

# Haringey LINk Local Involvement Network







# Annual Report 2009 / 2010



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#### **Welcome and Introduction**

Welcome to our second annual report which covers a full year in the life of Haringey LINk. This year we have been concentrating on the best ways to make a difference in the Haringey community. We have also held elections to Haringey LINk Executive Board. These were independently run and now have 18 members elected to the Board who meet regularly in public. Besides recruiting new members to LINk we have concentrated on reaching parts of the community that don't often get heard and there's more about that later in this report.

Faced with how to make a difference in health and social care Haringey LINk felt it was very important to get involved at the level where decisions were discussed and made – the strategic level. With this aim LINk sought to be included on the decision-making bodies such as the health Trust Boards and local authority committees. I am delighted to report we have succeeded in getting a LINk presence on Haringey NHS Board, both The Whittington Hospital and North Middlesex University Hospital Boards, and as co-optee on Haringey Council's Overview and Scrutiny Committee (OSC). Our latest success is a place on Haringey's Joint Strategic Needs Assessment Steering Group where future plans for Haringey are discussed and put forward for action. In the report you can see how these bodies have assessed our input.

Of course this year has been a challenging one with London-wide health reviews having plans that radically affect the health services people receive. As the reviews bring some of the most significant changes in the NHS for years our LINk has started a large piece of research into patient discharge from hospital into the community. We want to know what works and what doesn't so we can influence the new plans as they bring more services away from the hospital into the community health centres. There's more about that too, later in the report.

The latest government changes provide new challenges for the year ahead as we try hard to keep the health and social care interests of Haringey's population at the centre of our work and in front of the decision-makers. Our membership grows and we are keen to welcome more members with any kind of interest in health, social care, or both. We do give details on how to join us further on and we do have a newsletter which you can sign up to if you want to know what we're doing.

Finally a very big thank you to each and every Haringey LINk member for the hard work they have put in throughout the year.

Helena Kania Haringey LINk Chair



# Getting In Touch: Contacting the LINk and the Host

LINk Address	Host Address
Haringey LINk	Shaw Trust
3 <sup>rd</sup> floor	3 <sup>rd</sup> floor
Wood Green Central Library	Wood Green Central Library
High Road	High Road
N22 6XD	N22 6XD
Phone:	Phone
020 8888 0579	020 8888 0579
Email:	Email
haringeylink@shaw-trust.org.uk	Peter.durrant@shaw-trust.org.uk

Each borough has a LINk, and each LINk is supported by a Host Organisation whose role it is to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services
- Enable people to monitor and review the commissioning and provision of local care services
- Obtain the view of people about their needs for, and their experiences of, local care services
- Make these views known and submit reports and recommendations about how local care services might be improved

The Haringey LINk Host is supported by two full time staff.

The Host office is conveniently located at the Wood Green Central Library, which is the busiest Library in the borough seeing approximately 6000 people going through its doors each day. Situated on the High Street in Wood Green, it is well served by public transport including the London Underground (Wood Green) as well as many London bus routes with direct buses through out Haringey as well as other important parts of London including the West End.



#### **About Haringey**



(figure 1)

- Haringey is located in the north of London and has an area of just over 11 square miles.
- Nearly half of its 224,700 population people come from ethnic minority backgrounds.
- The borough has 19 wards.
- Although the borough does not have an acute hospital of its own, it is served by hospitals in the neighbouring boroughs of Enfield and Islington, by the North Middlesex Hospital and the Whittington hospital respectively. It also has St Ann's hospital which serves the mental health trust.
- A recent study found that there are almost 1700 active groups and organisations in Haringey's 3<sup>rd</sup> Sector.
- Haringey, along with Camden, Islington, Barnet and Enfield make up the North Central London Sector.



#### What is a Local Involvement Network?

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 and support the involvement of people in the commissioning provision and scrutiny of local health and social care services
- Enable people to monitor and review the commissioning and provision of local care services relating to:
  - The standard of provision
  - $\circ$  Whether and how local care services could be improved
  - Whether and how local care services ought to be improved
- Obtaining the views of people about their needs for and their experiences of local care services
- Making such views known and making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local care services.



#### LINk Structure

The LINk Executive Board is the decision making committee for the Haringey LINk

Helena Kania Janet Shapiro Haringey LINk Chair, Individual, Ex PPI Haringey LINk Vice Chair, Muswell Hill and Highgate Pensioners Action Group, Better

Local Healthcare Campaign

Sebastian Mani

Haringey LINk Vice Chair, Individual, Ex PPI

Independent

Mash Alam Celia Bower

Muswell Hill & Highgate Pensioners' Action

Group

Michael Brown

Individual

Maureen Carey

Individual, Community Advocate, Haringey

Forum for Older People

Andrew Constantini

Open Minds Foundation

Lloyda Fanusie

Haringey Forum for Older People

Margaret Fowler

Muswell Hill and Highgate Pensioners Action

Group

Lauritz Hansen-Bay

Haringey Forum for Older People

Etta Khwaja

Individual, Ex Community Health Council, Ex

PPI

Faridoon Madon

Individual, Ex PPI

John Murray Pam Moffatt

North London Stroke Awareness Campaign

Andrew Petrou Val Schilling

Individual Individual

Age Concern

Peter Smith

North Middlesex Hospital Patient

Representative Forum

#### **Authorised Representatives**

In order for the LINk to carry out Enter & View, Authorised Representatives are appointed by the LINk Executive Board.

Celia Bower Lauritz-Hansen Bay Helena Kania Etta Khwaja Sebastian Mani Val Schillling



# LINk Membership

# Membership breakdown

Total number of members as of 31/03/2009	15
Total number of members as of 31/03/2010	26
Total number of participants as of 31/03/2009	273
(people who had contact with the LINk but did	
not become active members)	
Total number of participants as of 31/03/2010	614
(people who had contact with the LINk but did	
not become active members)	
Total numbers of members as of 31/03/2010	43
of which have a social care interest	

# Diversity breakdown

Age 0-34	3
Age 65 and over	21
Gender Male	15
Gay man	2
Bisexual	1
Religion stated	5
White British	13
White Greek / Cypriot	3
Turkish	
Mixed White and	
Caribbean	
White and Asian	
Pakistani	
Caribbean	
Chinese	2

Age 35-64	8
Disability	6
Gender Female	17
Lesbian	1
Heterosexual	24
Religion not stated	13
White Irish	1
White Turkish/Cypriot	1
Traveller	
White and Black	
African	
Indian	3
Bangladeshi	
African	
Other	4



#### What we did

The Department of Health started a review of health services in London based on the Darzi report: Healthcare for London. Haringey fell under the North Central London Strategic Organisation Review (NCLSOR) and it quickly became apparent significant changes to how services were delivered were being proposed. As Haringey LINk NCLSOR began to inform us of the basis for change and how these changes were likely to affect users. The move from services being provided in a hospital environment to services nearer home was a key component of the changes.

The LINk felt that to effectively challenge these plans we needed to do some in-depth independent research. Focusing our research effort on one aspect of this move we wanted to look at patient discharge from hospital. Chosen because it had thrown up many issues when we spoke to users it seemed a good project to help us find the good points which we didn't want to lose in any change and points where things needed to be done better. More community activity meant these points which needed improvement would become even more under pressure to perform. We are conducting a research project with The Whittington Hospital looking at a large sample of users discharged from hospital into the community but needing onward clinical care such as district nurses and physiotherapists.

We hope to have some results this autumn when we can bring them to the attention of NCLSOR in formulating future community health plans for the sector.

Our efforts to reach the community have worked well in education. We have been asked to get involved in presentations on the work of the LINk for a UCH postgraduate course, for NHS Haringey's management course and input to a health project at 'A' level on infection control. All these were extremely well received.

We are just starting collaboration as the independent voice on stroke information with NHS Haringey and Haringey Council.



# **Requests for Information**

How many requests for information were made by your LINk during 2009-10?	11
Of these, how many of the requests for information	7
were answered within 20 working days?	
How many related to social care?	5

# **Enter and View**

How many enter and view visits did your LINk make?	5
How many enter and view visits related to health care?	1
How many enter and view visits related to social care?	4
How many enter and view visits were announced?	5
How many enter and view visits were unannounced?	0

# **Reports and Recommendations**

How many reports and/or recommendations were made by your LINk to commissioners of health and social care services?	4/3
How many of these reports and/or recommendations have been acknowledged in the required timescale?	4/3
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	0
Of the reports and/or recommendations that led to service review, how many led to service change?	0
How many of these reports/recommendations related to health services?	3
How many of these reports/recommendations related to social care services?	4

#### **Referrals to OSC**

How many referrals were made by your LINk to an	1
Overview & Scrutiny Committee (OSC)? How many of thses referrals did the OSC acknowledge?	1
How many of thse referrals led to service change?	0



#### **LINk Impacts**

#### a) GP re-accreditation Project

With this project Haringey LINk had an opportunity to provide user input to a service anyone registered with a Haringey GP can use.

NHS Haringey started a GP with Special Interests re-accreditation programme last year and completed the initial phase early summer 2009. The special interests were minor surgery, rheumatology, and dermatology. From the beginning NHS Haringey asked a LINk member to be part of the initial assessment stages as well as at the panel interviews. The work covered all the GPs with Special Interests practising in Haringey and so affected all 220,000 Haringey residents who could access this service.

The LINk work involved advising on the format of the reaccreditation forms GPs were to fill in, then in checking each form and advising where governance issues needed to be followed up such as out-of-date Criminal Records Bureau (CRB) checks, training needs such as child protection, disability compliance issues, cleanliness, information, and privacy & dignity. It also involved placing a user perspective on the questionnaire and so influenced changes in the wording used. One outcome of this work was a comprehensive action and follow-up list and this was the foundation for confirming re-accreditation and ensuring continuing vigilance in the standards for these confirmed GPs. Another outcome is that it also provided a template for the next re-accreditation process in three years time. LINk is still involved in this process in checking the action list is kept up-to-date. Haringey LINk's input has changed the questionnaire GPs fill in, has changed the governance follow-up and through this has made a better service to Haringey users.

#### b) Out of Hours Contract

As with the GP re-accreditation project Haringey LINk provided user input to a service anyone registered with a Haringey GP can use. This covers 000,000 Haringey residents.

The Out of Hours (OOH) contract for GPs under contract to NHS Haringey and three other PCTs (Camden, Islington, Hackney and City of London) was due for renewal in 2010. As part of the tender



renewal process LINk representatives from each PCT were invited to be a sub-committee with voting input on the user aspects of the tender and new contract. The Out of Hours contract will assume more importance in future years as urgent care referrals become more community-focused. For example GP clinics having longer opening hours and covering weekends will ease the pressure on hospital emergency departments by providing a place for users to go.

Initially the LINk input was to ensure the tender invitation included a patient-focused approach so the submissions could be analysed for not only clinical excellence but also for patient focus. As a result of LINk comments the tender invitation and criteria to be met were changed to reflect this new focus.

Once the submissions were received this LINk sub-committee was used to vote on two patient-centric sections of the contract. Through a process of discussion a final consensus award of marks from our LINk group went through to join the marks of other interested committees – clinical, finance. The Haringey LINk member went on to represent all four LINKs at the final presentation stage and to vote for the final award.

The outcome of this involvement is that the tender process and voting included a patient-centric element. The ongoing contract maintenance will also include LINk involvement. This is a great example of NHS and LINk working together to benefit service users.

# c) Mortuary, The Whittington Hospital

We have a LINk member sitting on the Donor Committee of the Whittington Hospital. This looks at issues concerning organ and tissue donation. For tissue donation including eyes, permission from relatives and friends of patients who have died needs to be agreed quickly.

After research into the best places to approach relatives, the mortuary and its viewing area was felt to capture the most opportunity. However the LINk member had investigated the mortuary viewing area previously and felt it needed improvement if relatives were to be approached at this difficult time over delicate issues requiring consent. The LINk member took this issue to the hospital board when items of capital expenditure were due for



discussion. Following the LINk's intervention the hospital board agreed a budget for the mortuary. This included refurbishing the viewing area to a standard allowing counsellors to discuss tissue donation with relatives.

The outcome is not instantly measurable but as The Whittington has a record of zero eye donors we should be able to see an improvement once the building works have been completed. We are also sure that all relatives and friends visiting the mortuary viewing area regardless of tissue donation requests will appreciate the improvements.

#### Views on LINk from partner organisations

'NHS Haringey has found LINk increasingly important to our work over the past year. LINk has helped us with our developing programme of engagement.'

'After a long gap we are, at last, in the position of having a voice from the local population through LINk that is legitimate and growing in strength. I would like to take this opportunity to thank LINk for all is does to help improve the health of people in Haringey.'

Richard Sumray, Chair of NHS Haringey

'As Chair of the Overview and Scrutiny Committee, I can say that the LINk has assisted us when we have been looking at health and social care issues by providing a valuable service user perspective. This helps to ensure that deliberations accurately reflect the concerns of local residents.'

'LINk representatives have contributed to individual 'task and finish' scrutiny reviews as part of the panel and used their local experience and knowledge effectively.'

'The LINk has also provided a useful means for the Committee to engage with members of the local community and service users. Finally, they have provided the Committee with a valuable source of information on the relevant local issues.'

Councillor Gideon Bull, Chair of Haringey Overview & Scrutiny Committee



# Views on LINk from partner organisations (continued)

'The Board of the Whittington Hospital NHS Trust greatly appreciates the time that Haringey LINk dedicates to its collaboration with our hospital. The Chair of Haringey LINk, Helena Kania, is an ever-present attendee at our public board meetings. Her valuable contributions are always welcome and add the important patient and community perspectives which are essential to our deliberations.'

'Via Helena, Haringey LINk has met regularly with the Whittington's Director of Primary Care and Director of Nursing throughout the year and has been both a challenge and a support when considering many of the governance, patient safety and patient experience issues across the Trust. She has taken part in the Trust safety walkabouts, examining patient safety issues in the specific clinical areas in the Trust. Thus LINk has ensured that a local public perspective has influenced the Whittington board's discussions on strategy and operations.'

Joe Liddane, Chair of Whittington Hospital NHS

'From my point of view, I would like to confirm ... that I have valued your inputs and comments on my service to date, I look forward to continuing to work with the LINk as a 'critical friend' and am also happy to be an informal adviser as the role of the LINk develops further. I see the organisation as being robust and focussed and being a valuable addition to the system of checks and balances devised to maintain the quality of service provided in social care.'

Len Weir, Head of Provider Services (Haringey ACCS)

'To highlight some of the contributions, LINks Haringey has provided a strong voice when re-commissioning the Out of Hours GP Service, a review of Medicines management in Care Homes, Making changes in Foot Healthcare in the community and providing a robust presentation to the PCT's AGM in 2009 encouraging the community to work with the local NHS on health and social care matters'.

Dilo Lalande, Head of Partnerships and Stakeholder Engagement, NHS Haringey



'The work undertaken by Haringey LINk is extremely useful to the North Middlesex University Hospital NHS Trust (NMUH) in ensuring that our links with what patients want and how they feel is as clear, responsive and as open as possible.'

'Joyce Aslan (Haringey LINk member) is an active attendee to Trust Board meetings and Peter Smith (Haringey LINk member) is involved in our Communications Working Group. Both provide constructive comment to Trust management and operational staff and serve a great purpose as an independent, objective set of 'eyes and ears' regarding the patient experience during their visits to the Trust.'

'The importance of the role LINks play, will only grow in relevance as this Trust develops the facilities in the new hospital building and looks to build upon the customer service training that has already begun for our staff. The input, ideas and support provided by Haringey LINks will, I am sure, continue to be a vital element in our planning and review of service developments on this site.'

Richard Milner, Director of Service Development North Middlesex University Hospital



#### **LINk Finance**

The Haringey LINk is funded by the Department of Health, and is managed through the Area Based Grant in Haringey.

Amount allocated to the local authority by the
Department of Health
Amount of funding received by the host from
the local authority
Amount of funding received by the LINk from
the host
Amount of funding carried over from previous
year
Other income
Total Budget for 2009/2010
Total spend by Host Organisation
Total spend by LINk

£171,000.00
£153,500.00
£16,233.00
£10,177.00
£0.00
£163677.00
£129,315.00
£23,526.00



## The Next Twelve Months

Again we have a very full programme ahead especially with the impact of financial and organisational changes from the new government. Haringey LINk Board met before the end of our year to decide on a work plan for the next 12 months. The plan was based on many factors such as feedback from Haringey residents, statistics highlighting health inequalities, and of course changes in health and social care policies.

Let me pick out a couple of highlights of our plan. We will be continuing our work on patient discharge from hospital into the community as once new health proposals are announced we still want to be sure we can influence the changes for the good of Haringey service users. We hope to have some of the results of this work in the autumn.

Some members are working on a care home checklist which will help us assess both the council-run and the independent sector care homes in Haringey. In that list we will include factors with a user-centred focus that includes visitors and carers as well as care home residents. Once agreed we will use this list to go out and visit Haringey's care homes.

We hope to investigate the problems associated with making appointments with a range of health professionals – GPs, physiotherapists, foot care, and send a report to NHS Haringey. Our work plan is available on our website. Do please take a look – www.haringeylink.org.uk



# **Understanding the Jargon**

Here is a list of the more frequently used abbreviations and what they mean:

DoH	Department of Health
Host	the organisation supporting the LINk
JSNA	Joint Strategic Needs Assessment
LINk	Local Involvement Network
NALM	National Association of LINk Members
NCL	North Central London
NCLSOR	North Central London Sector & Organisation Review
OSC	Overview and Scrutiny Committee
PALS	Patient Advise and Liaison Service
PCT	Primary Care Trust
PPI	Patient and Public Involvement