitoring has been carried out for individual members and participants. By the end of March 2012, 84 forms had been received, but 300 had not been returned. Monitoring data for these 84 individuals are provided below:

	No. of individual Participants and Members
Age groups:	
Aged up to 17	0
18 - 24	2
25 - 34	5
35 - 44	11
45 - 54	11
55 - 64	20
65-74	34

	No. of individual Participants and Members
75 and over	1
Gender:	
Male	25
Female	58
Transgender	0
Not Declared	1
Sexual Orientation:	
Bisexual	9
Gay man	1
Lesbian	2
Heterosexual	58
Not declared	14
Ethnic Origin:	
White British	77
White Welsh	0
White Isle of Man	0
White Irish	2
French	0
Estonian	0
Traveller/Gypsy	0
Any other White Background	0
Traveller/Gypsy	0
Black or Black British African	1
Caribbean	0
Asian or Asian British	2
Any other Asian background	0
Chinese or other ethnic group	0
Dual or Multiple Heritage	0
Other ethnic group	1
Not declared	1
Religion/ Faith:	
Buddhist	1
Christian	59
Hindu	2
Jewish	0
Muslim	1
Sikh	0
No religion	13
Other	7

	No. of individual Participants and Members
Not declared	1
Declared Disability:	
Yes	14
Declared Mental Health/Ill Health	
Yes	11

APPENDIX 2

COMMITTEE and MEMBERSHIP at 31 March 2012

The LINk Committee is elected by the membership and is the overall governing body for the LINk. As provided for in its Constitution, some of its powers and responsibilities are delegated to Sub-Committees for day to day working.

Membership of the LINk Committee and its three Sub-Committees for 2011-12 is listed below:

LINk Committee

Individual Committee Members
Diana Hall Hall **(Chair)**
Jill Tompkins **(Deputy Chair)**
Jayne Pye **(Deputy Chair)**
Veronica Parker
Connie Wright
Ben Rogers

Organisational Committee Members
Joan Travis **(Action for Pensioners)**
Pauline Swaby-Wallace **(Bath & Ethnic Minority Senior Citizens' Association - BEMSCA)**
Pat Mawhood **(B&NES Older Learners Forum)**
Pat Jones **(Breathe Easy Bath & District)**
Ronnie Wright **(The Care Forum)**
Theresa Hegarty **(RUH Bath)**

Strategies & Priorities Sub-Committee
Diana Hall Hall
Howard Wreford-Glanvill
Pat Jones
Veronica Parker
Jill Tompkins
Jayne Pye

Engagement Sub-Committee
Jayne Pye
Joan Travis
Jill Tompkins
(Plus other members as and when appropriate)

Governance & Appointments Sub-Committee
Jill Tompkins
Jeremy Key-Pugh
Veronica Parker
Connie Wright

Transition Stream
Diana Hall Hall
Jill Tompkins
Jayne Pye

Engagement Stream
Jill Tompkins
Jayne Pye
Joan Travis

APPENDIX 3

USE OF THE LINK'S LEGAL POWERS, 2011-12

Formal Requests for Information

How many requests for information were made by your LINk during 2011-12?	4
Of these, how many of the requests for information were answered within 20 working days?	4

Formal Enter and View Visits

How many enter and view visits did your LINk make?	0
How many enter and view visits related to health care?	n/a
How many enter and view visits related to social care?	n/a
How many enter and view visits were announced?	n/a
How many enter and view visits were unannounced?	n/a

Formal Reports and Recommendations

How many reports and/or recommendations were made by your LINk to commissioners of health and adult social care services?	*2*
How many of these reports and/or recommendations have been acknowledged in the required timescale?	*2*
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	1
Of the reports and/or recommendations that led to service review, how many have led to service change?	1
How many of these reports/recommendations related to health services?	Not known
How many of these reports/recommendations related to social care services?	Not known

Referrals to OSCs

How many referrals were made by your LINk to an Overview & Scrutiny Committee (OSC)?	0
How many reports were made by your LINk to an Overview and Scrutiny Committee (OSC)?	5
How many of these referrals did the OSC acknowledge?	n/a
How many of these referrals led to service change?	n/a

APPENDIX 4

ENGAGEMENT WITH THE PUBLIC DURING 2011-12

Meeting and Engaging with the Public, 2011-2012

12/04/2011	Equality Act Event
19/04/2011	Hospital Discharge Working Group meeting
16/05/2011	CQC/LINk meeting
23/05/2011	Visit to The Big Issue
15/06/2011	Facilitated at Healthy Conversation meeting
27/06/2011	Bath Association for Disabled People AGM
30/06/2011	Community@67 Open Day – Networking
05/07/2011	LINk stand at Healthy Conversation meeting
14/07/2011	Visit to the Lymphoedoeda Support Group with the Wiltshire LINk
18/07/2011	Meeting with NAS re B&NES Adult Autism Group
20/07/2011	Visit to MOSAIC – Bath MIND
01/08/2011	CQC/LINk meeting
03/10/2011	Visit to DHI Rural Recovery Hub
19/10/2011	Development Workers meeting
16/11/2011	LINk stand at Health and Wellbeing Board meeting
21/11/2011	Workplan meeting
24/11/2011	NAS/LINk meeting re B&NES Adult Autism Group
28/11/2011	CQC/LINk meeting
04/01/2012	Care Home visits meeting
16/01/2012	Care Home visits meeting
24/01/2012	Care Home visits meeting
01/02/2012	1st Care Home visit and debrief
06/02/2012	Planning meeting for 17 Feb B&NES Adult Autism meeting
24/02/2012	2nd Care Home visit and debrief
27/02/2012	CQC/LINk meeting
20/03/2012	3rd Care Home visit and debrief

Distribution of Information about the LINk, 2011-12

Tri Fold	A5 Flyer	News-letter			Q/Survey	Q/Survey completed	Web Link	Press Article or mention	Event/ Meeting / Place	Date	Date
20									As and when	07/04/2011	07/04/2011
		318								18/04/2011	18/04/2011
		307								18/04/2011	18/04/2011
								1	Bath Chronicle	21/04/2011	21/04/2011
										01/05/2011	01/05/2011
										01/05/2011	01/05/2011
1		1			1				Refugee Action	11/05/2011	11/05/2011
1		1							Gay West	18/05/2011	18/05/2011
10	10								Equality Workshop	19/05/2011	19/05/2011
1		1			1				MOSAIC	20/05/2011	20/05/2011
20	20	20			9	9			Big Issue	23/05/2011	23/05/2011
1					1		1		EACH	26/05/2011	26/05/2011
1		1			1				Living Springs MCC	27/05/2011	27/05/2011
										01/06/2011	01/06/2011
										01/06/2011	01/06/2011
10		10							Hop Skip & Jump	03/06/2011	03/06/2011
1		1			1				LGBT	08/06/2011	08/06/2011
25	15								Healthy Conversations	15/06/2011	15/06/2011
20	20	10							BADP AGM	27/06/2011	27/06/2011
20	15								Bath LC	29/06/2011	29/06/2011
20	10	10							Community@67 Keynsham	30/06/2011	30/06/2011
1		1							Keynsham Police Station	30/06/2011	30/06/2011
1		1							Keynsham South Forum	30/06/2011	30/06/2011
									WPA	30/06/2011	30/06/2011
1		1							Avon Fire Rescue Service	30/06/2011	30/06/2011
1		1			1				YAGA/Childrens Society	30/06/2011	30/06/2011
1		1			1				Keynsham Youth		

Tri Fold	A5 Flyer	News-letter			Q/Survey	Q/Survey completed	Web Link	Press Article or mention	Event/ Meeting / Place	Date	Date
									Service		
1		1							Natural Food School	30/06/2011	30/06/2011
157	**90**	**686**			**16**	**9**	**1**	**1**			
20		7				7			Gay West	02/07/2011	02/07/2011
1									Francesca Thompson, RUH	12/07/2011	12/07/2011
10						3			MOSAIC	20/07/2011	20/07/2011
16	16	10							Lymphoedoema Support Group	14/07/2011	14/07/2011
26									The Carers Centre	12/08/2011	12/08/2011
20	10	1							The Women's royal army Corps Ass' Bath	09/09/2011	09/09/2011
32	32	677								1 July-30 Sept	1 July-30 Sept
125	**58**	**695**				**10**					
20		40	20		20	2			DHI Recovery Hub MSN	03/10/2011	03/10/2011
7									Autism Meeting	24/10/2011	24/10/2011
14	14	653								Various	Various
41	**14**	**693**	**20**		**20**	**2**					
20				1					Bath Library	24/01/2012	24/01/2012
20				2					RNHRD	24/01/2012	24/01/2012
20				1					PALS RUH - outside office	24/01/2012	24/01/2012
10									RUH café - main entrance	24/01/2012	24/01/2012
				1					RUH B12-B13 corridor	24/01/2012	24/01/2012
15				2					RUH - Adult Care & Childrens Social Care	24/01/2012	24/01/2012
30									Council Connect - Bath	24/01/2012	24/01/2012

Tri Fold	A5 Flyer	News-letter			Q/Survey	Q/Survey completed	Web Link	Press Article or mention	Event/ Meeting / Place	Date	Date
30									The Guildhall Bath	24/01/2012	24/01/2012
30				2					Bath NHS Healthcare Centre (Formerly The Riverside Health Centre)	24/01/2012	24/01/2012
30				3					City of Bath College via SU	24/01/2012	24/01/2012
15									Susan Moran PM West View Surgery	02/03/2012	02/03/2012
15									Mr Roger Stead PM Fairfield Park Health Centre	02/03/2012	02/03/2012
15									Michelle Creed PM St. Michael's Surgery	02/03/2012	02/03/2012
15									Martin Pickbourne PM Newbridge Surgery	02/03/2012	02/03/2012
15									Stuart Cowper PM The Pulteney Practice	02/03/2012	02/03/2012
15									Sue Fell PM Keynsham Health Centre	02/03/2012	02/03/2012
15									Sharon Taylor PM Elm Hayes Surgery	02/03/2012	02/03/2012
15									Helen Harris PM Number 18 Surgery	02/03/2012	02/03/2012
15									John Moon PM St. Augustine's Surgery	02/03/2012	02/03/2012
15									Mrs. Elizabeth Best PM Oldfield Surgery	02/03/2012	02/03/2012
15									Charles Richardson PM St. Chad's Surgery	02/03/2012	02/03/2012
15									Mrs. Heather Du Plessis PM Batheaston Medical Centre	02/03/2012	02/03/2012
15									Mrs Judy Robinson PM Harptree Surgery	02/03/2012	02/03/2012

Tri Fold	A5 Flyer	News-letter			Q/Survey	Q/Survey completed	Web Link	Press Article or mention	Event/ Meeting / Place	Date	Date
15									Mrs Susan Matthews PM Widcombe Surgery	02/03/2012	02/03/2012
15									Karen Slade, PM Combe Down Surgery	02/03/2012	02/03/2012
15									Ann Davis PM Hope House Surgery	02/03/2012	02/03/2012
15									Rachael Eade PM Grosvenor Place Surgery	05/03/2012	05/03/2012
15									Lucy Hitchcock PM Weston (& Rush Hill) Surgery	05/03/2012	05/03/2012
15									Kate Davenport PM Chew Medical Practice	05/03/2012	05/03/2012
15									Lizzie Doman PM University Medical Centre	05/03/2012	05/03/2012
15									Pat Giles PM Monmouth Surgery	05/03/2012	05/03/2012
15									Martin Pickbourne PM St. James' Surgery	05/03/2012	05/03/2012
15									Ms Caron Standerwick PM Somerton house Surgery	05/03/2012	05/03/2012
15									Lea Trevor PM Catherine Cottage Surgery	05/03/2012	05/03/2012
15									Mrs Jackie Yates PM St Marys Surgery	05/03/2012	05/03/2012
15									Anne Davies PM Hillcrest Surgery	05/03/2012	05/03/2012
15									Dawn Davies PM Westfield Surgery	05/03/2012	05/03/2012
15									Mr Philip Kelley PM Bath NHS Healthcare Centre	05/03/2012	05/03/2012
20									Keynsham Library	06/02/2012	06/02/2012

Tri Fold	A5 Flyer	News-letter			Q/Survey	Q/Survey completed	Web Link	Press Article or mention	Event/ Meeting / Place	Date	Date
20									Keynsham Health Centre (Temple House Surgery is part of)	06/02/2012	06/02/2012
20									Riverside Keynsham B&NES Council Connect	06/02/2012	06/02/2012
15									Keynsham Lloyds Chemist	06/02/2012	06/02/2012
20									Keynsham Town Hall	06/02/2012	06/02/2012
30									Carers Centre-Carers Forum	07/03/2012	07/03/2012
20									Information Take Away	26/03/2012	26/03/2012
10									Circle Bath	23/03/2012	23/03/2012
780	**0**	**0**	**0**	**12**	**0**	**0**					

APPENDIX 5

Diversity of Engagement - Gap Analysis Report Follow-Up Project, February 2011- July 2011

A baseline Gap Analysis review was completed in December 2010 to monitor the diversity of the engagement work carried out by the B&NES LINk during that year. From this, it was identified that there was an under-representation of males, the under 65's (including those under 19), the employed (males and females) and individuals from the gay, lesbian and transgendered communities. In addition, a slight under-representation was shown in black and ethnic minority groups of *White Other*, *Asian*, *Black*, *Mixed-Heritage* and *Travellers – other*. It was also noted that representation from Faith organisations was relatively low. The 2010 Gap Analysis is included as **Annex 1** to this Appendix.

In February 2011 we began a Gap Analysis engagement project, the aim of which was to engage with members of the community in B&NES that we had found to be under-represented, and to increase their involvement in the LINk.

We created a short survey Questionnaire (included in **Annex 2** below), to gather people's views and to ask if there was any support we could give to help them to become involved with the work of the LINk. We reviewed the engagement database and selected relevant organisations to contact in order to engage with target groups. We also researched organisations previously not contacted to target harder to reach groups such as males and the employed, e.g. The Police and The Ministry of Defence. We offered to visit groups with surveys, or to send out via email or post. We also asked those who completed the survey to fill in an *Equality and Diversity Monitoring* form so that we could check whether we were engaging effectively (see **Annex 3** below).

We initially focussed on contacting large local employers whose workforce would match our biggest under-represented groups, i.e. the MOD, The Police, the Royal Mail and The Fire Service. Following this we targeted organisations, employers and groups in B&NES to reach other under-represented groups. We were surprised at the considerable amount of time and resources required to identify the correct person to take onus and embrace our community involvement project and coordinate the completion of the surveys. **Annex 4** of this Appendix gives full details of who we contacted and what the outcomes were.

As **Annex 4** shows, we contacted each of the 49 organisations by email or letter, and requested their support in asking their staff or members to complete our survey. We diarised to email or write to each of the organisations for a second time, if they did not reply the first time, so that we maintained contact and momentum. We understand that most organisations are busy and receive many emails/letters, so we felt that sending a gentle reminder would be helpful and give people another opportunity to respond and be involved in our survey.

Disappointingly we received replies from less than half of those contacted and only a few accepted our offer to become involved in the survey. The most common reason given for organisations being unable to get involved was lack of resources. However, those that have asked to complete the survey have been very keen to be involved and have provided us with lots of information and useful feedback that we can take forward. We have made visits and completed surveys face to face at The Big Issue, Mosaic, (run by Bath MIND) and the Rainbow

Café, (run by GayWest). We received good feedback from all three and praise for our friendly approach. What worked well worked really well and we are very proud and appreciative of the positive foundations that we have started to build with these organisations and hope to develop these further in the future. It is important to us that we have a good rapport with our partner organisations and that we foster a mutually beneficial working relationship. We completed individual reports for each of the three visits that we made, and these can be read at **Annex 5** below..

The review of the Gap Analysis also suggested that we would benefit from increased engagement with Faith groups and so we have begun to address this by contacting several groups and hope to carry out some partnership work in the future.

Conclusions

Although we were not successful in meeting with many of the under-represented groups, those we did meet with were very happy for us to engage with their members and we identified many useful things to consider when engaging with the public.

We discovered that:

- Completing surveys/forms face to face can be very effective as it allows for human connection and people feel they are really being listened to.
- Some people are more comfortable if they are presented with questions face to face as this allows for the aim of the survey to be explained and support can be given when completing the form.
- Completing surveys/forms is less of a chore whilst chatting to a LINk representative.
- Visiting groups to complete the survey gives the LINk a face and makes it real.
- Some people would rather complete face to face but in private, as they feel more comfortable this way - some issues may be confidential and/or sensitive issues.

One of the main groups of the community that we continue to struggle to engage with is the employed. It is difficult to engage with the employed since they are working the same hours as the Host and we conclude that the only way of gaining their views is by having real and proactive support from employers, some ideas of achieving this are;

- By circulating our survey with a condition to respond, via email or post
- By enabling the LINk to visit the workplace and allowing employees the time to complete a survey, either with us 1:1 or time to complete themselves
- By tasking a member of staff with being a member if the LINk with the responsibility of attending LINk Committee meetings and keeping up with the work of the LINk and then reporting back to the organisations to keep them informed.

What are we going to do with the information that we have gained?

1. The individual engagement reports have been sent to relevant service providers, e.g. The PCT and The RUH, to inform on peoples experiences of health and adult social care services and to provide guidance when planning services.
2. The lessons that we have learnt about effective ways to engage and the barriers that still pose a problem, will help us when we proceed with any future public engagement.
3. This information will be passed on to Local HealthWatch, so that they may benefit from what we have learnt and move forward more effectively with this knowledge.

[Appendix 5]
Annex 1

B&NES LINk
Gap Analysis Review of Membership and Engagement
December 2010

In September 2009, a gap analysis was carried on the B&NES LINk membership to identify how representative the individual membership was in relation to the population of B&NES. It was discovered from the members that had returned forms, that the membership had a good representation of those declaring an impairment or disability, that the LINk was over-represented by those who had experienced problems with mental health, the over 65 age group, carers, women and retired people.

Areas of under-representation were males, the under 65s (particularly those under 19), the employed and just slightly for the unemployed. Under-representation was shown in the Black and Minority Ethnic groups of white other, Asian, black, mixed heritage and travellers-other and there was also under-representation of gay men and lesbian women. The number of members on B&NES LINk means that a representative figure for transgender would be less than one person and currently no-one has indicated being transgender from our monitoring forms.

Since the end of December 2009 the LINk membership has an overall increase of 28 individuals (8%) and 72 organisations (56%).

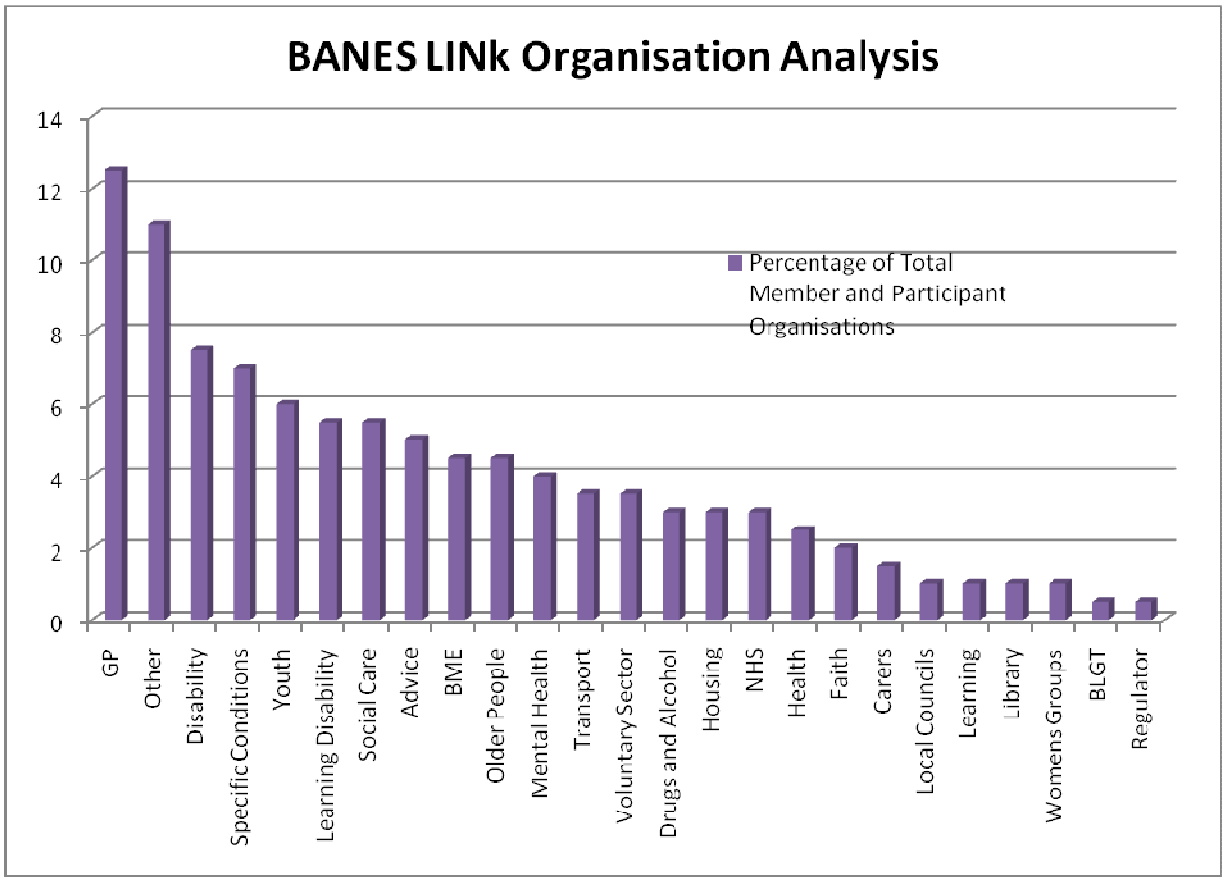
To review the representation of LINk individual member and participants, a re-monitoring exercise is required. We use an anonymous monitoring system, but this means that if people leave the LINk, we have not been able to remove their monitoring statistics. Since April 2010 we have had 19 leavers, but as there are plans to replace LINks with Healthwatch, it was not felt appropriate to carry out a re-monitoring exercise at this time. This will be reviewed in June 2011.

As preparation for the LINk Annual Report 2010/11, a full review of Engagement events will be carried out to identify any potential gaps in the diversity of engagement. In summary, an event was held in April 2010 to increase member, participant and community involvement in the LINk. A diverse number of voluntary sector events and group meetings are also attended by the LINk team. The website was also redesigned by a local design and events consultancy, and this went live early in 2010, to help make LINk more accessible. The B&NES LINk has also continued to work closely with the Bath and North East Somerset Health and Wellbeing Network and promoted the LINk at many of their “Healthy Conversation” events.

Review of the diversity of organisational members and participants

In December 2010, all LINk organisation members and participants were categorised according to their primary area of work, to gauge the diversity of organisations involved with the LINk or on its circulation. The attached chart shows the organisations categorised into equality and diversity areas. There were a total of 200 organisations, 25 of which were members and 175 participants. Groups that are not represented on the membership by organisations are males, working age adults, the employed (specifically through private sector

businesses), although public sector and voluntary sector organisations will be covered through the organisational membership.
Based on the 2009 gap analysis information for individuals, the continued gaps on the LINk membership are males, the employed, 19-64 year olds, gay men and lesbian women. Individuals with a black or minority ethnicity were slightly under-represented, but it is noted that representation of BME organisations forms 5% of all organisations on the LINk. This is a significant increase on 2009. Younger people under 19 were also under-represented on the individual membership, but the organisational breakdown shows a good representation from Youth organisations. Representation from Faith organisations is relatively low and the LINk could benefit from further engagement in this area.



[Appendix 5]
Annex 2

THE QUESTIONNAIRE

Community Involvement in Shaping Health and Social Care Services

Please can we ask for 5 minutes of your time to complete this short survey.
Please answer accordingly.

1) Have you heard of the LINk (Local Involvement Network)? YES/NO

2) What issues have affected you or do you have an interest in? Please add comments below:

Carers - Caring for somebody or being cared for

Hospital Discharge – Services and issues relating to release from hospital

Disability – In particular, access to services

Other issues relating to Health and Social Care

3) Do you feel it is important for your views on Health & Social Care Services to be heard? YES/NO

4) Would you like to get involved in helping us to improve services? YES/NO

5) If 'Yes' please provide contact details:

6) Are there any barriers that would stop you from getting more involved, if so what are these?

7) How can we as a voluntary organisation enable you and others to become more involved?

So that we can check that we are engaging effectively, please can you complete our Equality and Diversity form. Thank you for your time, the information you have given is important to us and will help us to understand how we can involve more of the community in shaping their local services.

[Appendix 5]

Annex 3

Equality and Diversity Monitoring Questionnaire

Please tell us about yourself by ticking the appropriate boxes and return the form by post or by e-mail to contact@baneslink.co.uk, if you receive this electronically.

What age group do you belong to?

17 or under ☐ 18 – 25 ☐ 26 – 39 ☐ 40 – 49 ☐ 50 – 59 ☐ 60 – 69 ☐ 70 or over ☐

Gender

Male ☐ Female ☐ Transgender ☐ Prefer not to specify ☐

Sexual Orientation

Bisexual ☐ Gay Man ☐ Heterosexual ☐ Lesbian ☐ Prefer not to specify ☐

Working Status

Work part time (less than 35 hours per week) ☐

Work full time (35 hours or more per week) ☐

Retired ☐ Unemployed ☐ Unable to work due to long term sickness ☐

Student ☐ Carer ☐

How would you describe your ethnic origin?

White		**Black or Black British**	
British	☐	**African**	
Irish	☐	Ghanaian	☐
Any other White Background		Kenyan	☐
Albanian	☐	Nigerian	☐
Greek/Greek Cypriot	☐	Somali	☐
Kosovan	☐	South African	☐
Turkish/Turkish Cypriot	☐		
Other (please specify below)	☐	**Caribbean**	☐
		Any other black Background (please specify below)	☐

sian or Asian British		**Dual or Multiple Heritage**	
Indian	☐	White and Asian	☐
Pakistani	☐	White and Black African	☐
Bangladeshi	☐	White and Black Caribbean	☐
		Any other dual or multiple heritage (please specify below)	☐
Cont. pg2.			
Any other Asian background		**Traveller/Gypsy**	
Sri Lankan	☐	Gypsy/Roma	☐
Mauritian	☐	Traveller	☐
Other (please specify below)	☐	Other (please specify below)	☐
Chinese or other ethnic group			
Chinese	☐		
Any other ethnic background (please specify below)	☐		

Faith

Yes ☐ No ☐ Prefer not to answer ☐

If Yes, please specify

Disability

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995. The Act defines disability as: "a physical or mental impairment which has substantial and long-term effect on a person's ability to carry out normal day to day activities".

Yes ☐ No ☐

Do you have a mental health issue or are you a user of mental health services?

Yes ☐ No ☐

[Appendix 5]

Annex 4

2011 Gap Analysis "Plug the Gaps"

Contact	Date letter/e-mail sent	Reply received after initial letter/email	Action/follow up	Reply Received after follow up letter/email	Action/Follow up
TARA (The Abbey Residents Association) (FoBRA) Mem	28/02/2011	05/03/2011	waiting for decision if they will distribute and collect our survey		No reply- NFA
Bath Bus User's Group (FoBRA) Affiliate Mem	28/02/2011		Follow up email sent 11/04/2011 to ask why no reply	15/04/2011	NFA - not the capacity to be involved in the survey
Bath City FC	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
Bath Rugby Club	14/02/2011		Follow up email sent 17/03/2011to ask why no reply		No reply - NFA
Bath Spa Uni	15/02/2011		Follow up letter sent 17/03/2011to ask why no reply	30/03/2011	NFA - lack of resources & reached survey limit
Bathwick Estate Residents' Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011 to ask why no reply	11/04/2011	They expressed interest -emailed updated survey. No reply -NFA
Bathwick Hill Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011 to ask why no reply	11/04/2011	NFA - not their area, poor uptake of surveys by members

Beech Avenue Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011		No reply - NFA
Contact	**Date letter/e-mail sent**	**Reply received after initial letter/email**	**Action/follow up**	**Reply Received after follow up letter/email**	**Action/Follow up**
Big Issue (The)	07/04/2011	Tel call & email 07/04/2011	CP & Jo - coffee morning 23 May with vendors completed 9 surveys 1:1		CP & Jo completed a report & hand delivered 8/06/11
Bristol Law Society	17/03/2011			22 & 31/03/2011	NFA - not enough B&NES members to warrant putting our survey on their website
Camden Association (FoBRA) Mem	28/02/2011	01/03/2011	awaiting committee meeting decision 10 March if they will distribute and collect our survey		No reply- NFA
City of Bath College	15/02/2011		Follow up letter sent 17/03/2011to ask why no reply	25/03/2011	NFA -lack of time to be involved, 1 survey completed
EACH	Met at Workshop on 19/05/11- sent email 26/05/2011				No reply - NFA
Fire Station- Chew Magna	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
Fire Station -Paulton	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
Fire Station-Bath	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA

Fire Station-Keynsham	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
Contact	**Date letter/e-mail sent**	**Reply received after initial letter/email**	**Action/follow up**	**Reply Received after follow up letter/email**	**Action/Follow up**
Fire Station-Radstock	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
Federation Of Bath Residents Association (FoBRA)	15/02/2011	27/02/2011	Advised to contact each Resident Association individually		Contact each Res Assoc.
GayWest	18/05/2011	18/05/2011	visit to the Rainbow Café 2 July - Jo & Jill Tompkins – completed 7 surveys		
Genesis Trust	15/07/2011				No reply -NFA
Green Park Residents Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011		No reply - NFA
Keynsham RFC	15/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
LGBT University of Bath	08/06/2011				No reply, however this is probably due to the holidays. NFA
Living Springs MCC	27/05/2011	02/06/2011	Kieren is considering involvement in the survey & will be in touch		No reply -NFA

London Road Area Residents' Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011to ask why no reply	12/04/2011	NFA - already taken part in National NHS survey.
Contact	**Date letter/e-mail sent**	**Reply received after initial letter/email**	**Action/follow up**	**Reply Received after follow up letter/email**	**Action/Follow up**
M&S	11/02/2011		Follow up letter sent 17/03/2011to ask why no reply		NFA - no response
MOD	11/02/2011		Follow up email sent 17/03/2011to ask why no reply	25/03/2011	08/06 tel call - Kevin advised of a delay in sending out our survey due to other surveys circulating. 26/07/11 due to organisational changes the survey has not been distributed. NFA
MOSAIC	20/05/2011	20/05/2011	Carole & Jo visited on 20 July- 3 surveys completed		

Police Station- Bath	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply	23/03/2011	05/04/2011Chief Inspector Ellis authorised Serg. Beatrice Hayes to send survey to all police in B&NES, but to say not compulsory. Serg. Hayes completed a survey - no other responses received. NFA
Contact	**Date letter/e-mail sent**	**Reply received after initial letter/email**	**Action/follow up**	**Reply Received after follow up letter/email**	**Action/Follow up**
Police Station- Keynsham	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply		* see Bath Police
Police Station-Radstock	14/02/2011		Follow up letter sent 17/03/2011to ask why no reply	23/03/2011	* see Bath Police
Pulteney Estate Residents' Association (FoBRA) Mem	28/02/2011		Follow up email sent as to why no reply 11/04/2011		No reply - NFA
Refugee Action	11/05/2011				No response - NFA
(The) Royal Crescent Society	28/02/2011		Follow up email sent 11/04/2011to ask why no reply		No reply - NFA
Royal Mail Bath	11/02/2011		Follow up letter sent 17/03/2011to ask why no reply	24/03/2011	NFA – reply to us lack of time/ resources
Sion Hill Place Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011to ask why no reply		No reply - NFA

Student Union City of Bath College	11/02/2011		Follow up letter sent 17/03/2011to ask why no reply	23/03/2011	NFA – not able to be involved this time – invited to contact in future re other surveys if relevant
Student Union University of Bath	11/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply- NFA
Contact	**Date letter/e-mail sent**	**Reply received after initial letter/email**	**Action/follow up**	**Reply Received after follow up letter/email**	**Action/Follow up**
Student Union Uni of Bath Spa	15/02/2011		Follow up email sent 17/03/2011to ask why no reply		No reply - NFA
Sydney Buildings Association (FoBRA) Mem	28/02/2011		Follow up email sent 11/04/2011to ask why no reply	11&19/04/2011	NFA - did not feel qualified to answer the questions
Unison - Avon and Somerset Police Branch	17/03/2011				NFA - since Bath HO Police helping us already
Unison - Bath Health Branch - RUH	17/03/2011		Follow up sent 10/05/11 to ask why no reply		NFA - no response
Unison - Bath Spa University College Branch	17/03/2011		Follow up sent 10/05/11 to ask why no reply	10/05/2011	Liz Rack to send survey to Welfare Officer to be emailed to their members – no responses - NFA
Unison - Bath & North East Somerset Council Branch	17/03/2011		Follow up sent 10/05/11 to ask why no reply		No response - NFA
Unison - University of Bath Branch	17/03/2011		Follow up sent 10/05/11 to ask why no reply		No response - NFA

University of Bath	15/02/2011		Follow up letter sent 17/03/2011to ask why no reply		No reply - NFA
Wellsway School	15/02/2011		Follow up email sent 17/03/2011to ask why no reply		No reply - NFA
Widcombe Association (FoBRA) Member	28/02/2011	28/02/2011	8 March Committee meeting discussed our survey - their membership will not plug our gaps. Thanked for reply.		NFA

[Appendix 5]

Annex 5

B&NES LINk - Engagement Report – The Big Issue

Introduction

Carole and Jo visited The Big Issue on Monday 23rd May 2011; the target audience were Big Issue vendors. (Posters were circulated prior to the visit, see poster attached)

The aim was to:

Engage with individuals identified as under-represented by our December 2010 Gap Analysis; listen to their views and to ask them to complete our survey (appendix a) and our Equality and Diversity Form (appendix b).
Network with other relevant organisations.

Achievements

- 9 completed surveys
- 9 Equality and Diversity Monitoring forms
- 2 new Individual Participants

Spoke with Spike and a volunteer from DHI, who gave us the name of Jo Gibbins as a person to for us to contact at DHI to do some future work with regarding people with drug and alcohol issues.
Met and talked with volunteers at The Big Issue.
Our visit was mentioned in The Big Issue newsletter

Information Gathered

Equality and Diversity Monitoring (for those who agreed to complete form)

Age Group		Ethnic Origin		Gender		Sexual Orientation	
17 or under	=	White British	= 6	Male	= 7		
18 – 25	= 1	White Irish	= 1	Female	= 2	Heterosexual	= 7
26 – 39	= 3	White Scottish	= 1	Transgender	=	Bisexual	= 1
40 – 49	= 2	Hungarian	= 1			Gay man	=
50 – 59	= 3					Lesbian	=
60 – 69	=					Prefer not to specify	= 1
70 or over	=						

Mental Health Issue		Religion/Faith		Disability		Working Status
Yes	= 2	Christian	= 3	Yes	= 2	Work full time = 4
No	= 7	Spiritual	= 1	No	= 7	
		Buddhist	= 1			Self employed = 5
		None	= 4			

Community Involvement in Shaping Health and Social Care Services Survey – Information gathered

Have you heard of the LINk?

Yes = 0
No = 9

What issues have affected you or do you have an interest in?

Carers

- Informal Carer to boyfriend – do not need any support.
- I looked after a friend for a long time. I had lots of help from GP's etc.

Hospital Discharge

- Good after care for my friends Hep C condition

Disabilities

- No comments given about services

Other Issues and comments

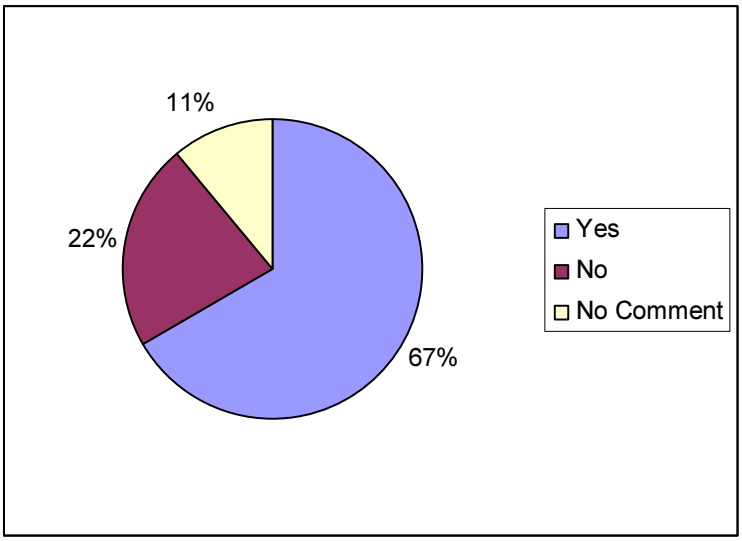
- I have not been treated with respect or the same as other patients at the RUH and at Pulteney Bridge Dental Practice. I believe this is because I am on Methadone. I went to the walk in clinic and was given a pregnancy test and told to visit my GP, which I did. My GP said that he was going to do a pregnancy test and examine me, but as soon as he looked at my file which says I am on Methadone, he suggested that I had a termination, gave me a pack and told me to see the midwife in a week. He did not examine me or do a pregnancy test. I do not like to complain because I do not want people to think worse of me. In hospital, they think that you are a waste of resources if you are on Methadone, and that the money is better used on someone else.

- Doctor is ok, registered ok. Regular check ups with dentist.

- RUH and GP do not treat me the same as other patients because I am on Methadone, they do not give me the time.

- Good support provide in B&NES for the homeless (food provided at night).

- Do you feel that it is important for your views on health and social care services to be heard?



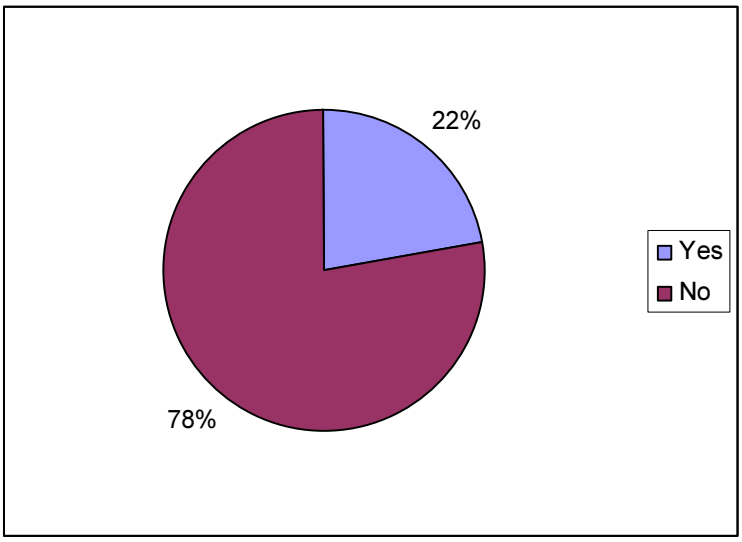
Yes = 6

- But, there is no point as nobody listens.
- I am just as important as anyone else.
-

No = 2

No Comment = 1

Would you like to get involved in helping us improve services?



Yes = 2
No = 7

Are there any barriers that would stop you from being involved?

Yes = 3

- People judging me and thinking that I should not have a view
- I don't have the time
- My criminal record

No = 6

How can we as a voluntary organisation enable you and others to become involved?

- Food is a good incentive
- Don't know
- Advertise in the Big Issue
- Reach out on a 1:1 basis – meet at the Big Issue office
- Offer an incentive

Conclusions and things to take forward

- Look into the possibility of placing a B&NES LINk advert in the Big Issue – contact has been made with Alex Hobbis to take this forward.
- Send a LINk Committee meeting poster to the Big Issue Office before every meeting to be posted in the window – email address has been added to the mailing list.
- Invite members of The Big Issue staff and vendors to give a presentation at a LINk Committee meeting. This has been discussed, and the 4th October meeting has been noted as the probable date.

B&NES LINk - Engagement Report - GayWest

Introduction

Jill Tompkins and Jo Leighton visited The Rainbow Café run by GayWest on Saturday 2 July 2011; to engage with the visitors to the café. The aim was to:
Engage with individuals identified as under-represented by our December 2010 Gap Analysis; listen to their views and to ask them to complete our survey (appendix a) and our Equality and Diversity Form (appendix b).
Network with other relevant organisations.

Achievements

7 completed surveys
7 Equality and Diversity Monitoring forms
3 new Individual Participants
20 leaflets given out
7 newsletters given out

Information Gathered

Equality and Diversity Monitoring (for those who agreed to complete one)

Age Group		Ethnic Origin	Gender		Sexual Orientation	
17 or under	=	White British = 7	Male	= 7	Heterosexual	=
18 – 25	=		Female	=	Bisexual	=
26 – 39	= 1				Gay man	= 7
40 – 49	=				Lesbian	=
50 – 59	= 2				Prefer not to specify	=
60 – 69	= 2					
70 or over	= 2					

Mental Health Issue		Religion/Faith		Disability		Working Status	
Yes	= 4	Yes	= 2	Yes	= 1	Work full time	= 2
No	= 3	No	= 3	No	= 6	Self employed	= 1
		Other	= 1			Retired	= 4
		Prefer not to answer	= 1				

Community Involvement in Shaping Health and Social Care Services Survey – Information gathered

Have you heard of the LINk?

Yes = 1
No = 5
No answer given = 1

What issues have affected you or do you have an interest in?

Carers

- It was reported by a carer that they would have benefited from being able to access respite care, more practical support and more knowledge of relevant support agencies.
- Better liaison with carer was needed to explain details of the many medication changes because the patient was an older lady who had difficulty understanding. It was not checked if the patient had someone to support them at home with medication and other care needs.

Hospital Discharge

- A patient was moved from the RUH to St. Matins, but their family were not informed. They only discovered the move when they arrived at the hospital to visit.
- There was not a continuity of staff and the family spoke to a different person each time they called or visited.
- Everything was explained well.
- On two visits to the RUH for Diabetes Type 1 my needs were not met. Once I was not told my blood glucose level. A second time, I was refused to go home because my glucose level was 22, but as soon as I left it was below 10.
- A patient was discharged from the BRI on the day of a 3 hour operation. No checks were made on his post hospital arrangements and he lives in Cardiff, he had no transport and nowhere to stay in Bristol. This has been passed on to the Bristol LINk.

Disabilities

- An older lady was assessed at home due to a mobility issue and although a walking stick was provided, the assessment was only brief and more practical support would have been helpful.

Other Issues and comments

- Excellent service and treatment for skin cancer at the RUH.
- Excellent day treatment.
- It was said that the service and support was good at the RUH.
- Wonderful service at the RUH.
- Dr. Davidson at Grosvenor Place Surgery is a very good and sympathetic doctor.
- The sexual health clinic at the RUH is very good.
- Problems with collection of medical waste. Yellow bags for sharps and hazardous waste. Dangerous for children and older people.
- Some improvement needed in referral of people needing AA guidance.
- A GP advised a patient that an appointment would be arranged for an ultra sound scan and 2 weeks later there was no news. The patient felt that this was rather a long delay in hearing about an appointment.
- Generally happy with GP services.

Do you feel that it is important for your views on health and social care services to be heard?

Yes = 7
No = 0

It was thought that it is important that good feedback is given as well as the negatives.

Would you like to get involved in helping us improve services?

Yes = 3
No = 2
Possibly = 1
No answer = 1

It was thought that it is important that good feedback is given as well as the negatives. Happy to make statements if visited and asked, but not the time to be more involved.

Are there any barriers that would stop you from being involved?

Yes = 3

- I don't have the time x 2
- Not good in meetings

No = 2
No answer = 2

How can we as a voluntary organisation enable you and others to become involved?

- By attending the GayWest Rainbow Café on Saturday mornings and asking the members.
- Going out to different groups to let them know who the B&NES LINk is and explaining what we do.
- More publicity - placing posters and leaflets in various locations.

Some notable findings

- 100% of those that we spoke thought that it was important for their views on their local health and social care services to be heard.
- Only 2 out of 7 said that they would not like to be involved in helping us to improve services.
- 5 out 7 of the people said that a good way for the LINk to listen to people's views would be to visit them at group meetings, for example GayWest at their Saturday morning Rainbow Café.
- 3 out of 7 people independently reported good service at the RUH

Conclusions and things to take forward

The visit was a success and was felt to be a good way, by the members of GayWest that were spoken to, for the LINk to listen to and gather their views on local health and

social care services. It was agreed for the LINk to maintain contact with GayWest and to visit the Rainbow Café again in the future.

A copy of this report will be sent to GayWest, The RUH, St. Martins, The Carers Centre, PCT, the GP Consortium Committee and Dr. Davidson at Grosvenor Place.

The issue regarding the BRI will be sent on to the Bristol LINk.

A LINk Committee poster will be sent to the building that houses the Rainbow Café every month to help increase awareness of the LINk and encourage new members of the public to attend meetings.

Leaflets can be hand delivered regularly.

B&NES LINk - Engagement Report - Mosaic

Introduction

The Development Worker Carole Pullen and Jo Leighton the Assistant Development Worker visited MOSAIC, run by Bath MIND on Wednesday 20 July 2011. Mosaic is a social group and one to one support for service users and their carers from all ethnic minority and/or cultural backgrounds.

The aim was to:
Engage with individuals identified as under-represented by our December 2010 Gap Analysis; listen to their views and to ask them to complete our survey (appendix a) and our Equality and Diversity Form (appendix b).
Network with other relevant organisations.

Achievements

3 completed surveys
3 Equality and Diversity Monitoring forms
1 new Individual Participant

Information Gathered

Equality and Diversity Monitoring (for those who agreed to complete one)

Age Group	Ethnic Origin	Gender	Sexual Orientation

17 or under	=	Anglo Indian	= 2	Male	= 1	Heterosexual	= 2
18 – 25	=	Sri Lankan	= 1	Female	= 2	Prefer not to specify	= 1
26 – 39	=						
40 – 49	=						
50 – 59	= 1						
60 – 69	= 1						
70 or over	= 1						

Mental Health Issue		Religion/Faith		Disability		Working Status	
Yes	= 3	Catholic	= 2	Yes	= 2	Unemployed	= 1
No	=	Other	= 1	No	= 1	Retired	= 2

Community Involvement in Shaping Health and Social Care Services Survey – Information gathered

Have you heard of the LINk?

Yes = 1
No = 2

What issues have affected you or do you have an interest in?

Carers

- I have carers to help me do some things, all ok.
- Only get 1-2-1 support for help with a computer.

Hospital Discharge

- Has been in the RUH twice this year and all ok, no issues.

Disabilities

- No issues reported

Other Issues and comments

- Uses the support services at BEMSCA and MOSAIC, no other support offered.

Do you feel that it is important for your views on health and social care services to be heard?

Yes = 3
No = 0

One person said that they do not think that anybody listens.

Would you like to get involved in helping us improve services?

Yes = 1
No = 2

Are there any barriers that would stop you from being involved?

All three listed barriers, which were, not got the time, not much time as looking for work and feel too old to get involved.

How can we as a voluntary organisation enable you and others to become involved?

- Good to visit local support groups.
- Better 1-2-1, possibly at home without interruptions, so you are able to talk privately. More publicity - placing posters and leaflets in various locations.

Conclusions and things to take forward

The day was a good first visit for the members and staff at MOSAIC to get to know a little bit about LINk and for us to get to know what happens at the drop in held every Wednesday. We were made to feel very welcome and we able to join in with the music activity that was happening and chat to people over coffee and lunch. However, many did not feel comfortable to fill in a questionnaire with us and several people expressed that they would prefer to speak 1-2-1 in private. The group is set up to offer relaxed environment and most members go regularly, so it is well established. We were new to the group and were very mindful to be respectful of people's space and to fit in with the group as much as possible. We both felt that it was not appropriate to bother or interrupt people that attend the group because of its hassle-free and familiar environment. We feel that in future it would be more suitable and less intrusive to support members of the group to voice their views on local health and social care services in a way comfortable for them. It was agreed for the LINk to maintain contact with MOSAIC and to possibly visit again in the future.

We have been reminded that we need to be flexible when visiting groups to gather their views and that we must be able to adapt how we engage to suit the people and the situation. We also learnt that the questionnaire we have been using needs to be changed so that it is more relevant to the work that the LINk is currently undertaking.

A copy of this report will be sent to MOSAIC.

A LINk Committee poster will be sent to the building that houses MOSAIC every month to help increase awareness of the LINk and encourage new members of the public to attend meetings.

APPENDIX 6

INCOME AND EXPENDITURE 2011-12

	Expenditure (£)	***Income (£)***
Local Authority Funding		87,620
Salaries Host Staff	56,752	
Staff Travel	3,022	
Staff Training	0	
Host Management Charge	5,000	
Capital - Information Technology	0	
Stationery/Postage	2,203	
Printer/ copier leasing	2,021	
Publicity	718	
Criminal Records Bureau disclosures	72	
Meeting Support	3,203	
Audit	1,599	
Members' Training	0	
IT & Website	67	
Members' Expenses	3,444	
Quality Assurance	687	
Professional Indemnity	0	
Contingency Reserve	0	
Office Premises (incl. furniture rental)	7,015	
Electricity/Gas	86	
Water	71	
Telephone	1,156	
Insurance	500	
	Total Income	**£87,620.00**
	Total Expenditure	**£87,616.00**
Surplus of Income over Expenditure		**£4.00**