

**Your LINK for improving health and social care**

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



16 July 2009

## **Report from Kent LINK to Kent Health Overview and Scrutiny Committee**

### **Background**

Local Involvement Networks (LINKs) were set up in England from April 2008 to give communities a stronger voice in how their health and social care services are delivered. As independent networks of local people and groups, LINKs will find out what people want, investigate issues and use their powers to hold services to account.

### **Key facts about LINKs**

The following are some of the key things to know about LINKs:

- Every local authority with a responsibility for social services has a statutory duty to make arrangements for LINK activity to take place
- Kent County Council (KCC) has entered into a contract with Kent and Medway Networks Ltd to 'host' the Kent LINK until March 2011
- Anyone who lives, works or receives services in Kent can be part of the Kent LINK, as a LINK participant
- LINKs are independent and not part of Government or accountable to the Local Authority or NHS. However, they have a duty to report to the Secretary of State for Health through their Annual Report
- LINKs remit covers health and social care services in their area
- They have powers to enter and view services commissioned by the respective health and social care authorities, with the exception of children's services
- The remit of LINK includes independent providers of publicly funded services
- LINKs has powers to:
  - Obtain information from health and social care commissioners
  - Issue reports and make recommendations and expect a response within a laid down time frame
  - Refer matters to the Council's Overview and Scrutiny Committees concerned with health and social care services
  - Enter certain services and view the care provided

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## **The Kent LINK**

Following a transitional phase from April 2008, which was managed by KCC, Kent & Medway Networks Ltd was awarded the contract to 'host' the Kent LINK in July 2008. The Kent LINK became a legal entity at its launch on the 3 December 2008, when it endorsed its governance arrangements – these can be obtained on the LINK's website at [www.thekentlink.co.uk](http://www.thekentlink.co.uk) . Since that time, the LINK has recruited over 550 LINK participants, 81 of whom are LINK participant organisations. The LINK held its first 'Annual' meeting in May 2009 at which it approved its first Annual Report, copies of which have been made available to members. At that meeting the LINK endorsed its work programme for 2009 / 2010, a copy of which is appended to this paper.

## **Conclusion**

The relationship between the Health Overview and Scrutiny Committee of the Council and the Kent LINK is a complementary one and also there is a legal relationship with the HOSC in respect of referrals from the LINK.



Nos	Title	Justification	Project	Who	Start	End
1.	Hygiene, Disinfection and Patient Experience in Hospitals	<p>Effective hygiene is a major issue for all hospitals.</p> <p>Hospitals hygiene performance is recorded on a monthly basis and reports are monitored by the Care Quality Commission and Monitor.</p> <p>Investigation of hygiene in the NHS throughout Kent covering not only the acute hospitals in both East and West Kent but also the community hospitals and the ambulance service.</p> <p>The proposed subjects for the project include hand hygiene, disinfection and patient experience.</p>	<p>The Kent LINK project will be:-</p> <ul style="list-style-type: none"> <li>to determine the policy on the use of hand hygiene for both East and West Kent.</li> <li>to establish a compliance standard</li> <li>to make unobtrusive observations of the use of selected dispensers</li> <li>to make observations on a number of occasions throughout an agreed period</li> </ul>	CB	01/09/09	31/12/09
2.	Hygiene, Disinfection and Patient Experience in Hospitals	<p>It is important to establish the policy of disinfection. How is it done, what is used, how often it is done, what chemicals, if any are used and how it is monitored to ensure incidents of infections such as MRSA and Clostridium Difficile are reduced.</p>	<p>The Kent LINK project will be:-</p> <ul style="list-style-type: none"> <li>to discuss with Infection Control departments their policies on the issues listed</li> <li>to investigate frequency of deep cleaning, concentration of available chlorine in the made-up buckets, methods of making up the chlorine disinfectant and the frequency of renewal, monitoring surfaces for MRSA, monitoring the use of micro fibre cloths and mop heads and efficiency of micro fibre cloths.</li> </ul>	CB	01/09/09	31/12/09



3.	Hygiene, Disinfection and Patient Experience in Hospitals	It is important to get an insight into cleanliness in hospitals from the perspective and experience of patients and their families and friends. For example; how often did medical staff use the bedside hand alcohol dispensers, did the cleaners work on all the surfaces within wards or were they selective, were beds cleaned between patients and how, how often were the commodes cleaned, how often were the toilets cleaned, did the bathrooms and toilets appear to be clean, did they smell fresh, how quickly was human excreta or blood cleaned up and how was this done, were they aware of disinfectant or detergent cleaning liquids being changed regularly, how often were door handles and other places frequently touched, cleaned, did those serving food show particular attention to hygiene.	The Kent LINK project will be:- <ul style="list-style-type: none"> <li>• to carry out a survey of all LINK participants on their experiences of hospital cleanliness in Kent hospitals.</li> </ul>	CB	01/09/09	31/12/09
4.	Transport to Hospital	With the increase in specialisation and concentration of services at fewer sites patients are facing longer, and, in some cases, more arduous journeys to hospital sites in Kent and Medway. Apart from the stress placed on patients, many of whom will be elderly, it is not known what impact this may have on morbidity, patient compliance and the rate of 'did not attend' for appointments	The Kent LINK project will be:- <ul style="list-style-type: none"> <li>• to find out what systems trusts have in place to minimise transport problems for their patients, particularly with regard to the use of innovative approaches to addressing these problems, including working with partner organisations;</li> <li>• to see what level of consistency</li> </ul>	CB	01/09/09	31/12/09



		or planned treatments.	<p>exists between trusts in the provision they make for patient transport services, car parking, patients who find themselves stranded at A&amp;E, links with community transport schemes and the quality of travel information given out to patients</p> <ul style="list-style-type: none"> <li>• to initiate a debate across Kent and Medway with a view to identifying best practice and promoting improved access to health services across the community of Kent.</li> </ul>			
5.	Training and Supervision of Care Assistants	<p>In April 2009 the BBC's Panorama Programme reported on an undercover investigation into standards of care which found levels of training given to care assistants amounted to little more training than they needed for a job in a burger bar.</p> <p>Staff reported that they had some caring experience but limited formal training. One assistant said she had training which consisted of four 20-minute DVDs and a tutorial lasting 90 minutes.</p> <p>A check with the Criminal Records Bureau is a legal requirement but one member of staff was allowed to work 14 shifts before she was cleared.</p> <p>The amount of time allocated to clients</p>	<p>The Kent LINK project will be:-</p> <ul style="list-style-type: none"> <li>• to find out what contracting and commissioning practices exist in Kent in relation to the provision of social care in people's homes</li> <li>• to compare those practices with best practice in this field.</li> </ul>	EO	01/09/09	31/12/09



		<p>was also limited and graphic accounts were given of how this impacted on clients. This was not limited to one Company.</p> <p>Research from the London School of Economics, commissioned by Panorama, found that 70% of home care is provided by the independent sector today and is worth £1.5 billion. The figure was just 2% in 1992. English local authorities spend around £22 an hour providing elderly care, but the independent sector provides it for around half that.</p>				
6.	Stroke Services in Kent	<p>Stroke is the 3rd biggest cause of death in the UK and the largest single cause of severe disability.</p> <p>Each year more than 110,000 people in England will suffer from a stroke which costs the NHS over £2.8 billion. (Source: Department of Health).</p> <p>The Government has launched a national stroke strategy to modernise services, deliver the newest treatments for stroke and aims to reduce the death rate from Stroke, Coronary Heart Disease and related diseases in people under 75 by at least 40 percent by 2010. A Stroke audit in the South East carried out last year highlighted four trusts as 'red light' hospitals in need of</p>	<p>The Kent LINK project will be:-</p> <ul style="list-style-type: none"> <li>• to find out what is being done in Kent and Medway to address shortfalls in stroke service provision</li> <li>• to raise awareness within the LINK of current initiatives underway to improve stroke services</li> <li>• to identify any impediments there may be towards achieving those aims.</li> </ul>	EO	01/09/09	31/12/09



		<p>improvement. They are:</p> <ul style="list-style-type: none"> <li>• The Princess Royal Hospital, Haywards Heath, Brighton and Sussex University Hospitals NHS Trust</li> <li>• The Dartford &amp; Gravesham NHS Trust</li> <li>• Maidstone Hospital, Maidstone and Tunbridge Wells NHS Trust</li> <li>• The Kent and Sussex Hospital, Maidstone and Tunbridge Wells NHS Trust</li> </ul>				
7.	NHS Trust in Kent and Medway	<p>There is an ever increasing number of NHS trusts obtaining Foundation Trust status. This has already happened in East Kent and will, no doubt, also eventually happen in West Kent. There are considerable financial incentives for a Foundation Trust, in particular, selling services outside of the catchment area. In order to achieve Foundation status, a trust must have its accounts in credit. Many trusts have been in debit during the past few years and some of those who have achieved Foundation status have very quickly moved from debit to credit. Such cost saving could have serious implications for the patients served by the trusts.</p>	<p>The Kent LINK project will include:-</p> <ul style="list-style-type: none"> <li>• to monitor acute trusts, specifically East Kent University Foundation Trust, to ensure patients are not compromised as a result of Foundation Trust status being awarded</li> <li>• to review the operation of Foundation Trusts in Kent to ensure staff and patient complaints and views are taken into account – following the report into incidents in Mid Staffordshire.</li> </ul>	CB	01/09/09	31/12/09



8.1	Getting the LINK involved in the commissioning arrangements for health and social care	It is important that the LINK, as a network of local people and voluntary sector organisations, is influencing decisions on health and social care services at the commissioning level and ensuring that local people can have their say and actually make a difference.	<p>1. The Kent LINK project will be:</p> <ul style="list-style-type: none"> <li>• to work with a range of user groups in the NHS Eastern and Coastal Kent area with a view to influencing the NHS 'Vision' for commissioning community services for the period to 2014</li> <li>• to use focus group methods</li> <li>• to host, in conjunction with NHS Eastern and Coastal Kent, a wash-up event with the purpose of defining the 'Vision'.</li> </ul>	LM	20/07/09	29/08/09
8.2	Getting the LINK involved in the commissioning arrangements for health and social care	Ditto.	<p>2. The Kent LINK project will be</p> <ul style="list-style-type: none"> <li>• to work with KCC's Adult Social Services in developing their Older Person's Strategy. In particular, to do so in relation to contracts the KCC has with Age Concerns in West Kent. In this context to examine the extent to which people are encouraged to be independent, are treated with dignity and respect, feel safe and secure and are encouraged to stay healthy</li> <li>• to use focus group methods to obtain the views of service users</li> <li>• to adopt mystery shopper technique to assess existing services provided at Age</li> </ul>	EO	27/07/09	30/09/09



			Concern Day Centres.			
8.2	Getting the LINK involved in the commissioning arrangements for health and social care	Ditto	<p>3. This Kent LINK project is to be commissioned by NHS Eastern and Coastal Kent and will seek to establish a competition to celebrate the contributions that local voluntary and community groups are making to healthcare. This would involve:</p> <ul style="list-style-type: none"> <li>• Inviting nominations from LINK participant organisations</li> <li>• Setting a deadline for receipt of nominations</li> <li>• Establishing a Panel and criteria for making the award.</li> </ul>	LM	01/08/09	30/09/09
11.	Annual Check by Care Quality Commission for Health & Social Care	The Care Quality Commission will be carrying out annual reviews on the standards of care being carried out across the county in health and social care establishments and services. The Kent LINK has an opportunity to put forward an independent commentary as part of this annual check.	<p>The Kent LINK project will be:-</p> <ul style="list-style-type: none"> <li>• to work with the community and voluntary sector on arrangements for the next Care Quality Commission's Annual Check to enable the LINK to make a commentary.</li> </ul>	All LDWs	01/10/09	31/03/10