

## COUNTY DURHAM LINK EVALUATION

Year Three

2010-2011

### 1. INTRODUCTION

This is the final report of the three year evaluation of County Durham LINK commissioned by the Host organisation, Pioneering Care Partnership. It repeats the methodology of years 1 and 2 so that comparisons can be made and conclusions drawn about LINK performance against its objectives.

#### Methodology

- Repeat of the Member Survey carried out in 2008 and 2009 (electronic & hard copy)
- Repeat of the Stakeholder Survey carried out in 2008 and 2009 (electronic)
- Profile of LINK membership based on data collected as part of application process

### 2. MEMBERSHIP PROFILE AS AT DECEMBER 2010



#### HEADLINES

#### 2.1 Type of membership

LINK membership has shown further growth in 2010 and this should provide a pool of committed individuals who can provide a solid basis for the new Healthwatch.

#### 2.2 Equalities monitoring data – individuals

- Of the **individuals** who provided equalities data, female membership has continued to grow while the male membership has stayed roughly the same. The proportion of membership which is female has risen from 51% to 55% to 58% over the three year period. These figures are net of nil returns.
- Although the proportion of members aged 50 and over has reduced slightly, this group still represents **60% of all** members who gave their age. Only 10% of members said they were under the age of 35 which is in line with previous years and probably reflects a greater interest in health and care issues amongst older people coupled with a greater availability of time for participation in the LINK. This trend does however, raises concerns about the ability of the LINK to represent the views of younger, working people about health and social care issues which concern them

- Of 194 respondents who expressed gave their ethnicity, only 3 were non-white. Whilst we acknowledge that the north east has a lower than average proportion of Black and Minority Ethnic residents, it does raise concerns about the ability of the LINK to represent the views of these communities and is an issue which should be addressed going forward into Healthwatch
- As in previous years, 45% of members stated that they had a disability and just under 40% stated that they had a long term health problem

### 2.3 Location

The profile of individual members by location is fairly well distributed with a good showing from rural areas of the County. There has been a small increase in number of members in Consett.

### 2.4 Members Interests

As in last year, social and community care continues to be the most important issue for individual members just ahead of older people's issues. Mental health care continues to be a higher priority for organisations than individual members. In common with previous years, GPs and community health care continue to be a significant interest for organisations but **not at all** for individual members. This is something which will need tackling as Coalition proposals for GP commissioning go forward

### 2.5 Member Feedback from Survey

Three questions dealt with individual's perceptions of their ability and the LINK's ability to influence decisions on health and social care. Respondents felt much more able to influence decisions taken by the PCT (48%) than they did about local authority decisions (37%).

Of particular interest is that responses to both of these questions indicate there is a **digital divide** with **on-line questionnaire respondents feeling more able to influence decisions** than those who completed paper questionnaires. **This is shown below in Appendix 2.** Reasons for this could be that people who completed on-line questionnaires are more familiar with e-communications (eg Twitter, e-petitions, discussion forums etc) and feel they have more channels for expressing their opinions directly. Alternatively, it may be that individuals who have easy access to a computer have more resources, time and money and therefore feel they are in a position of greater power. Whether the difference in perception of these two groups reflects genuine differences in people's ability to influence decisions is another question altogether. However, the results of this sample **are** suggestive of differences in perception between people who respond on-line versus those responding off-line and this should be borne in mind when on-line methods of gauging public opinion are used.

The question of whether people felt that the LINK had positively influenced health and social care services yielded a **much more positive response than last year** with 25% stating 'yes' (as opposed to 15% the previous year). However, this is still disappointingly low result overall when those who say 'don't know' or 'too early to say' total 63%. Again, this question illustrated the digital divide with on-line respondents much more positive than paper respondents about the ability of the LINK to influence services. Last years 360 degree feedback (2009-10), suggested that members had under-estimated the ability of the LINK to influence services so it may be that this perception persists.

Respondents who felt that the LINK had made a positive impact on services often cited particular consultations or committees in their reasons for believing that the LINK had influenced services. These included **'Implementation Working Party on Older People's Mental Health'**, **'Siezing the Future'**, and **'Enter and View'** events (including Darlington Foundation Trust Stroke Services and Ambulance Service). It is possible that members who had been involved in particular consultations were more likely to feel that the LINK had been influential because they had seen the outcomes of these consultations first hand. Several respondents remarked that recommendations from **Enter and View** had been accepted and acted upon. This finding is particularly important in view of the fact that there will be much less inspection by CQC under new compliance arrangements. Undertaking this type of function will therefore be an important activity for Healthwatch.

Respondents also cited raising awareness and information sharing as important functions of the LINK.

The question **'What do you see as the LINK's main achievement over the last 3 years?'** offered members free text to express their views. Several themes emerged. A number of members focussed on **INFORMATION GIVING AND COMMUNICATION:**

"Establishing connections with the local community"

"Ensuring people are aware of ongoing consultations and providing an opportunity to respond"

"Communicating information which (I would) otherwise would not know about."

"Providing relevant information in an easy to understand manner".

Another theme was **EMPOWERING PEOPLE TO EXPRESS THEIR VIEWS ABOUT HEALTH AND SOCIAL CARE ISSUES:**

"Bringing persons of similar ideas together so we have one big voice"

"Social inclusion in decision making"

"Promoting the inclusivity of local persons and giving them a say in the workings of parts of the health service"

"Informing the public about public and involvement opportunities, carrying out work on projects which are giving them concern"

Some respondents emphasised the fact that the LINK **WAS WORKING WITH AND REPRESENTING PEOPLE WHO MIGHT OTHERWISE BE MARGINALISED:**

"Social inclusion in decision making"

"Working with local communities in Co. Durham, particularly disadvantaged and marginalised communities (eg. Deaf / Deafened community, Children & Young people)"

"Helping to deal with important community issues such as alcoholism, mental health issues and dementia"

### **SOME RESPONDENTS MENTIONED SPECIFIC PRACTICAL ACHIEVEMENTS:**

"Specialist training for LINK members to undertake inspections (Enter and View) and reporting on observations"

"Setting up and becoming one of the forerunners in the Country, Recruiting a large membership and in particular, working with vulnerable groups, agreeing a protocol with the NHS and Local Authority"

"Organising lines of communication and administration as well as recruiting people with organisational/team skills"

"Working on Health scrutiny"

"Establishment and operation of enter and view, working relationship with CQC and training"

The survey also asked what the **LINK SHOULD DO MORE OF** as it becomes Healthwatch. A number of respondents raised issues about the changes which are taking place within the health service more generally:

"Formulate new role as regards current changes in the NHS"

"Forge links with GP consortia"

"Recruit, train and support more members to be active in participating in the new GP Commissioning Clusters. Sharing practice (good and not so good) with other LINKs."

### **Some respondents mentioned the need to CONTINUE WITH FUNCTIONS WHICH HAD BEEN UNDERTAKEN SUCCESSFULLY BY THE LINK:**

"It should continue to be involved in all health and social care consultation. There should also be continuity in terms of the contract holder and the staff who have gained considerable experience of the last 3 years and are well respected by members and staff from the NHS and Local Authority."

"Maintain 'enter and view', forge links with GP consortia and continue the working groups eg. alcohol dependence."

"Maintain standards of patient and public involvement." "Engagement, building on the existing membership base and crucially working with the new commissioning regime as it becomes more clear what that will look like."

## **SOME MEMBERS EMPHASISED THE IMPORTANCE OF THE OVERSIGHT ROLE:**

“Challenging the council especially over personalisation”

“Act as an independent in the oversight of the NHS and as a champion of worthwhile services.” “Investigating efficiency of provision”

“Make sure people don't waste time and money.” “Keeping an eye on social care provision, especially home care”

“More hospital visits to ensure that management decisions are implemented.”

Some respondents suggested that there should be a **greater focus on involving or representing certain groups**. This included scheduling meetings in evening to include people who work full time and recruiting more young people and people from ethnic minority groups. Childrens health services and the needs of carers were also mentioned as areas for greater focus.

One respondent said that it would be helpful to devolve authority to sub-groups of the LINK as they complete their training, allowing the management board to concentrate on strategic planning issues.

Respondents were also asked whether there were things that the **LINK SHOULD BECOME LESS INVOLVED WITH** as it evolves into Healthwatch. One said, very fairly, that any issue could be a priority for someone and that the best approach was to regularly set priorities and review them. Two members said that Healthwatch should avoid becoming involved in politics and another wanted it to **‘stand back from the dominant influences in the care services’**. Other respondents mentioned **unproductive meetings** and **‘navel gazing’** and one wanted **‘less meetings and more action’**. One member said that it was important not to be involved in situations where agencies were involving them just so that they could ‘tick boxes’ by doing so. Another member said that it was important to know what financial constraints would apply to Healthwatch before deciding how much it could do.

Respondents had an opportunity to add any additional comments about their experience of the LINK over the period of their membership. There were no particular themes or trends in these responses and a number of people gave responses which were very particular to their situation. On a negative note, one member felt there had been a lack of leadership and another said that there was a ‘lack of urgency’ to the LINK’s work.

A couple of **positive comments** which summarised people’s involvement were:

**“The LINK has come a long way in the last 3 years and has done an excellent job of communicating with a wide range of people and getting a message out to the community of it's existence and recruiting members. It also has a great relationship with the Overview and Scrutiny Committee which has been built up steadily over the 3 years”**

**“LINK is doing a great job helping to make service users' voices heard and give them a chance to provide input into some of the decision making and feedback processes re:**

**health service provision (or the lack of it). Hopefully this will continue via the planned Health Watch set-up."**

## **2.6 Stakeholder Feedback**

Five representatives from NHS organisations responded and the County Council provided feedback. **Disappointingly, there was no feedback from voluntary sector stakeholders.**

Five out of the six respondents answered 'yes' to the question '**Do you think that County Durham LINK is established, supported and well maintained?**' with the remaining single respondent answering 'too early to say'.

On the question '**How satisfied are you with the performance of the host organisation on a rating scale from 1 (low) to 5 (high)**' one respondent gave a rating of 3, four respondents gave a rating of 4 and one gave a rating of 5. One respondent stated that the LINK had appeared to very process focussed and developmental but said that in the longer run the structure of the LINK had enabled it to quickly and efficiently contribute to health commissioning issues.

On the question of whether the LINK had influenced positive change in health or social care services locally three responded 'yes' and three responded 'too early to say'. In the space for free text a number of particular examples were given of work which the LINK had contributed to. These were contributing to the development of a **Drug & Alcohol Harm Reduction Strategy**, a **Carers Strategy and Action Plan**, the **Joint Commissioning Strategy for Learning Disabilities**, the development of rural proofing commissioning processes, the collation of views for The Big Drink Debate and the **review of Mental Health Day Services**.

The question '**What do you see as the LINK's main achievements over the last 3 years?**' generated the most comments. One respondent said that they were '**unsure of its achievements**.' The other respondents added:

**"Becoming established, developing capacity, Enter and View arrangements, work with TEWV, raising the voice of service users and carers within mainstream partnership meetings"**

**"Developing a 'bank' of informed and empowered individuals who are equipped to add value to healthcare commissioning processes"**

**"Quality assuring and contributing to the development of formal consultation processes through its task group structure and close working with health overview and scrutiny. This was particularly evident with the Seizing the Future hospital changes in County Durham whereby the LINK added value in reviewing and improving consultation methods and associated literature, setting standards for future consultation processes."**

**"Establishing a network of people interested in health and social care, working groups and specific areas of interest to become involved in."**

Taken together, these comments suggest that statutory sector stakeholders have valued the work of the LINK. In relation to the question what it should do less of as the LINK becomes Healthwatch, only one respondent gave an answer and that was that they thought the LINK should become less 'committee orientated' so that it can become more flexible. Overall, the stakeholder response was very positive but it would have been useful to get responses from a much broader range of stakeholders, particularly the voluntary and community sector

### **3. SUMMARY –ACHIEVEMENTS & EMERGING THEMES**

#### **3.1 Achievements**

Over the 3 year life of the LINK there has been:

- A steady, year on year increase in membership numbers
- A good gender balance in terms of the membership
- Good distribution of membership across urban and rural areas of the County
- Significant improvement in satisfaction with LINK communications
- Generally positive relationship with PCT highlighted each year
- Increasing belief that the LINK can influence PCT & social care
- Real progress on Enter & View responsibilities

#### **3.2 Emerging themes –organisational membership**

Organisational membership of the LINK has remained stubbornly low and the lack of involvement in the LINK from the VCS through CVS and LDA networks is of particular concern. It would be useful to explore the reasons for this as it limits the potential of the LINK to reach a much wider range of interest groups and stakeholders

#### **3.3 Emerging themes – membership profile**

The LINK membership is predominantly aged 50+ and the age profile is probably reflected in members interests (health, social care, older people). This could however reinforce perceptions of the LINK which may put younger people off joining. It would be useful to collect data about whether members are working and how their needs can be met where attending daytime meetings and activities is not possible.

#### **3.4 Emerging themes - members interests**

Negligible levels of interest in GPs and community health care continue and this should be of particular concern as Coalition proposals for GP commissioning develop. Interestingly, organisational members are much more interested in this issue-possibly they are more aware of the likely impact GPs will have in future health care provision and commissioning

#### **3.5 Emerging themes-growing influence**

There has been a gradual increase over three years in members belief in the LINKs ability to influence decisions taken by the PCT and the local authority but it remains relatively low overall and the trend for members having less confidence in influencing the local authority decisions than the PCT continues

### **3.6 Emerging themes -enter and view**

This years evaluation has been marked by positive feedback about Enter and View from both members and stakeholders-an important success story which will be of great benefit as Healthwatch and realtionships with the CQC develop during 2011-12

### **3.7 Emerging themes - digital divide**

This years evaluation highlights a 'digital divide' which is worthy of further consideration and exploration. This means that those who responded to the evaluation questions electronically (ie using an e-survey) were more likely to feel able to influence than those returning paper responses.Whilst there may be a number of reasons for this,it has implications for future LINK and other stakeholder consultations

### **3.8 Emerging themes -feedback from stakeholders**

Generally its seems that statutory sector stakeholders value the LINK and regard it as well-supported and maintained.It was very disappointing that there was no feedback from voluntary sector stakeholders however.

On the issue of influencing positive changes in health or social care services, 50% said yes but the other 50% felt it was still 'too early to say'. Despite these,there was a good range of feedback about the LINKs achievements which suggests there is still a lack of clarity about what the purpose of the LINK is for statutory stakeholders

## **4. RECOMMENDATIONS**

Since 2011-12 is a year of transition for the LINK,our proposal is that the LINK:

- Reviews the evaluation findings and learning from the last three years and identifies trends and gaps for consideration as LINK evolves into Healthwatch
- Considers how to build on the achievements and successes of the LINK in light of likely Healthwatch priorities
- Addresses the issue of low organisational membership,particularly the VCS
- Feeds back to stakeholders its findings on the 'digital divide' and seeks suport to explore this further
- Considers issues of inclusion for those groups signifinatly under represented as LINK members-particularly the under 50s and those who are working
- Begin to address low levels of interest in GPs and community health care

**Liz Greer**

**Evaluator for County Durham LINK**

**March 2011**

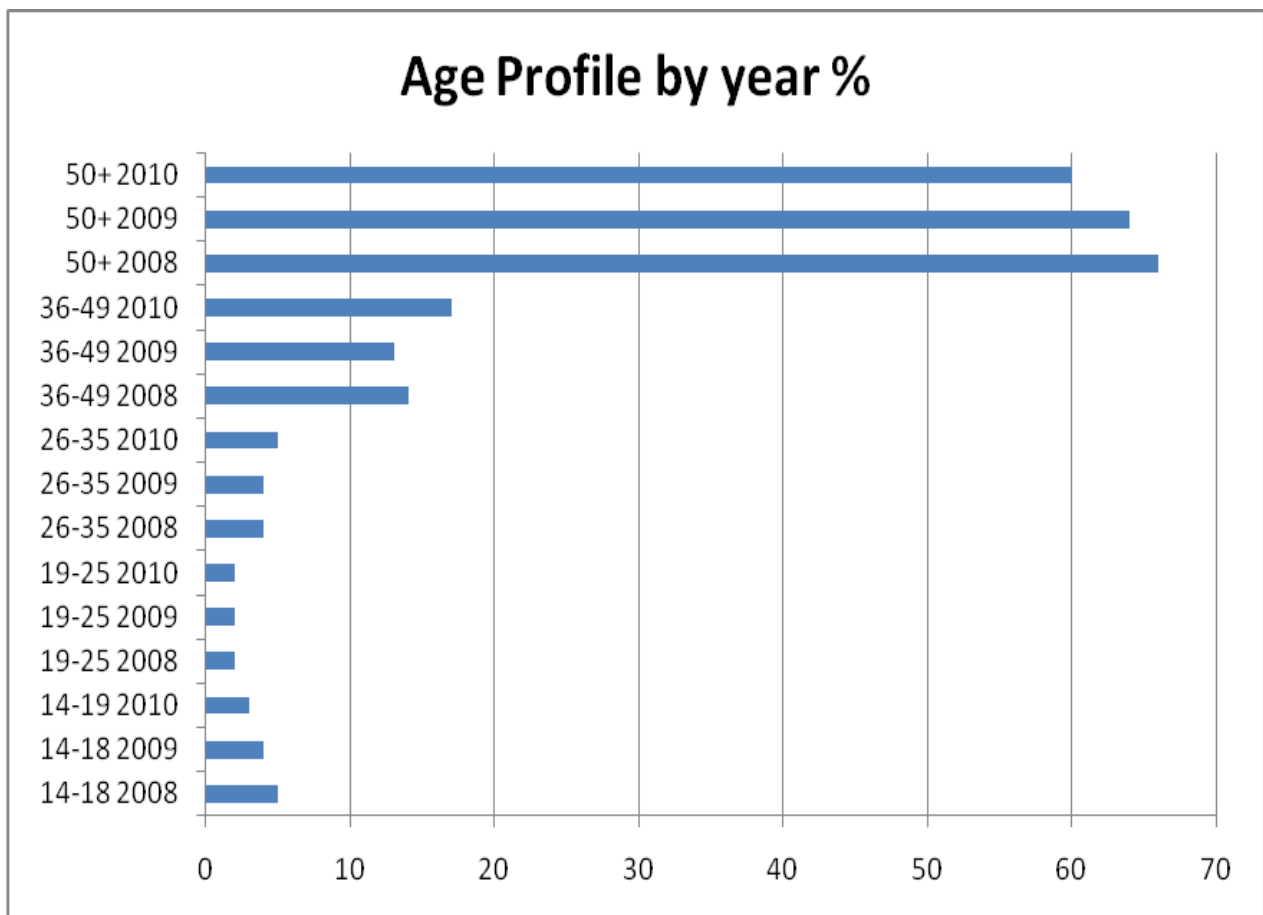
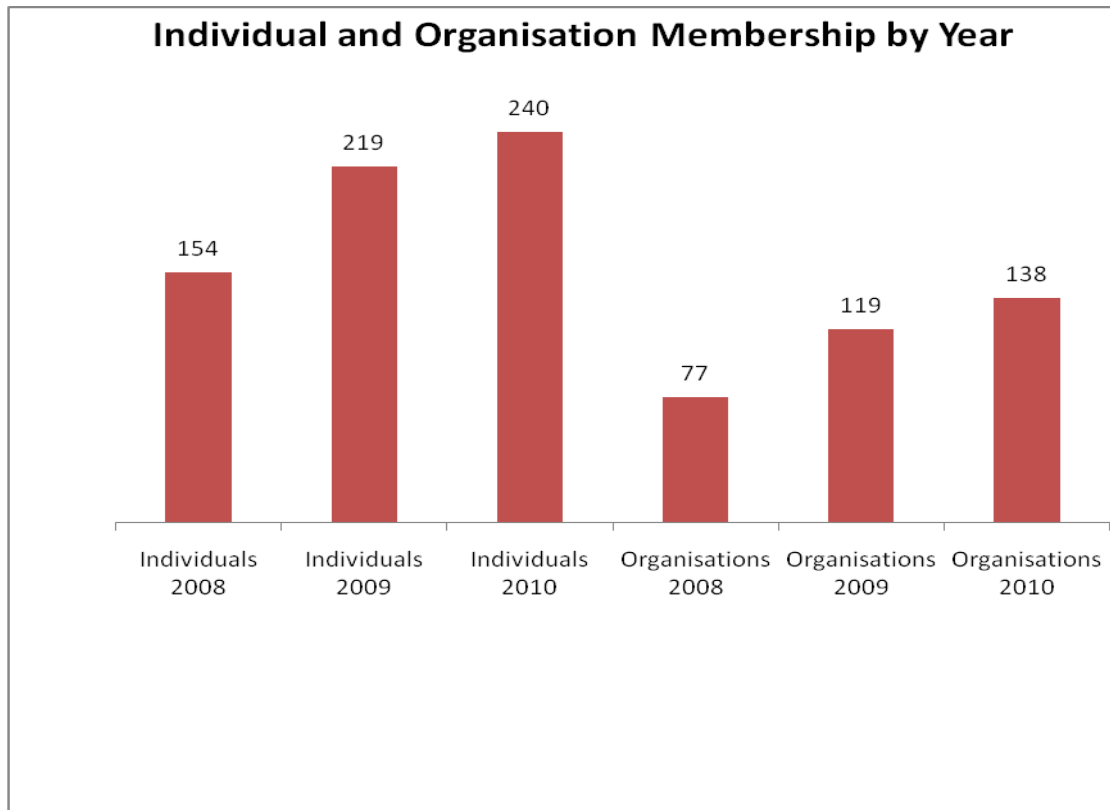
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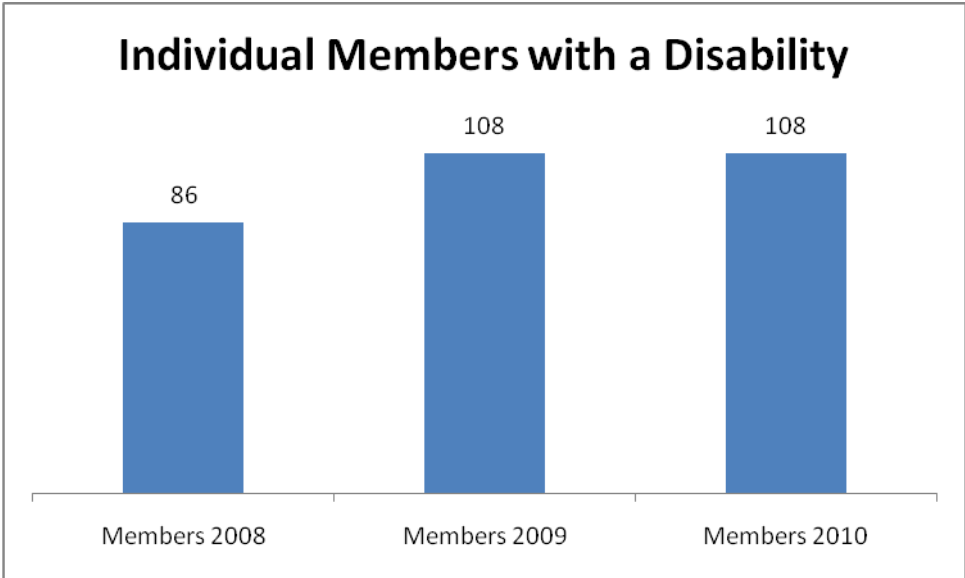
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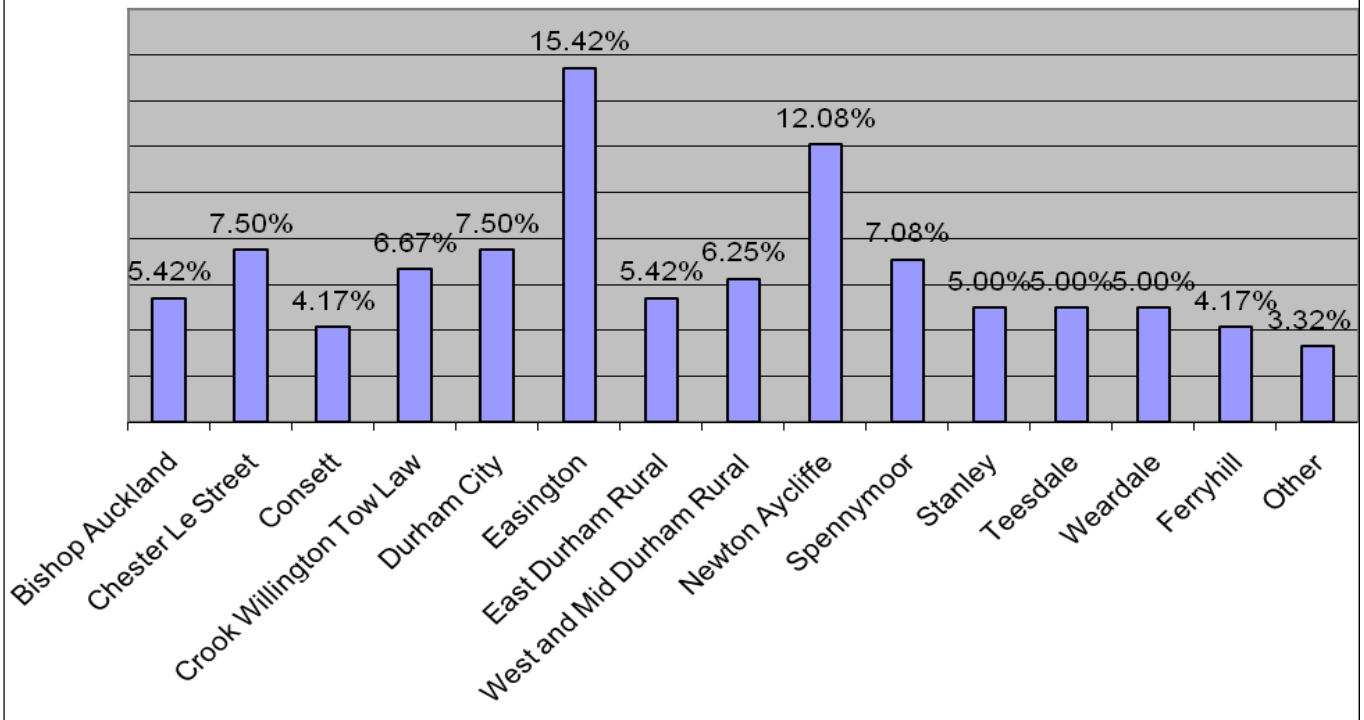
[www.ruahine.co.uk](http://www.ruahine.co.uk)

## APPENDIX ONE MEMBERSHIP PROFILE AS AT DECEMBER 2010

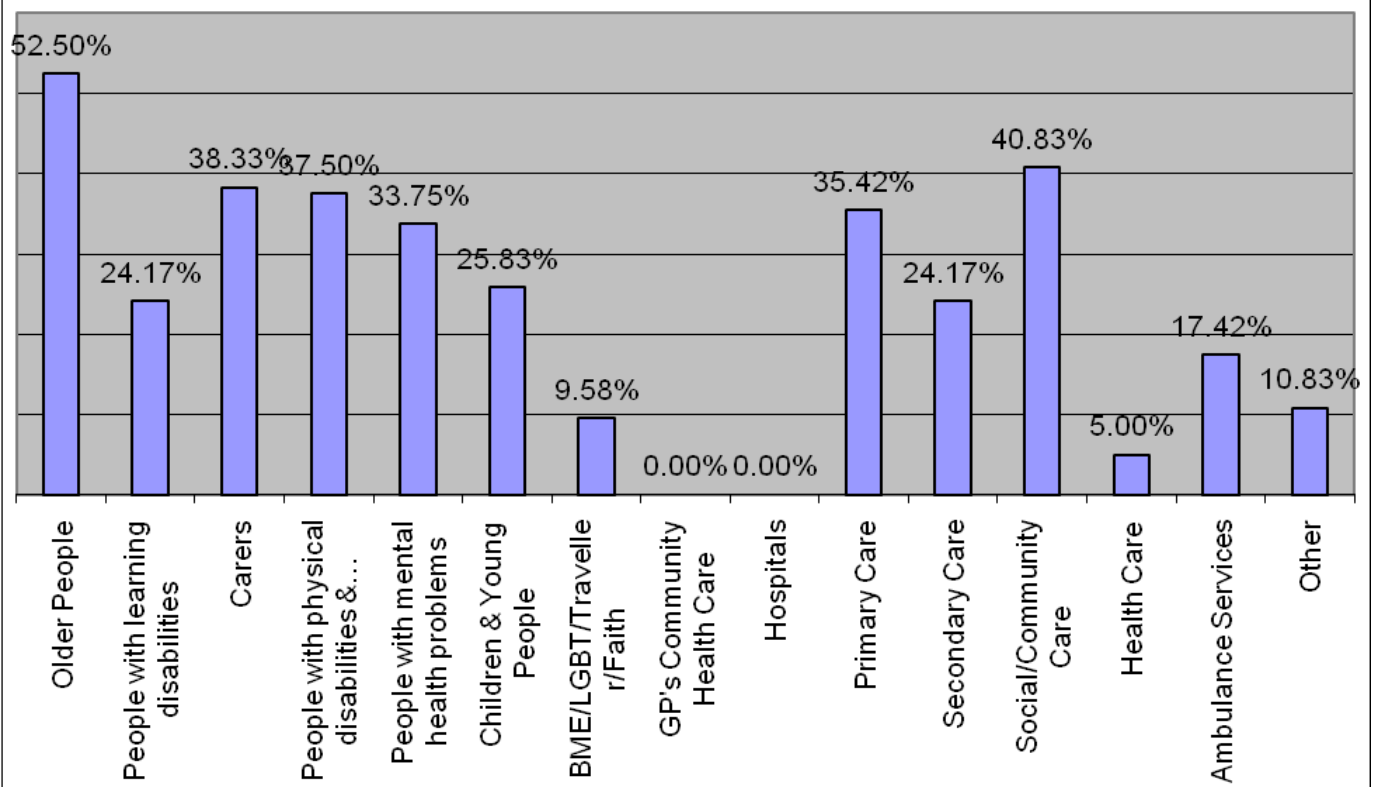


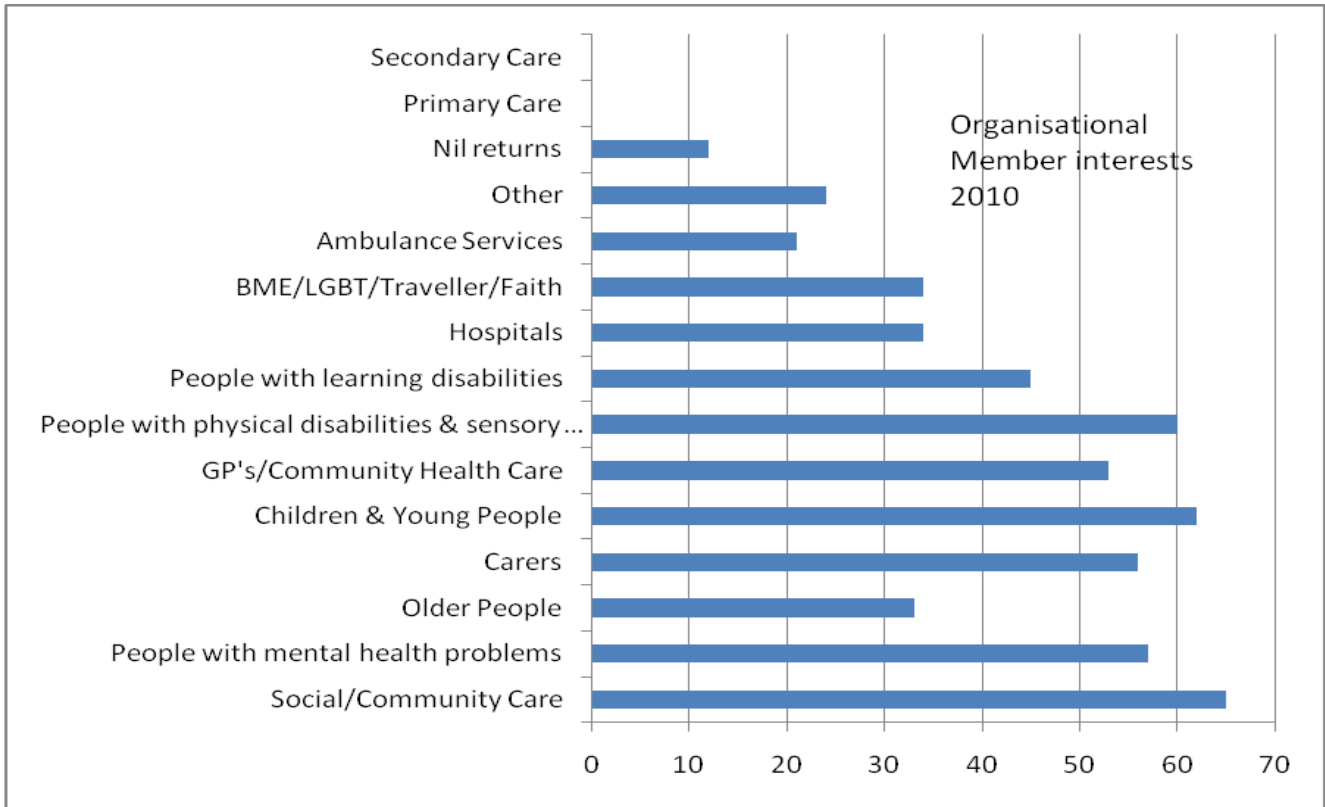


Individual Members by location 2010

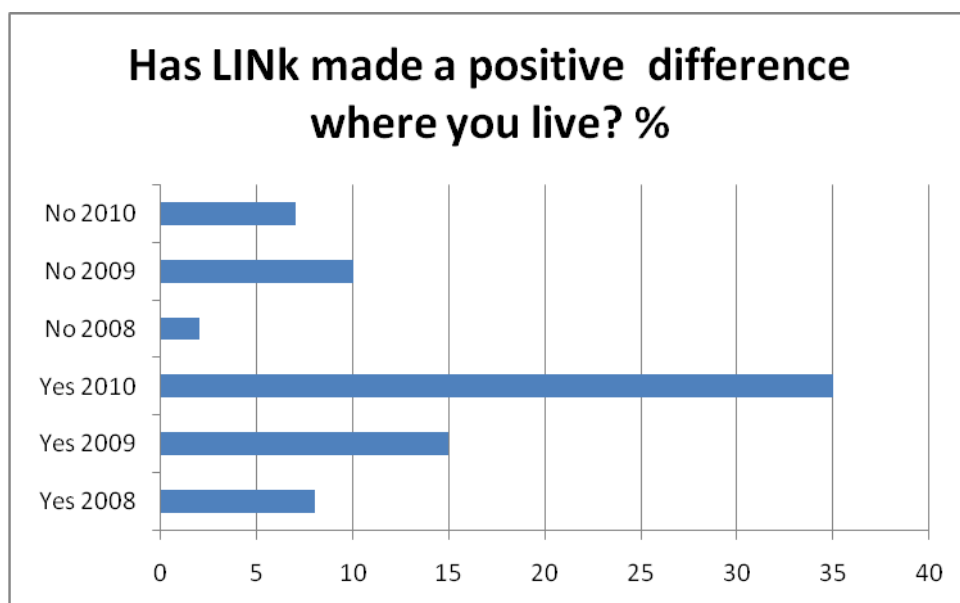
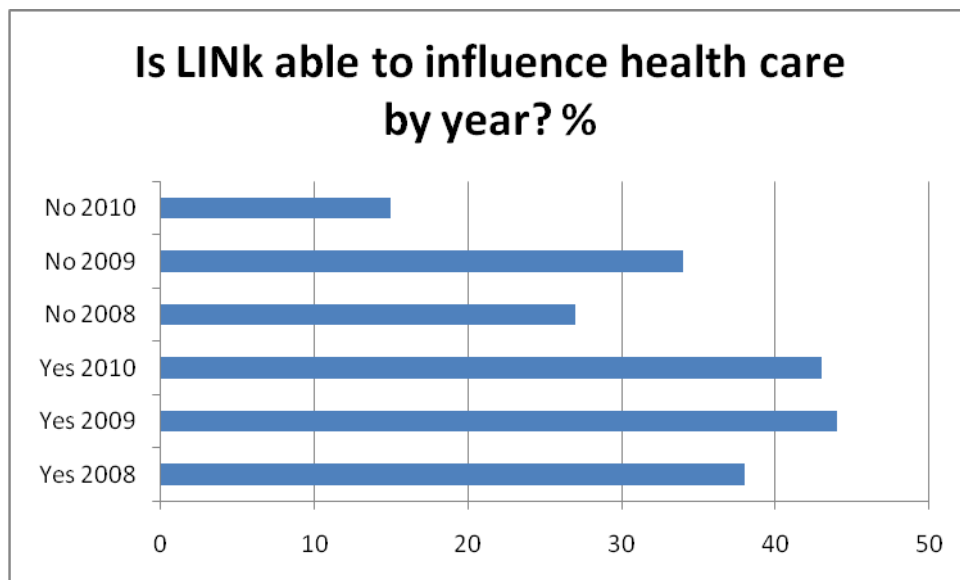
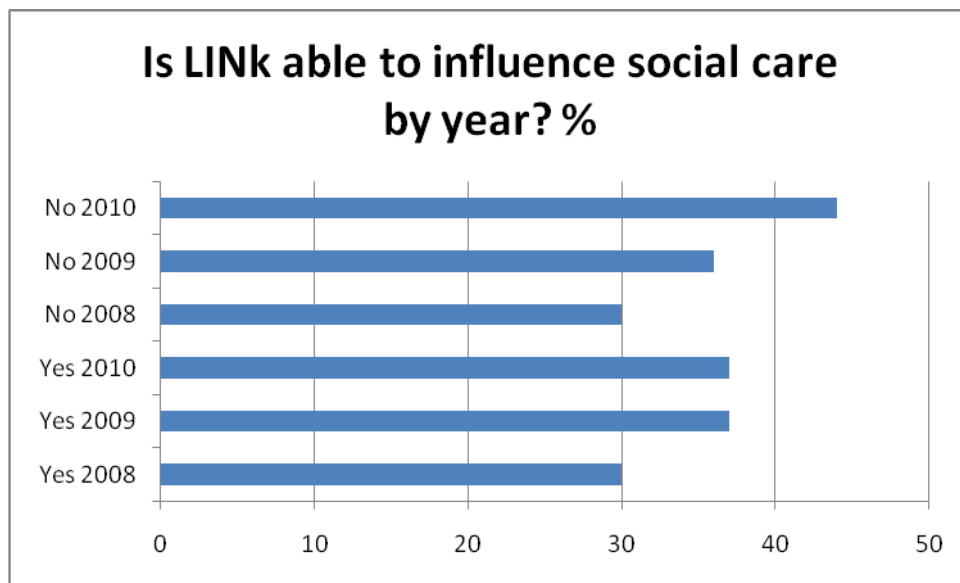


Individual Members Interests 2010





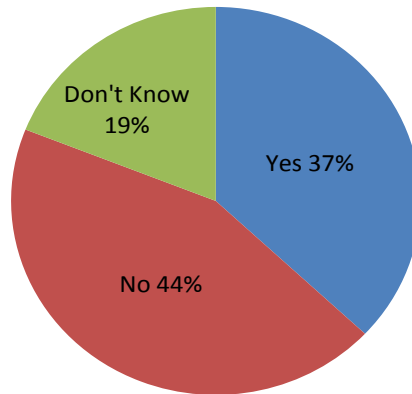
**APPENDIX TWO**  
**MEMBERSHIP SURVEY FEEDBACK 2010 WITH PREVIOUS RESPONSES**



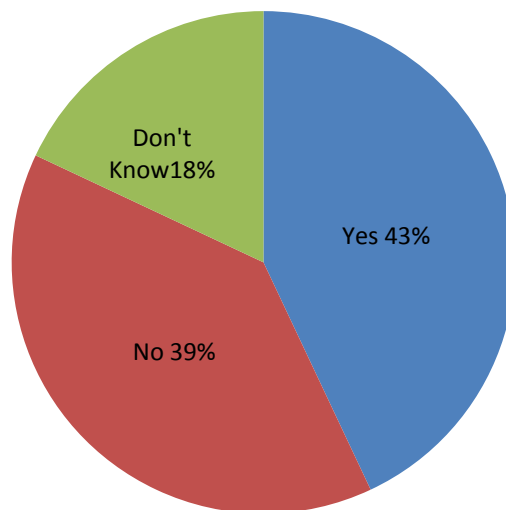
## THE DIGITAL DIVIDE

Answers are displayed for on-line and paper respondents separately and together to illustrate a 'digital divide' in responses for 2010.

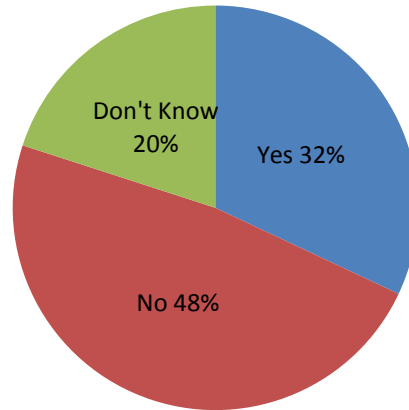
**Do you feel able to influence decisions made by the council about social care services where you live?  
(All Responses)**



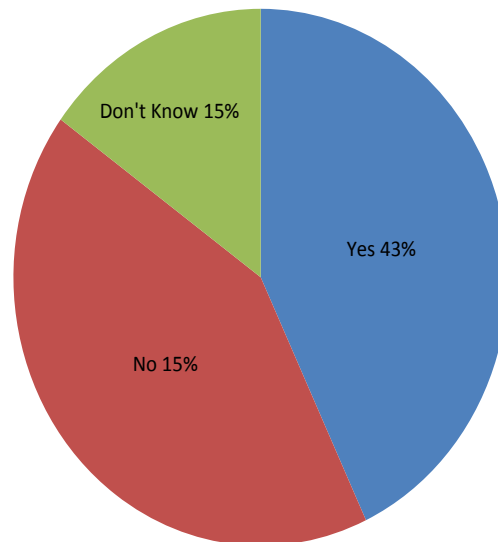
**Do you feel able to influence decisions made by the council about social care services where you live?  
(on-line responses)**



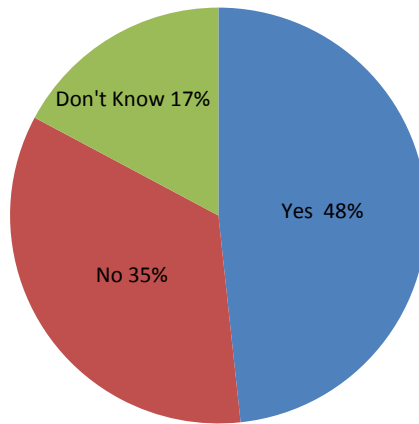
**Do you feel able to influence decisions made by the council about social care services where you live?  
(paper responses)**



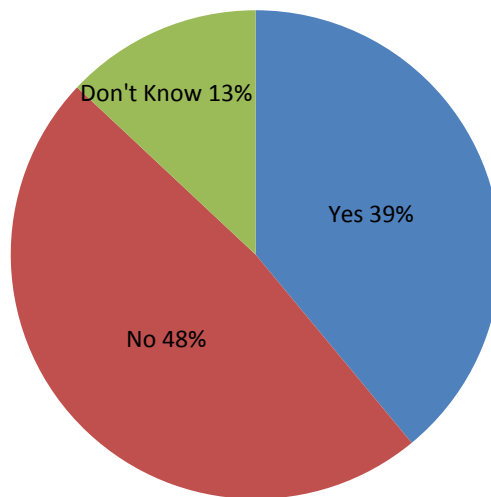
**Do you feel able to influence decisions made by the Primary Care Trust about health services where you live? (all responses)**



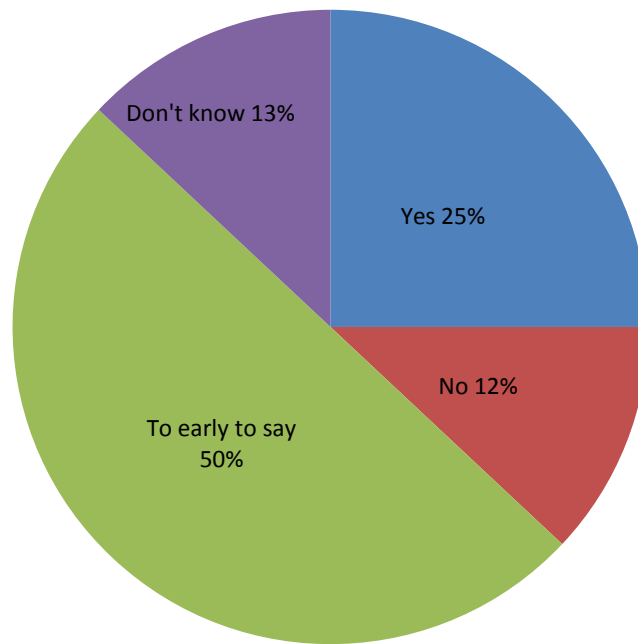
**Do you feel able to influence decisions made by the Primary Care Trust about health services where you live? (on-line responses)**



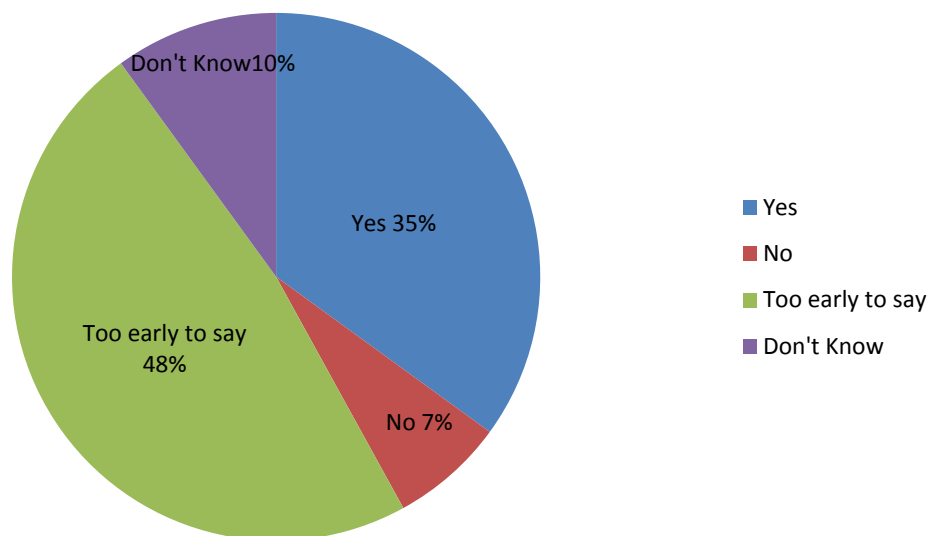
**Do you feel able to influence decisions made by the Primary Care Trust about health services where you live? (paper responses)**



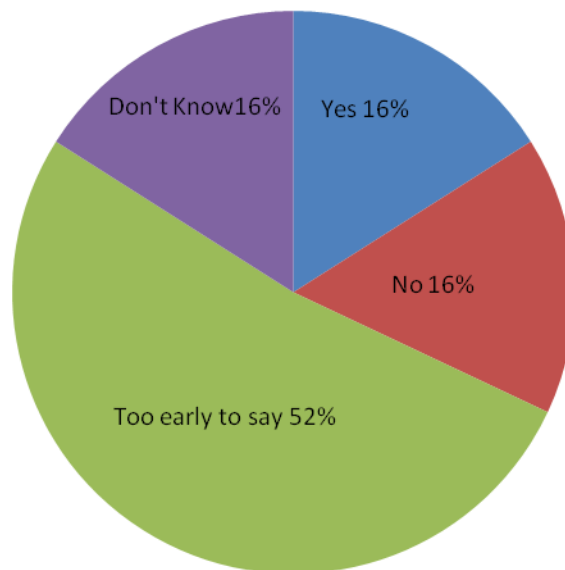
**Has the Link positively influenced health and/or social care services where you live? (all participants)**



**Has the Link positively influenced changes in how health and/or social care services are provided where you live? (on-line responses)**



**Has the LINK positively influenced changes in how health and/or social care services are provided where you live (paper responses)**



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