

Annual Report of the Essex and Southend LINK

April 2008 – March 2009

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Better together

“LINKs have been set up to give communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of a LINK is to promote involvement, to find out what people like and dislike about local services, monitor the care provided by services and to use LINK power to hold services to account.” (The National Centre for Involvement Guide No 14 on Local Involvement Networks – LINKs – Annual Reports, October 2008)

The Local Government and Public Involvement Act 2007 (“the Act”) led to the demise of Patient & Public Involvement Forums (PPIFs) on 31 March 2008 and the start of LINKs on 1 April 2008. The consensus is that this did not give enough time either for the orderly shutdown of the PPIFs nor the establishment of the LINKs. Essex County Council (ECC) and Southend Borough Council (SBC) decided in late 2007 to combine and contract for a joint Essex & Southend LINK (E&S LINK).

ECC and SBC arranged a number of consultative events and processes between late 2007 and March 2008, culminating with an open public all day conference in March 2008. They then invited thirteen individuals with various relevant backgrounds and experience to work with the Councils to formulate proposals for the formation of the E&S LINK. Alongside that, the Councils also put out to tender for a Host Organisation and CEMVO (the Council of Ethnic Minority Voluntary Sector Organisations) was appointed as the Host for E&S LINK in May 2008.

Proposals and options were formulated for the governance and structure of E&S LINK. A public meeting on 28 June 2008 made the necessary decisions to establish E&S LINK. It was only then that premises, staff and resources could be found because it was only on that day that decisions were made by E&S LINK’s participants/members about the number of offices and staff wanted.

ECC and SBC are to be congratulated on this achievement. Robust consultation had taken place, the ex-PPIF members were able to express their views, those coming new to patient and public empowerment were engaged and E&S LINK was one of the early LINKs to get going.

Five Locality Groups were established to cope with the large geographic area of E&S LINK. The efforts of the valiant volunteer members of those Groups, supported by Host staff when they joined, enabled a little ‘real’ work of the LINK on health and social care to be undertaken from 1 April to the end of 2008.

A target of six months was set to get the staff and resources in place and working. In many ways this testing aim was met. Two offices were found, their tenancies negotiated, occupation taken and then they were fully

equipped and fitted. Ten staff were recruited, having been selected jointly by CEMVO staff and E&S LINK participants/members. July is not an ideal time to start such an exercise as the summer holidays begin. Those recruited have to work out notice periods before being able to join.

The whole staff team was in place and largely resourced by 1 December 2008. This was a good result and reflected the realistic but challenging target which had been set by the participants and the host organisation. That team needed to establish itself, Christmas and New Year loomed and the six month initial pilot governance arrangements of E&S LINK and its future ways of working needed to be reviewed.

On 24 January 2009 we held our second public meeting of the whole LINK and agreed our governance for the rest of the three year term of the present arrangements for E&S LINK. (All governance policies and documents can be reviewed at any time and amended after agreement at a public meeting of the LINK.) This three year term is determined by central Government. Almost immediately after that we had a few weeks of snow and floods which caused inevitable disruptions.

My reasons for describing the journey of our organisational development are deliberate. Firstly it is to try to give an explanation to those in ECC and SBC areas about what we have had to do. I fully understand and share the frustrations that we were unable on 1 April 2008 immediately to concentrate upon working to improve the health and social care services in our area. I do thank all those volunteers and staff who have enabled us to do what has been done and is described elsewhere in this report.

But it was not nearly enough and there was a complete break in patient and public involvement. My contact with other LINKs around our regions and the country suggest that this is the experience of many, if not all, LINKs in England. So on behalf of the people of Essex and Southend I think we should ask why this happened.

The Act was very strong on the activities of LINKs and gave great flexibility to LINKs to develop in ways which were appropriate to their localities. Yes, there should be different ways in which LINKs organise themselves. We have a large geographical area and population. Other LINKs have a much smaller footprint, some with small populations and some with large ones.

Guidance to assist the development of LINKs was commissioned from the National Centre for Involvement but it was always late. That did not appear to be the Centre's fault. The trouble was that they had a short timetable and limited resources given to them.

It seems that LINKs in general have all spent a lot of the scarce time and energy of volunteers each developing governance models. And we all know how contentious they can be! I have never experienced legislation which is so

short on structural guidance. I have described this as an adult law, usually being dealt with by teenagers. This is not meant to be disparaging but to reflect Erich Fromm's psychological observations in "Fear of Freedom" that we generally want boundaries.

So my second point is for central Government. None of what has happened here and around the country should have been unexpected. It has involved the inevitabilities and realities of the creation of a large number of new third sector organisations, all attempting to do the same sort of thing, albeit in different places and circumstances. This is about the basics of organisational development. Organisations like the National Council of Voluntary Organisations could have advised on all of this because it is so familiar. And the timetable was too ambitious.

The impact of this can be, and has in some cases been, dispiriting. At a national conference in February 2009 this was expressed, along with concerns about the inadequacies of the financing, resourcing and support for LINKs. With ten staff and a budget of around £600,000pa we are expected to facilitate the voice of over a million people (all citizens of ECC and SBC are automatically "members" or "participants" without need to "apply") in conjunction with thirteen NHS providers and two social service providers. Our resources are dwarfed by those of the Board of just one of those authorities.

So we do call upon central Government to recognise these deficiencies and drawbacks and to address them. Do you really want LINKs to work or not?

There is more! The unique arrangement whereby central Government makes the local authorities responsible for establishing an independent LINK by contracting with a Host to provide the support to the LINK (made up of the citizens, the participants, the members) creates complicated relationships. This is in an area where many of those involved are unfamiliar with the stresses and strains of the distinctions between governance, contractual performance management and operational management.

The groans around the country about 'issues' between LINKs, local authorities (designated "Lead Managers" in the Act) and Hosts have been loud and legion. Sadly E&S LINK which started off so well, has not been immune. At the end of January 2009 immediately after our second public 'LINK as a whole' meeting there was great enthusiasm and excitement as we believed that we were 'ready for action'.

Disappointingly, we do not feel that since then we have made the progress we expected. There have been issues about communication and consultation, and frustrations as we have continued to be faced with organisational challenges, rather than getting on with addressing the health and social care needs of the people in Essex and Southend. Having said that, we are pleased that the work of the Locality Groups, the major project on discharge from hospital, the theme group for mental health, drug, alcohol and substance

abuse and the outreach to gypsies and travellers, are all established and producing results.

At the same public meeting at which this report is presented for adoption, we are also presenting a development plan which we trust will enable us to move forward as we all want. It is a great shame that in recent months the tripartite communication and working of the LINK, Lead Manager and Host has not functioned as smoothly as it might.

On this point, I would ask central Government to reflect upon the relationships and skeleton framework it established in the Act which does seem 'in the field' to have caused confusion and some conflict. Strong guidance or instruction is needed to ensure the tripartite responsibilities and roles are clearly understood. In E&S LINK we hope to restore effective relationships, communication and consultation with the Lead Managers and Host in the coming months so that this time next year our annual report is full of reports of work and activity which has really improved the health and wellbeing of the people of Essex and Southend.

Nevertheless, in the following pages you will read of what has been done and achieved. Good foundations have been laid and some outcomes already achieved. I do wish to thank all the volunteers who have served E&S LINK in any way throughout the last year, particularly my colleagues on the countywide coordinating group and the officers of our Locality, Theme and Issue Groups. I also pay tribute to, and thank, the staff team who are working very hard to support E&S LINK.

Peter Blackman
Chair Countywide Coordinating Group

Essex and Southend LINK carries out its work through five Locality Groups, Theme Groups, Issue groups and Outreach Initiatives, coordinated by a Countywide Coordinating Group consisting of seven independent members elected by E&S LINK in countywide public meeting plus six representatives from the Locality Groups.

The Countywide Coordinating Group

Group Members	Locality/Group
Peter Blackman	Chair, Independent
Ann Nutt	Independent
Judith Wright	Mid Essex Independent
Margaret O'Connor	South East Essex Independent
Charles Novis	South West Essex and Hospital Discharge Group
Harry Chandler	South East Essex (SBC part)
Brian Mister	Mid Essex
Dhirajlal Karia	North East Essex
Keith Biggar	Independent, Mental Health, Drug, Alcohol and Substance Misuse Group
John Carr	West Essex
Michael Bull	South East Essex (ECC part)
Reg McKenna	Vice Chair, North East Essex Independent
Dan Kessler	Independent

Theme, Issue and Project Groups

Group	Group Chair	Contact Details
Mental Health and Substance Misuse	Reg McKenna	<i>Reg.H.Mckenna@ntlworld.com</i> <i>Contact No :07960043519</i>
Discharge from Hospital Group	Charles Novis	<i>Linda.tubb@essexandsouthendlink.org.uk</i>
Gypsy and Traveller Group	Gillian Dawson	<i>Gillian.dawson@essexandsouthendlink.org.uk</i>

Countywide Coordinating Group and Locality Groups

Group	Chair	Contact Details
Countywide Coordinating Group	Peter Blackman	<i>services@blackman.kemc.co.uk</i>
North East Essex Locality Group	Keith Biggar	<i>Hannah.west@essexandsouthendlink.org.uk</i>
West Essex Locality Group	John Carr	<i>Julie.harkus@essexandsouthendlink.org.uk</i>
South East Essex Locality Group	Harry Chandler	<i>Gillian.dawson@essexandsouthendlink.org.uk</i>
South West Essex Locality Group	Charles Novis	<i>Julie.harkus@essexandsouthendlink.org.uk</i>
Mid Essex Locality Group	John Saxton Vacant	<i>Linda.tubb@essexandsouthendlink.org.uk</i>

The LINK has town centre offices in Chelmsford and Southend; addresses and contact details are below. CEMVO's head office is in Stratford, East London. Contact details are also given.

Office	Address	Contact
Chelmsford	1 Bond Street Chelmsford Essex CM1 1GD	01245 490733 <i>info@essexandsouthendlink.org.uk</i>
Southend	6 Nelson Street Southend on Sea Essex SS1 1EF	01702 350479 <i>info@essexandsouthendlink.org.uk</i>
CEMVO	Boardman House 64 Broadway Stratford E15 1NG	020 8432 0200 <i>mosabbir.dewan@cemvo.org.uk</i>

Essex and Southend LINK may also be contacted through its website at www.essexandsouthendlink.org.uk.

An important role of the LINK is its 'enter and view' function. This process is to gather information about providers of health and social care in our area. We are contracted to 'appoint' 20 volunteers across Essex and Southend to carry out this function. The first recruitment round yielded three successful candidates who will start their work pending successful receipt of references and CRB Checks

Trevor Johnson
Marlene Maura
Mollie Pattenden

We have now started a second round and hope that, by applying what we learnt in the first round, we can complete our complement.

Why our work is needed

Essex is a large county bordering suburban London in the West and the counties of Suffolk, Cambridgeshire and Hertfordshire. Essex has a very long coastline with the large seaside resorts of Southend on Sea (also a unitary authority) and Clacton (including Walton, Frinton and Dovercourt) and two major ports (Harwich and Tilbury) and London's third airport (Stansted).

The areas of the county bordering the Thames are part of the Thames Gateway regeneration project which will bring major changes to the County and Borough including the development of a new container port.

75 percent of land by usage in Essex is classified as rural with the main urban population centred in the two 'new' towns (Basildon and Harlow), the areas bordering London (Brentwood and Epping Forest), Chelmsford (the county town) and a number of market towns such as Colchester (England's oldest recorded town), Dunmow and Maldon. The other unitary authority included in 'greater Essex' is the Thurrock Council. This has its own LINK but because of the fact that one of the PCTs (NHS South West Essex) a large DGH (Basildon and Thurrock Hospitals University NHS Foundation Trust) and the South Essex Partnership NHS Trust cover both areas, co-working will be both desirable and impossible to avoid.

The population of Essex including the unitary authorities (2004 estimate based on 2001 Census) is 1.3 million. Of this 5.5% (approximately 75,000) belong to minority ethnic communities, 16% suffer from long term life limiting illness and 10% are providing unpaid personal care. 25% of households are occupied by pensioners (13% - approximately half are single pensioners). Essex also has one of the largest populations of gypsies and travellers in the UK.

Essex and Southend are, in general, prosperous areas with below average levels of unemployment. However, this general prosperity masks areas of multiple deprivation and social exclusion. An indicator of this, in health terms, is the range of life expectancy found across the area – over 18 years. The number of people with higher education qualifications in the County is lower than the national average.

Mental health in Essex and Southend is the responsibility of two mental health trusts. 2005 statistics show the following:

Indicator	Number
Receiving incapacity benefit through mental health	21230
Problem drug users	4496
Alcohol related in patient admissions	19548
Receiving enhanced or standard care	15067

The above demographics guided our choice of the first projects that we undertook.

What you told us

You told us that you wanted Essex and Southend LINK to be driven by its participants – the residents of Essex County Council and Southend Borough Council. As already mentioned these have been heavily involved in establishing the LINK, firstly by the County and Borough and then through the partnership between the participants, groups across the County and Borough (voluntary organisations, faith/interest groups, County/Borough staff and institutions (OSCs, Planning Groups, Joint Strategic Needs Assessment), Health and Social care delivery organisations (PCTs, Mental Health Trusts, Acute Trusts, Local Authority Social Care departments) and the Host Organisation (CEMVO).

The organisational structure that was developed from June 2008 reflects this and facilitates residents in the County and Borough communicating their concerns and hopes for health and social care in our area.

As mentioned above, we have adopted a structure based on the five PCT areas in Essex. These 'localities' have a great deal of autonomy. They will work with the residents in their areas to identify what needs to be done. As has already started to happen, sometimes these areas will be too large and work will need to be carried out at a lower level (ward, parish, neighbourhood etc). Sometimes they will not be large enough and issues will need to be worked on across two or more localities.

The governance procedures for the LINK were originally set up by a Governance Task Group. After the original constitution for the LINK was accepted by participants at public meetings in June 2008 and January 2009, the group has become a virtual group maintaining this 'living' document.

The LINK established other groups to deal with its publicity and policies and procedures.

The publicity group is responsible for the LINK's communications with residents. It has so far:

- established a website (www.essexandsouthendlink.org.uk)
- produced three newsletters available in hard and soft copy
- developed a corporate identity for the Essex and Southend LINK
- supported locality groups in delivering 'roadshows', 23 so far to bring the existence of the LINK and its work to the attention of the residents of Essex and Southend.

The website is, at present, being modified so that participants may use it, not only to receive information regarding our LINK but also to communicate their views and comments to us.

At the highest level the work of the localities is coordinated through a Countywide Coordinating Group which consists of seven independent members elected at public countywide meetings and six representatives of the Locality Group. It is the responsibility of these groups (the Coordinating Group and the five locality groups) to determine what is important across the area. We have also established contacts with neighbouring LINKs (in East of England and London) in particular because residents at the boundaries of our 'patch' receive services from care providers in other areas and we foresee the necessity of working closely with these LINKs on cross border issues. At countywide level three major projects have arisen:

Gypsy and Traveller Outreach Initiative
Mental Health, Alcohol, Drug and Substance Misuse Theme Group
Discharge from Hospital Issue Group

These projects emerged as priorities and were approved for action. They are at the beginning of their work project planning, deciding on methodologies etc. Details of this work can be found at www.essexandsouthendlink.org.uk.

Locality groups are available to deal with the concerns or to investigate the needs of their residents. A number of small projects have arisen in this way; more details are in the Locality Group reports in the appendices to this report.

The LINK is tasked to involve 'hard to reach' or 'seldom heard groups'. As mentioned Gypsies and Travellers are a significant population in Essex. They, particularly those on unofficial sites, are generally excluded.

The statistics on mental health given earlier in this report are a measure of the need for work around alcohol, drug and substance misuse particularly in the area of dual diagnosis. This is an issue raised by participants and service users.

Discharge planning is an issue, particularly for older people and mental health service users. Users of services have also raised this as an issue.

Our work to date means that over 200 people have registered an interest in the LINK. Our public meetings to date have attracted between 80 and 110 attendees. We have a database of about about 900 organisations across the County and Borough

What we did

The first half of the year (May to October) was taken up mainly with:

- appointing interim staff
- developing the LINKs structure and governance procedures and policies
- appointing substantive staff – all staff were in place by December 2008
- acquiring premises for the LINK – premises in Southend and Chelmsford were up and running by October 2008
- making the Essex and Southend LINK's presence known across the County and Borough to stakeholders
- recruiting participants (individuals and organisations)
- preparing for the June 2008 and January 2009 public meetings
- 28th June 2008 at Chelmsford City Football Club – addressed by Debbie Roberts (CSIP)
- 24th January 2009 at Anglia Ruskin University addressed by Bill Rammell MP and Minister of State at the Foreign and Commonwealth Office.

In parallel with this, interim staff were working with participants in the localities gathering opinion and identifying needs.

At the June meeting, interim structure, corporate identity, staffing and accommodation plans were approved by the participants. The County and Borough officers relinquished their responsibility for supporting the Link, handing it to CEMVO – the Host Organisation. The Councils assumed their continuing role of contract and performance monitoring.

The Countywide Coordinating Group and Locality Groups followed a programme of regular meetings and elected their chair, vice chair (s) and participants. Election meetings and meetings covering decisions were held in public.

The Countywide Coordinating Group designed and commissioned a flyer with a Freepost reply slip for recruitment to the LINK. A form to register new participants is also available on the website

An important development, at this time, was creating a process to recruit and train authorised representatives for 'Enter and View'. The LINK tender proposed that 20 authorised representatives be recruited. After the first recruitment round we appointed three representatives. Another round is underway.

LINK host staff and participants, as already mentioned, embarked upon a programme of meetings with Council members, Council officers and staff from PCTs, mental health and acute trusts. Apart from introducing the LINK to these organisations, these meetings served to allow it to tap into training and

to get representation on boards and committees. Thus we have strong links with the Health Overview and Scrutiny Committees in the two local authorities. LINK participants and Host staff have had joint training/workshop sessions with OSCs on, for example:

World Class Commissioning

Health Outlook Visioning

Health Inequalities.

Terms of engagement with the Essex HOSC

Most localities and the Countywide Coordinating group have also heard from the Joint Strategic Needs Assessment for the county and the importance of this for future health and social care provision

Staff have also attended training courses delivered by the PCTs.

Support is being given to a group of mothers of children with diabetes who have difficulties obtaining fair treatment in schools.

E&S LINK has played a leading role in obtaining representation of the nine LINKs in East of England on its ten SHA Performance Boards. This is particularly important as uniquely this SHA controls 10% of all the commissioning of health services.

E&S LINK has also forged a project proposal for the support and facilitation of joint working on cross border common issues by the nine LINKs in East of England.

There is a recognition that a special effort must be made to engage children and young people in the LINK's activities and ways of doing this are being investigated.

To date we have not made referrals to Overview and Scrutiny Committees nor have we requested information from providers. We expect that this will happen as the three major projects hit full stride

Locality activities to date include:

- Holding locality road shows to bring the LINK to the attention of residents
- Listing of primary health care providers and voluntary organisations in the West Essex PCT area
- Responding to a specialist commissioning consultation for neo-natal care – all Localities
- Delivering third party commentaries on Annual Health checks - all localities

Establishing patient participation groups in GP surgeries in the Epping Forest District – West Essex Locality group

Involvement with the integrated care pilot through the Brentwood Practice Based Commissioning Cluster

PPI Legacy working party – N E Essex Locality Group

Asperger's Syndrome treatment etc - NE Locality Group
Validation of multiple deprivation information in four wards in Southend
(working with JSNA) – S E Essex Locality Group
West Essex LINK has held two public meetings addressed by Bill Rammell MP
S E Essex Locality has contributed to the improvement of phlebotomy services
in the PCT are
S E Essex Locality is working on the use of 0845 numbers by GP surgeries.

The three major projects all have plans in place to take their work to the next stage. All of these plans are available together with minutes of all meetings in the financial year at www.essexandsouthendlink.org.uk.

LINK activity was reported during the year through
Newsletters – three to date with a plan to produce them bi-monthly (six per year available as hard and soft copy)
The website
Local news media (print and broadcast)
Local voluntary and statutory sector publications
Through locality meetings and road shows.

We have plans to incorporate into the website facilities for blogging, webcasts and podcasts, FAQs and links to useful external sites.

What we achieved

Although it is early days and much of the first year was spent in ensuring that the Essex and Southend LINK has a firm foundation, we believe that we have started to make a difference.

Interest in taking part in the LINK is growing
Health care providers and local authorities are aware of our presence
We have had successes in the area of Asperger's Syndrome, improving phlebotomy services and the use of 0845 numbers.

We are developing a more interactive website and a wide ranging contacts database.

We are working with statutory bodies/organisations such as the JSNA/LAAs in ensuring that people's views are represented.

We expect that the major projects will make a considerable difference in the areas of discharge planning, mental health, drug, alcohol and substance abuse and health care provision for gypsies and travellers.

We have set up a process for and recruited three authorised representatives for 'enter and view' and expect to recruit the remainder shortly.

Other things that we have achieved are mentioned in the section above headed "What we did" and elsewhere in this report.

We are on our way!

Income and expenditure

Prentis & Co LLP

CHARTERED ACCOUNTANTS

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Our Ref.
Your Ref.

The Accounting Officers of Essex County Council
& Southend on Sea Borough Council

Organisation:
Project:

CEMVO
Host organisation for Essex and Southend Link

In our opinion the claim set out below presents fairly the payments eligible for grants as defined in the Articles of Agreement between Essex County Council, Southend on Sea Borough Council and the grant recipient and of the receipts of the grant recipient in the year to 31st March 2009.

In the course of our work nothing came to our attention that is inconsistent with the project expenditure

	£	£
Grants made	602,000.00	602,000.00
	<hr/>	<hr/>
	Budget	Expenditure
Staffing, administration and overheads	395,115.00	295,149.19
Management, training and supervision	60,000.00	60,000.00
Link participant expenses	10,000.00	6,690.00
Outreach work	5,000.00	3,055.00
Communication costs	10,000.00	2,195.00
Equipment purchases	23,664.00	34,442.81
Promoting and marketing	12,000.00	5,775.00
Development Link conference etc	86,221.00	10,183.00
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	602,000.00	417,490.00
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Underspend carried forward		184,510.00
		<hr/>


Nigel A Prentis FCA
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22 May 2009

LINK funding is by means of a grant from central government to local authorities with the responsibility for the delivery of health and social care. The amount of the grant is determined by a formula that includes among other things population, levels of deprivation and ethnic mix – the calculation being that more time and effort is required for contacting excluded communities for example translation and interpretation costs. The amount of money given to the Essex and Southend LINK at £602,000 represents just over 50p per head of population in our area. Essex County Council and Southend Borough Council were very generous in passing all of the money that they received as grant to the LINK for its support and development. They have also allowed the underspend from year one to be carried forward into year two.

Most of the money (71%) is spent on staffing resource for the LINK. The next largest amount (14%) is available for the LINK projects. Since there was a large underspend in this area these monies will be carried forward to next year. Financial planning dealing with other aspects of underspend may allow this amount to be increased.

The only line of the budget which shows an overspend is that for equipment purchase, computers, office equipment etc for staff and participants to allow them to do their work. This is because when the original budget for the project was made the plan was to spread this cost by leasing the equipment. In the event, we decided to buy and so, in future years, we expect an underspend on this line which will more than compensate for this year's overspend.

Appendix

Essex and Southend LINK Locality Reports

Mid Essex Report for the year 2008-2009

Mid Essex Locality Group Update

At the January meeting of the Mid Essex Locality Group there was a presentation by Essex Air Ambulance. The Group also followed up issues raised at the previous meeting, including St Andrews Centre at Broomfield Hospital, MRI scans and the Patient Advice & Liaison Services (PALs). The Group held roadshows around the locality during March in Maldon, Braintree, Burnham and Halstead. The aim was to inform the public about the work of the LINK and encourage them to become participants. The Locality Group met again on 8th April in the West Maldon Community Centre. At that meeting John Saxton was re-elected as Chair and three Vice Chairs were elected - Claire Beattie, Judith Wright and Michael Blackwell. The Group has continued to follow up issues around the availability of MRI scans and has received a satisfactory response from Mid Essex PCT, detailing arrangements for both inpatient and outpatient scans. John Saxton reported on the situation regarding DDA compliance at the St Andrews Centre, Broomfield Hospital and this matter is ongoing - he is awaiting a further response from the Trust. It was agreed that the Group will look at the PALs service in local Trusts and a representative from Mid Essex PCT will be invited to a future meeting. The Group has agreed that work will start now on preparing themselves for next years submission of a commentary to the Quality Care Commission as part of the Standards of Care Declaration. A timetable has been set for meetings:

Mid Essex Locality Group Meetings

20 th May 2009	Chapter House Chelmsford	2.00pm-4.00pm
8 th July 2009	Spring Lodge Witham	6.00pm-8.00pm
2 nd September 2009	Brickhouse Farm Maldon	6.00pm-8.00pm
14 th October 2009	Chelmsford (venue tbc)	2.00pm-4.00pm

At a meeting on 20th May the Group agreed projects for their workplan, which will be formally agreed at the next meeting. The projects were based on issues previously discussed by the Group and include Hospital discharge, Long Term health conditions and Prescribing in hospital. The Group was pleased to note that they had been invited to have a display at the Essex County Council shop in High Chelmer during Carers Week (8th – 14th June). Staff and members will use the opportunity to promote the work of the LINK and attract new participants.

South East Essex Report for the year 2008-2009

Projects in progress:

Project 1001. Recording details of the existing healthcare and social care assets in South East Essex

Project objective: To provide details of the health and social care assets to use as:

Easily accessible and up-to-date details of all assets for use by members and by the public using personal computers connected to the internet

Ability to provide information in user defined ways, say, "Show me details of GP practices and dental practices within a mile of where I live". "Show me details of social care offices in Southend-on-Sea and the services they provide". "Show me details of the nearest Primary Care Centre, what services are available and when these services are available". "Show me details of the locations of all, (or a limited range) of NHS dentists with open lists of patients in Benfleet, shown on a map of Benfleet and with drill down capabilities to show details of services provided".

A component of a needs analysis for South East Essex so that it is possible to compare the local need with the existing services

Project approved at a public meeting: 24th September 2008 at SAVS

Likely costs: Members' expenses, maps, stationery, host effort for database loading, and maintenance, software (Geographic Information System), application development. Not quantified.

Started: 24th September 2008

Expected availability: Starting October 2009

Project lead: Harry Chandler

Constraints: Availability of members with locality knowledge

Availability of IT software and development effort

Methods of data collection being used:

from statutory service providers on paper

via websites of councils, the NHS, voluntary organisations, and privately owned service providers

surveys on foot by members to verify all data

from local councillors.

Contact has been made with local councillors in Southend. To date, no contact has been made with Castle Point and Rochford councillors.

Progress: Members have collected directories of services from the PCT and Southend-on-Sea Social Care and a large street map (on one piece of paper) of Southend from the council. The PCT has received requests for information. Responses are expected in March. To reduce the work load on the PCT, LINK data needs will be reviewed with the PCT to establish a practical way forward.

The hospital has been requested for details of services provided. This information is currently awaited. A response is expected in March 2009. SEPT has agreed to provide similar data. The Host is pursuing the response. Information has been received from Castle Point and Rochford. A meeting has been held with the Adults, Health and Community Wellbeing manager in Rayleigh together with the Essex County Council service commissioning manager. Contact was delayed due to the recent county council service reorganisation.

Information collected is stored in the Nelson Street office.

We expect data to be linked with electoral wards. A meeting has been fixed with Southend Borough Council councillors to agree a way forward. There has been no progress with Castle Point and Rochford areas of South East Essex.

Project 1002 Pilot Profile - Needs analysis of specific localities in South East Essex

Project objective: A pilot project will explore the accessibility of local information to local residents. It will also seek to improve methods of local data collection for the public, which in turn will inform their assessment of health and social care needs. The project's ultimate aim is to expand the approach across the area in order to improve the robustness of public engagement with commissioning decisions in South East Essex. Electoral wards have been chosen two in Southend and one in Rochford and Castle Point respectively.

Project approved at a public meeting: 29th October 2008 in Rayleigh

Likely costs: Members' expenses, maps, stationery, host effort for database loading, and maintenance, software (GIS), application development. Not quantified

Started: Steering group established January 2009

Expected availability: May 2009

Project lead: Margaret O'Connor

Constraints: Availability of additional funding

Initially the availability of software and development effort by the host

Methods of data collection to be used: ward teams to collect and analyse local data with appropriate support from the host.

Project progress: Additional funding £5,000 was requested from Castle Point District Council. The bid for Castle Point request for monies was rejected as the council expected CEMVO to provide the necessary support. So far there is no progress with funding. The current bid is for a similar amount of money from Southend-on-Sea Borough Council from the Southend Together Partnership Team. We do not know when there will be a decision. The money is to be used to fund activities from an alternative source from the host to provide robust analyses of need which can be used to improve commissioning decisions. The money will be spent on member's expenses, maps, stationery, host effort for database loading and maintenance, software (GIS), application development. To be quantified.

The following have offered support for the project.
The Joint Strategic Needs Officers of Essex County Council
The South East Essex Primary Care Trust have offered the use of up to 3 officers
The Host (Wossen Tadesse & Rosalind Peek of CEMVO).
The chosen wards (to be advised) have unpaid volunteers as Ward Champions who are currently collecting data.

1.3 Project 1003 Southend-on-Sea Carers Survey

Project Objective: To establish the social care and healthcare services provision experiences of Southend-on-Sea carers and report to the Southend Scrutiny committee.

Approved at the public meeting on: 20th August 2008

Likely costs: Southend-on-Sea Borough Council is paying all costs.

Started: 12th August 2008

Expected availability: Mid 2009

Project lead: Peter Stroudley & Harry Chandler

Constraints: None

Methods of data collection being used: Questionnaires about carers' details and experiences.

Project progress: Interim results available 24th February. Full report availability to be advised.

The 1st stage of the questionnaire distribution and receipt completed. The project is now in the analysis stage. No date available for the publication of the analysis. No equivalent survey is known to exist for Castle Point and Rochford (CP&R). The CP&R situation will be reviewed in April 2009.

2. Involvement with local authorities

Southend-on-Sea: two LINK members are co-opted members of the HOSC and young peoples' scrutiny committee, Eddie Camp and Irene Grubb.

Essex County Council: No involvement. Awaiting the Countywide group. Members consider this to be unsatisfactory. Members asked the chair to take the issue further with a view to having South East Essex Locality representation at Essex County Council.

3. Current Health Issues

a. Physical Access to Southend Hospital: Access problems reported by about 100 people (verbally). Patient safety issues exist as emergency vehicles have difficulty reaching the hospital on some occasions. The issue was raised formally with the PCT Commissioning Director and the Hospital Chairman and the Chief Executive of South East Essex PCT. Interim solutions have been suggested by the LINK. No progress to report about eliminating or reducing the problem.

b. NHS Choose and Book: Involvement with all aspects of the operation of the system. Take up by GPs in South East Essex at record level (about 85%) and patients report increasing satisfaction with the use of the system to reduce their waiting times at the hospital specialist departments. LINK

contribution concentrates on patient experiences. The Department of Health (DH) is concerned about giving patients choice. Residents contacted (about 30) report that choice is not an issue with most local patients. The LINK to prepare a report on the recent DH survey. Action Harry Chandler.

c. Phlebotomy service: Continual complaints about the service from patients (about 50 verbal comments offering anecdotal experiences). Our view is that the current service is not fit for purpose. Improvements are promised for patients on Warfarin. Patients report excessive waiting times for blood taking. Patients complain about the poor telephone booking service. We have received no complaints about the clinical service itself. We understand the PCT and Southend hospital are attempting to provide a satisfactory service in 2009. A member has been involved with a provider team to ensure that the patients' needs are fully understood. The hospital environment for blood taking is the subject of numerous complaints because of the drafts and cold air. This was particularly commented on during the cold spell at the beginning of February 2009.

d. Eye clinic: Patients experience long delays and an unsatisfactory experience when presenting themselves at the clinic. The issue has been reviewed with the PPI Manager and he is attempting to determine the most appropriate course of action to improve the patient experience. We are unable to give any comment on patient outcome.

e. Patient records and the use of fax machines: Patients report temporary loss of records in several specialities. The effect of this is to delay the patient consultation. We are also aware of problems of loss of GP letters and the unsatisfactory system to get letters from GPs to the appropriate specialities. Considerable delays were identified by some patients in the time to request a faxed GP letter and the copy availability in the appropriate clinic. We have asked the hospital verbally to take action to avoid patient delays and the consequent loss of skilled clinicians' time. Investigations are now underway. We have no indication about a satisfactory solution implementation.

4. Local authority issues: None to report. This area is likely to be a major part of South East Essex locality LINK activity in 2009.

5. NHS Trusts

5.1 SEPT

A good foundation for progress was established at the initial meeting between SEPT, Margaret O'Conner and Teresa Jago. Essex and Southend LINK members will be attending SEPT board meetings. A joint approach to LINKs' representation with Thurrock LINK South East and south west Essex has been is being discussed by all parties.

Concerns about the proposed reduction in care beds in south Essex. A response was made to the Chief Executive's letter about the proposal to reduce care beds. We have received a communication from the SEPT Chief

Executive. No follow up action has been agreed by members yet. A further response from South East Essex LINK is likely to be made in March 2009.

Margaret O'Connor and Teresa Jago were informed by SEPT that new money was being provided for memory clinics and specialist staff.

Further meetings with SEPT:

A joint explorative meeting has been arranged between South East Essex Locality, Thurrock and south Essex representatives to establish appropriate forms of engagement with SEPT. Action Margaret O'Connor

Meeting with SEPT re Healthcare Declaration. Presentation promised to members. Host trying to fix a date. Action Harry Chandler

It has been suggested that a liaison meeting with SEPT should be arranged for them to explain their role. A date for this is to be arranged soon. Margaret O'Connor.

5.2 Southend Hospital

a. Formal meetings: An appointed member attends the hospital board of Directors meetings. Three preliminary meetings were held with the Hospital's Patient Involvement Manager to agree the way forward for future contacts.

b. Hospital patient satisfaction: The hospital is arranging to improve the quality of data collection regarding patient satisfaction using purpose built electronic recording devices to record patient experience both quickly and accurately. Early indications are that the hospital has identified a satisfactory system and is installing it in a way that is likely to achieve a substantial improvement in patient experience data. Hospital governors are being trained to use the system, some of whom are LINK members. We expect to review progress with governors which will reduce the need for members to "enter and view".

We have been pleased to observe that governors are now performing patient surveys using conventional questionnaires. We anticipate using the information to provide quantification to our future reporting. The hospital governors have been carrying out "listening" exercises with patients which we understand is providing useful data about patient service experience.

5.3 PCT

a. Two Members attend the PCT board meetings

b. Three meetings with the PPI manager and the Communications Director. The PCT is responding to requests for data about services provided. No date fixed for response as issues need to be referred to other managers/directors.

c. Review of the draft 5 year strategic plan. Members have delivered in excess of 400 consultation documents to the public. Members' response is required by 10th April.

d. Request for analyses of PALS data made about patient issues reported to the PCT. Awaiting reports. Expected availability April 2009.

Health Consultations responses

Mental health care in the community. South East Essex Locality responded to the PCT on a local consultation on psychological services in the community. Status: Awaiting feedback.

Members will make a proposal for a project after the beginning of the next year, i.e. after April 2009 – The Psychological service will not start until April – suggest that we establish the how the PCT are going to monitor and feedback their findings initially.

b. Dementia. The South East Essex Locality Group responded to the DH consultation in 2008 about the way forward with dementia care. We await publication of the report by the DH recommending action. Members note that dementia is becoming a major problem in South East Essex. Members are concerned that dementia patients and their carers are not treated appropriately by statutory social care organisations. Dementia issues are likely to be on the 2009/2010 LINK work plan.

6. Commissioning of Health and Social Care Services.

a. PCT services commissioning: Preliminary discussions. Commitment by the PCT to involve the LINK at a stage in the process whereby the LINK can assist commissioning before the decisions reach the pre board approval process. Chair to progress

b. Hospital Commissioning: Chair to progress

c. Local Authority Commissioning in Southend-on-Sea and Essex County Council: Chair to progress

7. Healthcare Commission declarations responses by South East Essex Locality (Declaration on core standards for the period 1 April 2008 to 31 March 2009).

This activity is due to be completed before the closing date for each Trust (PCT, Hospital and SEPT).

South East Essex Locality has not agreed a way forward for the SEPT response as SEPT covers two PCTs and three local authorities. This will mean agreement between two localities of the Essex and Southend LINK and the Thurrock LINK. This is work in progress as the Thurrock LINK has just begun operation.

Hospital draft declaration provided

PCT presentation of the draft declaration due 2nd March 2008

SEPT await meeting with SEPT. No progress to report.

8. South East Essex Locality involvement in Essex countywide issues

Consultation NHS Constitution: South East Essex LINK led. Response sent.

Hospital discharge review: Project initiated. South West Essex to lead

Database and website specification: South East Essex Locality led. First draft produced and reviewed. 2nd draft in preparation, likely availability by 1st April 2009. Further host involvement required.

Information and communications technology for LINK infrastructure

South East Essex Locality the technical lead.

Enter and View. The county sub group is established. Volunteers who have applied (and been short listed) to carry out the function of enter and view have been invited to attend for interviews in March.

Recruiting. We need more members to fulfil our tasks. Members have been requested to publicise our work to attract more members by personal contact.

Abbreviations

South East Essex Locality – the South East Essex Locality of the Essex and Southend Local Involvement Network

GP – General Practitioner

NHS – National Health Service

GIS – Geographic Information System

PCT - Primary Care Trust

SEPT – South Essex Partnership University NHS Foundation Trust

HOSC – Health Overview and Scrutiny Committee

LINK – Local Involvement Network

DH - Department of Health

PPI – Patient and Public Involvement

South West Essex Report for the year 2008 – 2009

Below is a summary of activities undertaken by the South West Essex Locality Group

27th November 2008 – locality meeting in Basildon – theme of long term conditions – reps from ECC social care and NHS SWE present to give presentations & answer questions – Alzheimer's Society well represented – got issues with communication addressed

Members attended NO SECRETS consultation put on by NHS SWE in Basildon

Submitted locality response to Essex Neonatal Consultation

Member attended Essex Palliative, Support and End of Life network on 26th March in Witham

Roadshows held in Basildon, Billericay, Brentwood and Wickford during April and early May 2009.

Representation on National Patient Safety Agency, Essex Neonatal Project Board, McMillan Nurses, Essex Cancer Group, SEPT Patient Experience board, West Essex PCT board, BBW CVS Forum,

West Essex Activity Report for the year 2008-2009

Below is a summary of activities undertaken by the West Essex Locality Group

Member attends West Essex PCT Children's & Young People's Health & Wellbeing Services Commissioning group

Locality represented at CSYP JSNA conference on 20th November at Stansted – representatives from the whole of EoE there

Locality represented at NO SECRETS consultation event Stansted on 28th November.

Followed up concerns with Healthcare Commission re Breast Screening service in west Essex

20th January - Locality meeting in Epping – guest speaker John Mackinnon, Senior Ops Manager Adults Health & Community Wellbeing – talked about Self Directed Support

Attended West Essex and East Herts Emergency Planning meeting – looking at countywide representation on Emergency Planning group

Submitted locality response to Essex Neonatal Consultation

Locality represented at Uttlesford MIND rural networking event on 26th February in Dunmow.

Locality "launch" on 3rd April at Harlow Civic Centre with guest speaker Bill Rammell MP – speakers from ECC and WE PCT on JSNA and LINKs fits in.

Presentation to Rotary Club of Harlow Tye by John Carr & Julie Harkus

Leaflets distributed at Loughton Festival Showcase on 18th April

Attended Essex Safeguarding Adults Board conference in Chelmsford on 27th April

Members attended "Who Cares" event in Loughton on 28th April organised by Azheimers Society with other health service/support providers

Representation at Uttlesford CVS Health & Social Care Forum, John Carr is LINK rep for ECC HOSC, Harlow Voluntary Sector Forum

North East Essex Activity Report for the year 2008 – 2009

Below is a summary of activities undertaken by the North East Essex Locality Group

- The locality group organised four roadshow events to engage with the public. These were taken place in Colchester, Dovercourt, Walton on the Naze and Clacton-on-Sea.
- The Clacton-on-Sea event was held in conjunction with TACMEP (Tendring and Colchester Minority Ethnic Partnership) on their Multicultural Day in April.
- Keith Biggar had been elected as Chair for the locality and Reg McKenna had agreed to be Vice Chair in the interim whilst a panel of Vice Chairs are sought.
- Working groups were getting started on Patient and Public Involvement Legacy and Aspergers Syndrome and new areas of potential work are being considered.
- Contact had been made regarding Third Party Commentaries on Annual Healthcheck.
- Reg McKenna, locality Vice Chair, is leading for the Mental Health, Alcohol, Drug and Substance Misuse theme group for the county. A planning meeting for this group has been arranged.
- The first North East Essex roadshow was held on Thursday 23rd April 2009 from 11.00 until 15.00 at Quaker Meeting House, 6 Church Street, Colchester, CO1 1NF. This included presentations on:
 - Joint Strategic Needs Assessment for Colchester and Tendring by Greg Myddelton, Essex County Council and Vittoria Polito from North East Essex Primary Care Trust.
 - Five Year Strategy for Colchester General Hospital by David Hewitt, Director of Service Delivery, Colchester Hospital University NHS Foundation Trust.
- Last month (May 2009) the locality group had organised a roadshow event to engage more people with LINK. These were held on 7 May 2009 at Dovercourt and the other one was held on the 15 May at Walton on Naze. Fahmida Ali the Project Administrator attended the roadshow held at Walton on Naze and she said that due to lack of publicity the turn out was not up to the mark. It was highlighted from the

Road show that location was isolated from the public domain and no advertisement seen in the area about the drop in session. Fahmida suggested that was LINK use the Frinton and Walton Gazette for advertising future public meetings in North East Essex.

- A meeting was held on 28 May 2009 for the locality group. It was decided that CEMVO would take necessary steps to distribute the flyers among the GP surgeries and will consult the PCT if any help is required to do so.
- A new working group has been created 'Hospital Discharge Group'. The group also decided that for any further issues related to GP appointments, they will contact Rosalind Peek and Nileema Vaswani regarding research in this area.

The necessity of more outreach work within the locality was highlighted and it was suggested that more advertisement and publicity is required in the locality to involve more people in Essex and Southend