



Local Involvement Networks (LINKs) Annual Reports 2011-12

LINKs/Healthwatch Policy Team

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Executive Summary

This report brings together information on resources, activity and outcomes from the Local Involvement Networks (LiNs) annual reports of 2011-12. This was LiNs' fourth year of operation and where possible, comparisons have been made with the previous years' (2008-09, 2009-10 and 2010-11) data. Fewer reports were received for the 2011-12 reporting year, the lowest number (of the years for which data is available).

There is a template and guidance for LiNs on producing annual reports but not all LiNs use these. This helps to explain why some reports include more information than others and why some reports go into more detail (over and above the absolute minimum required in the Directions) about certain issues (e.g. membership and number and type of enter and view activities). While Host organisations are usually the ones that put the reports together, LiN annual reports must be agreed by the full LiN (this is usually done via the annual general meeting).

This report provides a summary of the data contained in LiNs' own annual reports; it is not formal research and does not quantify the impact or performance of LiNs over the last four years. However, it does provide a snapshot of LiNs' accounts and activities.

Data Quality

- ⌚ This analysis is based on the 125 LiN annual reports received at the time of the analysis. A list of them is at Appendix B.
- ⌚ Other than the statutory information, including amongst other things expenditure data, the most reported activities were number of enter and view visits (78% of LiNs) and number of reports and recommendations made (75% of LiNs).

Finances

- ⌚ Hosts received less money for LiNs in 2011-12 than they did for the previous couple of years: an estimated £18.4 million was received from local authorities in 2011-12, £6.4 million less than the previous year.
- ⌚ And LiNs and Hosts spent significantly less, although they were able to use reserves from cumulative underspend. There was a collective spend of £22.1million by Hosts and LiNs this year, compared to £28.6 million in 2010-11.

Participation

- ⌚ There was an estimated total of 127,234 participants of LiNs in England in 2011-12. This means that the average number of members within a LiN for 2011-12 was 843, most of which were individuals, but included over 22,000 groups.
- ⌚ There were 11,186 active participants this year, 7% more than last year.

Activity and Outcomes

Activity has not changed much overall in comparison with last year. However, the pattern of activity has changed. For example, requests for information were down by 20% whilst the number of enter and view visits increased by 25%.

There was a big increase between 2009-10 and 2010-11 in the percentage of LINKs that have reported five or more service changes as result of reports or recommendations (the increase was from 10% to 26%). This was fairly well maintained for 2011-12 with 25% of LINKs reporting five or more service changes resulting from reports or recommendations.

Introduction

The aim of Local Involvement Networks (LINKs) is to engage and involve people in local communities in order to represent the voice of patients, service users, carers, families and the wider public to influence the provision of local health and social care services, and help improve outcomes. From April 2013 the functions of LINKs will be carried forward by local Healthwatch.

This report brings together information from and analysis of the LINKs' annual reports 2011-12, the fourth year of their operation. A comparison has been made between the information from this and previous years, where possible. Annual reports are put together by the LINK (with help from the host) using guidance published by the Department of Health.

This report includes information on:

- data quality
- finances
- levels of participation
- activity
- outcomes and benefits
- relationships between variables
- benchmarking figures

Estimates for 100% England coverage are used in this report. This was worked out by taking the data that we had found in the reports, calculating the percentage of the population where data had been received and using these numbers to get a 100% England estimate. A worked example of this can be found in Appendix A.

It is worth bearing in mind when reading this report, and considering the amount of data available for analysis, that 2011-12 was a particularly challenging year for LINKs and their hosts. The Government's White Paper *Equity and excellence: Liberating the NHS* was published in July 2010. This said that Local Involvement Networks would be replaced by local Healthwatch organisations in April 2012. Following the Government's listening exercise to pause, listen and improve the draft legislation, the timetable for the introduction of local Healthwatch changed to October 2012. In January 2012 the Department confirmed that local Healthwatch would be introduced in April 2013.

However, despite fewer reports being submitted, they contained more information than in previous years. One notable exception is the information provided on income allocated to the local authority from the Department of Health. Only 41 reports provided information on this. However, the reports still show that a large proportion of LINKs spent over 90% of their budgets which is a positive result.

Data Quality

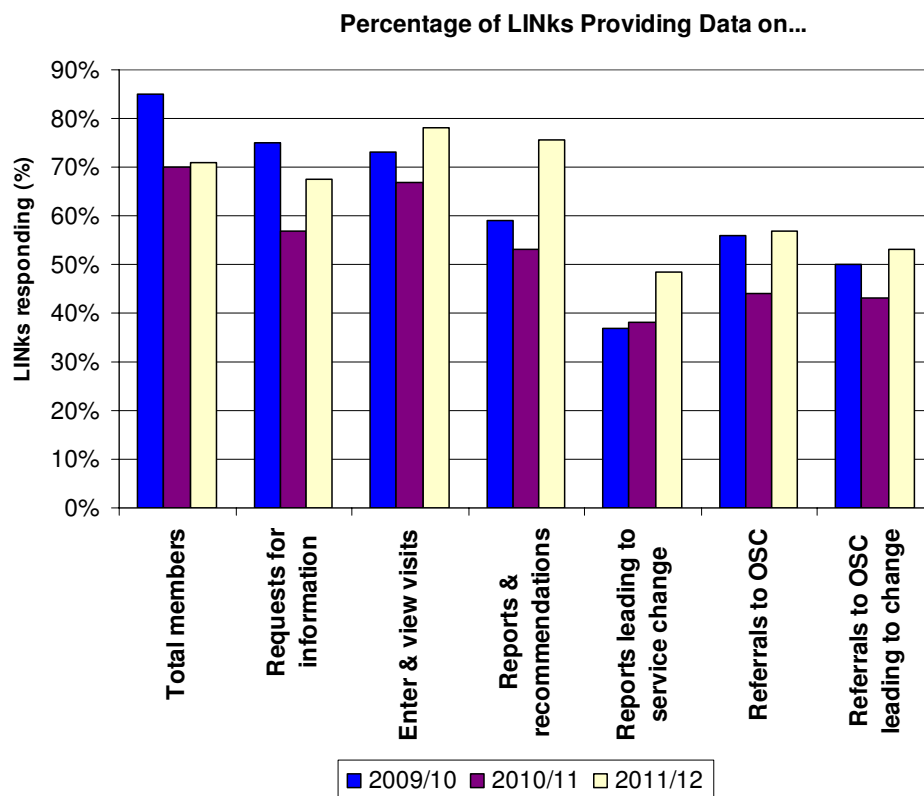
Fewer annual reports were received this year than previously: 125 out of 151 LINKs met the statutory requirement of submitting an annual report by the 30 June deadline. This is in comparison to 146 in 2010/11 and 150 in 2009/10. A list of reports submitted in time to be included in this analysis can be found in Appendix B.

The decrease in the number of responses reduces the accuracy of the data when applied to work out the 100% England coverage (see Appendix A).

This year the best reported categories were LINK expenditure and, as for last year, enter and view visits carried out (both reported on by 78% of LINKs).

Figure 1a, below, shows that although fewer reports were submitted this year than last year, the proportion of LINKs reporting on each of the key areas analysed was actually higher than last year. This means that many more of those reports that were submitted contained this key information about LINKs' structure and activity.

Figure 1a: Percentage of LINKs reporting on key areas



Finances

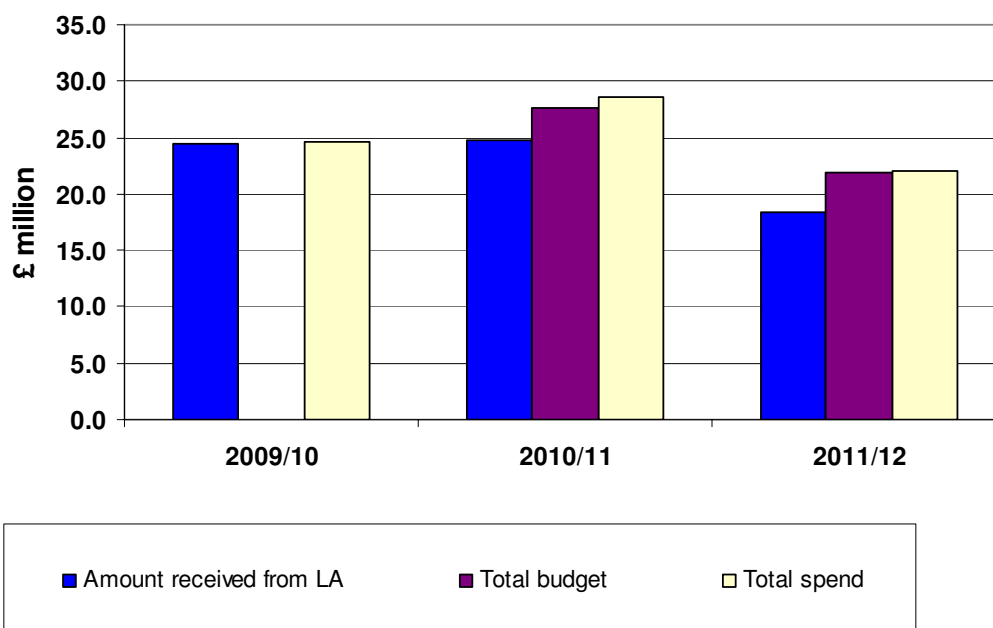
Funding

The funding of LINKs is managed by host organisations, usually voluntary and community sector organisations, contracted by local authorities. Local authorities may allocate funds for LINKs received from the Department of Health as part of the local government formula-based grant.

102 LINKs reported on the amount that their host organisation received from the local authority, 10 more than last year. Extrapolating from these reports, hosts received approximately £18.4 million from local authorities in total, compared with £24.8 million for 2010/11. However, a significant number of LINKs reported a cumulative underspend since being set up in 2008, which meant that budgets for 2011/12 still totalled £21.9 million.

Figure 2a below shows that each year, total spend has exceeded funding passed on from local authorities to host organisations. This is partly due to use of previous underspends and in some cases additional funding sources.

Figure 2a: Comparison of local government funding to hosts, total budgets and total spends since 2009/10



Note: Total budgets were not requested or reported for 2009/10.

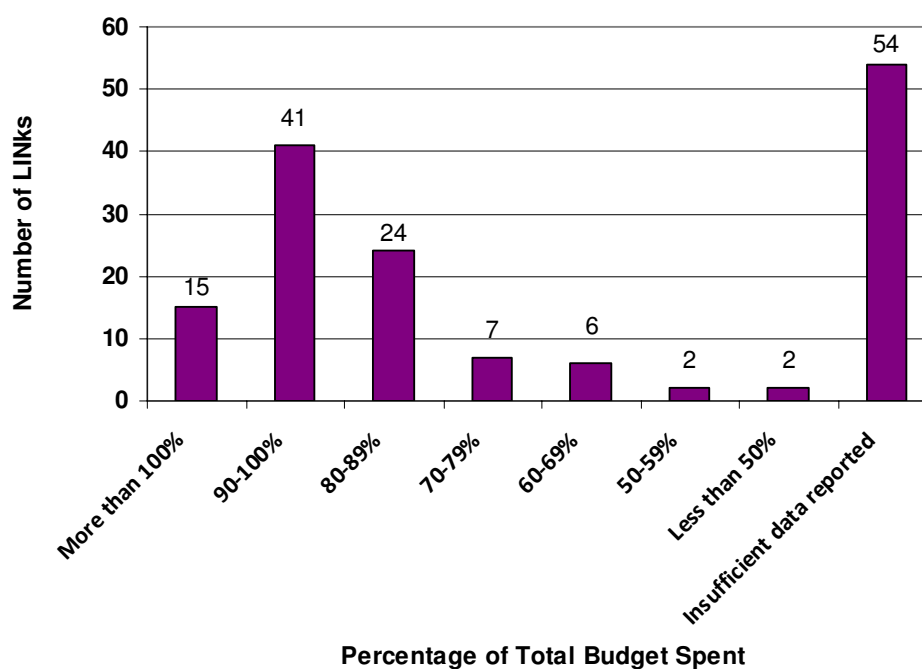
Expenditure

The total spend by hosts was estimated to be £16.4 million (£21.8 million in 2010/11) and by LINKs £5.7 million (£6.8 million in 2010/11, £5.8 million in 2009/10).

Figure 2b below shows combined LINK and host spending, as a percentage of their combined budget. Expenditure >100% (reported by 15 LINKs/hosts) thus indicates an overspend (in some cases this could be due to use of unreported underspends from previous years).

This figure also shows that the general trend brought out in figure 2a (i.e. almost exactly meeting budgets in 2011/12) was not universal. The greatest number of LINK/hosts spent between 90% and 100% of their budget but a significant number of LINKs made larger underspends.

Figure 2b: Percentage of combined host/LINK budget for 2011/12 spent within the financial year

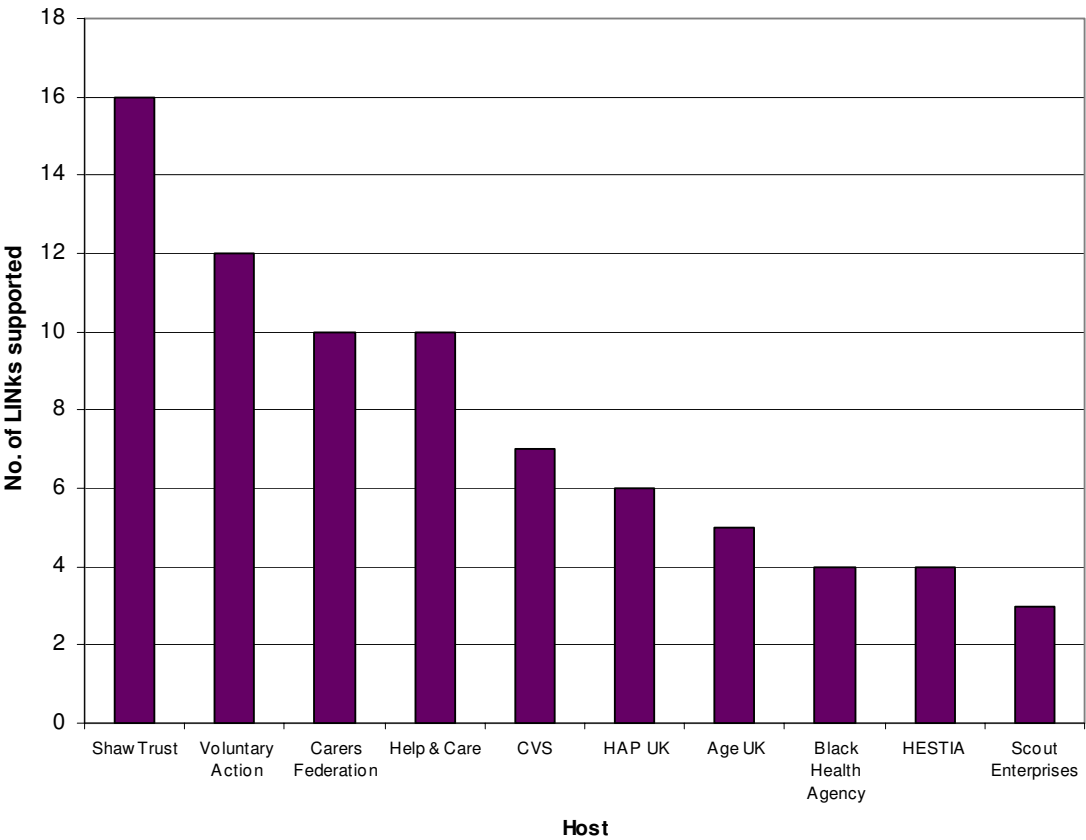


Number of LINKs per Host

This year the number of hosts supporting a single LINK increased from 46 to 50. Part of the reason for this shift was a number of examples of contracts between councils and host organisations coming to an end and new arrangements being put in place.

Figure 2c, below, shows that The Shaw Trust has retained the highest number of contracts, supporting 16 LINKs across the country.

Figure 2c: Number of LINKs per host (ten highest)



Participation

What is a Participant?

The reporting of participation this year worked in broadly the same as last year. Many LINKs explicitly made use of the definitions provided to describe three levels of participation, any of which could be “members” of the LINK.

Informed Participants: are groups or individuals who register their interest in the LINK and receive information, whether general updates and/or thematic interest.

Occasional Participants: are informed participants (individuals or groups) who also respond to a particular LINK issue, or attend a workshop or meeting on a specific topic. For example, someone who became involved in a task and finish piece of work around car parking charges at acute hospitals and had no further involvement with the LINK on any other work streams and requested to revert back to receiving the newsletter only. Or someone who requests to receive themed information and comes along to an occasional meeting - 1 -2 times a year.

Active Participants: are groups or individuals who have a high level of participation (i.e. someone who takes part in activity at least once a month), for example by attending introduction to LINK workshops, accessing training to build up skills in representation and/or visiting services, becoming involved in the core group/sub group activities, or representing the LINK externally.

Within each of these levels, people with a social care interest are those with experience of using social care services or a specific interest in social care. They may have an interest in health care too.

Group participants are people who are acting as a representative for one or more organisation(s) or interest group(s). Individual participants are those who are not acting in this way. Individual participants plus group participants should equal the total.

63 LINKs made use of each category explicitly, with most using only one or two of the categories specifically and 44 declaring total membership figures only.

Total Participants

There was an estimated total of 127,000 participants in LINKs this year. This is compared with 153,000 the previous year. Some of this decrease may be due to differences in reporting from last year as well as real changes in involvement.

In 2011-12, 77% of participants were individuals and 23% of participants represented groups, a similar proportion to last year where the figures were 78% and 22% respectively.

Average number of participants

For those LINKs reporting, the average LINK has 861 total participants (individuals and groups). The average number of members of a LINK within each region is shown in Figure 3a. The highest number is in London with an average of 1,090 members per LINK.

Figure 3a: The average number of members in a LINK for the 9 (former Government Office) regions of England based on reported participation



Note: the pattern of LINKs reporting on membership, as well as membership itself will have contributed to this analysis

Participation in a LINK is one important indicator of how successful a LINK is. One of the key purposes of LINKs is to engage with as many people in the community as possible, especially seldom heard-from groups, in order to advocate change and improvement on behalf of service users. 58 LINKs provided some data on participation from different seldom heard groups – up from 51 last year and 25 in 2009/10.

It would be useful for local people, and to help local accountability, if local Healthwatch were encouraged to gather and report on equalities data in future.

Active Participants

There were 11,200 active participants this year, 7% more than last year. Every active participant engaged an average of a further 11 participants (17 in 2010/11).

Figure 3b below also shows that active participation has stayed at the same level to 2010/11 with 38% of LINKs that provided information reporting to have 21 or more active participants per 100,000 of the population. In 2010/11, this figure was also 38%.

Figure 3b:

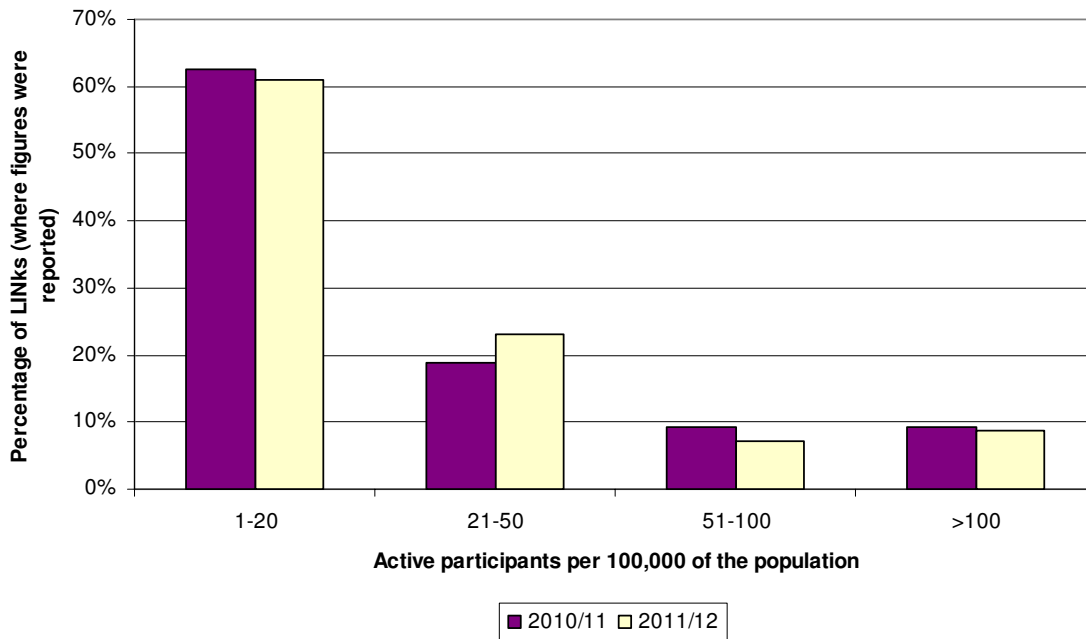
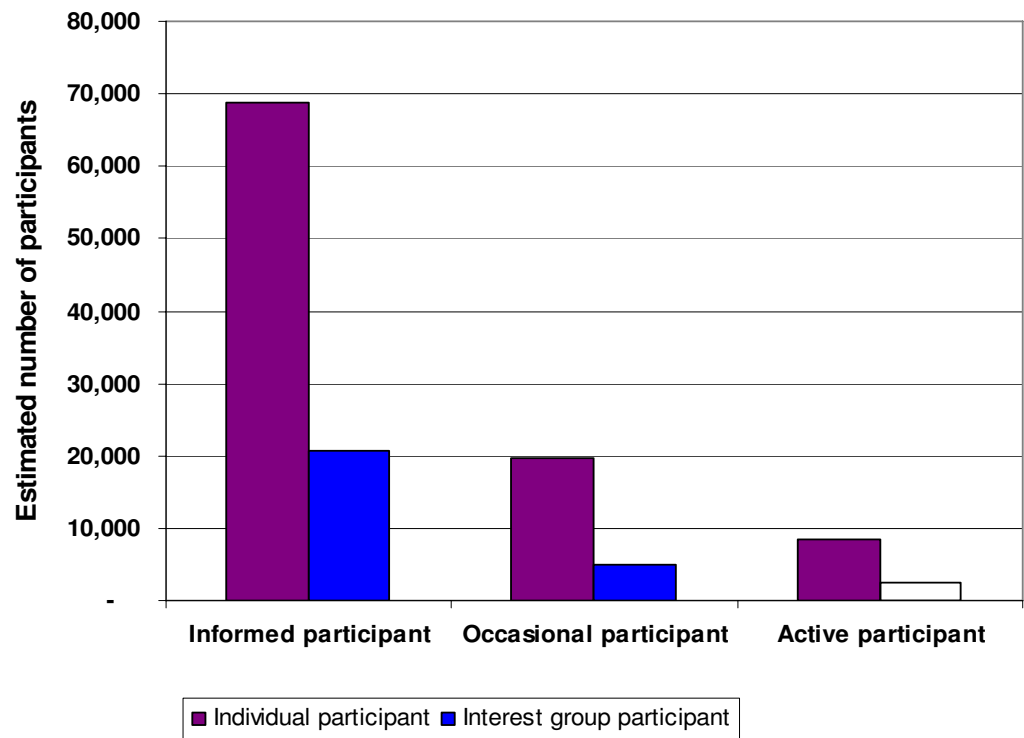


Figure 3c below shows the split between individuals and groups within the participant classifications.



Under-represented groups

There was more data in the reports on engagement with under-represented groups as 38% of LINKs included data on this compared to 35% last year and just 17% in 2009/10.

As has previously been mentioned, it would be useful for local people, and to help local accountability, if local Healthwatch were encouraged to gather and report on equalities data in future. They might also consider how they can demonstrate their contribution to the reduction of health inequalities in their local area.

LINKs Activity

Types of Activity

The various activities of LINKs can be defined as the following:-

- Requests for Information
 - o Request information from health and social care commissioners about their services and expect a response¹
- Reports and Recommendations
 - o Issue reports or make recommendations about a service and expect a response from commissioners¹.
- Visits (using power of entry)
 - o Visit, either announced or unannounced, certain services and view the care provided.
- Referrals to the Overview and Scrutiny Committee (OSC)
 - o Refer matters to the local council's health overview and scrutiny committee.

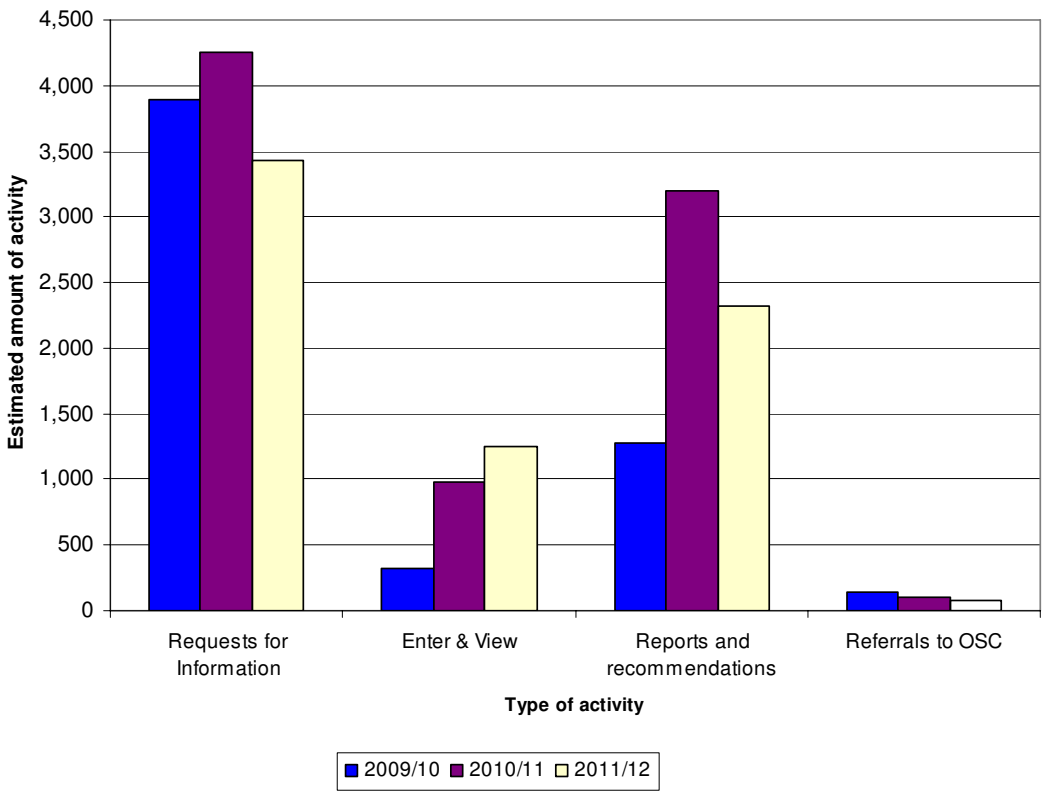
72% of the requests for information were answered within 20 working days (see footnote), down from 81% last year. Although consistent numerical data were not provided, several LINKs also reported that where responses came beyond the deadline passing, this rarely exceeded 5 working days.

The pattern of activity of LINKs has altered significantly this year. LINKs are conducting more visits (using their power of entry), up 27% to 1200 this year. However, both requests for information and reports made have decreased significantly. 20% fewer formal requests for information were made, though many LINKs reported that good relationships with local organisations had in many cases allowed informal information sharing to increase. The number of reports made decreased from 3,200 in 2010/11 to 2,300 in 2011/12, a decrease of 28%.

Figure 4a, overleaf, summarises graphically the amount of each type of activity of LINKs this year in comparison with previous years.

¹ A response from commissioners should be received, under normal circumstances, within a statutory period of 20 days.

Figure 4a. Estimated amount of LINK activity in England from 2009/10 to 2011/12



Social Care

It would appear that LINKs have sustained or improved on their broader focus with a greater emphasis on social care.

50% of visits related either wholly or in part to social care. 48% related either wholly or in part to health care, indicating that on many visits, LINKs representatives were concerned about both provisions.

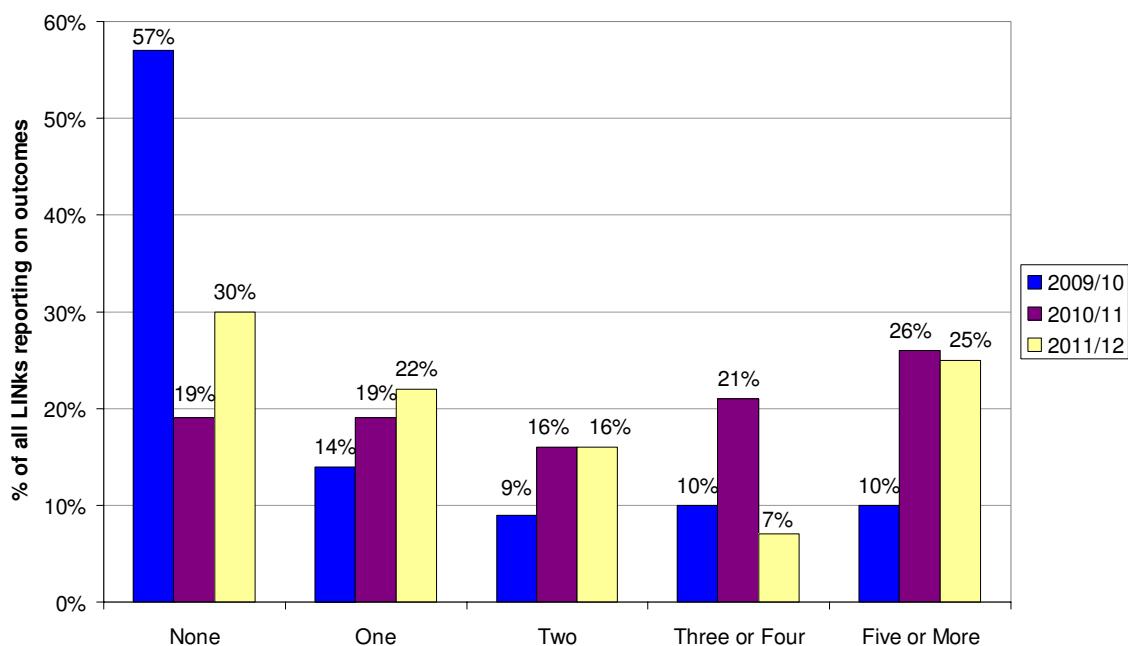
35% of reports and recommendations related either wholly or in part to social care. However, 67% related to health care either wholly or in part. A shift towards a more integrated health and social care focus, as well as a more balanced programme (between health and social care priorities) is expected for local Healthwatch.

It is notable that there are several examples of LINKs looking at transitions between different services. For example, ambulance service provision, discharge procedures and step-down care provision have featured in the work of some LINKs for the first time this year.

Outcomes

21% of the total number of reports submitted by LINKs to the relevant health and social care service reports lead to a service change, as did 30% of the 43 reported OSC referrals.

Fig 5a: Number of service changes inspired by LINKs, 2009/10, 2010/11 and 2011/12



Profile of a typical LINK

Figure 6a shows the average figures within a LINK. LINKs can use this table to compare themselves against other LINKs. This may also be a useful resource for commencing local Healthwatch, to provide a comparison of the local context of LINK activity historically, in comparison to the national context of previous LINK activity.

Fig 6a: Average figures within a LINK 2011-12

	Number per 100,000 people	England median	75 th percentile [upper quartile] ²	England Total (100% coverage)
Number of Members	240	641	980	127,234
Number of active members	21	45	97	11,186
Requests for Information	6	14	25	3,425
Enter and View visits	2	4	11	1,249
Reports and Recommendations	4	6	13	2,316
Reports/recommendations leading to service review	3	3	8	1,336
Reports/recommendations leading to service change	1	1	4	722
Referrals to OSC	0.14	0	1	76
OSC referrals leading to service change	0.05	0	0	26

Appendix A

Worked example of calculating a 100% England Average.

Looking at the membership data item, 107 LINKs reported on this figure giving a total number of members as 92,138. The LINKs that reported this data item cover areas containing 39.3 million people or 74% of the total population of England (using 2011 census population data from the ONS). This means there were 92,138 LINK members for every 74% (or 39.3) million people in England.

To estimate the 100% England figure, we can first divide by 74 thus working out how many LINK members there were for every 1% of the population of England. We can then multiply this number by 100 to tell us the total number of LINK members per 100% of the England population.

This is shown mathematically below:

$$\frac{92,138}{74.106} = 1243.327 \text{ LINK members per 1\% population of England}$$

$$1243.327 \times 100 = 124,333 \text{ LINK members per 100\% population}$$

Appendix B

LINKs whose annual reports were submitted in time to be included in the analysis for this publication

Barking and Dagenham	Havering	Richmond
Barnsley	Herefordshire	Rochdale
Bedford	Hertfordshire	Rotherham
Birmingham	Hillingdon	Rutland
Blackburn With Darwen	Hounslow	Sandwell
Blackpool	Hull	Sefton
Bolton	Isle of Wight	Sheffield
Bournemouth	Isles of Scilly	Shropshire
Bracknell Forest	Islington	Slough
Bradford	Kensington and Chelsea	Solihull
Brent	Kent	Somerset
Brighton and Hove	Kirklees	South Gloucestershire
Bristol	Knowsley	Southampton
Bromley	Lambeth	Southwark
Calderdale	Leeds	St Helens
Cambridgeshire	Leicester	Staffordshire
Camden	Leicestershire	Stockton-on-Tees
Cheshire East	Lewisham	Stoke on Trent
Cheshire West	Lincolnshire	Suffolk
City of London	Liverpool	Sunderland
Cornwall	Luton	Surrey
County Durham	Manchester	Sutton
Coventry	Medway	Swindon
Croydon	Middlesbrough	Telford and Wrekin
Cumbria	Milton Keynes	Tower Hamlets
Darlington	Newcastle upon Tyne	Trafford
Derby	Newham	Wakefield
Derbyshire	Norfolk	Walsall
Devon	North East Lincolnshire	Waltham Forest
Doncaster	North Lincolnshire	Wandsworth
Dorset	North Tyneside	West Berkshire
Dudley	North Yorkshire	West Sussex
Ealing	Northamptonshire	Westminster
East Riding of Yorkshire	Northumberland	Wigan Borough
East Sussex	Oldham	Wiltshire
Gloucestershire	Oxfordshire	Windsor Ascot & Maidenhead
Greenwich	Peterborough	Wirral
Halton	Plymouth	Wokingham
Hammersmith and Fulham	Poole	Wolverhampton
Hampshire	Portsmouth	Worcestershire
Haringey	Reading	York
Harrow	Redcar and Cleveland	