

LINK CORNWALL

I'm
LINKed



Help Us Make Health
and Social Care Work
for You

*Kevren yn Kernow – Gwreugh oberi ragowgh
dhe yehes ha gwith kowethasek*

Local Involvement
Network in Cornwall
Annual Report
April 2009 – March 2010



Welcome to the LINk in Cornwall Annual Report about another successful, productive and fun year, building on last years achievements.

LINk in Cornwall volunteers are fundamental to what we do and how we do it. The considerable progress that LINk in Cornwall has made, is down to them, combined with the excellent support provided by the small host team. A very grateful thank you to all of them. Our participants have a diverse range of skills, knowledge, experience and a lot of expertise, freely given, in order to develop and improve health and social care services throughout the county.

LINk in Cornwall is making a difference.

The public tell us what they think, and we are working with that information. You can read elsewhere in this report what has been achieved to date. A priority at present is to get more people taking part in LINk in Cornwall. Our potential to make progress is influenced largely by the number of volunteers involved. We have built good relationships with the people who plan and run services. With more people involved we will increase our ability to take on more issues that the public tells us about. You can be involved as little or as much as you wish, or as your situation allows.

Your efforts will make a difference. You will also meet a fabulous bunch of people, and have some fun. Do come along to one of our events, or contact us, find out more, check out the website - and help us make health and social care work for YOU!!

Rob Gough

LINk in Cornwall Facilitation Group

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All the photographs in the report have been taken at LINK in Cornwall events. Thank you to everyone for allowing us to use them.

SNAPSHOT OF ACTIVITY 2009/2010



Involved passionate and committed voices of Cornish communities.



Attended and introduced LJNq in Cornwall to 141 community groups, events or meetings held across the whole of the county.



Developed a work plan to make positive changes to the experience of patients leaving hospital.



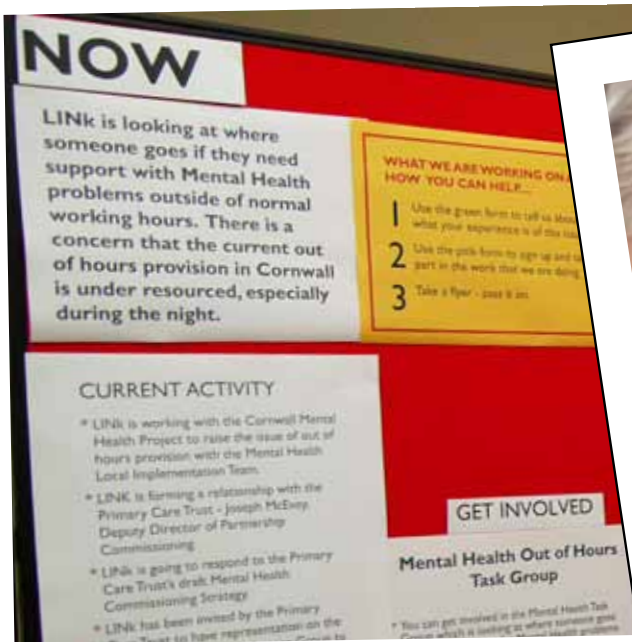
Trained LJNq in Cornwall participants to accompany inspections of NHS dental practices.



Held 43 meetings for local people, groups and organisations to share their views.



Talked directly with health and social care professionals on over 40 occasions.



Monitored the implementation of the recommendations made by the Mental Health Out of Hours Task Group.



Responded to 12 consultations and formally requested responses to 11 letters/emails.

WHAT IS LINK IN CORNWALL?

LINK in Cornwall is an independent and volunteer led network that gives you the opportunity to work with the people who plan and run health and social care services to make positive changes.

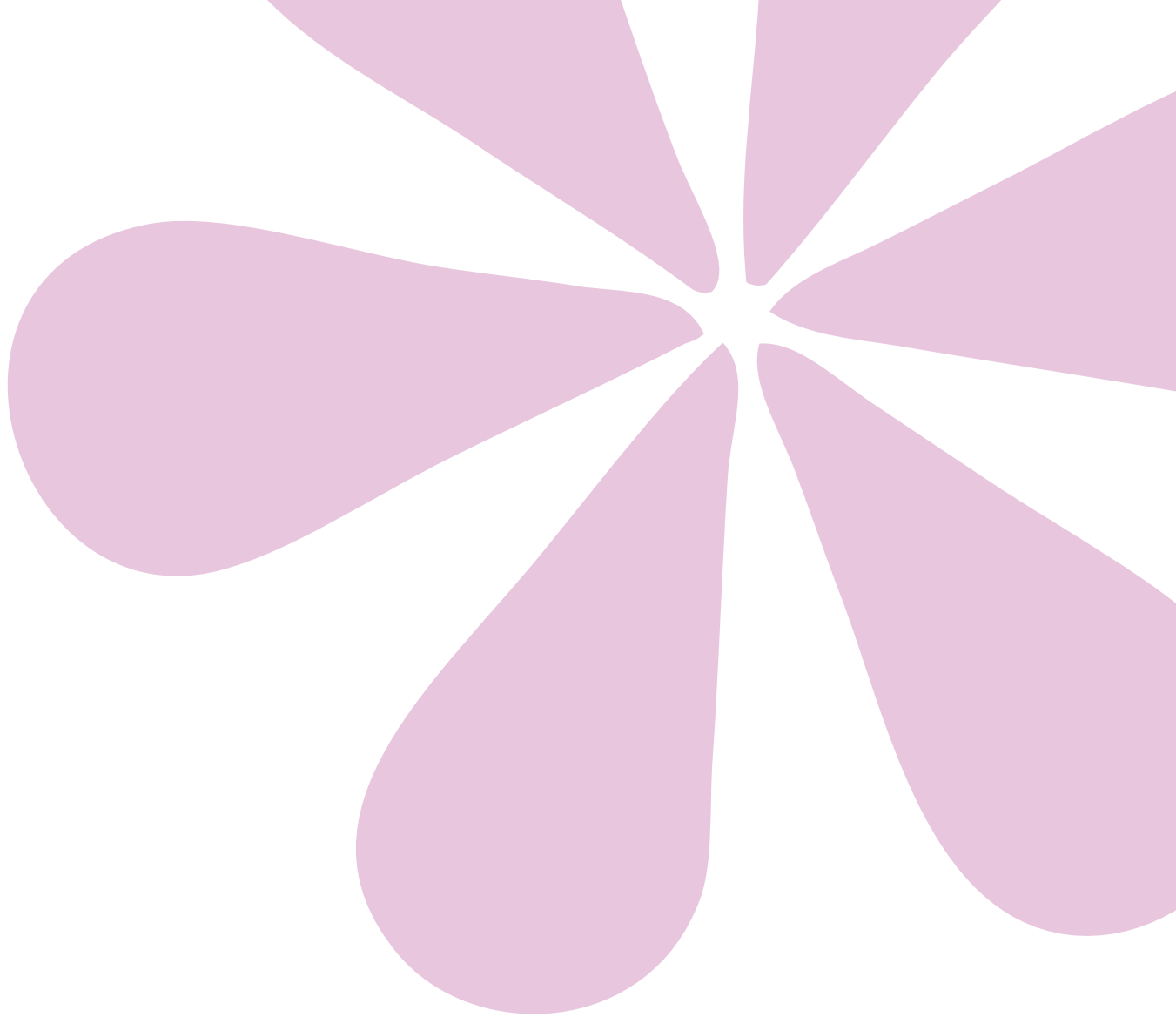
We have a number of statutory rights that are extremely important. This means that the organisations to which we give feedback have a legal obligation to listen to us. We are using our rights to represent you and be heard.

IN MORE DETAIL

In July 2006, The Department of Health published “A Stronger Local Voice: A Framework for Creating a Stronger Local Voice in the Development of Health and Social Care Services”. This document set out proposals for strengthening the voice of communities by building on the success of NHS Public and Patient Involvement Forums and extending their remit to social care. It also proposed that statutory rights were needed if they were to give people the knowledge that they will be listened and responded to. These proposals resulted in the creation of Local Involvement Networks - LINKs.

The Department of Health has given money to the Council in each Local Authority area. This money is to fund a LINK and employ an organisation to support and host it. The Local Involvement Network for Cornwall is known as LINK in Cornwall.

The ambition for LINK in Cornwall is to reach out as widely as possible across communities in Cornwall to ensure that they are represented in saying what needs to improve in health and social care services.



We are a separate organisation and independent from Cornwall Council and the National Health Service. LINK in Cornwall is made up of individuals and community groups in Cornwall. It is the people who take part in LINK in Cornwall who determine how it works.

Taken together, our statutory rights, independence from the council and health service, our public accountability, and in particular our volunteer led structure, as well as our work to provide a voice for the people of Cornwall, constitute the significant differences between LINK in Cornwall and statutory agency membership schemes and engagement forums.

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Find us on
Facebook

WHO'S WHO?

LINK in Cornwall is about the experts, the people who use and need services, working with the people who plan and run these services.

The Facilitation Group, established in the first year of LINK in Cornwall [2008], has the overall accountability for the direction of LINK in Cornwall. As community members and people with first hand experience of health and social care services, the Facilitation Group are committed to shaping the thinking and practice that affects all our lives and the lives of communities in Cornwall with the aim of making LINK in Cornwall something for everyone in Cornwall. It is their skills, knowledge, energy and networking that keeps it moving forward. All the work LINK in Cornwall does is in response to issues raised by, or identified as important by, the local community.

In October 2009, at our AGM, it was proposed and agreed to amend our Terms of Reference and extend the membership of the Facilitation Group by a further 6 members. This amendment has increased the capacity of the LINK in Cornwall Facilitation Group. To add to our numbers we welcomed the co-option of a new Media and Communications Lead to the Facilitation Group. 2 of the newly elected members Peter Roberts and Bee Henderson had to resign from their roles after only a short time in post. We also said goodbye to Ray Hancock as he stood down from his role as a Facilitator on Independent Living and Wellbeing. We currently have vacancies in the following areas of interest: Hospital Care, Social Issues, Inclusion, Independent Living and Wellbeing, and Children and Young People.



John Evers

John spent his working life in the Health Service, as a Consultant Physician for older people and as a community geriatrician. He has gained a wealth of experience in the issues that affect older people. He believes in the need to improve the well-being of the most vulnerable in the community.



Caroline Gayle

Caroline is a Neighbourhood Health Co-ordinator, employed by Cornwall Neighbourhoods for Change. Her project improves the quality of life for people living in social housing by addressing health inequalities that often mean that they are disadvantaged by where they live.



June Hackett

June has worked in the voluntary sector for 20 years. Previously she managed a large sales team and before this she was a nurse. She wants to put something back into the community for the treatment she received when she became disabled. She believes the patient voice should be heard by the providers of Health and Adult Care and Support.



Malcolm Lawrence

Malcolm is a retired employee of the NHS and has 'hands on' experience of patient care and service provision. He feels it is important that health services are aware of the issues that concern residents of Cornwall.



Tony Lea

Tony has many years personal experience of mental health illness and is very passionate about advocacy services for mental health service users. He believes that they need to be independent, more empathetic and non reactionary as this kind of approach will build rapport and trust between service users and providers.



Lesley Hartgroves

Lesley manages a countywide young people's mental health service called Hear Our Voice. Her background is in nursing and psychotherapy and has experience in midwifery and general mental health.



Sally James

Sally is a mature student currently working on her last year for Open University - Health Care and Community. Sally believes that the most important lesson for health and social care services to learn is that the people should not have to understand the complexities of their services in order to be able to have a voice and make a difference.



Roy Lee

Roy feels there needs to be a coordinated effort in making the services that are available across Cornwall known to the 'man in the street' so that they can access them. He also has a background in looking at transport for people to and from hospital.



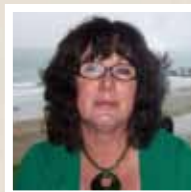
Cindy Reeve

Cindy has 35 years experience of disability and has come to understand and appreciate that the very best for individuals comes out of working in partnership with medical professionals and social care enterprises. She is retired from a successful career in media and public relations and is a good listener and an experienced communicator.



Rosemary Wickett

Rosemary is an active member of her community and has first hand experience of the health and social care issues that impact on the day to day lives of the people she supports in her community. She has many years experience in mental health and mobility.



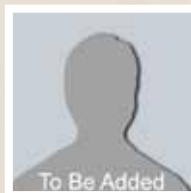
Rose Woodward

Rose is a survivor of kidney cancer who had her treatment at Treliiske. She believes passionately in a patient centred NHS and wants patients, carers and their families to be consulted about changes to patient care or hospital services in Cornwall. Rose is a patient advocate advising individual patients across the Country to help them get access to the best possible drugs & treatment.



John Walton

John spent 20 years in the Royal Marines before he was medically discharged. Due to this and other health complaints he feels he has a good understanding of how hospitals work from a patients view. He believes that health services in Cornwall need to be accountable to members of the public and patients and ensure they do the best for Cornwall.



Lynne Young

Lynne has worked for the Association for Spina Bifida and Hydrocephalus since 1988 and knows that the reality of life for many service users is uncertainty about exactly who to turn to as services can sometimes appear to be rationed and difficult to obtain. Lynne represents the views of her service users to try and improve health and social services provision for everyone who has a disability.

WHO BENEFITS AND HOW DOES IT WORK?

Every single resident in Cornwall can put forward their views about health and social care services through LINK in Cornwall– as an individual, a member of a Community or Voluntary Organisation, Business or Statutory Sector.

LINK in Cornwall spends a lot of its time gathering views and concerns from people in Cornwall, fully understanding the specific difficulties people face, particularly in isolated areas.

It is important for LINK in Cornwall to work alongside those organisations and individuals who have a remit to improve health and social care services for the communities and people they represent so that we can benefit from their expertise and experience. In return we can provide these organisations with a platform for their voices to be heard.

The job of LINK in Cornwall is to find out what is and is not working well in health and social care services [with the exception of Children and Young People Social Care Services, as the Office for Standards in Education [OFSTED] carries out a scrutinising function for these services], in the County, and to talk to the people who plan and run services to say what could be improved and how. We will:

- Tell them what people in Cornwall have told us.
- Ask them questions and suggest ways in which things can change for the better. We have the right to be responded to within 20 working days.
- Visit some services to check out how they are run.
- Refer matters to Cornwall Council's Health and Adult Overview and Scrutiny Committee.



LINK in Cornwall is hosted by three of the largest Voluntary Organisations in Cornwall – The lead host is Cornwall Rural Community Council [CRCC]. They work in partnership with Age Concern Cornwall and Penwith Community Development Trust [PCDT] via Inter-Link Cornwall.

The role of the host and partner organisations is to promote, support, guide and advise LINK in Cornwall so that it can achieve what it has set out to do.

CRCC is a Cornish charity dedicated to working with and strengthening Cornish communities and supporting vulnerable groups and individuals within them. They have an in depth understanding of the challenges rurality presents for people living in Cornwall.

Age Concern in Cornwall and the Isles of Scilly is a registered charity striving to serve the needs of people 50 plus throughout Cornwall and provide the outreach needed to ensure that the voices of older people are represented.

PCDT is a charitable organisation that aims to work in partnership towards the economic, environmental and social regeneration of the community. PCDT is the accountable body for the Inter-Link Cornwall project, which works with the Voluntary and Community Sector providing the distribution networks needed to reach out across Cornwall.

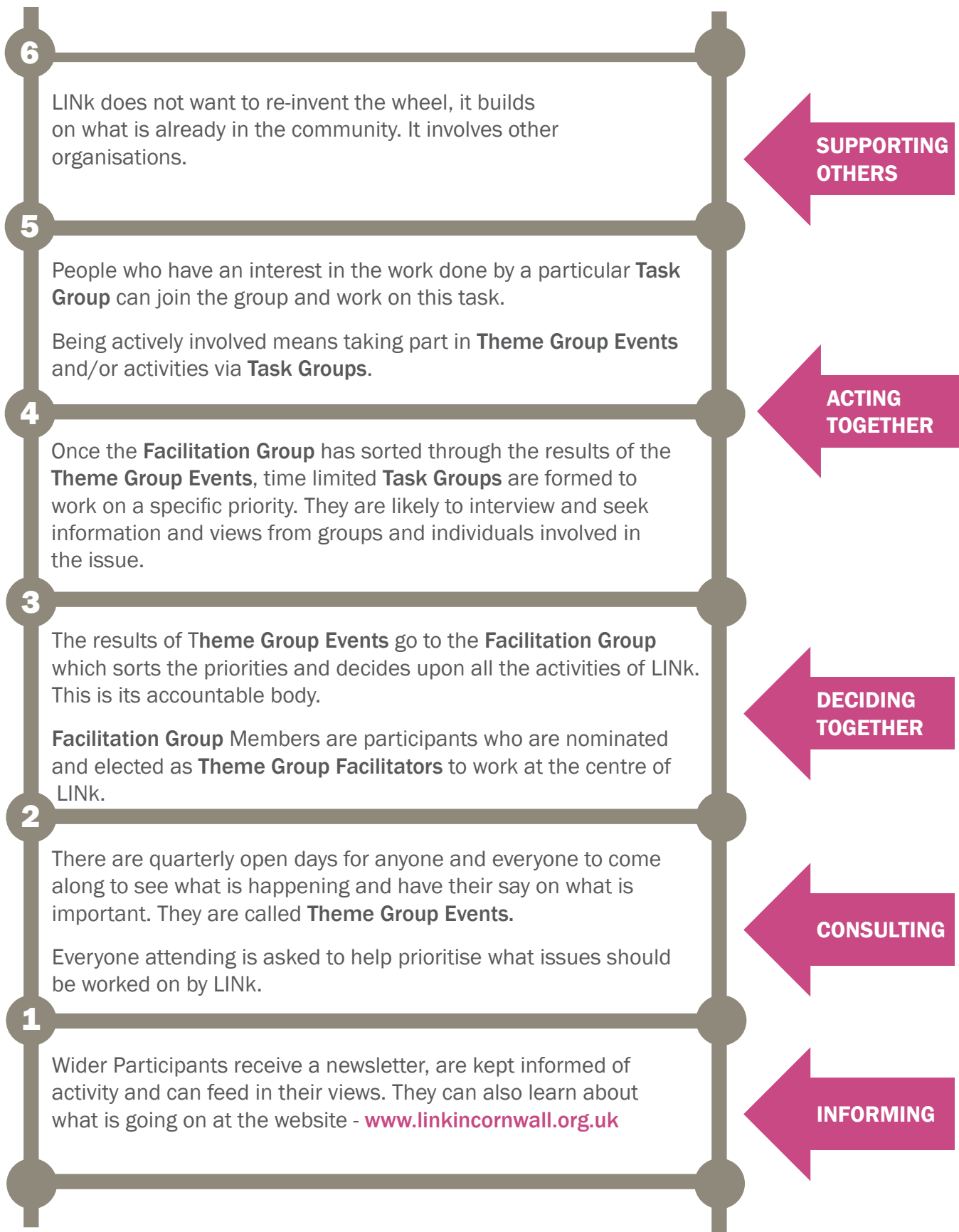
HOW LINK IN CORNWALL WORKS

LINK in Cornwall has a Terms of Reference which sets out how LINK in Cornwall works in a way that is open, transparent, inclusive, supportive, accountable, flexible and creative. The values underpinning the Terms of Reference are that LINK in Cornwall must work in a way that creates as many ways as possible for as many people to be involved.

Following on from the training sessions we ran this year, we have found a new way to paint a picture about how we work. We are now using a 'Ladder of Participation'. The ladder on the page opposite explains how participants can choose to be involved with LINK in Cornwall at different levels - yet still all work together.

Like all good systems, it needs to be read from the bottom up!

LADDER OF PARTICIPATION



ACTIVITIES AND ACHIEVEMENTS

All the work we do is in response to issues raised by, or identified as important by, the local community.

Because LINK in Cornwall is run by the people who take part in it and reliant on the commitment of people volunteering their time, there is a limit to the number of issues we can work on at one time. Because of this we need to prioritise what we do. Here is how we do this;

- 1** Bearing in mind our 'Ladder of Participation' on page 13 all the issues LINK hears about are made anonymous and maintained in a database.
- 2** Prior to a Theme Group Event these issues are analysed and prepared to be displayed.
- 3** Preparation involves identifying common issues and writing them up in a way that avoids using jargon and uses as minimal text as possible. Each issue that is to be displayed is supported by an image / picture that relates to that issue.
- 4** The issues are displayed at a Theme Group Event and in the quarterly LINK Newsletter.
- 5** People attending the events are given 2 sticky dots for them to put on the top 2 issues that are important to them. People receiving the newsletter are asked to do the same but via freepost reply slip or email.
- 6** If their issue is not displayed then they are asked to write their issue on a graffiti wall or post it in the LINK post box.
- 7** The results of Theme Group Events and Newsletter go to the Facilitation Group who sort the priorities [using a Prioritisation Checklist] and decide upon the activities of LINK. Once the Facilitation Group has sorted through the results of the Theme Group Events, they determine what activities are to be undertaken.

Options for activities that can be undertaken in response to a prioritised issue:

- 1 Make agencies aware of all the issues heard**
All the issues are sent to all the statutory agencies in a quarterly update.
- 2 Keep gathering opinion and evidence**
Display an issue at a Theme Group Event and/or poll opinion from people attending these events or feeding in via the newsletter.
- 3 Find the answer**
Share any knowledge we have about the issue and include this information in our Monthly Bulletin and at a Theme Group Event.
- 4 Pursue as a small group or single activity**
Undertake a one off activity – i.e. writing a formal letter with recommendations or submitting a formal request for information.
- 5 Pursue as a Task Group**
Allocate capacity and resource to forming a time limited Task Group and establishing a work plan.
- 6 Join existing activity as a LINK representative**
Become part of work that is taking place on the issue via other organisations / agencies.



After listening to, and being guided by, what people in Cornwall want to see change in the way in which health and social care services are run, we have activities running in a number of areas. The case studies on the following pages take you through the journeys we have been on over the past year in seeking to change the way in which services are planned and run.

These case studies will be reviewed at the end of the third year to incorporate outcomes from the activities being taken forward from year 2 into 2010/2011.

The Issue: Out of hours support for people with mental health problems experiencing a crisis

QUICK FACTS:

39 people attended across 4 Task Group meetings and sent out 1 bulletin to update members about the response to LINKs recommendations.

4 Statutory Agency staff have attended Task Group meetings.

3 formal letters were written to accompany 1 formal report that LINK produced containing 18 recommendations. LINK received a combined formal response to these submissions.

1 formal letter was sent outlining a LINK recommendation about the Map of Medicine. LINK received a formal response and the recommendation has been acted upon.

3 consultations were responded to with the recommendations from the Task Group. 2 have included them broadly and 1 is looking to include the recommendation in future work.

Aims: LINK in Cornwall [LINK] set up a Mental Health Out of Hours Task Group to gather people's views and experiences of out of hours support for mental or emotional distress, by use of a questionnaire and a focus session. The Task Group, led by two LINK Facilitation Group members, made up of individual LINK participants and representatives from voluntary organisations worked closely with Cornwall Partnership Trust [CPT] and the Primary Care Trust [PCT] to resolve some of the concerns they had heard.

Activities: The Task Group wanted to ask people about the ways they knew to contact out of hours services as the Task Group were being told that a lot of people did not know who to ring if support was needed outside of normal working hours. They also wanted to find out what the people of Cornwall would like from a service. From a questionnaire, and discussions at the Task Group, the 'Mental Health Out of Hours: Have Your Say' report was produced. LINK found that providers must ensure that a consistent and reliable, resourced service is provided by trained staff who help individuals deal with the crises they are experiencing and ensure the public know which services to contact and under what circumstances. An executive summary of the report, which includes recommendations for the immediate, near future and longer term, can be found at www.linkincornwall.org.uk or is available in hardcopy on request.

Outcomes: The Mental Health Out of Hours: Have Your Say report was submitted to the Primary Care Trust's Deputy Director of Partnership Commissioning, the Joint Commissioning Manager for Mental Health and Wellbeing and the Transforming Community Services Team. The report produced practical recommendations and everyone involved felt very positive about the outcomes. The report was also submitted to the Care Quality Commission's Mental Health Strategy Consultation and the Department of Health's New Horizons Consultation.

Subsequently, in a report published by the PCT Crisis Support Task and Finish Group [which LINK attends], the LINK Mental Health Out of Hours: Have Your Say report was reflected in the proposals and recommendations being made to the commissioning process for crisis support services. LINK recommendations are now informing the draft Service Specification in the health promotion and suicide prevention [including crisis support] commissioning cycle. LINK is monitoring this via its involvement in the PCT run Expert Reference Group.

The importance of this Task Group has been demonstrated by the CPT publishing a previously 'draft' leaflet put together to outline how people can get help in crisis. Entitled 'Mental Health Crisis Services' the views and experiences from the LINK Task Group helped reinforce the need for this leaflet and helped speed the publication process along.

Looking forward LINK has approached the PCT to recommend that the mental health pathway for Crisis Support be looked at within the Map of Medicine Pilot being delivered by the PCT. The PCT have informed LINK that following their recommendation, the Map of Medicine will be adapted to map the pathways of all local mental health service pathways in the County. This piece of work will be taken forward in 2010/2011 through the North Cornwall Integrated Care Pilot and monitored through the Expert Reference Group.

Because LINK had researched the issues, run a questionnaire and built up an evidence base the recommendations made by LINK have added evidence to the commissioning cycle - assessing need and reviewing service provision. The evidence base from the individuals and organisations taking part in the Task Group provided both individual patient perspectives and a community overview of local needs.

We are pleased to be able to say that the Mental Health Task Group Case Study was submitted via the Department of Health to the Treasury to evidence the value of LINKs. A decision is expected in Autumn 2010 about the continuation of LINKs into 2011/2012.



The Issue: Lack of availability of and access to NHS dental treatment in Cornwall.

QUICK FACTS

51 people attended across 4 Task Group meetings.

5 Statutory Agency staff attended Task Group meetings.

9 people have been trained to take part in the Dental Quality Visits with 3 visits already having taken place with LINK involvement.

1 formal letter was sent and was then responded to in the following Task Group meeting.

1 formal letter was received from the PCT independent of LINK writing to them.

1 formal letter was sent and a response received. The recommendations will be taken forward in the Dental Strategy for Cornwall.

Aims: At the first LINK Theme Group Event, NHS dentistry was identified as an immediate priority for action. LINK in Cornwall [LINK] set up a Task Group to follow up existing evidence from LINK participants that there are areas in Cornwall where there is a lack of access to NHS dental treatment. The Task Group, made up of individual LINK participants and representatives from voluntary organisations, began to work closely with the Primary Care Trust [PCT] to resolve some of the concerns they had heard.

Activities: Working with Cornwall Rural Community Council, who support local parishes to write community plans, LINK was able to demonstrate and confirm from an analysis of the Community Plans the lack of access, in local communities, to NHS dental treatment and the distance people are travelling to get to one. The Task Group used this evidence and the views of people attending the focus sessions to agree and submit a series of requests for information from the PCT. Responses were received and as a result representatives from the provider arm of the PCT joined the Task Group. This prepared and encouraged the group to look at the National Dental Review and how it can be implemented in Cornwall. The result of this has been that the PCT are now developing a Dental Strategy for Cornwall and LINK is being asked what they would like this strategy to set out to improve.

An additional area of activity for the group has been to look at the lack of disabled access to dental

practices. Based on the evidence provided by Disability Cornwall, the Task Group worked with the PCT, to look for ways to improve this.

Outcomes: The dental strategy for Cornwall will be looking at ways to assess the number of people that would like to access NHS dental treatment in the whole of Cornwall. It will also look at areas such as oral health promotion, provision of dental treatment in areas of need, reducing inefficiencies in current service provision, how to implement recommendations of the national dental review, how to increase accessibility of current and new NHS dental practices and how information is gathered on need.

After a request from the Task Group, LINK has been invited to have 2 representatives on the Oral Health Advisory Board. This Board exists to guide how dental services are run in Cornwall. Taking part in this Board will enable LINK to monitor and scrutinise how local need and patient perspectives are being responded to in the prioritising and designing of NHS dental services.

LINK has been also invited to inspect the NHS dental practices in Cornwall alongside the PCT in Dental Quality Visits. The visits are part of the Primary Care Trust's quality control for dentistry. LINK's involvement in the Dental Quality Visits has, and will continue to be, to ensure that the 'patient experience' is included directly within quality performance outcomes. Training of LINK participants has taken place for these visits and LINK will be looking at non clinical aspects of dental provision. This means looking at cleanliness, friendliness, atmosphere and appearance of dental practices.

In addition, LINK's involvement in the visits has expanded the breath of areas looked at in terms of the 'patient experience' and the practice's compliance with the Disability Discrimination Act [DDA]. A further page will be added to the Dental Quality Visits checklist specifically looking at accessibility. The PCT, LINK and Disability Cornwall are formalising a route for information from the DDA page of the visit checklist to be reviewed to enable discussion around simple measures that can be taken to improve accessibility at a practice. It will also continue to raise awareness around accessibility issues in the provision of this service and provide a direct link to dental practices in terms of advice on DDA compliancy. The PCT and Disability Cornwall will also be working together to access audit 9 example practices in Cornwall. Three will be considered by the PCT to have access issues, three will be considered to have addressed some of their access issues and three will be considered to be "fully accessible". The PCT will then review these audits to get a better picture of the accessibility of NHS dentists in Cornwall, with a view to commissioning Disability Cornwall to carry out further audits.



The Issue: Are there gaps in the steps a patient goes through when leaving hospital and needing support in their homes or community?

QUICK FACTS

107 people attended across 3 Task Group meetings.

18 different Statutory Agency staff have attended one or more Task Group meetings.

2 meetings were held to redesign the Hospital Discharge Booklet.

1 formal letter was sent and a response was given.

1 formal workplan was drawn up which included both aspects for health and social care which continues to be worked on.

Aims: As a result of a Theme Group Event on 31st March 2009, the hospital discharge process was prioritised as an issue for LINK in Cornwall [LINK] to work on. LINK Facilitation Group members and LINK participants came together in July 2009 to gather people's experiences of the hospital discharge process and to build an evidence base behind the issue. This meeting agreed two aims:

- 1** The aim of the Task Group is to influence commissioners and service providers to establish a holistic, patient lead, accountable process of hospital discharge in which carers and patient's needs are listened to in appropriate assessments and where the standard is the same throughout the county.
- 2** In order to achieve this aim, LINK needs to involve a much wider group of people to understand the gaps in the process so that carers and patient needs are understood.

As a result, a workshop was organised in November 2009 designed by LINK with the purpose of giving each agency time for a short presentation on the current processes of hospital discharge they are involved in. Then, in the afternoon, for attendees to look at the issues LINK has heard about and discuss these in groups with the agencies, finding practical ways forward in meeting the aim of the Task Group.

Activities: The workshop successfully brought together the people who plan and run the hospital discharge process. Due to the amount of ideas and ways forward generated it was decided that the Task Group Facilitators would write a work plan, prioritising the outcomes from the workshop and setting a way forward to work collaboratively across LINK and with all the agencies involved.

Once the work plan was written it became apparent that the complexity of the hospital discharge process and the number of service providers involved meant that improving the experience of being discharged from hospital would involve longer term solutions which varied in the level of difficulty to implement.

The Task Group met again on the 2nd March 2010 to consider this and prioritise the work plan.

Responsibilities for actions in the workplan were assigned to the relevant statutory agency, voluntary organisation or to LINK.

Looking forward, the work plan will be reviewed via regular Task Group meetings to check on progress and celebrate the successes to date.

Outcomes: The Facilitators and interested Task Group members met with the Royal Cornwall Hospital Trust's Integrated Discharge Team Manager and their Design and Publication Team to review the Hospital Discharge Booklet. The booklet has now been finalised and it is currently being printed, with LINK credited for its work on the inside cover. This will then be re-launched and placed on all wards in RCHT. Community Health Services will then liaise with RCHT to produce a booklet to be used in Community Hospitals. LINK is also working on an Easy Read version with RCHT and is liaising with Barnstaple Hospital to get information relevant to patients from Cornwall included in their booklet. Following a Task Group meeting to review the progress made on the work plan LINK were pleased to hear that many of the actions were being progressed. A selection of the points that are now being worked on by the statutory agencies include: Members of the Department of Adult Care and Support will now work in Royal Cornwall Hospital Trust Treliske to ensure patient's support is planned from admission. A joint information system is being worked on to ensure that, where appropriate, members of staff can learn more about the patients they are caring for. A new initiative of 'rapid rounds' used in Treliske is improving communication between all those involved in getting a patient ready to be discharged, and the initiative is going to be rolled out across Cornwall's acute hospitals. A review of the supply of medicines for people to take home when discharged to make sure that this part does not cause delays.

The Health and Adult Overview and Scrutiny Committee in Cornwall have identified Hospital Discharge as a priority and have been taking part in the LINK Task Group.



The Issue: Lack of patient & public consultation in the decision to move Upper Gastro-Intestinal [GI] cancer surgery from Cornwall to Devon.

QUICK FACTS.

1 Single Issue meeting was held with the PCT and LINK attended 2 engagement sessions run by the PCT.

4 formal letters were sent and 3 out of 4 responses were received. This includes a formal response to the engagement activity on the review of gynaecological cancer services.

2 meetings of the Overview and Scrutiny Committee heard formal contributions from LINK representatives

1 formal email was sent to the Independent Reconfiguration Panel submitting LINK evidence. Responses were received.

1 session was attended by 3 LINK Facilitation Group members to submit verbal LINK evidence to the Independent Reconfiguration Panel.

Aims: In response to the views of patients and public in Cornwall, LINK in Cornwall [LINK] set up a single issue group of participants to respond to the concern of local cancer patient groups about the lack of patient & public consultation in the decision to move Upper Gastro-Intestinal [GI] cancer surgery from Cornwall to Devon. LINK represented the strength of the public voice and used its statutory rights to raise these concerns.

Activities: This activity began in 2008 and has continued to date as the decision to move these services has been scrutinised by the Health and Adult Overview and Scrutiny Committee [HAOSC] and referred to the Secretary of State in December 2009. LINK has played a role in this process via its co-opted position on the HAOSC and independently.

LINK took a clear position on the issue of formal consultation at the Health and Adults Overview and Scrutiny Committee, where LINK has a co-opted representative. [This position is reflected in the minutes

of recent HAOSC meetings]. It reiterated the messages and recommendations it had made in its formal correspondence with the Primary Care Trust [PCT] and continued to emphasise the importance of the patient experience when considering any changes to service delivery – LINK stated that this should be equal in weighting to the clinical & managerial opinion. Patients should be seen as the experts when learning about living and coping with disease in the same way that clinicians are seen as experts when learning about clinical evidence for change.

LINK also used its position on the HAOSC to scrutinise the commitments made by the PCT to support patients who had to travel to Devon for treatment.

As a result of the referral of the decision to the Secretary of State LINK has independently submitted evidence to the Independent Reconfiguration Panel and represented the concerns of the public.

Outcomes: LINK has worked with the PCT to advise how to engage with patients and their families about what support they would need if they had to travel out of county to receive surgery.

Subsequently LINK was involved in patient groups set up by the PCT.

A decision from the Secretary of State is expected later in 2010.

More reviews to cancer services are taking place across Devon and Cornwall, LINK will continue to monitor the outcomes of these reviews on behalf of all patients and we reiterate our position that public consultation should take place, at the very start of any proposals to make changes to services or the way those services are delivered .



Issue: Difficulties people are facing in travelling to and from services

QUICK FACTS

1 formal letter was sent with a response received. The response was not received within the statutory deadline.

Aims: The issue of transport within a rural county is high on the agenda for all involved in LINK in Cornwall [LINK], as it relates to accessing health and social care services. There is also a strong theme of concern being evidenced in LINK about the parking charges people are facing at hospitals. LINK represented the strength of the public voice and used its statutory rights to raise these concerns.

Activities: LINK has formally requested, via letter, that the Primary Care Trust [PCT] regain momentum and utilise the expertise it has from within their existing user involvement group – The Patient Transport Strategy Group - which was set up to look at the transport challenges faced by patients and the public. LINK has emphasised, to the PCT, that this is a valuable group and that it needs to be supported so that it can convene on a regular basis. LINK has requested that it be a part of this group so that it can feed in the issues that are being prioritised by LINK about transport. LINK has included, as part of this, the evidence it has concerning hospital parking charges. LINK also attends a Single Issue Panel run by the Health and Adults Overview and Scrutiny Committee that is looking at outpatient appointments, including patient transport. LINK has fed in the issues it has heard around transport and appointments to this group as well and will attend subsequent meetings.

Outcomes: The PCT have responded to LINK and have confirmed that looking forward into 2010, the PCT will be reconvening the Patient Transport Group as they continue to recognise the importance of improving access to health services in Cornwall, and the role that improvements in patient transport can have in this.



We have been told the following by the people and agencies taking part in our activities:

‘We value highly the input of LINK in Cornwall in our routine business both as a critical friend and as a partner in helping to deliver high quality health services to the people of Cornwall and the Isles of Scilly. We have jointly established really effective involvement systems and processes that provide opportunities for LINK members to input into issues around the quality, quantity or type of services being provided and in addition to help shape future commissioning decisions.’

Primary Care Trust in response to the Mental Health and Dentistry Task Groups Case Studies

‘I’ve been really impressed with the way you’re keeping up with what’s going on and putting out all the information. The hospital discharge and mental health work is really going forward.’

LINK Participant

...working with LINK has I feel moved the dentistry issue in parish plans forward a little, which is great.

Email from Community Planning Team, CRCC

We have made real progress in getting dentistry back on the agenda for action in Cornwall.

LINK Participant

The workshop was deemed a success by all that took part, and LINK in Cornwall is proud to have hosted this event on behalf of the people of Cornwall.

LINK Facilitation Group Member reflects on the Hospital Discharge Workshop

I just wanted to say that [LINK] have done really well to produce the report and the recommendations and I am looking forward to being part of the process to implement them.

Cornwall Partnership Trust about the Mental Health Out of Hours Task Group and report

REPRESENTATION OPPORTUNITIES

Over the year LINK in Cornwall has had over 40 occasions to talk directly with health and social care professionals. These opportunities include individual meetings and workshops we have held with the Department for Adult Care and Support, Cornwall Partnership Trust, Primary Care Trust, Royal Cornwall Hospitals Trust, Community Health Services and the Health and Adult Overview and Scrutiny Committee to talk about how they and LINK in Cornwall can work together to ensure that the views and experiences you are telling us are being passed on and listened to by them. These opportunities also include the number of times agency staff have come to LINK in Cornwall meetings and events.

LINK in Cornwall has formal representatives attending the following meetings:

Name of Meeting/Committee	Supporting Agency	LINK Representative [s]
Bodmin Treatment Centre Contract Board	Primary Care Trust	June Hackett
Community Health Services Board	Community Health Services	John Walton
Community Pharmacy Board	Primary Care Trust	June Hackett
Mental Health Expert Reference Group	Primary Care Trust	John Walton + Rosemary Wickett
Health and Adults Overview Scrutiny Briefing Sessions	Cornwall Council	5 places available per session
Health and Adults Overview Scrutiny Committee	Cornwall Council	June Hackett + nominee relating to Agenda
Map of Medicine Pilot – Planning Group	Primary Care Trust	Cindy Reeve
Oral Health Advisory Group	Primary Care Trust	Helen Andrew + Jenny Curtis
Out of Hours Serco Contract Board	Primary Care Trust	June Hackett
Practice Based Commissioning Board	Primary Care Trust	Cindy Reeve + June Hackett
Primary Care Trust Board	Primary Care Trust	June Hackett + Cindy Reeve (deputising)
Royal Cornwall Hospitals Trust Board	Royal Cornwall Hospitals Trust	John Evers + Rose Woodward
Strategic Planning Partnership Board for Older People	Primary Care Trust	John Evers + John Walton
PCT User Strategy Group	Primary Care Trust	Cindy Reeve and Sally James
Violent Patient Committee	Primary Care Trust	John Walton

CONSULTATIONS

LINK in Cornwall has responded formally to the following consultations and monitoring activities:

July 2009:

Care Quality Commission Annual Review Meeting of the Adult Care and Support Directorate.

September 2009:

Care Quality Commission Mental Health Strategy Consultation.

Department of Health – New Horizons Consultation.

The Big Care Debate Consultation.

January 2010:

Independent Reconfiguration Panel assessment and evidence gathering in reviewing the decision to move Upper GI Cancer Surgery from Cornwall to Devon.

RCHT – Draft Strategic Plan “Our Plans 2010 – 2014”.

Care Quality Commission Registration Assessment for the:

- Primary Care Trust
- Cornwall Partnership Trust
- South West Ambulance Trust
- Royal Cornwall Hospitals Trust

March 2010:

PCT – Re-commissioning of Out of Hours GP services.

Care Quality Commission Registration Assessment for the Department for Adult Care and Support.

“...the invaluable commentary that LINK in Cornwall provided helped us to make decisions about registering the three NHS trusts in Cornwall. CQC’s continued relationship with LINK in Cornwall is integral to our role in assessing ongoing compliance and with quality assessments. This will help us to confirm that what we do makes a positive difference to people who use health and social care services in England.”

The Care Quality Commission [CQC]

“We are extremely grateful for your very thoughtful and constructive feedback dated 11 January 2010 on our draft Strategic Plan...”

Chairman of Royal Cornwall Hospitals Trust

ENTER AND VIEW LINK in Cornwall has the statutory right to visit and carry out checks on the places where health and social care services are delivered. None of the Task Group activities or work plans identified the need to carry out an Enter and View visit in 2009/2010. LINK in Cornwall does take part in the PCT run Patient Environment Assessment Teams and Dental Quality Visits.

TRAINING

An induction programme of training was delivered to LINK in Cornwall by the Zebra Collective. The programme was run over a period of 6 months and included sessions on the following:

May 2009

Understanding LINK

June 2009

Enter and View [this session was joined by representatives from statutory agencies]

July 2009

Roles and Responsibilities

August 2009

Representing People in Cornwall

October 2009

Solution Focused Communications



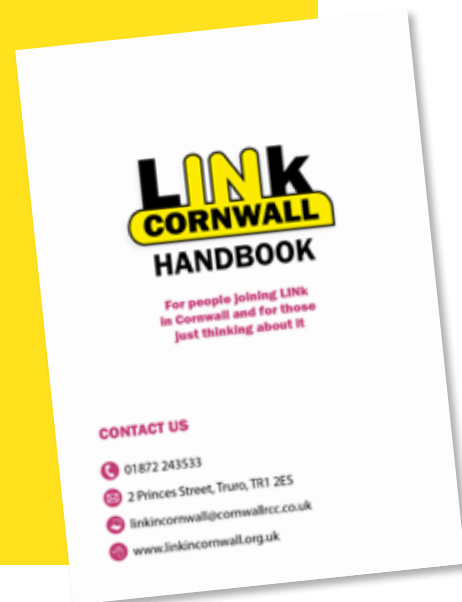
LINK In Cornwall Handbook

From the training we have produced the LINK in Cornwall Handbook.

This handbook can now be used by people joining LINK in Cornwall or for those just thinking about it. The handbook aims to do 2 things:

- 1** To share with you messages and information from people already taking part in LINK in Cornwall. It is what they think it is important for people to know who want to get involved, or be more involved.
- 2** It aims to show you what guidance, rules, checklists, tips, tools and information gathering techniques we use.

We really hope you have the time to have a quick look at our handbook – we are very proud of what we have achieved. The handbook is available on our webpage and can also be requested in hardcopy by phoning us.



DIARY OF EVENTS

April 2009

Mental Health Task Group

Dentistry Task Group

May 2009

Media and Communications Task Group

Facilitation Group Meeting

Mental Health Task Group

June 2009

Event stand at the Royal Cornwall Show

Facilitation Group Meeting

Media and Communications Task Group

July 2009

Event Stand at the Parkinson's Society
Information Day, Bude

Theme Group Event, Penzance

Dentistry Task Group

Facilitation Group

August 2009

Event stand at Cornwall Pride Festival, Truro

Event stand at Cornwall Respect Festival, Truro

September 2009

Facilitation Group Meeting

Mental Health Task
Group

Dentistry Task
Group

October 2009

Event stand at the Older People's Day,
Mevagissey

Event stand at the Age and Ambition Event,
Fraddon

Theme Group Event, Truro

Annual General Meeting

November 2009

Hospital Discharge Workshop

Facilitation Group Meeting

December 2009

Children and Young People planning meeting

Facilitation Group Meeting

Hospital Discharge Task Group

February 2010

Dentistry Task Group

Children and Young People planning meeting

Facilitation Group Meeting

March 2010

Hospital Discharge Task Group

Theme Group Event, Bude

Mental Health Review Group

Facilitation Group

Hospital Discharge Booklet Sub Group



KEEPING IN TOUCH

In August 2009, the LINK in Cornwall Media and Communications Task Group produced an Action Plan which sets out priorities for the immediate, near future and longer term goals of our media and communications activity. This plan is used by LINK in Cornwall and the host organisations.

The Action Plan identifies 30 methods to promote LINK in Cornwall, gather views and share our successes. For each of the methods there is a list of ideas for activity to be explored. The 30 methods include activities such as running workshops, producing leaflets, film making, writing media scripts, outreach, pod casts, posters, viral marketing, social marketing, running questionnaires, to name but a few. 23 of the 30 methods were prioritised for action for years 2 and 3 of LINK in Cornwall.

The page opposites highlights some of the activity that has been taking place in response to the priorities of the Action Plan.

In Your Words



“ I wanted to thank you and your team for the LINK event. I thought it was a perfect occasion. A lot of meetings we have been to about health recently have been so ‘led from above’ that they have been an ordeal to attend...you and your team built a kind of foundation which could be built upon next time. Trust takes time to build. ”

Link Participant



In 2009/2010 progress has been made on 18 out of the 23 methods. Here is a snippet of what we have been up to improve the way we keep in touch.

- Designed and printed the LINK in Cornwall Handbook
- Sent information out to GP surgeries and hospitals, community venues, schools, libraries, colleges and younger people organisations as well as using the Council's Out and About service.
- Planned a series of open days for 2010/2011 to be in the hospitals to listen to and learn from patients and their families.
- Learnt how to produce audio versions of our communications.
- Welcomed our new Media and Communications Lead and co-opted him on to our Facilitation Group. His first idea was to produce a 5 minute CV about LINK in Cornwall for participants to use when they are out and about talking about what we are and what we do.
- Coordinated an events plan ready for the summer of 2010/2011. It sees us taking part in lots of community events around Cornwall.
- Printed 4 banners to hang outside our events so that people know we are there.
- Incorporated into our Theme Events advice from the staff of the Council's One Stop Shop and the Primary Care Trusts Patient Advice and Liaison Service.
- Visited BBC Radio Cornwall to meet presenters, news desk editors and to have a tour of the studios.
- Completed a series of meetings with radio and bus advertising companies to explore how they can help us to raise our profile.
- Designed a general poster about LINK in Cornwall and we have a plan to have young people design their own poster ready for June 2010.
- Focused our efforts to develop our Facebook profile and make the most of the interactive elements that social networking offers.
- Signed a contract with a web design company to design, build, host and maintain a dedicated interactive LINK website with a supporting Content Management System which will enable host staff and LINK volunteers to add content to the website without needing any prior web skills or knowledge.

Alongside our activity to promote LINK we also use a number of different ways to ask people what they think and to tell them about LINK in Cornwall activity. It is important to let people know where their voice is making a difference and to ensure that we enable people from across the whole of Cornwall to be heard.

Here is what we do:

Make information available that makes it easy for people to understand the job of LINK in Cornwall and for them to feed in their views [in any way that they want].

Produce a quarterly newsletter, monthly bulletin and various activity updates.

Plan via the host partnership outreach activity to have face to face meetings with individuals and groups to tell them about us. This gives people, who might not normally wish to become involved, the opportunity to record their comments about the services they are receiving.

Hold quarterly Theme Group Events in locations around Cornwall which are open to anyone to come along; be it for 10 minutes or for a couple of hours. Along with the public, these events are attended by representatives from statutory agencies and community and voluntary organisations.

Attend community based meetings and events.

Identify opportunities to update people in Cornwall on our activities. This includes webpage updates, editorial in publications produced by voluntary organisations and agencies and regular items in the Inter-Link monthly e-news and magazine (distributed 3 times a year).

Reach out across the distribution networks of the host partnership. For example, the Inter-Link network reaches out to over 4000 organisations representing diverse communities from across Cornwall.

Release press statements and submit articles to local media. Also adverts have been placed in local media in the lead up to our events.



REACHING OUT FURTHER AND WIDER

We know that we need to hear from more communities across Cornwall so we have been laying the foundations for 5 distinct activities which will be taking place in 2010/2011. All of these activities aim to extend the reach of LINK in Cornwall into communities which are currently under represented in our activity.

Activity 1 The Inclusion Team within Cornwall Rural Community Council has agreed to carry out a 12 month piece of work which will deliver focus sessions, on behalf of LINK in Cornwall, with identified communities of people who are underrepresented in our activity. These communities include Black and Ethnic Minority groups, Gypsy and Traveller communities, the Homeless, Lesbian, Gay, Bisexual and Transgender groups and Migrant Workers.

Activity 2 A proposal has also been written and is being considered by a local Youth Work team to deliver a Pilot event in the summer of 2010/2011 aimed at engaging children and young people in LINK in Cornwall. The aim of the event will be to pilot a way forward to “...find out what children and young people think about health and social care services and ensure that children and young people from all different communities in Cornwall are able to contribute to this activity”.

Activity 3 The Media and Communications Lead is working with the Host Team to review the LINK in Cornwall participant database and identify a number of voluntary organisations/groups to go and talk to. Volunteers from within LINK in Cornwall are being asked to support this.

Activity 4 Working with Inter-Link Cornwall to explore how some locality meetings can be themed around health and social care to consult further with Community Groups and Voluntary Organisations about the issues LINK in Cornwall is hearing about.

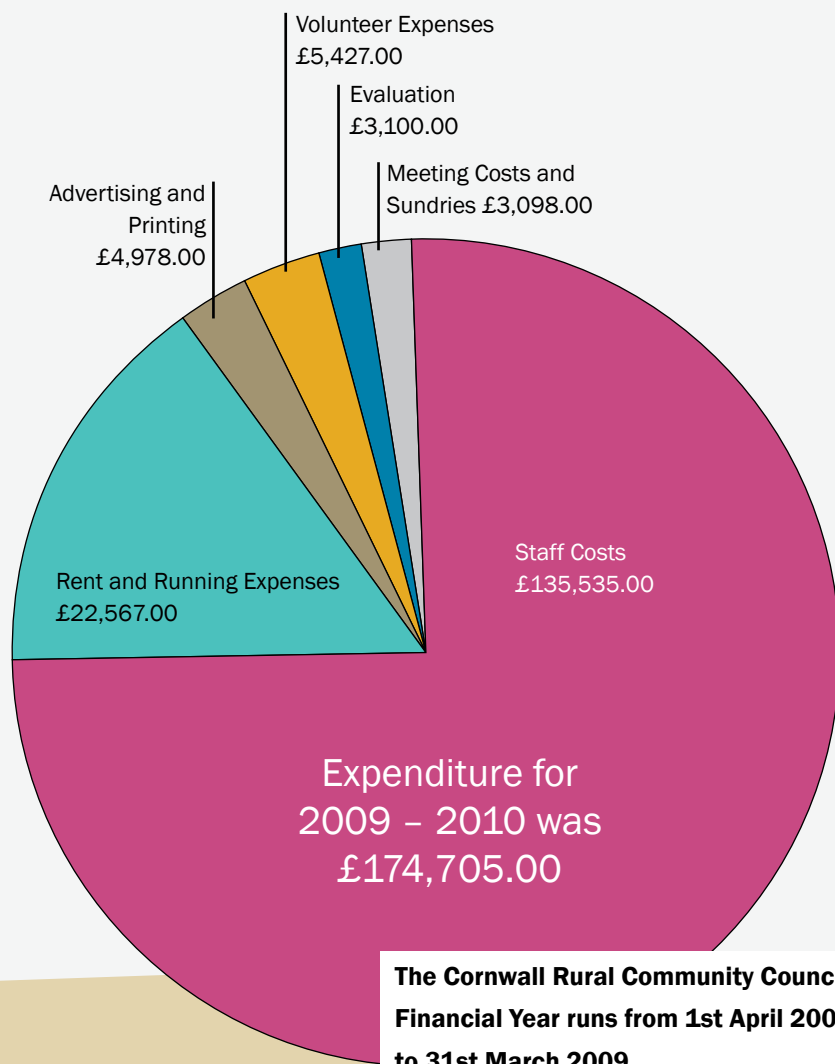
Activity 5 Partner Age Concern will create discussion groups within some of the DayClubs that they run to explore some of the issues which have been raised within Link in Cornwall.

We look forward to listening to a more diverse range of views and sharing, with the statutory agencies, what communities in Cornwall are saying about health and social care services.

SUMMARY OF ACCOUNTS

There is a LINK in every local authority area in England. LINK is funded by the Department of Health for a period of 3 years from April 2008. This funding is passed down to the Local Authority, which for Cornwall is Cornwall Council. Cornwall Rural Community Council and partner organisations successfully received the contract for LINK in Cornwall.

Part of the LINK in Cornwall budget is managed by the volunteers who make up LINK, via the Facilitation Group.



NOTES ON ACCOUNTS

The training delivered in 2009/2010 was planned and coordinated in Year 1 and reflected in the expenditure of the accounts for that year. This is why there is no noted expenditure for training in Year 2.

There are a number of activities which have been planned and coordinated within Year 2 which are not reflected in the expenditure of these accounts as they will be invoiced for in the first few months of Year 3. The following expenditure, which will be billed in Year 3, has been committed from Year 2's budget.

<i>The design, build and hosting of a LINK interactive website</i>	£7,500
<i>Focused Children and Young People Engagement Activity – Street Event Pilot</i>	£2,000
<i>Promotional Advertising Campaign for LINK in Cornwall [to include the costs of all public advertising campaigns, public relations, prize draws and related events]</i>	£10,000
<i>Improving how we encourage involvement from under represented groups</i>	£10,000
<i>Promotional merchandise to support LINK in Cornwall Events</i>	£1,000
TOTAL:	£30,500

ANNUAL SURVEY AND EVALUATION

Every year LINK in Cornwall sends out a survey to registered participants and statutory agency officers. The purpose of the survey is to find out what people understand about LINK in Cornwall, how they view it and whether or not they have been satisfied with our activity. The survey for the period from April 2009 to March 2010 was completed in April 2010.

In the findings noted below LINK in Cornwall is referred to as LINK.

98 people completed the survey. Out of this not all people answered all questions. 54% of respondents were individuals, 29% were members of an organisation and 18% were members of a statutory agency.

Overall there is good understanding of the purpose of LINK and ways to be involved, but the statutory rights that LINK has need more promotion.

There has been a big increase in the number of people who have said they have been involved in LINK in some way in the past 12 months. 25% more respondents have fed in their views on health and social care. 17% more have come along to a LINK meeting and 14% more have joined in with LINK's activities. 86% of respondents agreed with the issues LINK has prioritised over the past twelve months.

The average rating of the value of LINK was 6. This is the same as last year. Participants were asked to give a value from 1 (not valuable) to 10 (valuable and effective).

There were many reasons, positive and negative, given for this rating and we will learn from these. Below are some of points made:

- Communications are excellent and inclusive.
- Statutory agencies getting used to us!
- It has been and probably still is difficult to influence decisions in the NHS in Cornwall
- LINK does very well to influence the changes that it does achieve.
- Statutory organisations don't yet respond in a timely and efficient manner.
- There have been some positive outcomes from LINK's activities.
- You've made people more aware of LINK's existence.
- Some progress but slow.
- LINK helps to co-ordinate the different services and organisations in Cornwall to work together.
- Perhaps it is not 'shouting' loud enough about its achievements?

We also heard from people about what they think can be done for LINK to improve its value. We were told:

- The PCT realising that LINK is asking ordinary people what they think.
- Continue to present in a professional, evidence-based manner to the authorities concerned.
- Be more pro-active when dealing with issues and a quicker delivery of ideas.
- More involvement with social care services.
- More publicity, reports in local press and Media.
- Find ways of raising discussion of issues using: TV local news programmes, local newspapers, internet sites.
- Increase lobbying and greater scrutiny of health and especially social care services.
- A stronger group of committed members.
- More staffing so that people who do try to contribute their views get a response.
- A full Survey report can be requested from the office.

In addition to our survey this year we also undertook an independent and external evaluation of LINK in Cornwall for year two. The evaluation was carried out by the Zebra Collective.

The aims and objectives of the evaluation were to:

- Identify, describe and document in appropriate detail examples of LINK in Cornwall's influence and impact in affecting change.
- Support LINK in Cornwall to seek and identify opportunities to improve.
- Inform content for the LINK in Cornwall Annual Report.
- Act as a true 'critical friend' to support the development of LINK in Cornwall.

The evaluation looked at all stages of the LINK in Cornwall process; public engagement, identifying researching and prioritising issues, engaging with service providers and commissioners, assisting in the development of implementation plans, monitoring implementation. Further, it examined the perceptions and views of those involved at each stage of the process, drawing out issues that are relevant to effectiveness, and where possible making recommendations that will increase effectiveness.

The evaluation then used a range of means to directly gather information; focus and discussion groups, face-to-face and telephone interviews, observation, and adding questions to LINK in Cornwall's existing annual survey for participants.

The outcomes of the evaluation are summarised as follows:

“ It is clear from the LINK volunteers and partner organisations we interviewed that the Core Team are held in high regard for the level of support they provide including communication, research, disseminating information, action planning, identifying appropriate training and for just ‘being there’. Their approachability and lack of hierarchal direction has enabled the volunteers to have a sense of ownership of LINK to the extent that they are LINK.

One of the enduring messages emerging from this evaluation has been that LINK is still in it’s infancy, with year one being a time of setting-up, getting volunteers on board, providing training and support, engaging with the community and determining workable processes. Year two has been about consolidation and further establishing itself and building relationships with statutory agencies, and working on identified priority issues.

Years three and four are likely to see LINK in Cornwall grow and gain further recognition and influence within the statutory health sector, resulting in observable outcomes of bringing about change and improvements in health and social care. It is also likely in years three and four that LINK in Cornwall will be better placed to use its statutory powers as a result of years one and two placing a firm foundation on which to build on.

There is awareness by LINK in Cornwall that as it develops it needs to look at ways to involve more marginalised individuals and groups, use its statutory powers when appropriate to bring statutory organisations to account, and identify and prioritise social care issues.

The Core Team (Host) are acutely and properly aware of constraints and difficulties. LINK has consciously adopted a collaborative strategy, rather than a confrontational one, in its engagement with the statutory agencies. A minority of participants think that LINK should be more assertive in its approach to the statutory agencies. Finally we observed that LINK has clearly been successful in creating respectful and productive relationships with many key agencies and this view was reinforced by the statutory agencies themselves who took part in this evaluation.

The level of staffing in the Core team appears to be insufficient to meet the many demands and expectations placed on it. This needs to be understood in the context that LINK is a complex multi-faceted collaborative network. It is serviced by a small paid staff group, who nurture and rely on the goodwill and motivation of volunteers to do the work, and also rely on collaboration with key statutory agencies. It is a small organisation tackling a big issue.

LINK has been successful in bringing issues to the attention of the statutory service providers and commissioners (mental health and hospital discharge) and engaging with them in a process of developing perspectives and recommendations.

Engagement has been with the health services to date; engagement with LINK has not yet lifted off with social care services. This is because of internal changes with the social care provider, which the latter acknowledges. In the main the public have to date identified health issues rather than social care issues. This has influenced the shape of LINK’s development so far. ”

Extract from the Evaluation Report

The evaluation made the following recommendations:

- 1** Ensure all new volunteers know how to access the induction manual, and any other relevant supporting material.
- 2** Ensure representatives invited to sit on a Task Group are given a booklet setting out the terms of reference of the relevant group, processes used to identify and prioritise health and social care issues, background information and successes.
- 3** Design and implement an effective process that clarifies and enables the Facilitation Group to understand the:
 - Agreed remit and purpose of Facilitation Group – what it is and what it is not
 - Agreed role and responsibilities of Facilitation Group members
 - Re-establish and re-affirm the agreed ground rules and boundaries for the Facilitation Group.
 - Put in place arrangements for mentoring new members of the Facilitation Group
- 4** Provide skills training on chairing and running effective meetings to build the capacity and skills of volunteers.
- 5** Carry out an annual skills and training audit of volunteers.
- 6** Consider and implement ways in which the media and communications group can enable Task Groups to celebrate successes.

- 7** Provide input and support to the Facilitation Group to enable them to identify ways of involving under represented and below the radar individuals and groups.
- 8** Continue to explore the merits of different methods and formats such as varying times and days of the week of events, and building on the current use of Facebook.
- 9** Devise ways of ensuring that the public are aware LINK deals with issues relating to services planned and run by both the NHS and Adult Social Care.

What have we learnt from the survey and the evaluation?

The summary and 9 recommendations from the evaluation respond to the main points we have heard from our survey. The evaluation also gave very similar messages about the relationships we have with the statutory agencies and that we need to maintain the momentum of our Task Groups and resulting activities to ensure that the research and changes we are making get implemented. And as importantly, to improve the way in which we celebrate our impact so that more people learn about the difference LINK in Cornwall is making. Our priorities for year 3 [which are listed on the page opposite] commit LINK in Cornwall and the host partnership to build upon the success of this year and find ways of working which learn from the outcomes of the Evaluation and the Annual Survey.

WHAT'S NEXT?

A SNAPSHOT OF PRIORITIES FOR THE NEXT 12 MONTHS



Respond to the recommendations from the independent evaluation of LINK in Cornwall and the Satisfaction Survey.



Enhance communications and explore social networking to improve participation in LINK in Cornwall and the frequency of feedback to LINK in Cornwall participants.



Launch a fully interactive LINK in Cornwall website.



Run focus groups with communities under represented in LINK in Cornwall. Explore as part of this activity both demographic and geographic under representation.



Plan and implement a LINK in Cornwall promotional events programme and coordinate this with an advertising campaign.



Make better use of the LINK in Cornwall case studies and national media campaign about LINKs to raise the profile of LINK in Cornwall. Work with statutory agencies to maintain the momentum of LINK Task Groups and monitor the progress of activities.



Prepare statements from LINK in Cornwall in response to the new Department of Health Quality Accounts process.



Understand and celebrate the impact of LINK Task Groups and activities showing the people, who have volunteered their time and shared their stories, how they have made a difference.

CALENDAR OF LINK EVENTS 2010/2011

End of June 2010

.....
Launch of our new website
www.linkincornwall.org.uk

13th July 2010

.....
Theme Group Event
Dracaena Centre, Falmouth

24th July 2010

.....
Pirate FM Garden Party
Royal Cornwall Showground
Wadebridge

14th August 2010

.....
Cornwall Respect Festival
Victoria Gardens, Truro

28th August 2010

.....
Cornwall Pride
Victoria Gardens, Truro

7th October 2010

.....
Age and Ambition Event
Kingsley Village, Fraddon

13th October 2010

.....
Theme Group Event
Truro Area

13th January 2011

.....
Theme Group Event
Newquay

Being involved in LINK in Cornwall you will come across many terms associated with health and social care. Here are some of the most common ones:

Acute Care: Medical or surgical treatment of a severe medical condition that is of short duration and at a crisis level usually provided by a hospital.

Ambulance Trusts: They provide transport to and from hospital for patients with healthcare needs, including responding to emergency (999) calls.

Care Quality Commission: The Care Quality Commission is the independent regulator of the quality of health and adult social care in England. They check that the people who purchase and provide health and social care services are meeting essential standards of safety and quality.

Commissioning: This is the process of deciding what health and social care services are needed, buying them and ensuring that they are delivered efficiently, that they meet expected standards and the needs of the population.

Community Health Services: This is a part of our local health care service that provides community services including community hospitals, health visitors, physiotherapy, speech and language therapy, occupational therapy, podiatry and more.

Cornwall Council: This is the Local Authority in Cornwall which has responsibility for all local government functions. Cornwall Council provides adult social care services, including help for older people, adults with physical disabilities, mental health problems, learning disabilities and drug/alcohol problems. They also provide services for carers.

Cornwall Partnership Foundation Trust: This is the principle provider of mental health and learning disability services to people living in Cornwall and the Isles of Scilly.

Department of Health: The Department of Health (DH) is a department of the government with responsibility for government policy in England on health, social care and the National Health Service. As of June 2010 the Secretary of State for Health is Andrew Lansley.

Foundation Trust: A new type of health trust in England created to give decision-making and control to local communities so that the services provided by a Trust are more responsive to the needs of local people. Health agencies that are not a Foundation Trust are controlled by Central Government.

Health and Adult Overview and Scrutiny Committee: A group of people from the local council that can review any local health service or adult social care service provided and commissioned by the NHS or by Cornwall Council. Statutory agencies attend this Committee to explain how they are addressing the needs of the local community. LINK in Cornwall has a co-opted place on this Committee and the statutory right to refer issues to the Committee.

Health Care: Health care or healthcare is the treatment and prevention of illness. Health care is delivered by professionals in medicine, dentistry, nursing, and allied health.

Independent: When we talk about LINK in Cornwall as being independent we mean that we are not run by the local health service or by the Council. We are run by the people in Cornwall who volunteer to take part in what we do.

National Health Service [NHS]: The UK's publically funded health care system.

Patient: A patient is any person who receives medical attention, care, or treatment. The person is most often ill or injured and in need of treatment by a health care professional. Someone having a routine check-up may also be viewed as a patient.

Patient and Public Engagement [PPE]: Giving patients more of a say about how their health and social care is provided in their communities. PPE can also be called Public and Patient Involvement [PPI] and local statutory agencies have within their own structures various ways of listening to the views of patients.

Primary Care: The first point of contact with health care services for most people. In primary care you receive treatment for routine injuries and illnesses from a range of healthcare professionals, including GPs, nurses, dentists, pharmacists and opticians. You can also gain access to preventative care, such as services to help you stop smoking.

Primary Care Trust: The Primary Care Trust, or PCT as it is known organises hospital, mental health and learning disability services for the people who live in the area. Locally our PCT is responsible for planning and commissioning health care services in Cornwall. It is our Community Health Services who are responsible for delivering our local health care services.

Royal Cornwall Hospitals Trust: The Royal Cornwall Hospitals NHS Trust, or RCHT, is the principal provider of acute care services in the county of Cornwall. The Trust is responsible for the provision of services at three sites - Royal Cornwall Hospital, Treliske, Truro - West Cornwall Hospital, Penzance - St Michael's Hospital, Hayle.

Service User: This is someone who uses or has used health and/or social care services because of illness or health problems.

Social Care: This term refers to care services which are provided by local authorities to their residents.

Statutory Agency/Provider: A statutory agency/provider is an organisation that is required to exist by law. When we use the term statutory agency in LINK we are talking about those organisations that are required to exist in law to provide health care services and adult social care services.

Trusts: NHS trusts provide healthcare services in England and Wales. The main trust types are:

- Primary Care Trusts (PCTs) [Locally this is the Cornwall and Isles of Scilly PCT]
- Hospital or Acute trusts [Locally this is Royal Cornwall Hospitals Trust]
- Ambulance service trusts [Locally this is the South West Ambulance Service Trust]
- Mental Health Service Trusts [Locally this is the Cornwall Partnership Foundation Trust]
- Strategic Health Authorities (SHAs) - responsible for the overall supervision of trusts in their area [locally this is the South West]

Voluntary and Community Organisations: These are organisations that under take specific activities to respond to the needs of the community. These organisations are not for profit and are non governmental. Sometimes these organisations provide services on behalf of the statutory agencies.

OUR THANKS!

Thank you to everyone who has participated in LINK in Cornwall activities, especially to those who have volunteered their time, passion and commitment in supporting others to have their voices heard.

We would also like to thank the host partnership for their support and dedication to LINK in Cornwall and to those Officers and Governors within the Statutory Agencies who have shown their enthusiasm for LINK in Cornwall and attended our events and meetings.

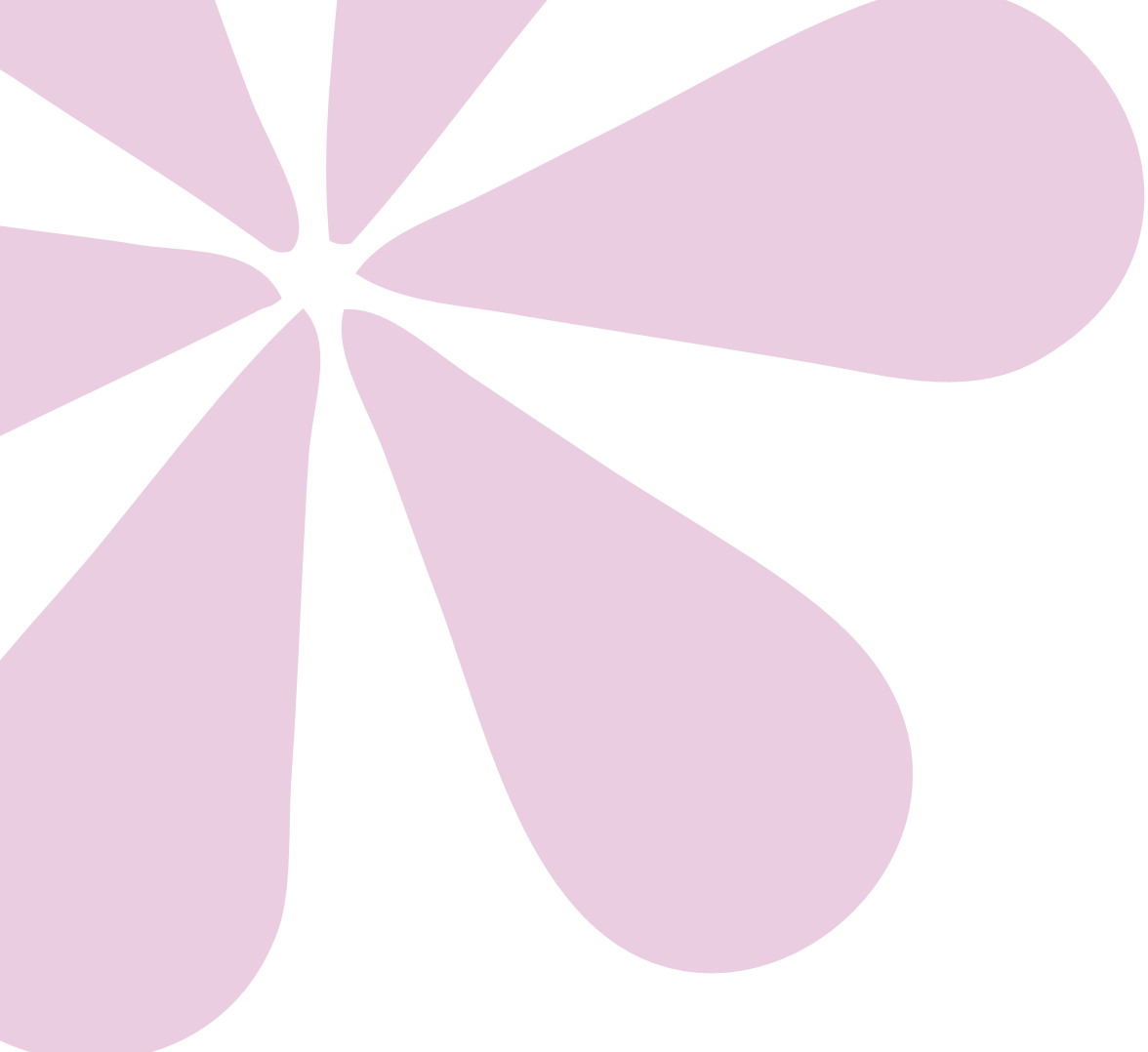
As of the 31st March 2010 we have 336 registered participants. This is an increase of 112 from last year. This is a 33% increase which exceeded our target of 25%. 164 members registered as representing voluntary organisations and 172 as individuals. In addition we have 89 individuals registered as officers who work within the local NHS and Local Authority.

We are directly contacting, on a monthly basis, 425 participants in LINK in Cornwall. With a promotional campaign planned for Year 3 we hope to be able to increase this by another 25%.

This year has seen LINK in Cornwall play an active role in changing the way people are listened to by the people who plan and run health and social care services. There has also been plenty of past reflection and lots of forward planning to keep us improving on the way we work.

We believe that through our Facilitation Group and Task Group activities LINK in Cornwall is seen as credible and successful.

Onwards!



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LINK in Cornwall is hosted by Cornwall Rural Community Council (CRCC) In partnership with Age Concern Cornwall and Penwith Community Development Trust.

CRCC is a Cornish charity dedicated to working with and strengthening Cornish communities and supporting vulnerable groups and individuals within them.

