

Telford & Wrekin LINK: Work planning

Part 1: An overview of work planning

A copy of the guidance issued by the National Centre for Involvement is attached at Appendix 1 for information.

Why is a work plan necessary?

Work plans are needed to

- ensure transparency and public accountability
- facilitate engagement with stakeholders
- inform the budget setting process
- enable the hosting service to plan how it can best support the LINK

What is a work plan?

It is the responsibility of the governing body to publish an annual work plan that explains:

- the reasons for selecting certain priorities
- when the work will be undertaken
- how the work will be implemented
- expected outcomes
- how progress made with the various strands identified as priorities will be reported.

LINKs are independent and it is up to each LINK to decide what it wishes to get involved in. It is important that in setting the annual priorities the governing body is able to demonstrate the rationale for choosing to focus resources on the issues identified, including some indication of the difference it is hoping to make.

Part 2: A reviewing of Telford&Wrekin work plans to-date

(a) Telford & Wrekin Work plan Priorities 2008-09

The following excerpt is from the Annual Report published by Telford&Wrekin LINK in May 2009:

Work plan and achievements, 2008/09

The key aims of the CMG in its first year were:

- to develop an understanding of the powers, role and purpose of the CMG as the governing body of the LINK
- to agree operational procedures and policies (for example, on members' declarations of interest, Criminal Records Bureau disclosures, expenses, and visits to premises)
- to create a database of organisations with an interest in health and social care
- to raise awareness of the LINK and encourage people to get involved in its work
- to set up a website and an online survey tool called Values Exchange (to be used to promote public debate about ethical issues)
- to identify the key 'stakeholders' from a range of statutory bodies, community and voluntary sector organisations and independent providers, and to develop a working relationship with them.

Once the CMG was up and running it was invited to nominate representatives to sit on various committees of local health trusts and other bodies, such as the Joint Health Overview and Scrutiny Committee of Telford & Wrekin Council, which monitors the performance of the council's services. It also embarked on a programme of engagement, making contact with (or responding to expressions of interest from) a wide range of statutory and voluntary organisations, either by giving presentations or attending conferences, meetings and similar events. (A full list of the organisations on which the LINK is now formally represented together with a list of some of the organisations it engaged with 2008/09 is given in the report.)

The CMG also set up three sub-groups to deal with all matters relating to:

- the LINK's 'enter and view' policy which governs visits to health and social care premises by its authorised representatives
- the strategic healthcare review consultation process
- palliative ('end-of-life') care. (A fourth sub-group has been set up to look at acute hospital services in 2009/10.)

Influencing the strategic healthcare review

On 16 January 2009 the LINK was asked to co-chair the Shropshire NHS Trusts and Shropshire County PCT Engagement and Communications Governance Group (ECCG), a group set up to influence the quality of the consultation process on the strategic healthcare review (*Developing health and healthcare: A strategy for Shropshire, Telford and Wrekin*) that will determine the shape of local health services for the next 12 years and will cover every aspect of health and social care, from maternity and children's health services, planned care and mental health services to health promotion, long-term conditions, acute care and end-of-life (palliative) care.

Improving palliative care in Telford

On 2 March 2009 the Palliative Care Sub-group initiated a series of meetings with Shropshire County PCT's End of Life Team on current practices for caring for people at the end of their life with a view to informing the LINK's strategy for improving palliative care in Telford.

The LINK's use of its statutory powers

Requests for information. The LINK made no formal requests for information from health and social care providers in 2008/09 because the information it required was already in the public domain or was willingly supplied whenever an informal verbal request was made by the CMG or the hosting service.

Visits to premises. In December 2008 the LINK formally adopted *Visiting service providers: policy, procedures and code of conduct for authorised representatives*, which sets out its statutory powers to enter and view premises where publicly-funded health and social care is delivered. However, it decided to pilot the policy before recruiting its first authorised representatives, so no formal visits were undertaken in the remaining months of 2008/09.

Annual health check (third-party commentaries). Because the LINK did not become fully operational until late December 2008 it was unable to make third-party commentaries to the Healthcare Commission's annual health check. The CMG wrote to the Shrewsbury and Telford Hospitals NHS Trust, Telford & Wrekin NHS Trust and the West Midlands Ambulance Service to explain this.

(b) Telford & Wrekin Work plan Priorities 2009-10

The Annual Report also identified the following priorities for 2009/10:

What the LINK will do in 2009/10

In addition to exercising its statutory powers and making improvements to the way it is run, the LINK's work plan for 2009/10 will focus on the following main areas:

- **Key projects.** The LINK will continue to play an active role in the ECCG by focusing on the quality of the consultation process. It will also work to improve the provision of palliative care in Telford, and will look into the way that acute services (especially accident and emergency services) are commissioned.
- **Engaging with the community.** The LINK will engage with the community to enable it to collate and analyse evidence of needs and concerns and gaps in provision, and to develop the LINK issues database. It will hold more community engagement events and develop stronger relationships with community groups and voluntary sector organisations.
- **Engaging with policy makers, commissioners and providers.** The LINK's representatives will continue to play an active role on the Overview and Scrutiny Committee and the boards of NHS trusts and various other bodies.

Throughout the year the LINK will exercise its statutory powers by making a series of announced and unannounced visits to premises where publicly-funded health or social care is delivered, and by submitting formal requests for information from service commissioners and providers.

Despite having an outline work plan, over the last year or so, CMG's approach may be described as lacking strategic thrust or structure. Issues have sometimes been pursued in a somewhat random and haphazard manner. This is not entirely surprising as most LINK and hosts continue to be finding their collective feet...

Questions have been asked using informal and formal approaches to the PCT and SaTH. Subgroups have reacted to circumstance: the strategic health review, the Green Paper, lay visiting, A&E Audit, End of Life Forum etc etc

Surveys have been carried out to seek views on general concerns, on experiences of acute care, the strategic health review process, Shropdoc, maternity services etc..

Presentations have been made to the CVS Forum, the Townswomen's Guild, Donnington Partnership, the Urostomy Association, TREDP, BME Outreach Workers etc..

A fuller report on progress made to date on the above will be presented to the Central Management Group at its meeting on 25 January 2010.

An item outlining priorities for the remainder of this year (i.e. up to 31 March) and for the year ahead will also be on the same agenda.

What makes this an especially important matter is the fact that 2010 is the last guaranteed year of funding for the LINK. A decision about a fourth year is likely to be made by the local authority in the next few months – so if that is what CMG wants, it is critical that activity in the Spring and early Summer demonstrates that the LINK can make a difference.

Part 3: Telford & Wrekin Work plan 2010-2011

The work plan attached at Appendix 2 deliberately omits topics that are already being actively pursued by others (e.g. Dementia and End of Life Care) and focuses on a limited number of key issues with the aim of being realistic about what can be achieved in the timescale and with the resources available.

It is a working draft designed to stimulate discussion by CMG. The final version may be completely different to this first draft which needs to be chewed over and criticised ...so that a consensus can be developed about what it should look like both in terms of presentational style and content.

The issues are:	With a focus on
Social Care	Who decides who receives domiciliary, respite, day or residential care? Is it affordable? How the FACS (Fair Access to Care) criteria are used locally. How does Telford's Putting People First provision compare to what is provided elsewhere? Follow up to the Green Paper ... reporting developments (White Paper?) Using visits to find out what do service users think about the service they are getting ?
Mental Health	New Horizons national strategy – what are the implications for Telford? How might it drive improvements locally? Shelton Hospital – how far have service users been involved in shaping the plans?
Primary Care	Innovations in care – what has been introduced/is planned? What do patients know about? How do they rate the new services? What are the implications of practice based commissioning?
Acute care	Developing health and healthcare : a strategy for Shropshire, Telford and the Wrekin - reviewing LINKs role in the ECGG and OSC – and how can CMG to help prepare the public to engage in the consultation in mid 2010? Should CMG be working with others ?
Maternity Services at PRH	Assessing the quality of care at PRH following up the findings of the recent LINK survey

Is this too ambitious? Or not ambitious enough?

Are these the right issues? Are they the most important? Are they the issues that will enable CMG/the LINK to start to make a difference?

If not, what are the issues that should be in the work plan?

Are there too many strands – if so specifically what can be cut out?

Is the focus of each strand too broad? How could the focus be more specific?

Who else do we need to involve in the planning – and execution – of the work plan?

The format has been used to outline the key elements of the various strands of the work plan includes:

- Key issues and reasons for making this a work plan priority
- CMG Lead
- Desired outcome
- What we will focus on and how we will make a difference
- By when

*Do these headings provide an overview that is easy to understand?
Is the level of detail right?*

Should that each strand give separate consideration to regulation, commissioning, provision, and service user involvement?

Another idea....snapshot surveys

If CMG is concerned that the work plan may be perceived as too narrow in focus...it could address this by introducing regular (say bi monthly) snapshot surveys by inviting the public/stakeholders to submit suggestions for topics that would benefit from a specific service being investigated each month (quarter?) using some/all of the following:

- a spot check visit,
- a focus group,
- a case study or two
- a user survey (online using VX, face to face or by telephone using local champions etc).

Examples of snapshot surveys that could be initiated in the near future using contacts already in existence could be dialysis, footcare for diabetics, support for people with a stoma etc

Voluntary and community groups may wish to use the same approach using the LINK snapshot toolkit to gather concerns/ evidence of poor and good practice etc t and develop a collaborative approach to service improvement.

This would help the LINK gather evidence of need that it can then use to determine future work plan priorities. Snapshot surveys will also create opportunities for media releases raising the profile of the LINK and developing interest in membership by individual participants and also organisations.

The findings of the snapshot surveys can be shared with the PCT / LA commissioners and also with providers....

What next?

It has been produced to enable members of CMG to consider what is proposed for 2010–11 so that questions, ideas, alternative suggestions about content, detail, style of presentation etc etc... may be discussed at the meeting in January

Following the CMG meeting in January the draft will be amended to reflect exactly what CMG members want it to say before 'going public'.

It is proposed that the amended document will then be circulated more widely in February and March to a cross section of stakeholders who will be invited to comment on it and help to shape the version that will be presented to the AGM in May.

It is anticipated that an inclusive approach will enhance the work plan process, content and outcomes by enabling stakeholder organisations to identify themselves as members of the local involvement network with a vested interest in its future.

Once the key strands have been decided by CMG at its meeting in March each one will require a more detailed action plan that will identify key actions i.e.

What we will focus on and how we will make a difference:

Inquire; Investigate; Involve;
Inform; Influence

This detailed plan will enable the host support team to plan how it can best support CMG and LINK members more effectively. It will also help CMG monitor activity more closely.

And finally... on a positive note: don't forget...the LINK support team (the host service) will soon have considerably more capacity to support CMG. Also the PCT has indicated that it may have some additional funding to support LINK activity in 2010 that could help sustain activity that needed more input.

DRAFT Work plan 2010 (FIRST DRAFT)

KEY ISSUES and reasons for making this a work plan priority	CMG Lead	Desired outcome	What we will focus on and how we will make a difference: Inquire; Investigate; Involve; Inform; Influence	By when
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<p>ADULT SOCIAL CARE PROVISION</p> <p><i>Following the recent Green Paper Shaping the Future of Care Together, we need to sustain public interest in the FACS assessment and access policy which determines who receives care and support, and the quality and cost + affordability of domiciliary care, day care, respite and residential care.</i></p>	<p>Laura Tullett</p> <p>Jo Havell</p>	<p>Greater transparency about:</p> <p>(i) the criteria being used to decide who receives care</p> <p>(ii) the range of services available</p> <p>(iii) care standards as perceived by users</p> <p>and greater public debate about aspirations for care and ability/willingness to pay</p>	<ul style="list-style-type: none"> ▪ Consider how far local FACS policy/ criteria matches national criteria (National review of FACS: Cutting the Cake Fairly) ▪ The Putting People First initiative has introduced a number of service improvements that need to be independently evaluated. ▪ Use visits, focus groups and Values Exchange surveys (online and by local champions) to gather views about local standards of care provision as experienced by groups of service users and assess how far they match current and future expectations. ▪ Identify issues of concern and draft recommendations based on the findings ▪ Inform regulators and commissioners and engage them in debate about changes needed 	
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ADULT SOCIAL CARE PROVISION /continued	Anne Fletcher	Greater public awareness of the way social care works leads to extensive engagement with the policy process that will eventually determine future standards of care and how it will be paid for	<ul style="list-style-type: none"> ▪ Work with the Senior Citizens Forum, Age Concern, Carers Centre, Disability Forum, Red Cross, ULO etc to ▪ Inform public opinion by summarising the recent policy 'statements' by government + opposition ▪ Publicise the publication of White Paper in 2010 and ongoing policy pronouncements ▪ Continue to stimulate interest in social care through discussions, focus groups etc ▪ Continue to find out about the needs, wants, aspirations and experiences of service users through VX surveys/case studies/focus groups etc... ▪ Work with the Senior Citizens Forum, Age Concern, Carers Centre, Disability Forum, Red Cross, ULO etc 	

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ADULT SOCIAL CARE PROVISION /continued	Derek Tremayne	Service users are better equipped to influence their package of care and as a result receive a more personalised service	<ul style="list-style-type: none"> ▪ Benchmark the range and quality of services being delivered /commissioned and benchmark these against other areas using the Audit Commission website etc. ▪ Appoint and train Authorised representatives and arrange visits to premises where care and support and being delivered to find out what service users and their families think about the quality of provision ▪ Arrange to meet with people who use non-residential care services and find out their views ▪ Provide feedback to commissioners, contract managers and service providers and seek a commitment to address concerns, implement improvements and adopt good practice 	

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<p>MENTAL HEALTH</p> <p><i>The LINK has not previously considered mental health services.</i></p> <p><i>Publication of New Horizons (the National Strategy for Mental Health) and the proposal to redevelop Shelton Hospital necessitate we need to find out how South Staffordshire and Shropshire</i></p>	?		<ul style="list-style-type: none"> ▪ Scope out the key issues with regard to the commissioning and provision of different aspects of mental health with a focus on user involvement (direct and via advocates) and the assessment, treatment, rehabilitation and other support by <ul style="list-style-type: none"> - inviting local voluntary and community orgs with an interest in mental health to become actively involved in the LINK and to seek representation on CMG e.g. MIND, A4U, Disability Forum, ULO - seeking similar input from professionals - involving local people’s champions with an interest in mental health to help forge links with service users - arrange a briefing on New Horizons to inform CMG and other stakeholders about the implications of the national strategy for the way services are commissioned and provided locally - consider cross boundary working with CINCH and Staffs LINK 	

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	Lynne	<p>The new facility at Shelton will meet the needs and expectations of service users and their families because they have been involved in the planning process</p> <p>Greater public awareness of mental health issues</p>	<ul style="list-style-type: none"> ▪ Obtain details of the plans to rebuild Shelton and specifically the role played by service users have been involved to-date in the plans for Shelton Hospital ▪ Organisations representing people who use Shelton will be invited to explore how the LINK may be as a vehicle to further engage service users and the wider public. ▪ The User Lead Organisation and local people's champions with an interest in mental health will also be invited to get involved in developing this strand of the work plan. ▪ Arrange meeting with Foundation Trust members to explore the role that the LINK may be able to play in the future. ▪ Use the LINK platform (presentations, website, newsletter and annual report etc) to raise awareness of mental health issues and the role of hospital and community based services. 	

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<p>ACUTE CARE</p> <p><i>A heightened level of awareness following the Darzi Review and Developing Health and Healthcare: a strategy for Shropshire and Telford and Wrekin has led to considerable concern being expressed about the about the future of acute health services in Telford.</i></p> <p><i>CMG needs to decide what its role is and the level of involvement it considers appropriate given other commitments/limited resources.</i></p> <p><i>Other areas of interest in acute care have been identified – CMG needs to decide whether to focus on specific services and/or broader issues regarding its watchdog role e.g. the renal unit, the annual health check</i></p>	<p>Val Lindley</p>	<p>The level and quality of engagement in the public consultation process which will be taking place in mid 2010 will be higher/more informed about the issues and implications.</p>	<ul style="list-style-type: none"> ▪ Consider how to use the feedback from the LINK survey ▪ Review the role of CMG in the ECGG ▪ Review role of CMG on OSC specifically in relation to this issue ▪ Consider whether/how to make contact with individuals/groups involved in the petition /demonstrations etc earlier this autumn....also the Citizens Panel + other similar groups ▪ Review what CMG knows/gaps in information about the options and the planned consultation process and decide how to ensure that CMG is kept informed ... and how it then uses this information ▪ Undertake a PEST 'risk assessment' and put safeguards in place to ensure that any statements/actions by CMG are accurate ▪ Outline the requirements of the NHS Duty to Involve and similar obligations on the local authority and monitor compliance 	

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PRIMARY CARE (Commissioning)	David Edwards	Needs assessment process (JSNA)	<ul style="list-style-type: none"> Collect supplementary data to evidence needs – focus on 'seldom heard' 	
	Bob Kiernan	GP Services	<ul style="list-style-type: none"> Find out what has already been introduced and assess their uptake and effectiveness 	
			<ul style="list-style-type: none"> 	
PRIMARY CARE (Providing)	Dag Saunders	Shropdoc: out of hours emergency care	<ul style="list-style-type: none"> Use Values Exchange to find out how service users rate the service 	
			<ul style="list-style-type: none"> 	
	Bob Kiernan	GP Services	<ul style="list-style-type: none"> Find out what is planned in the next 18 months 	

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<p>CHILD AND MATERNITY SERVICES at PRH</p> <p><i>X women who had given birth at local hospitals in the last two years recently took part in a LINK survey. Their comments indicated the need to investigate the quality of prenatal and antenatal care</i></p>	<p>Jean Gulliver</p>	<p>Women report increased confidence in the quality of prenatal and antenatal care.</p>	<ul style="list-style-type: none"> ▪ Share feedback from survey with the PCT Commissioner and use it to inform visits to the PRH Maternity Unit with the PCT. ▪ Involve local peoples champions with an interest in maternity services in the visits ▪ Outline the findings of the survey and visits for further discussion with the women who took part in the survey. Involve them in drafting recommendations for the PCT. ▪ Involve health visitors, mother and toddler groups, Laleche League and other organisations with an interest in maternity services. ▪ Use the process to engage parents/young families in dialogue about other services that they use. 	