



Wiltshire Local Involvement Network, (LINK): known as WIN.

ANNUAL REPORT.

1st. April, 2009 to 31st.March, 2010

1. Executive Summary.

1.1. During the first year of its existence WIN members, (all unpaid volunteers working in the field of health and social care) focused primarily on putting in place governance and administrative structures to enable it to function correctly. This second year however has enabled it to work towards establishing the health and social care needs of local communities, and to reflect those needs back to commissioners and providers of health and social care services in the area covered by Wiltshire Council.

1.2. Key Achievements of WIN during 2009 to 2010 included:

(i). Significant Increases in WIN Membership and Participants.

- **Members** – Through recruitment drives and public events WIN managed by 31st.March, 2010 to have increased its membership by nearly 63%, (i.e. from 125 to 203 members), covering an age ranging from up to 25 years to greater than 75 years old.
- **Participants** (people who had contact with the LINK but did not become active members) – by activities out in the community WIN secured a significant increase in the number of participants of nearly 71% during the period under review, (from 110 to 188).

(ii). By acting as an independent “critical friend” WIN enhanced its professional working relationships with statutory health and social care service providers, commissioners, regulatory organisations and the voluntary sector.

(iii). The **Consultation Events** referred to at **sub-paragraphs 10.1, (How to Support people with Dementia and their Carers); 10.3, (Shaping the Future of Care Together) and 10.4 (End of Life Care)** as referred to in this report were regarded in particular as being a resounding success, with positive feedbacks indicating that the events were well conducted and informative.

(iv). Following WIN's representation **improved parking was secured for disabled patients** visiting Salisbury NHS Foundation Trust Hospital.

(v). **Patients Living with Long Term Neurological Conditions, (LTNC).** A WIN representative participated in a steering group event and stakeholder event organised by NHS Wiltshire, Wiltshire Council, the South West Alliance of Neurological Organisations and the voluntary sector. The stakeholder event received presentations from senior NHS Board members and staff. Ensuing workshops enabled LTNC service users to ask questions of service providers, and to share experiences. Feedback included issues to the Council's Adult Social Care Service concerning facilities for disabled people. This resulted in a positive influence on the planning of neurological services with Wiltshire Council.

(vi). **Improved Wheel Chair Services.** A WIN representative participated in the work of a Users' Steering Committee, as a result of which both service response times and access to repairs improved.

1. 3. Key Local Issues for 2010 – 2011

- Sensory Impairment
- Training a Panel of WIN speakers to support its activities
- Ongoing involvement with proposals for the formation of a new 'National Care Service'
- Strive to secure more inclusive involvement of marginalised groups and individuals.

1.4. Acknowledgements.

The WIN would like to thank the communities in Wiltshire, related NHS Trusts, Wiltshire Council, Regulatory Bodies and the Voluntary Sector for their part in contributing to the work of WIN. A Core Group member of the WIN commented that information from HAP UK, (the support organisation referred to at paragraph 4 below) is good but the changes of staff have been obvious.

2. Introduction.

2.1. What is WIN? The **WIN** is the umbrella organisation designed to give local people, organisations and groups from across the county opportunities to contribute to the improvement of health and social care services for Wiltshire. WIN, (which is independent of health and social care services and councils) wants to improve all social care and NHS services for the benefit of communities in Wiltshire. Their aim is to provide a stronger voice for local people in influencing key decision-makers in the planning, design, improvement, commissioning and provision of health and social care services.

2.2. Composition of WIN. The WIN is made-up of volunteers bringing together individuals with varying experience, expertise and specialist skills who willingly give of their time for the benefit of Wiltshire communities.

2.3. Becoming a member of WIN. The WIN encourages new members to join and participate in its activities at a level and degree that a member can commit to. Training

programmes are available for members, (appropriate to needs) free of charge. Further information on the role of WIN, its members and how to join can be obtained by way of the Host Contact. Contact details are referred to at paragraph 4 of this report.

2.4. New Wiltshire Council. Following merger of North Wiltshire, Kennet, West Wiltshire, Salisbury District Councils and Wiltshire County Council, the latter Council changed to a unitary authority known as **Wiltshire Council on 1st. April, 2009.** Merger resulted in the establishment of a series of Community Areas, (there are now 18 such areas) which take general responsibility for their own community affairs and issues, including health and social care. Wiltshire Council area is the same as that of NHS Wiltshire. Associated with the 18 Community Area Boards of Management, (comprising elected members) are Community Area Partnerships, some of which have Health and Social Care Working Groups. This has provided WIN with opportunities to engage with the county at a practical level in tackling local community issues and concerns relating to both health and social care.

3. Name, Address and Contact Details of the LINK

The initial point of contact for the Wiltshire Involvement Network is through the LINK administrator:

- WIN c/o HAP UK, 5, Spa Road, Melksham. SN12 7NP.
- Telephone No 01225 701120
- E-mail: luciewoodruff@hapuk.co.uk
- www.wiltshire-in.org

4. Name, Address and Contact Details of the Host.

HAP UK was formally appointed as the host organisation for the Wiltshire LINK on 1st. October, 2008 by the then Wiltshire County Council. As the host organisation, HAP UK supports WIN by employing officers local to the area and also through allocating dedicated staff within the team at head office.

- HAP UK, Ltd. 5, Spa Road, Melksham. SN12 7NP.
- Lucie Woodruff
- Telephone No: 01225 701120
- E-mail: luciewoodruff@hapuk.co.uk
- www.hapuk.co.uk

5. Structure and Operational Model.

The host contract for the Wiltshire LINK was let on the basis of HAP UK as the contract holder and lead organisation working in partnership with Age Concern Wiltshire, (now known as Age UK Wiltshire) and the Wiltshire and Swindon Users' Network. These partners have established and experienced outreach networks working across the county; their contact details are as follows:

- **Age Concern Wiltshire** (now known as **Age UK Wiltshire**),
13, Market Place,
Devizes, Wiltshire.
SN10 1HT.
Telephone No: 01380 727767.

Age Concern Wiltshire provides a support officer to WIN whose role is to support older people throughout Wiltshire to have their say on health and social care issues with the aim of shaping local services.

- **Wiltshire and Swindon Users' Network**,
Independent Living Centre,
Semington. BA14 6JQ.
Telephone No: 01380 871 800.

Wiltshire and Swindon Users' Network also provides a support officer role to WIN which is designed to develop its connections with health and social care long-term users of their services, including older and disabled people, people with mental health issues, and people who have learning difficulties.

5.1. "Relevant Decision Makers". Local Involvement Networks are required by law to have arrangements in place governing their procedures, including their decision making process. These include a person who may be an authorised representative for the purposes of entering and viewing the premises of service providers, and how such a person may be authorised. There is an elected Core Group of members with a published procedure allowing up to a maximum of 20 members. The Core Group may choose to supplement its number by filling any vacancies and co-opting up to a further five members or group representatives to fill any gaps in its representation. The Core Group acts as the decision-making body for WIN.

Members elected to the Core Group remain in post for 12 months and no one may serve as a member of the Core Group for more than three years continuously. Issues of concern raised by individuals, interested groups and statutory bodies relating to NHS and Social Care Services are referred to WIN's appropriate Working Group, or portfolio member of the Core Group for action and report back to the Group.

5.2. Members of the Elected Core Group with voting rights.

Information in brackets refers to election of a member to an activity area requiring particular knowledge and/ or experience.

5.2. (i). Individuals:

Phil Matthews, Chairperson. Elected May, 2009. (Health)
Anna Farquhar, Vice- Chairperson. (Health)
Jill Tompkins, Vice- Chairperson. (Social Care)
Rodney Haverson, Vice- Chairperson. (Community Groups)
Peter Biggs. (Health)

Martin Eggleton. (Social Care)
David Evans. (Social Care)
Jetta Found. (Health)
Duncan Hames. (No longer a Core Group member)
Janet Jarmin. (Health)
Veronica Parker. (Social Care)
Stuart Ritchie. (Social Care- No longer a Core Group Member)
Dorothy Roberts. (Health)
Margaret West. (Community Groups)
Mary Wilson.
Irena- Kate Magil, (Social Care).
Anne Keat. (Health)

5.2. (ii). Organisations:

Stephen Carey, Wiltshire Race Equality Council. (Community Groups) - formerly June Sadd, WREC.

5.3. Non-Voting Members:

Jacqui Abbott, Wiltshire Council
Louise Rendle, Wiltshire and Swindon Users' Network.

5.4. Health and Adult Social Care Scrutiny Committee, (now known as Health and Social Care Select Committee, Wiltshire Council).

The Core Group had originally appointed four of its members to liaise with this Council's committee, which has overview and scrutiny functions. At that stage WIN's representatives were:

Peter Biggs.
Anna Farquhar.
Jetta Found.
Mary Wilson.

However, following the formation of the new Wiltshire Council and review by the WIN, (Minute 15.1.of the Core Group meeting held on 2nd. June, 2009 refers) representation was reduced to two members, i.e. Peter Biggs and Jetta Found with Phil Matthews as substitute. The Health and Adult Social Care Scrutiny Committee operates in a very co-operative way on public meetings arranged by WIN.

- WIN's Chairperson and Vice-Chairpersons meet regularly to deal with strategic and governance issues.

5.5. Working Groups.

In addition to the Core Group two working groups exist to support the ongoing work of WIN. Each working group is led by a member of the Core Group who is responsible for monitoring and reporting on the particular working group's progress. Involvement in

these groups is open to other WIN members both from within, or outside, the Core Group. The working Group leads are:

- Mental Health Sub-Group: Jill Tompkins.
- Outreach Sub-Group: Rodney Haverson.

5.6. Enter and View Representatives.

WIN has a trained team for the purpose of authorisation to enable them to enter and view the premises of service providers. Currently implementing this activity is dependent on statutory clearance of the team members.

5.7. Establishing Peoples Views.

(i). A number of discussion topics have been posted on the **Community Voices online** website, (www.communityvoicesonline.org) to encourage dialogue with people in the County around key themes.

(ii). **“Something to Say Survey”, (HAP UK)** – Was a generic survey conducted in 2009 of all the LINKs supported by HAP UK. A press release: “Changing the Future in a Few Minutes” with coverage in two local newspapers circulating in Wiltshire announced the survey. Below are examples of responses to just two of the questions posed:

- **“What is the single most important issue for you or your family?”** **Answers-** “To be able to access services when I need them, without having to fight for them”. “Easy access to healthcare when we need it”. “The quality of mental health services”. “Social Care”. “Interpreters”. “We have no overriding issues that we are concerned about”.
- **Any comment you wish to make about HAP UK services to you as someone who has registered with a LINK?**
Answers – “I am too busy to remember to look at a website. Therefore I would like a very brief reminder by e-mail of what is going on- just bullet points. I can go to the website if I want more info- can mark my diary etc.”
“Satisfactory”.

(iii). **WIN Drop-in Sessions, (aka Surgeries)** were publicised in locally circulating newspapers and arranged monthly at strategic locations in Wiltshire to enable members of the public to drop-in and discuss health and social care issues with a representative from the WIN. Drop-in Session flyers were also produced to publicise this service. The service will now be reviewed.

(iv). **WIN Newsletters.** – During 2009-2010 two issues of the newsletter, (comprising 1,000 copies per issue) were produced and distributed to members for onward distribution and for use at events.

(v). Presentations to Various Groups – e.g. to ethnic minority groups and Housing Association Forums, (paragraph 10.12 refers).

(vi). Community Events – e.g. at Drop-in surgeries, Health Fairs, Luncheon Clubs and Community Day Centres, (paragraphs 5.7 and 10.12 refers).

(vii). Statutory and Working Group meetings- including LINks and local authority Community Area Boards and related Health and Social Care Panels.

5.8. Impact of WIN Activities on Services.

In addition to WIN's specific achievements referred to in this report, the fact that it works in a professional capacity with health and social care service providers, commissioners, regulators and the voluntary sector means that WIN consultation is actively sought. Inputs by WIN representatives on various health, social care and voluntary bodies have been incorporated into policy documents.

6. Financial Report 2009 to 2010 produced by HAP UK on behalf of the WIN. An externally audited account accompanies this report.

7. Training. During the course of the year the following training courses were made available by HAP UK and taken-up by the WIN:

- Introduction to LINks, (Induction Training).
- Community Engagement.
- Enter and View.
- Diversity Training, which in particular was described as being well conducted and informative.

7.1. Guidance Notes were produced for the LINK by HAP's Projects and Research Group on the following subjects:

- Cutting Child Poverty.
- Reducing Healthcare-Associated Infections in Hospitals.
- Shaping the Future of Care Together, (Green Paper- Proposals for a new National Care Service).
- A Shared Vision for Mental Health, (Consultation on new services).
- Vetting and Barring Scheme.
- Care Quality Commission – Voices into Action, (Replaces the "Annual Health Check").

8. Demographics – Wiltshire.

8.1. Background.

Wiltshire is a large, predominately rural and generally prosperous county with a population of 452,600. Almost half of the population resides in towns and villages with less than 5,000 people and a quarter live in villages of fewer than 1,000 people. Approximately 90% of the county is classified as rural. The relationship between the

City of Salisbury and Chippenham, as the largest towns, and the rest of the county has a significant effect on transport, employment and travel to work issues, housing and economic needs.

8.2. Population Density. Wiltshire has the third lowest population density of the counties and unitary authorities in the south west. The rural nature of the county has implications for the planning and provision of health and social care services, particularly with a shift towards more provision of services in the community, as well as for transport, especially in the context of a commitment to sustainable living and potential reduction in availability of fossil-fuels.

8.3. Population by Age. The projected population figures show a steep increase with the proportionate population of over 65s in Wiltshire approaching 22% by 2014, and exceeding 23% of the overall population in 2019.

- Health and well-being needs increase with age with a higher incidence of chronic disease, susceptibility to the negative impacts of social isolation and an associated raised need for health and social care services and carers.
- Linked to the predicted change in the proportion of the population At working age, (which has an estimated drop of nearly 4% over the next 10 years), there will be further implications in terms of balancing income and pensions.

8.4. Ethnicity.

- At 3.2% of the population, Wiltshire has a lower proportion of ethnic minorities than the South West region as a whole, (4.3%) and a considerably lower proportion than the national figures, (England 11.3%).
- The county is a largely white and rural area. People in minority groups are often not present in sufficient numbers to form coherent groups. This can result in an unknown demand for services and hence unmet need.

9. Health- Wiltshire.

9.1. The aim of the Wiltshire Joint Strategic Needs Assessment, (2009 Refreshed) is to:

- Improve health, well-being and social care of all people in Wiltshire.
- Reduce inequalities, increase social inclusion, and provides services in a cost-effective way.
- Ensure that service planning is focused to prevent adverse effects on health.

9.2. All Cause Mortality. All Age All Cause Mortality, (AAACM) rates may also be used as a proxy measure for life expectancy, when AAACM rates improve, life expectancy can be expected to improve. Of particular interest is causes of death amongst the under 75s,

because deaths in this age group are defined as “premature”. In 2007, there were 1,188 deaths under the age of 75, representing 29% of all deaths in the county. The two major causes of premature death nationally, and in Wiltshire, are circulatory disease, (including coronary heart disease and stroke) and cancers, (malignant neoplasms). Overall, mortality from all causes in the under 75s has been declining in Wiltshire, the South West and in England.

9.3. Preventing Ill-Health. The greatest burden of disease and premature death in the UK today is related to chronic diseases such as cancers and cardiovascular disease. Such diseases are strongly associated with lifestyles or health behaviours. These lifestyle risk factors include:

- Smoking.
- Alcohol consumption.
- Drug misuse.
- Sexual behaviours.
- Nutrition.
- Physical activity.
- Obesity.

Tackling these risk factors is a main focus of preventing disease and promoting health, alongside other measures such as immunisation programmes, (to reduce infectious diseases) and improving community safety.

10. Activities that the WIN has undertaken.

10.1. Consultation event on How to Support People with Dementia and their Carers in Wiltshire, (29th. April, 2009). Approximately 60 people representing 14 voluntary sector organisations attended the public meeting which was hosted by WIN, supported by HAP UK, Age Concern Wiltshire and the Wiltshire and Swindon Users’ Network. Guest speakers were Professor Roy Jones, Director of the Research Institute for Care of the Elderly, (RICE) who explained the model of care in Wiltshire. An insufficient number of Memory Clinics based in the community are supported by specialist centres such as RICE. The second guest speaker Andrew Day, Branch Manager of the Salisbury and District Alzheimer’s Society advised specifically on the subject of Alzheimers and the fact that dementia is an increasing problem, and Wiltshire in particular will undergo an exponential increase over the next 10 years. Following a question and answer session with the speakers, participants discussed and reported back on questions concerning the establishment of early diagnosis and the kind of support services needed by people with dementia, and by their carers. A local radio station plugged the event and BBC TV featured footage from the meeting on its Points West programme. Additionally, two newspapers circulating in the County featured and referred to the event on four occasions.

10.2. West Wiltshire Show, Trowbridge, (23rd. to 25th. July, 2009). The show provided an ideal opportunity for the WIN to spread the word about how it can help local people influence the way health and social care services are run in the county. The event attracted thousands of visitors to the town park and the WIN spent three busy days talking to the public. Promotional material carrying the WIN branding was used. A team of WIN volunteers and HAP UK staff supported the event throughout the three days. A follow-up press release was uploaded to CVO and also produced for the media.

10.3. “Shaping the Future of Care Together”, (the Government’s Green Paper on the reform of adult social care in England). 2nd. September, 2009.

WIN organised this event to give the public a chance to have their say on the “**Big Care Debate**” and to find out what the changes would mean for them. Approximately 70 people took part, (including local people, councillors, representatives from the voluntary sector and WIN members). Sue Geary, Head of Social Care Policy at Wiltshire Council gave an informative talk on the topic, and was then assisted by Annie Paddock in answering questions from the audience. Visitors took part in workshops during the afternoon and feedback was forwarded to the Department of Health and to Wiltshire Council. The event was hailed as a great success. Press releases announcing the forthcoming event were issued by HAP’s Communications Team and included in two local newspapers circulating in the County, and on four occasions by BBC Wiltshire. A further press release was produced after the meeting and a County-wide newspaper did a follow-up article on the event.

10.4. End of Life Care, (19th. November, 2009). This WIN public meeting offered people the chance to share their views on how End of Life Care is provided in the county. The event, in conjunction with NHS Wiltshire, (PCT) was held to discuss the PCT’s draft End of Life Care Strategy 2009 -2014. The meeting was well attended by WIN members, carers, community groups, health and social care providers, the voluntary sector and the public. Subsequent to formal speakers at the morning session, afternoon workshops focused on:

- (i). How do we encourage people to have discussions about the end of their lives with family and professionals?
- (ii). How do we support people who wish to die at home?

Prior to the meeting, press coverage occurred on four occasions in two local newspapers circulating in the County and in BBC local events listings.

Responses to issues raised were recorded and a conference report was produced. The report was sent to many different organisations, including Wiltshire Council and NHS Wiltshire. Many participants said how pleased they were to have been involved in the event which they described as “very worthwhile” and “extremely useful”. In January, 2010 the report was presented to the Wiltshire Council’s Health and Social Care Select Committee and several recommendations from the meeting are now being put into practice by the Neighbourhood teams.

10.5. Health Fairs – WIN has been engaging with the public at 15 out of 18 of the NHS Health Fairs and Workshops arranged around the County. These events have been held in each of the Area Boards in Wiltshire. Attendance was made at the Tidworth Show and also additional health fairs as referred to at **10.12. (i)** below.

10.6. Care Quality Commission, (CQC) Public Meeting, 1st. December, 2009.

CQC carried-out an inspection of Adult Social Care Services in Wiltshire between 25th. November and 3rd. December, 2009 and WIN was approached to become involved. CQC in conjunction with WIN held a public meeting centring on the topics of “Safeguarding and Increased Choice and Control”.

10.7. First Responders, (31st. March, 2010). Members of WIN and over 30 supporters met to obtain an insight into the role of Community First Responders – volunteers trained to attend emergency calls received by the ambulance service and who provide care until the ambulance arrives. An informative presentation was given by two volunteers from St. John Ambulance. The event was also arranged to enable members to get to know each other in a more friendly and informal way.

10.8. Mental Health Services.

(i). Avon and Wiltshire Mental Health Partnership NHS Trust, (AWP).

There are six LINKs in the area in which AWP provides services, viz:

- Bath and North East Somerset.
- Bristol.
- North Somerset.
- South Gloucestershire.
- Wiltshire, (WIN).

A **LINK Stakeholder Group** was set-up in spring 2009. The group meets quarterly and provides opportunity for the Trust to share information about mental health services. The aim is to represent good practice and a shared perspective on partnership working. The shared vision is to meet the challenge of involving the public in the planning, provision and development of mental health services in a range of ways. Working arrangements are based on mutual respect and recognition of these roles.

(ii). Mental Health Sub-Group. Regular two monthly meetings of the Sub-Group are planned which has involved ten WIN members. At these meetings a speaker from the Avon and Wiltshire Mental Health Partnership NHS Trust, (AWP) updates the Group on provisions for service users. The Group are invited to attend the Wiltshire and Swindon Users’ Network meetings “Time to Talk” and other meetings as required. A representative attends Community Area Partnership Board Meetings. On a monthly basis AWP Board Meetings are attended by a WIN Vice-Chairperson acting jointly on behalf of WIN and the Bath and North East Somerset LINK.

In June, 2009 the Mental Health Sub-Group was updated by senior staff from the Avon and Wiltshire Mental Health Partnership NHS Trust with current plans for Foundation Trust Status which the Trust hopes to gain this year.

In the view of a Core Group member, official discussions focus on bringing Mental Health into mainstream NHS care; however, it is always the Cinderella for funding.

(iii). Ridgeway Partnership, (Oxfordshire Learning Disability NHS Trust). The Trust specialises in providing healthcare and social support services for people who have learning difficulties and other long term complex needs. A member of the Core Group worked in liaison with this partnership.

10.9. Gynaecological Treatment Centre. Over the past two years discussions have been held relating to future plans for treating patients with gynaecological conditions who come from the South West, including Wiltshire. WIN representatives have been involved with meetings to consider proposals for one main specialist treatment centre.

10.10. Hospital- Related Activities, (other than mental health services).

(i). Royal United Hospital, (RUH) Bath.

- A WIN representative attends **Board Meetings** of the RUH jointly for the Bath and North East Somerset LINK, (B&NES) and for WIN.
- Attendance is maintained at the Hospitals **Patient Experience Group** meetings. This also involves cross-working with the B&NES LINK.
- A representative attends the **Bath Maternity Services Liaison Committee** which covers maternity services provided by the RUH, Salisbury Hospital and Great Western Hospital. The WIN representative has encouraged the ongoing standardisation of maternity policies and practices.

(ii). Salisbury Foundation NHS Trust Hospital, (SFT).

- **Board Meetings** -A WIN representative attends these SFT meetings as an observer, and is routinely afforded the opportunity to speak at the end of meetings.
- **Patient Food Focus Group.** The Group, (including WIN representation) meets quarterly to monitor the standard of patients' food and to advise on improvements to the service. During each meeting the Group visits a ward and observes meals being served. **Achievement** – Comments from the Group have lead to the more vulnerable patients, (e.g. stroke patients) receiving more assistance with eating their meals.
- **Hospital Patient Parking Review.** WIN's Chairperson and one of its Deputies met with the Chief Executive of the Salisbury NHS Foundation Trust Hospital to discuss the improvement of patient parking at the hospital. **Achievement** – Secured improved parking for disabled patients visiting the hospital.
- **Annual Health Review.** Based on a meeting (and other information) between Salisbury NHS Foundation Trust Hospital's Chief Executive with the WIN Chairman and one of its Vice-Chairpersons to discuss the annual review, WIN submitted a report to the Care Quality Commission. .

(iii). Great Western NHS Trust Hospitals. A representative attends Board Meetings on behalf of the WIN. The Trust has an exercise, (encouraged by the representative) to improve patient communications and redevelop its website.

10.11. NHS Wiltshire, (Primary Care Trust).

10.11. (i).Board Meetings – 2 members of the WIN are able to attend Board Meetings as observers on behalf of the LINK and are able to participate by asking questions during the course of the meeting. Issues raised during the course of meetings have included:

- The poor performance, (response times) of the Great Western Ambulance Service NHS Trust.
- A reminder for hospitals to exert effective controls on infection rates, particularly relating to Clostridium difficile.
- The outcome of the Staff Survey which indicated areas of poor performance management, and that staff morale was not generally good.

10.11. (ii). Meetings of the Trusts Provider Services Committee and Equality and Diversity Committee are attended by a member of WIN.

- In respect of the **Provider Services Committee**, statistical information is scrutinised, and where necessary questioned by the representative.
- In terms of an **Equality Strategy** the representative tries to ensure that all County organisations produce a common policy framework within which issues of a specific nature to a particular organisation are included.

10.11. (iii). Governance & Risk Committee. A WIN representative participates in bi-monthly reviews to consider progress, difficulties and to air the views of LINK members, and the public when they are needed. As an example: In respect of the podiatry service, public views concerning difficulties in making appointments convenient to the user and making telephone contact with the service have been relayed to the Committee. WIN contributes to the work of this Committee by listening to the public. Working with the new community teams on the Dementia Strategy has enabled positive contributions to be made.

10.11. (iv). Wheel Chair Users' Steering Committee. A WIN representative participated on this Committee which put together the requirements for a tender for the supply of Wheel Chair Services in Wiltshire. **Achievements** – Service response times improved; access to repairs improved.

10.11. (v). Steering Group for Patients Living with Long Term Neurological Conditions, (LTNC). A WIN representative on this Group participated in a stakeholder event organised by NHS Wiltshire, Wiltshire Council and the South West Alliance of Neurological Organisations. The event enabled users to feed back to those responsible for health and social care on the requirements and shortfalls of the service for patients with LTNC. **Achievement** – Resulted in a positive influence on the planning of neurological services with Wiltshire Council.

10.11. (vi). NHS Wiltshire Urgent Care Committee, (South). WIN is represented on this Committee which is concerned both with ensuring that urgent care needs are met, and with promoting well-being in the south of the Trusts area. .

10.11. (vii). The NHS Wiltshire Clinical Effectiveness Committee is concerned with the application of the best knowledge, derived from research, clinical experience and patient preference to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice. A WIN representative attends this Committee.

10.11. (viii). PEAT Inspections, (Patient Environment Action Team Inspections). Annual inspections were undertaken by members of WIN in respect of some NHS hospitals and care homes in Wiltshire. Mini-PEAT inspections, (unannounced) were also conducted during the year of Salisbury Foundation Trust NHS Hospital.

10.11. (ix). Out-of-Hours Medical Services are operated by Wiltshire Medical Services, (WMS) for most of Wiltshire as well as operating the "Access to Care" system which provides a single point of access and referral route to GPs for hospital discharges. WIN is represented on the WMS Urgent Care Forum which is made-up of Directors of WMS, healthcare professionals and patient representatives. WMS operate a call centre in Chippenham staffed by healthcare professionals who assess the needs of patients who contact them after GP practices are closed, or over the weekend or at bank holidays. From the 1st. April, 2010 WMS will be providing the two services for the whole of Wiltshire. The WIN representative raised various issues in the Urgent Care Forum, posed questions and in conjunction with colleagues considered complaints and compliments about the service. It was considered that complaints had been handled in a professional and efficient manner.

10.11. (x). NHS Wiltshire and Community Hospitals Infection Control Committees. Infection Control Committees relate to both acute hospitals, (meeting at NHS Wiltshire headquarters) and to community hospital services, (meeting at various community hospitals). A member attends these meetings on behalf of WIN. The numbers of healthcare associated infections show signs of diminishing, and the promotion of hand hygiene is continuing. Following representation from the WIN member, traditionally foot-operated waste receptacles in facilities provided for disabled people, (but inoperable by them) were replaced by automatically opening receptacles.

10.11. (xi). Swindon and Wiltshire Local Pharmaceutical Committee. In addition to a representative attending this Committee, WIN considered and commented on Pharmacy applications referred to it by NHS Wiltshire.

10.11. (xii). Meetings of the NHS Wiltshire Practice Based Commissioning Committee were attended by a member of WIN.

10.11. (xiii). Prison Medical Services Liaison – A WIN representative liaised with NHS Wiltshire and the prison service in respect of medical services at Erlestoke Prison.

10.11. (xiv). NHS Wiltshire Maternity Liaison Committee – A WIN representative participating at this Committee encouraged the involvement of younger mothers who were able to bring their experiences for the benefit of the group.

10.12. The Outreach Sub-Group is responsible for publicity and community engagement; (to raise the awareness of WIN and support member recruitment) has produced publicity material in various languages for distribution to libraries, surgeries, Citizens Advice Bureaux, the Wiltshire Association of Local Councils and other outlets.

- As it was considered beneficial to use radio as a means of getting information out to a wider audience, the lead member conducted a local radio interview with the Joint Director of Public Health for Wiltshire Council and NHS Wiltshire. The interview centred on the stakeholder event referred to at paragraph 1.2. (v) – Patients Living with Long-Term Neurological Conditions, and understanding their thoughts and feelings, improving services provided for them, with regard to what services work well, additional needs and localities where services were needed. The stakeholder event is to be held annually, and the Public Health Directorate, (which is action orientated) will be reporting 6 monthly on actions taken.
- There is a plan to train a panel of volunteer speakers to support the WIN. The Panel will be charged with improving communication, especially with hard to reach groups.
- One of the Sub-Groups roles is to secure more inclusive involvement of marginalised groups and individuals, including e.g. ethnic minorities, people with disabilities and the economically disadvantaged, with a view to improving their lot. Ethnic minority events with which WIN has been associated include:
 - **Afro-Caribbean Club** – West Wiltshire Community Club.
 - **Health & Wellbeing -Black and Minority Ethnic Group's Community Day-** West Wiltshire Community Club.

10.12. (i). Age Concern Wiltshire (ACW), now known as Age UK Wiltshire.

(a). ACW is an independent charity working to promote the well being of older people to make later life an enjoyable and fulfilling experience. It provides direct services to older people across parts of Wiltshire, tailoring its services to what people say they want. Support to community day centres and luncheon clubs is complemented by a variety of services including home visits, befriending, gardening and home support.

(b). The WIN Support Officer, ACW was involved in the following outreach activities:

- Age Concern Wiltshire Day Centre Organisers' Day.
- Older People's Strategy Workshop Consultation, Lead-Wiltshire Council.
- AGM Wiltshire and Swindon Users' Network.

- Two Westlea Housing Association Older People's Forums at Wootton Bassett and Kington Langley
- Two consultation events on the Long Term Future of Social Care, Wiltshire Council, and Wiltshire and Swindon User's Network.
- WIN Surgery Sessions – Four in Salisbury; five in Devizes and one in Trowbridge.
- Open Space Meeting, Wiltshire Council- To consider the service needs of older people.
- Health and Fitness Event, Westbury, (ACW).
- Annual General Meeting, ACW. October 2009.
- End of Life Care Focus Group, North Wiltshire Users' Forum.
- Crammer Court, Luncheon Club Devizes, (Extra Care Housing – Sarsen Housing Association).
- Health and Wellbeing Fairs relating to the following Council Area Boards- Dinton, Salisbury; Devizes; Trowbridge; Bradford-On-Avon; Pewsey and Corsham.
- Launch of the Wiltshire College Single Equality Scheme.
- Springfield House, Wootton Bassett, (Extra Care Housing, Westlea Housing Association) – Residents Coffee Morning.

(c). Shaping Choices for Older People in Wiltshire. This Open Space Event which was held on 7th. October, 2009 was designed to identify ways of improving care and support, to enable older people to have a good quality of life and to keep people in their own homes where possible and appropriate. Several WIN members took this work forward through workshops.

(d). The Older People Strategy Workshop Consultation, (held on 25th. June, 2009) recommended that advice be sought from Commissioning managers within health and DCS on researching the need, viability and costs of a mobile information and advice centre and to feedback to the workshop participants.

10.12. (ii). Wiltshire and Swindon Users' Network, (WSUN)

WSUN has a well established network of user's of health and social care services, including people with sensory or physical impairment, mental health or learning difficulties and older people. WSUN represents almost 1000 members across the Swindon Borough and Wiltshire Councils areas. During the period under review WSUN has participated in the WIN hosted public events, has been active in the Sub-Group committees for Outreach and Mental Health and led on specific pieces of work within its remit. Some of achievements included:

- Enabling WSUN members to be involved in the WIN events and supporting them in participating.
- Assisting HAP in planning and delivering the public consultation event on "Shaping the Future of Care Together", (Green Paper); and the "End of Life Care" event, particularly in respect of younger members.
- Providing administrative support to HAP in securing transport for people with disabilities and assisting people who have various difficulties.

WSUN - provided “Our Time to Talk” sessions covering Kennet North and West, and a “User Friendly Group” covering South Wiltshire, both of which provide user involvement in all aspects of community care.

10.13. Great Western Ambulance NHS Service, (GWAS).

With its headquarters based in Chippenham, GWAS provides ambulance services covering Avon, Gloucestershire and Wiltshire. WIN is represented on the following bodies:

- **Wiltshire Council - GWAS Joint Health Overview Scrutiny Committee.**
- **GWAS Equality and Diversity Steering Group.**

10.14. Environmental Group – The Lafarge Group which concerned itself with the environmental impact arising from the activities of Lafarge, Westbury, (which was primarily cement production) has now been subsumed into a wider environmental group. WIN is represented on this Group, which is essentially technical in nature and deals with environmental impacts of a complex nature.

10.15. Wiltshire Council. – In addition to the important Council-related activities referred to above, WIN is also represented on the following Council bodies:

- **Major Contracts Monitoring Working Party** – a Task Group of the now entitled Health and Social Care Select Committee.
- **Wiltshire Low Vision Group**- relates to the services of the Council’s Hearing and Vision Team. .
- **Teenage Pregnancy Group**- in connection with the Council’s Children’s Services. The representative has a particular concern with health education in secondary school settings.
- **Corsham Area Community Board, Wiltshire Council** – A WIN representative attends these area meetings.
- **Joint Commissioning Board of Wiltshire Council / NHS Wiltshire**- as a stakeholder for WIN. The Board focuses on the joint commissioning of services for adults and older people and is intended to include considerable involvement of service users. The Board has regard, (among other things) to the period of hospital in-patient stay, effective patient discharge planning and the avoidance of “bed-blocking”.
- **Wiltshire Council Health and Social Care Select Committee**, (see also sub-paragraph 5.4 concerning WIN stakeholder representatives). The Committee performs all overview scrutiny functions on behalf of the Council, appointing sub-committees, task groups and rapid scrutiny groups, as necessary. Following discussions with WIN, arrangements for training on NHS Quality Accounts is being considered. NHS healthcare providers are required to produce annual NHS Quality Accounts reporting to the public on the safety, effectiveness and patient experience of the

services provided. The local provider is required by law to invite WIN to comment on the draft accounts prior to publication.

11. Consultations. WIN takes pride in being “ahead of the game” in terms of involvement, (as a valued consultee), relating to key issues. As a result, they are invariably aware of health and care proposals at an embryonic stage and are able to influence formulation at an early juncture. Consequently they have not had need on a statutory footing to refer matters to Wiltshire Council’s Health and Social Care Select Committee.

12. Membership.
(NR represents not recorded)

Total number of members as of 31/03/2010	203																														
Total number of members as of 31/03/2009	125																														
Total number of members as of 31/03/2010 who have a social care interest*	NR.																														
Total number of members as of 31/03/2010 who represent the ethnicity and diversity of your population including: <ul style="list-style-type: none"> • Age – Gender <table border="1" data-bbox="147 560 623 867"> <tr><td>Male</td><td>43</td></tr> <tr><td>Female</td><td>99</td></tr> <tr><td>Not specified</td><td>61</td></tr> <tr><td>0-25</td><td>3</td></tr> <tr><td>25-50</td><td>29</td></tr> <tr><td>50-75</td><td>75</td></tr> <tr><td>More than 75</td><td>18</td></tr> <tr><td>Not specified</td><td>78</td></tr> </table> <ul style="list-style-type: none"> • Language – Religion • Ethnicity – Race <table border="1" data-bbox="147 1018 623 1287"> <tr><td>White</td><td>75</td></tr> <tr><td>Asian</td><td>0</td></tr> <tr><td>Black</td><td>0</td></tr> <tr><td>Chinese</td><td>0</td></tr> <tr><td>Japanese</td><td>0</td></tr> <tr><td>Other</td><td>0</td></tr> <tr><td>Not specified</td><td>128</td></tr> </table> <ul style="list-style-type: none"> • Disability NR. • Sexual Orientation NR. 	Male	43	Female	99	Not specified	61	0-25	3	25-50	29	50-75	75	More than 75	18	Not specified	78	White	75	Asian	0	Black	0	Chinese	0	Japanese	0	Other	0	Not specified	128	NR. NR.
Male	43																														
Female	99																														
Not specified	61																														
0-25	3																														
25-50	29																														
50-75	75																														
More than 75	18																														
Not specified	78																														
White	75																														
Asian	0																														
Black	0																														
Chinese	0																														
Japanese	0																														
Other	0																														
Not specified	128																														
Total number of interest groups as of 31/03/10 which represents under-represented sections of your community including: Age - Gender Language - Religion Ethnicity - Race Disability Sexual Orientation	32																														
Number of active members involved in Management Boards, sub groups, representing the LINK externally etc	15																														
Total number of participants as of 31/03/09 (people who had contact with the LINK but did not become active members)	110																														
Total number of participants as of 31/03/10 (people who have had contact with the LINK but not become active members)	188																														

13. Public engagement

What have been the top three most effective ways your LINK has used to engage local people that have **yielded the most feedback**?

- **Consultation events** as referred to at paragraphs 1.2.(iii); 10.1; 10.3 and 10.4.

Place in order of effectiveness with the most effective first.

- 1). End of Life Care.
- 2). Dementia and their Carers.
- 3). Shaping the Future of Care Together.

How many people engaging felt satisfied that they were able to influence health and care services through the LINK?

- Approximately 200 people attended the events and it was perceived that over 50% of attendees felt that they could influence services via the WIN.

What have been the most successful engagement activities to reach under-represented groups **that have generated significant feedback**?

- Insufficient feedback received to provide a meaningful answer.

14. Requests for Information made to Named Organisations, (health/social care/independent provider). NONE FORMALLY.

15. Enter and View, (all specifying purpose of visit and name of premises).
NONE FORMALLY.

16. Referrals to Named OSCs- See paragraph 11 of report.

How many referrals were made by your LINK to an Overview & Scrutiny Committee (OSC) and to what did they relate?	Nil.
How many of these referrals did the OSC write to acknowledge receipt within the required timescale?	Nil.
How many of these referrals led to service change? Please specify.	Nil

16. Examples of LINKs “Best Practice”. LINKs are invited to incorporate into their annual reports examples of successful work for subsequent inclusion in a “Best Practice Guide” which is being developed by the National Association of LINKs Members, (NALM).

The following Consultation Events:

1. “**Shaping the Future of Care Together**”
2. “**End of Life Care**”

END.