



# **Sandwell LINK**

Annual Report 2009/2010

*Developing health and social care services around you*

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# Introduction

## 1.1. Foreword: Pam Jones, Chair of Sandwell LINK



Our second year has been devoted to becoming more established in our involvement with health and social care, and in encouraging the community to give their views about national and local issues. The following pages will give an idea of some of the work that has taken place.

One of our key areas of success has been building relationships with our commissioners and providers (p10). It has been extremely useful to be a member of the various boards and committees involved in planning, commissioning and providing services in the NHS (p14). The LINK's membership on the boards and personalisation workstreams in social care has also been invaluable (p10). Through this, we have ensured that the community voice has been heard within many decision-making discussions.

Another key success has been in encouraging more of the general public to be part of Sandwell LINK (p6-7) and to get involved in giving their views; both the Big Care Debate and Electronic Patient Records Consultations were real highlights for the year (p8-9). Through this increased involvement, we also learnt that our members wanted to use the LINK to receive information about services provided in Sandwell. This has been one of our biggest impact areas, with a Christmas event promoting health and well-being in the festive period alongside Unique People (a local user-led organisation) and Sandwell PCT (p14).

We would still like to ensure that more people are involved in Sandwell LINK. This, together with holding health and social care accountable for the decisions they will be making in this difficult economic climate, will be our focus for our third year. If you want be part of this, join our mailing list by contacting us via the details below.

The Management Group looks forward to another successful year.

## 1.2. Contact details for Host and LINK

Sandwell LINK  
Black Country Housing Group  
134 High Street  
Blackheath  
West Midlands  
B65 0EE

Phone: 0121 561 1969

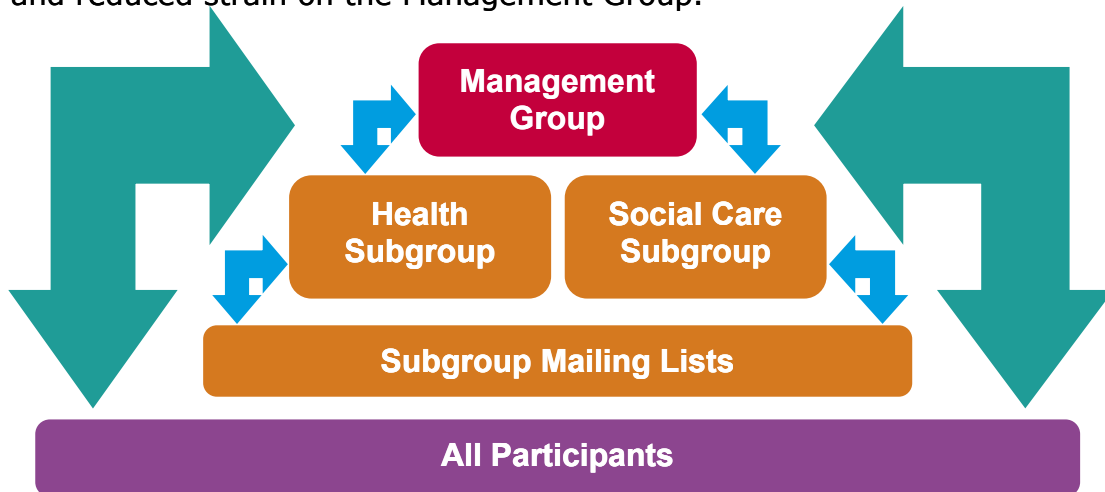
Fax: 0870 051 8423

[SandwellLINK@bcha.co.uk](mailto:SandwellLINK@bcha.co.uk)

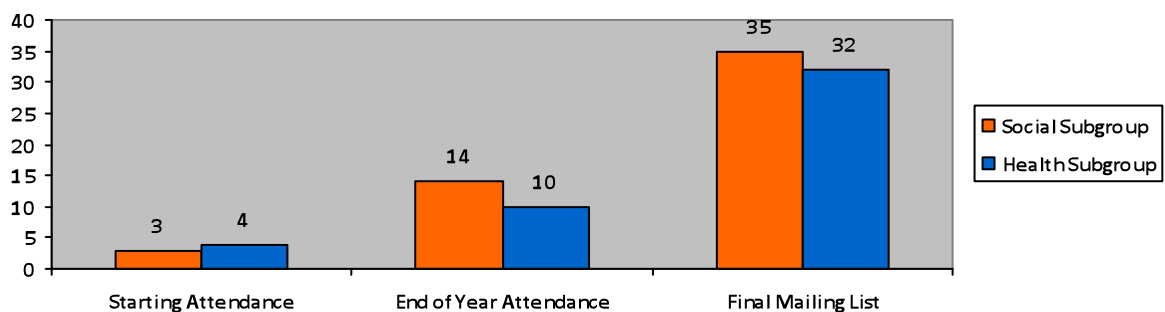
[www.sandwellink.org](http://www.sandwellink.org)

### 1.3. Sandwell LINK's Structure

Developing a Sandwell specific way for Sandwell LINK to work was a great achievement for us in 2009/10. In June the Social Care Subgroup had its first meeting and in July the Health Subgroup began. The diagram below shows how these subgroups and their mailing lists fit in with the existing system. They established an active layer of membership focused on issues and reduced strain on the Management Group.



The membership figures show just how successful the subgroups have ultimately proven in getting members more involved in Sandwell LINK.



Below are brief descriptions of the levels of involvement in Sandwell LINK that will help give context to where these active members fit in.

**Officers:** These are the individuals within the Management Group who have been elected to run the Sandwell LINK.

**Members:** These can be individuals or organisations. They often contribute to the Subgroups either by attending meetings or by 'contributing by proxy' (either in writing or verbally through the Host). Members are also able to become authorised representatives.

**Participants:** These are individuals and organisations who are on the mailing list. They shape the work plan by sending in priorities or participating in consultations.

## 1.4. Sandwell LINK Values

The Code of Conduct that all members of Sandwell LINK are expected to adhere to is underpinned by the seven principles of public life.

- **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
- **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
- **Objectivity:** In carrying out public business including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness:** Holders of public office should be as open as possible about all the decisions and actions they should take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** Holders of public office should promote and support these principles by leadership and example.

## 1.5. The Management Group, 2009-10

Elected in March 2009, this Management Group remained in place for the entire year of the report and is due to change at the AGM on 26<sup>th</sup> April 2010.

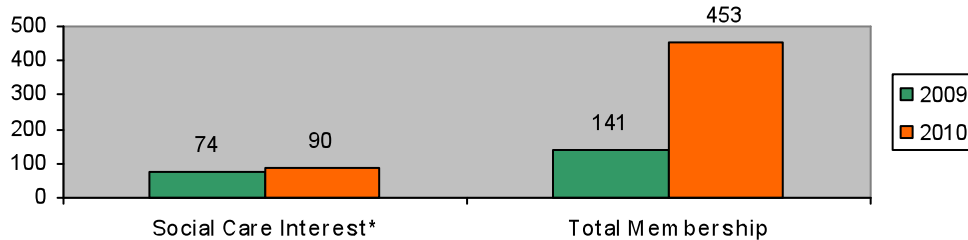
- Pam Jones (Chair)
- John Cash (Vice Chair)
- Sheila Clarke
- Bob Cohen
- Debbie Elwell
- Carol Gallimore
- William Hodgetts
- Dorothy Nemedi
- Amaro Pereira
- Deska Howe (Co-Opted)
- Hardeep Kaur (Co-Opted)



## 1.6. Membership

The following graphs and tables show breakdowns for levels of membership and equal opportunities categories in Sandwell LINK, comparing figures for the 31<sup>st</sup> March 2009 against the 31<sup>st</sup> March 2010 and showing the huge growth Sandwell LINK has undergone.

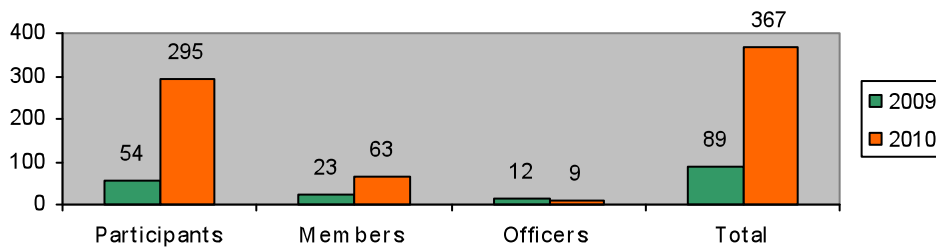
**Total Membership**



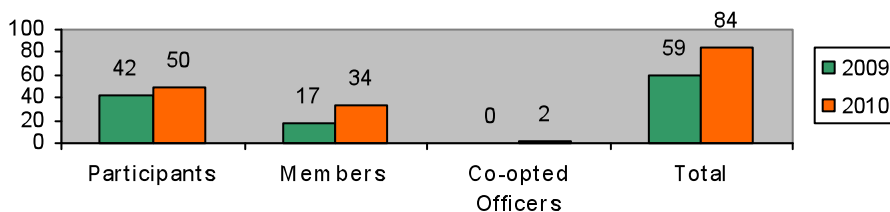
\* In 2009/10, changes to the sign up forms meant that new participants were no longer specifically asked if they had an interest in social care.

Terminology like 'participants' and 'members' is based on Sandwell LINK's own definitions. Disparity in figures in the equal opportunities data results from individuals who participate as both individuals and organisations, or from organisations who have marked equal opportunities forms based on the groups they represent rather than themselves as an individual.

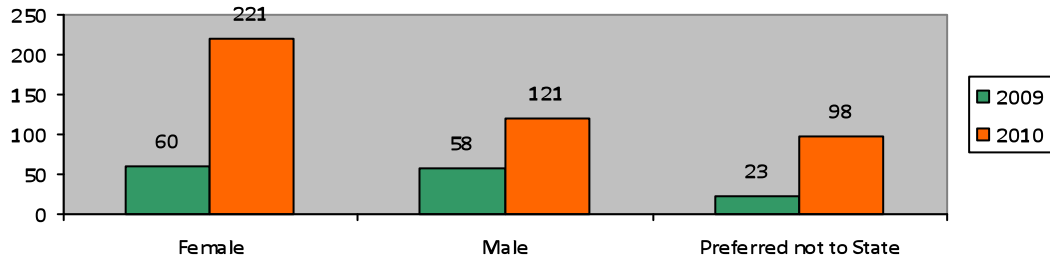
**Breakdown of Involvement by Individuals**



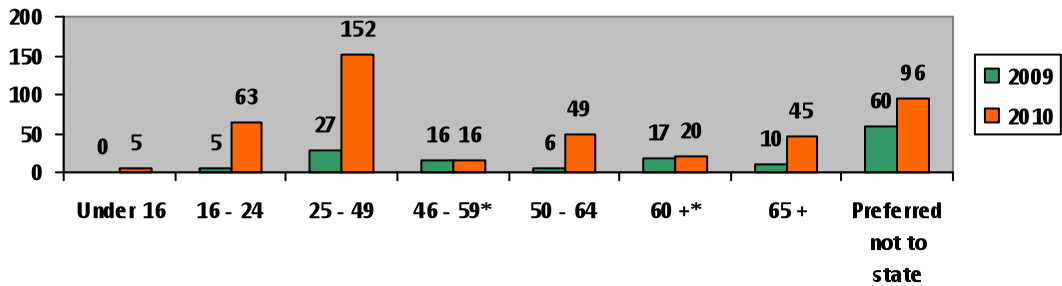
**Breakdown of Involvement by Organisations**



### Gender Breakdown

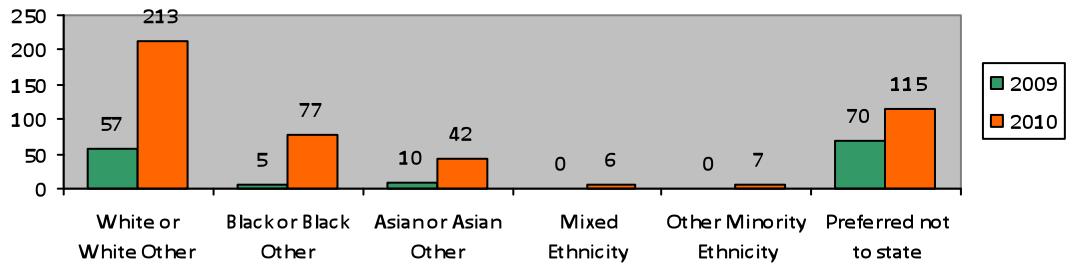


### Age Breakdown



\* The categories '46 – 59' and '60+' were changed after specific requirements were made by Sandwell MBC. As dates of birth were not requested by the Host team, several individuals remain in overlapping categories.

### Ethnic Breakdown

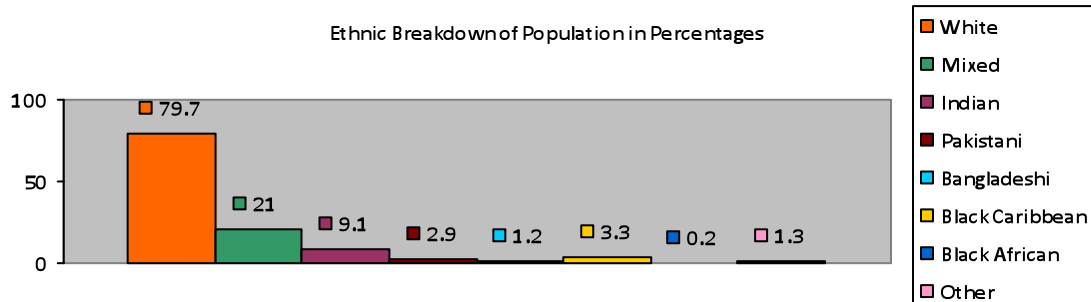


Figures for Language	31/03/09	31/03/10
English	60	97
Punjabi	2	7
Hindu	0	1
Unknown	80	337
Figures for Disability	31/03/09	31/03/10
Has a disability	28	39
No declared disability	113	390

# Engaging our Community

## 2.1. Sandwell Profile

Sandwell is the 14<sup>th</sup> most deprived borough in the country, with the 14<sup>th</sup> lowest life expectancy for men and 25<sup>th</sup> lowest for women. It currently has an estimated population of around 289,000, with the users of the health service escalating to 333,000. This population is ethnically diverse, as shown in the graph below:



Sandwell also has a high number of carers and care users. In the 2001 Census, 30,228 people self reported that they were providing care. Of these, 11,182 counted themselves as having 'fairly good health', instead of 'good health', and 4,306 counted themselves in 'not good health'. This is above the UK average. Sandwell Council's Adult Services currently report that they provide services to approximately 12,000 users.

## 2.2. Engagement Activity

Over 2009/10, Sandwell LINK organised a number of consultations and ran surveys to gather the views of this community. The following table briefly summarises the numbers of people from whom we received views.

	Through events	Through surveys
<b>Overall</b>	<b>103</b>	<b>405</b>
<b>Covering social care</b>	<b>35</b>	<b>263</b>

In terms of hard to reach target groups, we did very well. Two key target groups were agreed between the Host and Council: BME groups and 'under 25s'. Over the course of the engagement activities, 122 respondents were from BME backgrounds and 78 were 'under 25'.

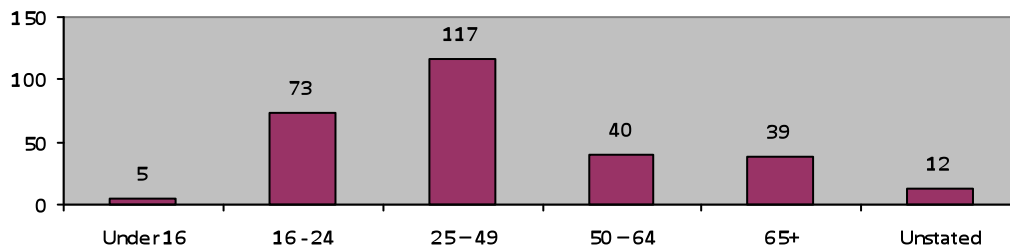
### 2.2.1 The Big Care Debate

Our debate was one of the most valuable tools in terms of feedback. We anticipated 28 people arriving and had 35 attendees instead, all working in small focus groups where they identified and wrote down their concerns before facilitators applied all the suggestions to a big wall of issues during a break. Afterwards all attendees browsed the displays and added sticky spots and stars to indicate their agreement with the importance of specific issues. It was a real victory for Sandwell LINK as 90% of the people who gave feedback felt they'd had a chance to have a say in a debate that they may not otherwise have had.

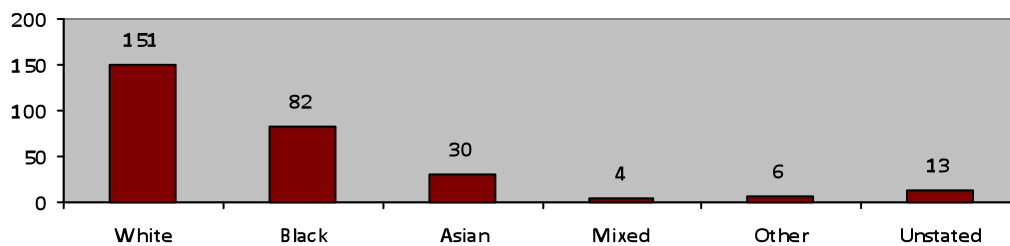
### 2.2.2. Community Shows

In the summer we attended a series of shows to promote Sandwell LINK and used the opportunity to gather community views in a short tick-box survey. We had 286 responses, with the age and ethnicity breakdowns shown below. This was by far and away our most effective tool, leading to 214 people expressing an interest in joining Sandwell LINK.

Number of Respondents from each Age Group



Number of Respondents from each Ethnicity



### 2.2.3. Electronic Patient Records Consultations

These were undertaken as part of the work programme for the Health Subgroup. The consultations took the form of a game and Sandwell LINK organised 10 different sessions across the six towns in Sandwell. 51 individuals took part, with 40 giving feedback. The events were an overwhelming success for Sandwell LINK on the basis of the feedback received, with 87.5% enjoying the events and finding the information they learnt interesting. A range of comments made it clear that the attendees felt they were given the information to consider things in a way that they may not have before.

"It is interesting seeing the contrast on how useful electronic records would be, but how scary and what the risk factors are at the same time."

- Anon, Tipton



## 2.3 Involvement With Stakeholders

Involvement with stakeholders has been one of the key success areas for Sandwell LINK. Over the course of the year, both officers and members have taken up a range of seats on boards, groups and committees, putting them right at the table with the decision makers. Many members of the Management Group are also members of other user-led organisations and they've found the ability to pass information back and forth invaluable in making Sandwell LINK more effective. Below are a few accounts from members of the Management Group concerning how they view this involvement working.

### 2.3.1 The Health and Wellbeing Board

As Chair of Sandwell LINK, I sit on the Health and Wellbeing Board, which feeds into the Local Strategic Partnership Board. Membership of the Health and Wellbeing Board enables Sandwell LINK to contribute to the development of the joint working between the Sandwell Metropolitan Borough Council and the Health Services within Sandwell. It also provides a forum where Sandwell LINK can inform the statutory organisations of our progress within the LINK and be questioned about our activities.

I feel membership has been of real benefit in forging relationships and making Sandwell LINK known; everyone at the table knows who Sandwell LINK is because I'm able to contribute for the community in the discussions taking place.

*Pam Jones, Chair of Sandwell LINK*

### 2.3.2. The Health Scrutiny Working Group

Being part of the Health Scrutiny Working Group within Sandwell's Scrutiny function has been really rewarding. You get to feel like you're really having a say on behalf of the patients and people take notice of it. When the maternity consultation was happening, I got to feel like I was really a part of pushing forcefully for the dates for the new Sandwell Midwifery Centre. I felt like I was contributing for the community and making it happen.

I've also enjoyed working with Scrutiny because they don't miss you out of anything. I was invited to all the pre-meetings and had a close working relationship with them. They also always thanked me for my contribution and I'd be able to see my comments appearing on the minutes.

*William Hodgetts, Chair of Sandwell LINK's Health Subgroup*

### 2.3.3. Personalisation: The Ambassadors Forum

Being part of the Ambassadors Forum in Sandwell is all about being involved at the heart of implementing the Personalisation Agenda. It gives us the opportunity to be involved in the whole process, letting us ask questions and contribute to decisions about how things will work. Most importantly it's a chance to help design the consultation tools, looking at drafts and helping to jargon bust and make a real difference.

Personalisation and the partnership working around it feels like a real success in Sandwell right now. It's put people at the heart of the process and being a LINK representative at the heart of that is a point of pride.

*John Cash, Vice-Chair of Sandwell LINK*



### 2.3.4. Unique People

Unique People are a user led organisation focused on mental wellbeing and we've been able to work really well with Sandwell LINK. Unique People sit on a number of boards and committees, like the Mental Health Partnership Board and the Commissioning Modernisation Board, where LINK doesn't have seats and so our representatives can pass on information. Unique People also do service improvement reviews and can feed these into Sandwell LINK as well as the service providers. In return, Unique People know that Sandwell LINK has certain powers it does not.

Overall, the best part has been mutually increasing membership. There aren't many groups that look at the overlap between social care and mental health, and bringing together Sandwell LINK and Unique People has been really valuable for both.

*Debbie Elwell, Sandwell LINK Management Group*

# Training

## 3.1 General Courses

Over the year, Sandwell LINK's Management Group attended the following training courses to better equip them in working on behalf of the LINK.

• <b>Anger Management</b>
• <b>Assertiveness</b>
• <b>Budgets</b>
• <b>Chairing and Facilitating Meetings</b>
• <b>Conflict Resolution</b>
• <b>Equal Opportunities</b>
• <b>Mental Health Awareness</b>
• <b>Minute Taking</b>
• <b>Presentation Skills</b>
• <b>Report Writing</b>
• <b>Stress Management</b>
• <b>Time Management</b>



The members found the training invaluable and have gone on to use their skills in a variety of ways. Most obviously, it equipped John Cash (LINK Vice-Chair and Social Care Subgroup Chair) to give a presentation on Sandwell LINK to the public at the Alcohol Strategy event in October in Sandwell. William Hodgetts (Chair of the Health Subgroup) did the same at the Health and Wellbeing Stakeholder event in January, where he sat on a panel alongside directors for local services before going on to facilitate a workshop.

## 3.2. Enter and View

On 7<sup>th</sup> August 2010, Sandwell LINK's Host team delivered 'Enter and View' training to four members of the Management Group. This then enabled them to work with Sandwell and West Birmingham Hospitals NHS Trust to review the work the Trust had done after declaring non-compliance to a core standard on privacy and dignity in the last health check. Read more on page 14.



The 'Authorised Representatives' for Sandwell LINK as of 31<sup>st</sup> March 2010 are:

- Pam Jones
- Dorothy Nemedi
- William Hodgetts
- Amaro Pereira

Members found delivery of the training by the Host particularly valuable as they were able to tailor the course to Sandwell very specifically. There are already plans to roll this out to the wider membership next year.

# What we did

Elements of Sandwell LINK's activity this year have already been touched upon under 'Engaging our Community', but below are many of the official statistics legally required within our annual report.

## 4.1. Requests for Information

Sandwell LINK's information requests can be broken down into three main groups based on where the information came from. Six requests were follow ups to stories in the local papers, five were requests that followed up community concerns brought to Sandwell LINK, and the final three were information requests based on discussions with providers. The acronyms are explained at the bottom of the page.

Subject	Addressee	Reply	20 Days
Safeguarding children minimum requirements.	Sandwell PCT	Y	Y
Safeguarding children minimum requirements.	SWBH	Y	Y
Food wastage.	SWBH	N	N
Social care vacancies.	ACS	Y	Y
Failed agreement between council and PCT.	ACS	Y	Y
Failed agreement between council and PCT.	Sandwell PCT	Y	Y
GP Relocation.	Sandwell PCT	Y	N
GP Relocation follow-up.	Sandwell PCT	N	N
Waiting list for Head 2 Head services.	ACS	Y	Y
Policies on accessing GP appointments.	Sandwell PCT	Y	Y
Smethwick and Oldbury GP appointment criteria	Sandwell PCT	Y	Y
Facilities for disabled individuals at new leisure centre.	ACS	Y	Y
Decommissioning of referral centres	Sandwell PCT	Y	Y
Use of carer's registers in GPs with Sandwell residents on their lists.	Sandwell PCT (126 GPs)	30	29

**Sandwell PCT:** Sandwell Primary Care Trust  
**SWBH:** Sandwell and West Birmingham Hospitals NHS Trust  
**ACS:** Adult and Community Services, Sandwell Council

Sandwell LINK also did work using information requests with Dudley LINK. Concerns had arisen on both sides of the border concerning joint working within the health care providers and between health and social care providers. Jointly the two LINKs approached Paula Clarke, the Chief Executive at Dudley Group of Hospitals NHS Foundation Trust, requesting a response on a number of issues including discharge arrangements from Russells Hall Hospital and the acceptance of path lab investigation results from Rowley Regis Hospital at Russells Hall.

Paula Clarke duly replied and promised to look into matters; this follow through was confirmed indirectly by meetings reported at boards Sandwell LINK attends. Further work and follow-up to this is one of the pieces of work planned for 2010/11.

#### **4.2. Enter and View**

Sandwell LINK's members undertook only one announced visit to health care premises in 2009/10. This was done on 10<sup>th</sup> September 2009 to review efforts by Sandwell and West Birmingham Hospitals NHS Trust to create single sex accommodation in Sandwell General Hospital and City Hospital. The visit was organised with the Trust after the Trust proposed the involvement of Sandwell and Birmingham LINKs in their review.

In the course of the visit, Sandwell LINK's authorised representatives were shown around one ward at each site, illustrating the best case scenario of what the Trust was attempting to achieve and the worst case scenario of what it was moving from. Afterwards the members were joined by representatives from Birmingham LINK and its Host and held a discussion with Trust Directors. A follow up report was submitted to the Trust with recommendations and suggestions that would be fed into the review that would go to the Trust Board.

#### **4.3. Reports and Recommendations**

Focusing primarily on participating in local consultations or responding to national ones, Sandwell LINK submitted only two formal reports with recommendations. The first concerned the same sex accommodation for which the enter and view visit detailed above was carried out. The second was a response to a consultation on changes to maternity services provided by Sandwell and West Birmingham Hospitals NHS Trust.

The report on maternity services was a product of the Health Subgroup, who hosted a consultation by Sandwell PCT on the options available to the health services as short term measures until long term change was established. The report was fed back formally, including a recommendation to give consideration to travel arrangements



which had not been incorporated in the original proposal. In the final proposal, this consideration was subsequently included, something which may not have happened if Sandwell LINK had not raised the concern.

#### **4.4. Referrals to Scrutiny**

No formal referrals to Scrutiny in Sandwell Council were made in 2009/10, but the relationship between Sandwell LINK and Scrutiny was strengthened greatly. LINK membership of the Health Scrutiny Working Group has been touched upon by William Hodgetts on page ten, but there have been additional efforts to bring Scrutiny and LINK closer. The Chairs of Sandwell LINK and of Scrutiny meet for regular, informal discussions and joint meetings between the Management Group and Scrutiny have been arranged in order to ensure work programmes complement each other where possible. In fact, Scrutiny have referred the matter of discharge arrangements to Sandwell LINK because of this practice of avoiding overlap.

This method of working, rather than formal referral, has fit in very effectively with the overall thrust of Sandwell LINK's mode of working; the emphasis is always on partnership and being a critical friend.

#### **4.5. Summary of Activity**

Below the tables offer a short summary of the detail conveyed in the previous pages.

<b>The number of information requests made in 2009/10.</b>	<b>140</b>
<b>The number of information requests answered in 20 days.</b>	<b>40</b>

<b>The number of enter and view visits made in 2009/10.</b>	<b>1</b>
<b>The number of announced enter and view visits.</b>	<b>1</b>
<b>The number of unannounced enter and view visits.</b>	<b>0</b>

<b>The number of reports and/or recommendations to commissioners of health and adult social care services.</b>	<b>2</b>
<b>The number of reports and/or recommendations that have been acknowledged in the required timescale.</b>	<b>2</b>

<b>The number of referrals made to Scrutiny in 2009/10.</b>	<b>0</b>
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# Demonstrating Impact

For Sandwell LINK there are two key ways in which our impact can be measured and we see them as of equal importance. One is service change through fulfilling the role set out for Local Involvement Networks, wherein we worked with our service commissioners and providers to bring about change to a service that needed it. The second area of impact is one that does not seem to have been anticipated in the same way; we've found our work truly touching our community on an individual basis, making a difference through helping to fill a hole as much as identify its existence. Below are details for one of each of these instances, showing our best practice for the year.

## 5.1. Service Change

Our victory with service change concerns the GP Out-Of-Hours Service provided in Sandwell. The project has been ongoing since our first year and we won't fully see the affect of our achievement until the third year, but thanks to a seat Sandwell LINK had within Sandwell PCT, Sandwell LINK was able to give voice to community concerns and prevent a service that many people were unhappy with from being having its contract rolled over automatically.

Instead, the contract has gone out for retendering, and Sandwell LINK has had a voice in what has gone into that tender. The contract covers the whole of Sandwell, with Sandwell PCT estimating an impact on 330,000 people who may access emergency care and a cost of approximately £2.5 million based on an average between contract costs they benchmark against.

## 5.2. Touching the Community

Our biggest event to touch the community was our 'LINK UP for Christmas' event, focusing on health and wellbeing in the festive period. We brought together a range of service providers, from the PCT's health and wellbeing team to organisations focused on getting people into work or reducing the cost of their heating bills, and we set up a huge information event for members of the public to learn more about their services and to engage with us. The feedback from the event showed people saw it as an excellent event, with over seventy-five per cent of those who filled out evaluation forms agreeing that they learnt something new. Over eighty per cent regarded the event as good or excellent.



# Our Finances

Contract Total: £160,000.00, an agreed reduction from £175,000.00.

Actual total expenditure: £142,620.50 (including staffing and office costs).

	Total Budget	Actual Spend
<b>LINKs Participant Expenses</b>		
Travel, special needs & care	5,000.00	4,813.65
<b>Total</b>	<b>5,000.00</b>	<b>4,813.65</b>
<b>Communications Costs</b>		
Stationery		1,269.72
Duplicating/Printing		870.20
Phone		93.56
Postage		3,656.76
Meeting Support		3,037.50
Newsletters		4,812.50
Information & Publicity/Copying		5,827.45
<b>Total</b>	<b>20,000.00</b>	<b>19,567.69</b>
<b>Development and Outreach</b>		
<b>Total</b>	<b>5,000.00</b>	<b>2,046.72</b>
<b>Website Development/Maintenance</b>		
<b>Total</b>	<b>8,000.00</b>	<b>5,130.82</b>
<b>Surveys/Research/Data Management</b>		
<b>Total</b>	<b>5,258.00</b>	<b>2,978.85</b>
<b>Contract Total</b>	<b>160,000.00</b>	<b>142,620.50</b>

## Next Steps

The third year is already promising to be the most exciting year yet for Sandwell LINK. We have a whole array of challenges ahead of us, and we're looking forward to having more people from Sandwell join us in tackling them.

First and foremost is planning for what happens next. Although there are many areas left to tackle, we're very aware that what happens after 31<sup>st</sup> March 2011 is still unknown. From 26<sup>th</sup> April 2010 we'll have a new Management Group, and it will be up to them to look to the future and how we might manage to sustain ourselves if we no longer have a Host to support us.

Second and just as important is continuing to work on issues that have been brought to the attention of Sandwell LINK over the course of 2009/10. Chief amongst these are discharge arrangements from hospitals into social care and access to GP appointments. Already contact with professionals within our care services has been established and we're looking forward to profitable working in the future.

We're also anticipating more involvement in some of the huge local agendas. Right Care, Right Here is a massive development and Sandwell LINK looks forward to continued involvement with the different stages of progress in the project. Personalisation is equally as important as an agenda in which we want continued and deepening involvement, too.

It will be a busy year, but it will be every bit as worthwhile as the two before as we continue to serve our community. So now it's on you; will you join us?



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