



MAKE IT HAPPEN!

North East LINks Conference Report



15th July 2009, Stadium of Light, Sunderland

Contents

Section	Page
1. Introduction and Aims	4
2. Background	5
3. Summary of Feedback	6
4. Next Steps	9
Appendix 1: Agenda	10
Appendix 2: Joan Saddler's presentation	19
Appendix 3: Afternoon workshops	20

Acknowledgements

North East LINKs would like to thank the following for their contributions to the day:

Joan Saddler OBE



Paul Johnson



South Tyneside LINK, Sunderland LINK and County Durham LINK for organising the event



And above all, LINK members for attending and contributing to discussions and workshops



Sunderland's Stadium of Light provided the conference venue

1. Introduction

Local Involvement Networks (LINKs) came into existence with the Local Government and Public Involvement in Health Act (2007), and replaced Public and Patient Involvement Forums. The purpose of LINKs is to develop a strong voice for communities in health and social care so that local people can influence local services.

In the North East, staff from the 12 LINKs currently meet on a monthly basis to support each other and share best practice. From these regional meetings, a discussion on the possibility of a regional network of LINK members began. Chairs of LINK Boards across the North East were invited to a meeting to discuss a regional network, how the network might work and what purpose it might serve. The LINK chairs agreed that the debate over a regional network should involve a wider representation of LINK members, and a regional event was suggested.

To date, regional LINK staff meetings have provided the opportunity to:

- Share best practice
- Address regional issues (such as developing working protocols with the North East Strategic Health Authority)
- Share information
- Share experiences i.e. on issues, relationships with commissioners and providers
- Co-ordinating regional activities such as regional conference, chairs meetings, regional publicity
- Peer support

2. Background

The first North East LINKs Conference was held on the 15 July 2009 at the Stadium of Light in Sunderland. Ten members from each of the 12 LINKs in the North East were invited to attend and all conference delegates were members of a North East LINK. The day had two aims, to discuss the possibility of a regional member's network, and to learn from each other by sharing best practice and experiences.

An agenda for the day can be found in **Appendix 1**.

The event was attended by 111 people and was chaired by Steve Wilkinson, Manager of Sunderland LINK. Joan Saddler OBE, Department of Health, National Director of Patient and Public Affairs opened the conference with a presentation on public and patient engagement (**Appendix 2**).

The delegates then split into ten workshops to discuss a regional network of LINK members. A summary of the discussions that took place in these workshops is at Section 3.

The afternoon was an opportunity for LINKs to share the work that they have been doing in a series of workshops. These workshops varied from presentations to open discussions. Those workshops that had supporting papers and presentations can be found online or can be requested from your local LINK. A list of afternoon workshops is at **Appendix 3**.



3. Summary of Feedback from Morning Workshops

During the morning session, delegates were divided in to ten groups and asked to consider the following questions:

- What advantages would a Regional LINKs Members Network bring?
- What disadvantages could it bring?
- What purpose could it serve?
- What governance would it need?
- How would members be drawn from each area?
- Would it need resources? If yes, what?
- What value would it bring to your Local LINKs?
- What Value would it bring to other stakeholders? (the people we serve, health and social care providers, commissioners, CQC and Department of Health)
- What could be the barriers that would impede its formation or its function?
- Any ideas on how we overcome these barriers?

The issue of a regional network prompted some lively discussions. The majority of delegates felt that a regional LINKs network could have some real benefits for local LINKs. However, there were some concerns about how it would work in practice and the impact it would have on local LINKs.



Advantages

Below are some of the advantages delegates thought a regional LINKs network could bring:

- Being able to join together on shared issues, which will provide a stronger voice at local, regional and national level
- To share good practice among the North East LINKs
- Sharing resources such as skills, knowledge and training
- Enable LINKs to gather evidence from across the region
- A way to address regional issues, and common local issues at a regional level
- A regional network will bring greater diversity to issues (i.e. urban and rural perspectives)
- There will be wider networking opportunities for members
- Cross boundary working should increase support for patients who use services across local authority and NHS Trust boundaries

Disadvantages

Delegates also raised concerns and possible negative effects that a regional LINK network might have:

- Staffing and resources – where will this come from, who will pay for it?
- Some people worried that without a strong purpose a regional network will lack direction
- Some worried that a regional network will take resources away from local LINKs
- Some worried that regional and cross-boundary Trusts will by-pass local LINKs and only consult with the regional network as it would be quicker and easier. This would take power and influence away from the local LINK and local voices will be ignored
- There could be conflicts of approach and interest across the North East LINKs
- LINKs were developed to concentrate on local, not regional issues, this focus must not be lost
- Some people worried that a regional network will be merely a time consuming and costly talking shop
- How will a regional network make sure hard to reach areas will be included?
- Danger that commissioners may mistake regional reps for local reps

Suggestions

Delegates were given the opportunity to put forward their proposals for how a regional network could be run.

There was a definite split in opinion amongst delegates as to how a regional network would function. Some felt that it was important to have strong governance structures, with a good chair backed by governing documents and decision making processes. In a network of this structure local chairs or elected representatives would attend regional meetings and feedback to their local LINKs.

Others however, saw the network as being a much more flexible arrangement with little or no bureaucracy. It would be organised so that all LINK members across the region

could take part. This might be supported by an online resource such as a web based forum, or at annual events such as the regional conference.

A third proposal was that a regional network should purely be for sharing information, experience and support. It should not have any role in decision making at local or regional level.

Other suggestions included:

- A network should be member, not host led
- Regional newsletters
- A regional co-ordinator (staff or LINK member) will be necessary to organise meetings
- Development of a regional LINKs work plan
- Sub regional networks
- Statutory agencies must be on board and recognise the regional network, but not use it as an excuse not to engage with individual local LINKs on both local and regional issues

Regarding finance, there were suggestions that local LINKs could allocate a small amount of their budget for the regional network. However, it was pointed out that local LINK budgets vary hugely, with some having virtually no operational budget, and therefore unable to contribute to a regional network.

Conclusions

It is clear that many delegates agreed that in theory a regional network of LINKs members could be beneficial, there were many different ideas about how this network would actually function and what its purpose would be.

Following the morning workshops was a brief feedback session and an opportunity for candidates to put questions and comments to Paul Johnson, Involvement Lead at the North East Mental Health Development Unit, whose remit includes supporting LINKs across the North East.

North East LINKs have been offered £4000 annually to support the development and running of a regional network. Delegates were assured that this funding would not affect local LINKs financing.

No decision was made about whether a regional member's network would be developed. All delegates agreed to go back to their local LINKs to have a wider debate about the issues that have been raised regarding a regional network.



Comments

The following comments were made by delegates on feedback and evaluation forms:

“Found the day very interesting”

“Mixed feelings – Who – What – Why?”

“A day well spent – I learned a lot about other LINK activities”

“I am not convinced that an event can take this decision to establish a regional network. Can only be a recommendation! Needs further process to establish if it is required.”

“A good day. I feel more days should happen like this.”

4. Next Steps

The decisions that local LINKs need to make are:

- Do we want to be part of a regional network?

Members also need to consider:

- How should the network be co-ordinated?
- How should the network be structured?
- How should the network be resourced?

We need to speak with our local members to get their ideas and opinions. A North East LINK Chairs meeting will take place in November. At this meeting the Chairs, representing the views of their local membership, will decide upon the next steps towards a regional network. Therefore, local LINKs need to consult with their membership before November so that their Chairs can bring local opinions to the debate. This decision will be made by LINK members, not host staff.

Whether a formal regional network is developed or not, most of the delegates agreed that a regional event that gives members the opportunity to share experiences and ask questions was beneficial and should take place at least on an annual basis.

Appendix 1



Regional LINKs Conference Agenda

Wednesday, 15 July 2009
Stadium of Light
1000 – 1530 hrs

10:00am– 10:30am	Arrivals / Registration Tea/Coffee	1 st Floor
10:30am– 10:40am	Brief Introduction	Banqueting Suite
10:40am– 11:25am	Joan Saddler National Director of Patient & Public Affairs, Department of Health	Banqueting Suite
11:25am– 11:40am	Tea / Coffee Break	
11:40am– 12:30pm	Morning Workshop Do We Need a Regional LINK Network?	Rooms as directed
12:30pm– 2:00pm	Lunch and Market Stalls (an opportunity to see what other LINKs are doing)	Banqueting Suite
2:00pm– 2:30pm	Feedback from Morning Workshop Paul Johnson	Banqueting Suite
2:30pm– 3:30pm	Afternoon Workshops	Rooms as directed
3:30pm	Finish	

Appendix 2



North East Regional LINKs Conference

15 July 2009

Joan Saddler OBE, National Director Patient and Public Affairs



- **Background to Patient and Public Engagement and Experience**
- **Update and Learning from Inquiries**
- **The NHS Constitution**
- **Looking to the Future - Challenges to Effective Engagement**
- **Taking the LEAD on the LINKs Agenda**

Primary Care Trusts spend on behalf of their population

**£70 billion a year or
£200m a day**

**World class commissioning is
about investing £70bn for local
health improvement**

Stafford Hospital (Mid Staffs NHS FT)



Patient Involvement and Empowerment - Update



'This is a story of appalling standards of care and chaotic systems for looking after patients.'

Sir Ian Kennedy, Chair, Health Care Commission 2009

'The main responsibility for the failures..... rest with (the) Trust. However other organisations, including the PCT as the local leader of the NHS and commissioner of services, and the local SHA with responsibility for oversight and management of the health system, also have lessons to learn and improvements to take forward.'

David Colin-Thomé, National Director for Primary Care, 2009

Patient Involvement and Empowerment - Update

Mid-Staffs – review of lessons learned

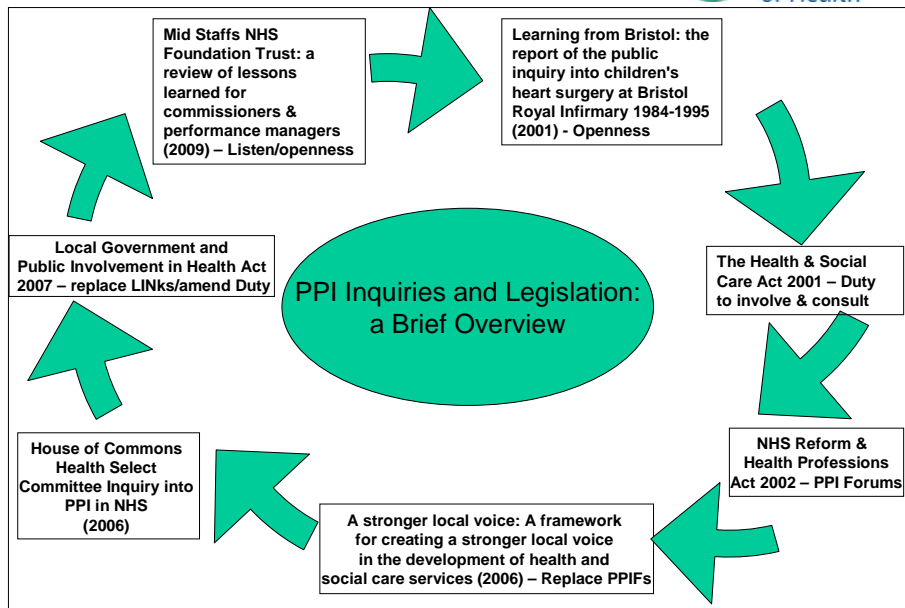
- **Use of Data** & local information - 'Real time' data captures feedback early
- Embedding **new Complaints Procedure**
- Role of '**Monitor**' – strengthening role of **Foundation Trust governors** to work more closely with PCTs
- Strengthening **LINKs** – Online Training Tool, National Awareness Campaign, 'How to be Heard' Guide, Quality Accounts
- Proposed new annual '**Statement of Involvement**' setting out how patient and the public have been engaged in decisions

World Class Commissioning – Competency 3

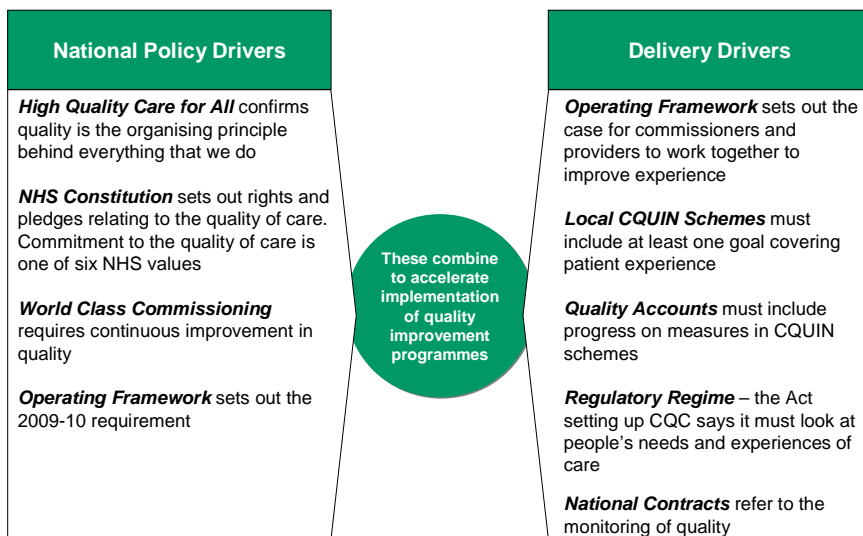
- Strengthen role of PCTs as commissioners
- PCTs should be held to account for engaging patients and public

'A key lesson is that all organisations should be focused on prioritising high quality patient care as judged by outcomes.'

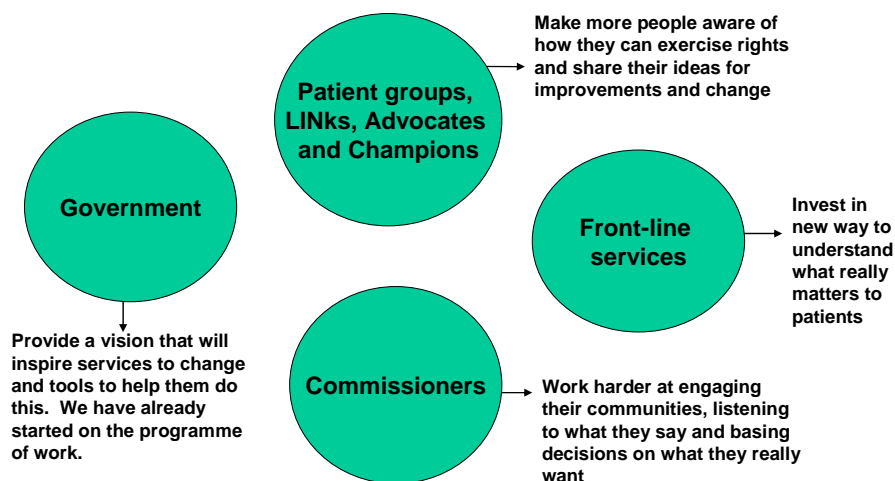
Dr David Colin Thomé, April 2009



Policy and delivery drivers for improved quality



Who is involved?



Together we can put patients at the heart of services

LEAD through Real-Time Patient Feedback: An Essential Feature of Quality Improvement Programmes



Real-time patient feedback enables staff to make improvements to services at ward, department, clinic or hospital level

"We need to ensure that the patient is placed even closer to the centre of the NHS"

Alan Johnson, Labour Party Conference 10/08

Great laptop but I don't understand a word it says!



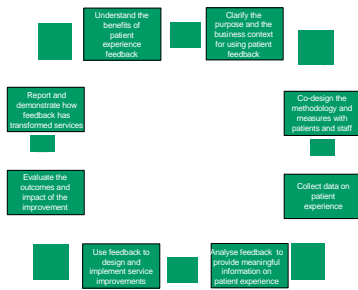
Technology is an important aid, but does not provide the full solution – a mix of methodologies are needed to reach all patient and public groups

Although hospital trusts are early adopters, providers in all sectors and commissioners should both collect and demonstrate the use of patient experience feedback in service improvements

Listening, understanding, responding – engaging with patients & local communities



Patient and Service User Feedback
A guide written with the NHS



Designed to help providers and commissioners collect, analyse and use patient feedback

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098658

The engagement cycle (e-cycle)
An interactive toolkit developed with the NHS



Designed to support the NHS when engaging with patients and the public

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099780

Tackling Health Inequalities



Looking out – not up



Patient and public engagement and experience:

More than an 'aspiration' that develops systems, tools and strategies to:

- ***Involve and listen to patients***
- ***Use insight to critically inform decision-making***
- ***Engage the public to help improve personalised care across health and social care***

"An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart."

Lord Darzi
High Quality Care For All

Appendix 3

LINK	Workshops / Tasks
Darlington LINK	Engaging with your community
County Durham LINK	Enter & View
Gateshead LINK	What does your LINK do
Hartlepool LINK	Recruitment of Members
Middlesbrough LINK	Developing & Using Work Plans
North Tyneside LINK	Working with statutory partners
Northumberland LINK	Equality & Diversity
Redcar & Cleveland LINK/Stockton LINK	Cross boundary working
South Tyneside LINK	Personalisation
Sunderland LINK	Virtual Network

Appendix 4

Evaluation Summary

Out of the 111 forms given out 59 were returned. A return rate of 53.15%

Section 1

The **Make it Happen** Conference aimed to establish if there is a need for a Regional LINK Network and if so, what its purpose and function would be.

1. Do you feel that the event achieved this?

Fully	Largely	A little	Not at all	No response
6	39	9	2	3

2. Was the event as you expected?

Yes	No	No response
44	3	11

One person stated that they had 'no specific expectations'.

Section 2: Morning Workshop

3. How did you find the morning session

Invaluable	Very useful	Useful	Not particularly useful	Not at all useful	No response
4	23	25	5	2	0

4. Were you able to contribute?

Fully	Significantly	On certain points	A little	Not at all	No response
11	17	26	4	0	1

Why were you unable to contribute?

No knowledge of subject	Dominated by others	Not relevant	Did not want to	No response
1	7	6	2	43

Section 3: Afternoon Workshop

5. How did you find the afternoon session

Invaluable	Very useful	Useful	Not particularly useful	Not at all useful	No response
8	25	19	3	0	4

6. Were you able to contribute?

Fully	Significantly	On certain points	A little	Not at all	No response
15	15	21	3	1	4

Why were you unable to contribute?

No knowledge of subject	Dominated by others	Not relevant	Did not want to	No response
1	4	6	0	48

Section 4: General

7. How would you rate:

a. Venue

Excellent	Good	Satisfactory	Poor	Very poor	No response
29	21	8	0	0	1

b. Guest speaker

Excellent	Good	Satisfactory	Poor	Very poor	No response
17	28	10	2	1	1

c. Catering

Excellent	Good	Satisfactory	Poor	Very poor	No response
18	26	7	6	1	1