



**EAST RIDING OF YORKSHIRE**  
**Local Involvement Network**

Your Voice on Health & Social Care

**East Riding of Yorkshire Local Involvement  
Network**  
**(ERYLINK)**

**Annual Report 2009 to 2010**

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## Contact Details for ERYLINK:

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## Lead Group Details:

<b>ERYLINK Chair:</b>	Ruth Marsden	Individual Member
<b>Lead Group Members:</b>	Joan Fletcher	Individual Member
	Ron Hart	Individual Member
	Jean Turner	Individual Member
	Sylvia Whitton	Individual Member
	Pat Perkins	Organisational Member (Older Peoples Charter Monitoring Group)
	Lesley Saunders	Organisational Member (Headway Hull & East Riding)
	Jim Whitfield	Organisational Member (Beverley Community Lift)
Jean Wormwell	Organisational Member (Pensioner Action Group East Riding)	

## ERYLINK is Hosted by:

Humber and Wolds Rural Community Council (HWRCC)

Key Personnel: Susan Oliver, Delivery and Development Manager  
Ortrud Nield, Assistant LINK Co-ordinator  
Cea Vulliamy, Assistant LINK Co-ordinator (Maternity Leave)  
Julia Bugg, Administrative Assistant (cover during Maternity Leave)

## Introduction:

ERYLINK operates over a very large patch and rotates its Lead Group meetings across the local authority area to promote accessibility and advertise its work. The very rurality makes most aspects of the work more protracted than the LINK would wish and has made the identity and cohesion of the organisation difficult to establish. Further, the host organisation was late in place, not best grounded in health and social care matters, and has had staff changes and staff misfortunes, all of which have placed additional burdens on ERYLINK members and delayed the pursuit of priorities identified.

Notwithstanding all this, this year has seen ERYLINK establish, in response to issues and concerns from the membership, six subgroups, each populated both by Lead Group members and members of the wider LINK. These groups have a core of permanent members and allow others to dip in and out as required.

A good cohort of 'enter and view' trained members has been built up and training continues to roll out as the membership expands.

Monitoring visits have been planned to primary and secondary healthcare providers and to social care providers and this programme continues. It has been noticeable the extent to which the LINK members have been able to inform and support the primary care work, bringing added value to the practitioners there. This has proved invaluable in establishing the credibility of the LINK and cementing its role as a force for good.

An induction day planned for Primary Care Trust top-teams, Overview and Scrutiny Committee Councillors, NHS Public and Patient Engagement Leads, Local Authority LINK Leads and new ERYLINK Lead Group members will ensure awareness and understanding of ERYLINK and eliminates any misconceptions of its role.

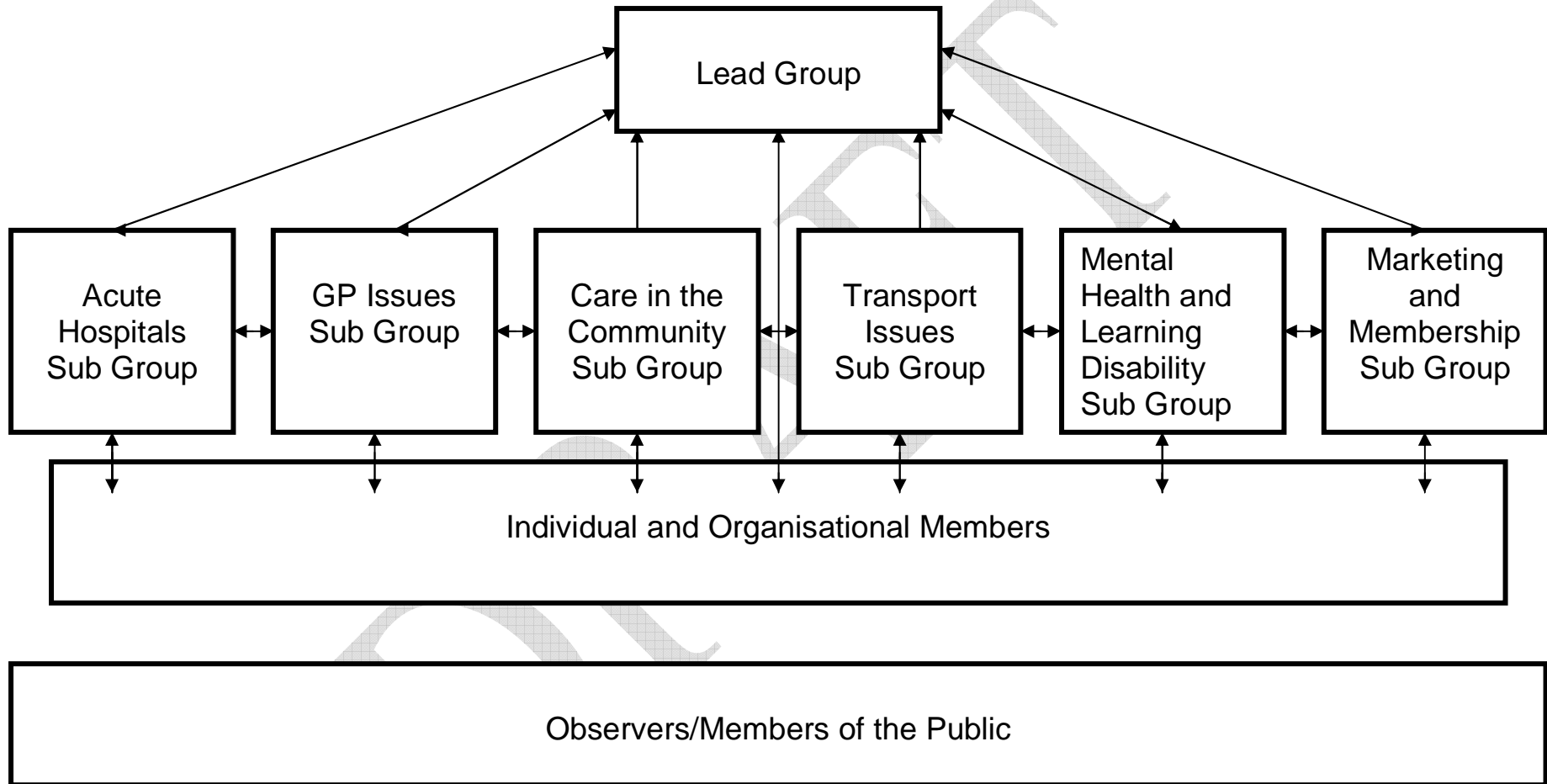
The Lead Group has coalesced into a motivated, aspirational and proactive body with wide spread representations on key partners' groups and committees.

The level of collaboration extended by commissioners and providers has varied widely, and regrettably much time has been lost to the negotiating of more formal 'protocols' with those organisations disposed to insist on these as a working platform. The expertise, experience, connections and commitment of many of the Lead Group members has been seriously underestimated by some partner-organisations, to their detriment.

The constantly changing state of the health and social care landscape with its incessant demands on commissioners and providers and the uncertainties of the election period have not helped. However, all this has thrown up opportunities for ERYLINK to assist the commissioners with messaging to the community and, with feedback from it, better to inform the shape of the services that are up for review. Clinical efficiency decisions will be imperatives for all in the current economic crisis and ERYLINK has sought every opportunity to share and shape these, and help validate them for the community it serves.

Ruth Marsden, Chair, East Riding Of Yorkshire LINK

ERYLINK Model:



## Membership:

Total number of members as of 31/03/2009:	<b>23</b>
Total number of members as of 31/03/2010:	<b>405</b>
Individual Members:	<b>370</b>
Organisational Members:	<b>35</b>
Number of active members as of 31/03/2010: (Lead Group and Sub Group Members)	<b>21</b>

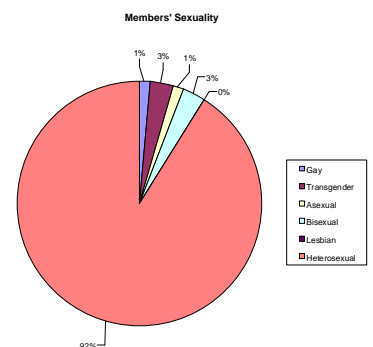
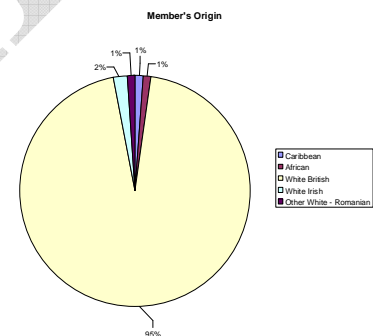
### Members lost due to:

- Concern over the amount of 'bureaucracy' involved **2**
- Extent of 'business requirements' **1**
- Slowness of progress **1**
- No reason given/remove from mailing list **4**

Total number of members as of 31/03/2010 which represent the ethnicity and diversity of your population:

Of 96 returned Equality Monitoring Forms received:

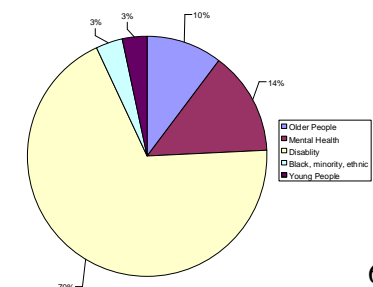
Caribbean	<b>1</b>
African	<b>1</b>
White Irish	<b>1</b>
Romanian	<b>1</b>
White British	<b>91</b>
Gay	<b>1</b>
Transgender	<b>2</b>
Asexual	<b>1</b>
Bisexual	<b>2</b>
Lesbian	<b>0</b>
Heterosexual	<b>62</b>
Disabled	<b>26</b>



Total number of organisational members as of 31/03/2010 which represent under-represented sections of your community:

Older People	<b>3</b>
Mental Health	<b>4</b>
Disability	<b>20</b>
Black, minority, ethnic	<b>1</b>
Young People	<b>1</b>

Members, Which Represent Under-Represented Members of the Community



## Expanding the Membership:

Having recognised that there were groups of people who were not represented within ERYLINK, during the summer of 2009 it was agreed that there should be a positive pursuit of organisations who could help to identify and represent the views of these 'harder to reach' groups of people.

During this time ERYLINK was also asked by East Riding of Yorkshire Council, to contribute to the Learning Disability Strategy and this led to ERYLINK being introduced to the 'Our Say' group, a group of people with a learning disability who receive services from and are supported by Adult Social Care. With their own Constitution, Chair and Vice Chair, they identify issues and concerns across a wide range of subjects and help to promote the positive aspects learning disability.



We ask people what they think



Where people live

A presentation to the group prompted a different way of explaining the role of LINKs. Using flashcards and visual images we were able to provide an overview of the LINKs work.

Following a vote, they agreed to join ERYLINK.

## Engaging with the Community:

The East Riding of Yorkshire is a rural county with three main areas of population, the coastal town of Bridlington, the port of Goole and the market town of Beverley. Due to the rurality of the area it was important to take the idea of the LINK out to the people of the East Riding, getting as close to the community as possible and this led to the 'ERYLINK Launch Tour'.

The rurality of the area also brings with it issues of communication, internet broadband connection remains patchy added to that the profile of our members who may be less likely to use the internet to communicate and therefore the main way of communicating with our membership remains mainly through mail outs. (We currently communicate electronically with one quarter of our membership).

The newsletter which is produced bi monthly has been the main source of seeking views following the launch tour and is often used to support a survey or questionnaire that needs information from the community in order to inform the work undertaken by ERYLINK.

The best example of this has been the first survey undertaken with regard to GP appointments. The GP Appointments Survey was used to give more detail to the anecdotal information received during the roadshow. At that point ERYLINK had around 300 members and approximately one third returned questionnaires.

ERYLINK also uses events that take place around the county as a way of engaging with both members of ERYLINK and members of the public for example the agricultural Driffild Show will bring us into contact with people who may have had limited contact with health and social care but still have valid points to make, raising issues and describing good practice. Other engagement may be at a targeted audience for example disability fairs or over 50's events.

ERYLINK is also often invited to explain its role and function to a range of organisations for example carers' groups; this provides another opportunity to listen to the views of members and non members.

It is through these events and activities that people have come forward to become involved in the Sub-groups and Lead Group.



## ERYLINK Launch Tour:

After the initial start up phase the ERYLINK Host team and interested volunteers were ready to introduce the ERYLINK to the East Riding population. As the East Riding is a predominantly rural area with several smallish towns but no urban centre the question arose how to capture people's views about the health and social care they receive, their concerns and their ideas for improvement of services. The ERYLINK team therefore decided to hire a bus and ride out to the people rather than organising a launch event in one fixed place.

In a specially adapted and wheelchair accessible bus provided by a local voluntary organisation the ERYLINK Host team and volunteers drove out to 19 different towns and villages across the East Riding over 10 days (between 27 April and 8 May 2009).

The bus featuring the ERYLINK logo, displays, the newsletter, information leaflets, balloons and T-shirts stopped at local supermarkets, leisure centres, schools, libraries, town and village centres and market places to speak to local people directly, introduce them to the work of the LINK and ask their views on the health and social care they receive in their local area. The bus also went to a popular annual show in one of the market towns. During the course of the bus tour the team and volunteers spoke to hundreds of interested people. The issues raised covered a wide variety of concerns such as the closure of particular surgeries, disappointment with services provided by pharmacies, closure of hospital wards, staff morale and cleanliness in hospitals, poor social services support, access to NHS dentists. Two issues however, were raised by all the locals wherever the ERYLINK bus went: difficulties in getting a doctor's appointment and transport to and from hospitals. Nearly 300 people joined the LINK during the time the bus toured the East Riding of Yorkshire.

As a result of the bus tour a "GP Issues Sub Group" and a "Patient Transport Sub Group" were formed.

As the ERYLINK bus tour had been so successful a neighbouring LINK which also covers a very large rural area picked up ERYLINK's idea of hiring a bus to reach people in widely scattered rural locations and launched their own bus tour.



## Elections:

The Interim Steering Group remained in place until the membership had risen to 300 it was then possible to begin the process of elections. These were held during the summer of 2009. With 8 Organisational and 8 Individual places to fill and 19 candidates, votes were cast and the results were announced on 21<sup>st</sup> September 2009.

Ruth Marsden was nominated and voted in as Chair of the newly formed Lead Group and Induction took place on 13<sup>th</sup> October 2009.



Lead Group Meeting, 4<sup>th</sup> March 2010

## Involvement with Stakeholders:

Building relationships with stakeholders has been a continuous process throughout the year. Establishing key contacts within the various health, social care and monitoring organisations has led to, on the whole, improved communication.

Discussions at the start of the year with the Primary Care Trust, NHS East Riding of Yorkshire (NHS ERY) has led to the creation of a quarterly meeting between NHS ERY management team and ERYLINK Lead Group. This is seen as an opportunity to share workplans, provide a forum for discussion on key issues and identify areas for joint working.

ERYLINK has also been asked to comment upon several strategy documents including the NHS ERY Joint Health Strategy Refresh.

The East Riding of Yorkshire has one acute hospital within its boundary, Castle Hill Hospital and a second, Hull Royal Infirmary which is situated in Hull. They are managed by Hull and East Yorkshire Hospitals Trust (HEYHT). Although there has been a relationship established with the key contact from HEYHT, interaction has been limited until the creation of the Acute Hospitals Sub Group in late 2009.

Scarborough and North East Yorkshire Healthcare NHS Trust provide services to people in the north of the county and has been a focus of attention for those members and Lead Group members who live in this area. As a result of this, two Lead Group Members now sit on the Scarborough Strategic Review Partnership Board, highlighting the impact of proposed service changes on the people of the East Riding.

Northern Lincolnshire and Goole NHS Trust provide services to people living in the south west of the county. Once again a relationship has been established with the key contact for the Trust and there has been limited involvement mainly in relation to consultation on Patient and Public Engagement strategy documents.

East Riding of Yorkshire Council (ERYC) act as commissioners and limited providers of social care with an increasing number of joint strategies and joint teams with health. One key development has been the request by ERYC for ERYLINK to undertake the independent Quality Monitoring function for residential care providers in the county. This is currently under discussion.

Working with North Yorkshire Local Involvement Network, a relationship has been established with the patient transport service provider, Yorkshire Ambulance Service (YAS). Attendance at meetings by YAS was initially patchy however, working together has created more opportunity to raise issues and look for resolution.

A relationship has been established with Health and Social Wellbeing Overview and Scrutiny Committees and negotiations are currently underway as to the extent to which ERYLINK will be involved directly with the work of the Committees.

The Care Quality Commission has been through changes at local level and therefore, although there is contact with CQC, it has been intermittent and limited.

ERYLINK has 18 representatives on a range of Strategic Partnerships, Boards and Locality Forums, this provides an opportunity for members views to be fed into the strategic decision making processes, ask questions and receive responses directly from those commissioning and delivering services and then being able to respond to issues raised by the membership.

As a result of this engagement with local stakeholders, there has been involvement with the work of the Sub Groups, providing information and attending meetings and several stakeholders played a key part in the first Public Forum both as presenters and as participants in workshops.



**Members taking part in our March Forum**

## Enter and View:

Members of ERYLINK are invited to put themselves forward to undertake Enter and View Training. This is provided by the Chair of ERYLINK, Ruth Marsden, who takes participants through the legislative framework, the relationship with the Care Quality Commission (CQC) and Overview and Scrutiny Committees (OSC), the procedure for visits, conduct during the visit, what to look for, who to speak to, creating reports following the visit and what to do next.

The second part of the training programme is 'Safeguarding' and this is provided by an Interim Steering Group Member, Alison Rowlands. The session demonstrates how the 'alerter' role should be implemented by LINK members when on LINK business to further highlight members responsibility to alert and to support the individual to take appropriate action. It looks at local examples reported in the media of poor practise and abuse, and explains to members how they can seek guidance and support from the Host over any safeguarding concerns they may have and what remedial action to take should they become aware of a safeguarding issue.

Thirdly, the participants attend a Level 1 Safeguarding Alerter session provided by the Local Authority (East Riding of Yorkshire Council) that equips them with the local policies and procedures adhered to by health and social care providers.

Members also undergo Criminal Records Bureau (CRB) checks prior to being accepted as Authorised Representatives.

ERYLINK Authorised Representatives for 2009/10:

Ruth Marsden  
Alison Rowlands  
Ron Hart  
Ray Evans  
Jean Turner  
Joan Fletcher  
Geoff Pearson  
Pat Perkins  
Diana Sandy  
Sylvia Whitton  
Lesley Saunders

Working with the Acute Hospitals Sub Group and the Care in the Community Sub Group the Host has created processes and paperwork to support the Enter and View activities for acute hospital visits and visits to residential care homes.

## Training:

Members and Lead Group Members are informed of training opportunities and conferences through meetings, electronic mail, website and, if time allows, the newsletter.

15 conferences and training sessions have been attended by members of ERYLINK these include: 'Working Together' an event bringing together health and social care commissioners and providers in the East Riding; Minding the Gap events (Leeds); Safeguarding, the Way Forward (ERY NHS and ERYC); YAS Conference (Wakefield); ERYC Local Strategic Partnership Conference; CQC and LINKs.

Following the election of the substantive Lead Group an Induction Day was provided in October 2009 to bring the new members together, to share information about their knowledge and skills, find out more about Local Involvement Networks both nationally and at local level and to begin to determine the way forward.

When Sub Group and Lead Group members were identifying a particular gap in their knowledge around care provision in the community, a small information giving session was provided by NHS ERY and East Riding of Yorkshire Council.

The Chair of ERYLINK also holds the position of Vice Chair of the National Association of LINK Members (NALM). This provides further opportunity to gain information regarding the national overview and direction of LINKs and their relationship with central government. Information from events and conferences attended by the Chair of ERYLINK is cascaded through the organisation.

## What has ERYLINK achieved?

As issues were raised with ERYLINK through the Launch tour and ongoing conversations with the community, Sub Groups were created to pick up these issues and identify a way forward. Each Sub Group produced a Group Description and set priorities which created the workplan for the group and also ERYLINK as a whole.

Each Sub Group is Chaired by a Lead Group Member and made up of Lead Group Members and ordinary members who have identified a particular interest or knowledge in the subject covered. Membership of each group varies between 5 and 10 members and recruitment to each group is a continuous process.

### GP Issues Sub Group:

The GP Issues Sub Group of ERYLINK was formed following the feedback received from the community during the ERYLINK Launch tour. The first task was to undertake a consultation with members regarding GP access. The Sub Group has also taken into account the information gained from the NHS East Riding of Yorkshire (NHS ERY) survey of patient satisfaction. After consideration of the issues raised by residents, three priority areas were identified and have formed the basis for the Sub Group's work plan. They are as follows:

- The identification of good practice within GP surgeries, including access in its broadest sense. The outcome being to achieve the promotion of good practice and to support GPs with knowledge of what is available in terms of funding for additional access, patient partnership groups and similar projects. This would particularly involve practices where poorer levels of patient satisfaction have been identified. Visits have already taken place to four practices, with comprehensive reports being written and shared with both ERYLINK and the Primary Care Trust (PCT).
- Pharmacy issues where concerns have been raised by members of the community, for example, delays in obtaining repeat prescriptions, drugs not being readily available, errors in medications given and waiting times in pharmacies. The outcome to be achieved is improved customer service, through the collation of information from a broad spectrum of individuals and organisations, involvement in the PCT Pharmaceutical Needs Assessment Steering Group and discussions with Boots, as many of the issues raised have related to their pharmacies. A meeting is planned on 24<sup>th</sup> May 2010 with the Director of Professional Standards and Superintendent Pharmacist of Boots, UK, Paul Bennett and the Regional Manager, Jonathan Whitlam.
- GP Out of Hours Service. (OOH) Issues were raised at the OOH Focus Group meeting held on 28<sup>th</sup> January 2010 facilitated by NHS ERY. One of the key concerns considered by the group was the patient and public perception of the quality of the G.P. OOH service. These included patients wanting equity of services across the East Riding, wanting to speak to a

clinician straight away, not going through multiple triage and wanting the OOH service to have access to the patients' own medical records, as this would help them have confidence in the healthcare professionals dealing with their problems. The GP Issues Sub Group is gathering information and concerns from community groups, for example the Older People's Charter Monitoring Group. When these are collated, the issues raised will be identified and presented to the Primary Care Trust Board. Responses from the appropriate people will be expected within the statutory 20 working days. An OOH survey will be included in the next edition of the ERYLINK News. We will add the replies to these surveys to our knowledge base and determine what further action may be required

As a group we have members from across most of the East Riding, thereby ensuring that we have a broad overview of the services provided. Some of our members belong to other Sub Groups, e.g. Transport and Acute Hospitals. We have therefore got easy access to other aspects of health provision, as they relate to the work plan of the GP Issues Sub Group.

The GP Issues Sub Group is always open to comments, concerns and issues raised by the community. We welcome input, as we are committed to ensuring that the voice of the residents of the East Riding of Yorkshire is heard and acted upon in the relevant places.

Joan Fletcher Chair of the GP Issues Sub Group

## Patient Transport Action Sub Group:

The ERYLINK Patient Transport Action Group held their first meeting in the summer of 2009 to assess access to and availability and quality of patient transport services. Patient transport services provide non-emergency transport between patients' homes, hospitals or community settings for consultations, treatments and procedures. This service is for people who are unable to use their own or public transport because of their medical condition.

The Group agreed it was necessary to find the current situation by mapping the available services to discover the gaps, the effectiveness and the quality of the services provided. In order to do this the members of the Group have met with the public to hear of their experiences and their needs whilst ensuring that they were aware of the criteria laid down to access the service. The Group's attention was drawn particularly to problems regarding access to the Yorkshire Ambulance Call Centre, delays in vehicle arrival and departure and occasional abuse of the system.

In addition, the Patient Transport Action Group Workshop at the first LINK Forum provided further insights into the failures in many areas of the transport service.

This year has opened up big opportunities for the Patient Transport Action Group to contribute to the improvement of Patient Transport Services (PTS) as NHS East Riding and NHS Hull are in the process of reviewing the existing Patient Transport Service. The Transport Group is actively involved by collating members' first hand experiences and concerns, by distributing amongst LINK members the PTS survey that NHS East Riding and NHS Hull have produced and by a member of the LINK attending the PTS Evaluation Panel as the Patient Representative.

The Shuttle Bus between Bridlington and Scarborough Hospitals has been another cause of concern for the Group. As the contract is shortly due for assessment members of the Action Group are working in partnership with Scarborough and NE Yorkshire Healthcare NHS Trust to ensure the continuation of the Shuttle Bus service which is essential and is used by both patients and staff.

The possible transfer of Mental Health Inpatient Services to Castle Hill and Hull will create more transport concerns as will the closure of beds in Bridlington, Driffield and Hornsea Hospitals. It is essential that the associated increase in transport requirements will be met. This is an ongoing concern of the Action Group.

Parking at Castle Hill Hospital, Hull Royal Infirmary and Scarborough Hospital is another ongoing concern of the Action Group. Castle Hill have belatedly received permission for another car park but finance is not currently available. Hull Royal Infirmary and Scarborough plans are not yet known.

The ERYLINK Patient Transport Action Group members have met with members of Scarborough and North East Yorkshire Healthcare NHS Trust, NHS East Riding, NHS Hull, Humber NHS Foundation Trust and Yorkshire Ambulance Service Trust to discuss patient transport issues and have worked in partnership with the Bridlington Health Forum, The Older People's Charter Monitoring Group, PAGER

and other such bodies to ensure that services will be of excellent quality and high standards.

Members of the Patient Transport Action Group have attended a conference with Yorkshire Ambulance Service and intend to go to another event which will involve first hand experience at the Call Centre at Trust Headquarters. The working relationship between the Patient Transport Action Group and Yorkshire Ambulance Service has improved profoundly and has turned into a solid and very good relationship. Quarterly LINK/NHS meetings have also assisted this area of concern.

The Patient Transport Action Group would like to express their appreciation for the cooperation shown by the NHS and the Yorkshire Ambulance Service administration throughout this period.

The Patient Transport Action Group would also like to express their appreciation for the hard work and the guidance given by the Host.

The past months have been extremely busy and of course this will continue. The new PTS contract should produce a better patient transport service from Call Centre to returning home. But it will always be necessary to monitor services and to make the voice of the people heard.

Jean Turner, Chair of the Patient Transport Action Group



Transport Sub-group meeting with Scarborough and North East Yorkshire Healthcare NHS Trust and Yorkshire Ambulance Service

## Mental Health and Learning Disabilities Sub Group:

The group was formed in response to a well-recognised need to bring the care and well-being of those with mental health problems and with learning difficulties more to the forefront of the local NHS agenda. Mental health and learning difficulties are the Cinderella of health and care, underfunded, poorly championed and often misunderstood. It is not surprising therefore, that the members working within this Sub Group are relatively few. Though expert in their way, most are already overcommitted and it has proved difficult to enlist more pro-active members.

Notwithstanding, the group has sought to find opportunity in this limitation by narrowing the focus of work and better engaging each group member; smaller numbers create stronger synergy and generate more drive with fewer distractions. The initial work plan was drafted in response to the aggregated needs of the constituency of the East Riding of Yorkshire, as articulated by the membership at various outreach initiatives. Though well evidenced and justified, it has proved somewhat over ambitious for the numbers supporting the subgroup, so for the moment, the group is concentrating on one major piece of work. This is a collaboration with the Crisis Resolution Home Treatment Team, a project designed to benefit the provider organisation as well as the recipients of care. This is its compelling justification and strong selling point.

Response to this initiative is awaited and there is confidence that this will be positive as it is felt the project is attractive, worthwhile and fundamental to the 'patient experience', one of the core definitions of the Quality Agenda.

The learning difficulties work is currently taken forward by working with the 'Our Say' organisation, run by and for those with learning difficulties, who are acting as a reference group for all messaging to the community.

The Sub Group has achieved representation on the Mental Health Partnership Board, Learning Difficulties Partnership Board, Older Peoples / Dementia Strategy Group, and the Patient Carer Strategy group.

Preparation for the 'Enter and View' visit programme has been initiated and the first visits will take place shortly.

Sylvia Whitton, Chair, Mental Health and Learning Disabilities Sub Group

## Acute Hospitals Sub Group:

The group has the oversight of a range of secondary care facilities, from 'cottage hospitals', to District General Hospitals, to a large tertiary trust providing trauma services, cancer care etc.

The old familiar concerns have emerged: discharge procedures, pharmacy provision, Accident and Emergency, Acute Assessment Unit waits and trolley waits.

The group has amongst its ranks the requisite spread of experience and expertise to deal meaningfully with these issues but still needs to recruit more members for the pro-active work.

Enter and View visits are planned to take place in April 2010 focusing upon the areas highlighted above.

Members have places on key committees within the large tertiary trust. Much of the strategic level work is meshed in historic alignments and dominated by government imperatives but in terms of improving the patient experience, a huge difference can be made through better 'soft care', a skill often subsumed in the modern management process.

The immediate challenges are keeping the individual's needs firmly on the professionals' agenda regardless of very tight finances, working with staff to achieve the fundamentals of care they wish to be able to deliver and justifying to the ERYLINK's membership, clinical efficiency decisions.

Ruth Marsden, Chair, Acute Hospitals Sub Group



## Care in the Community Sub Group:

The Care in the Community Sub-group is a comparatively new Sub Group of ERYLINK having held its first meeting on the 24<sup>th</sup> November 2009. Its earlier meetings were spent in agreeing its terms of reference and the main objectives of the Sub Group together with enter and view protocols.

The overall aim of the Sub Group is to ensure that appropriate health and social care community services of an acceptable standard are available for people living within East Riding of Yorkshire. Although some Sub Group members have had experience in the health field, social care services provided a new dimension to public involvement. Therefore contact was made with East Riding of Yorkshire Council (ERYC) Adult Services Department at an early stage. The department's Quality Development and Monitoring officer gave a presentation to the Sub Group relating to residential care in the East Riding of Yorkshire and its Quality Monitoring system for this service element. As a result of this the Sub-group has agreed to feed into the Quality Monitoring system in conjunction with its enter and view visits to residential care homes. Two visits are planned for April 2010.

The Sub Group is actively assessing the introduction of Neighbourhood Care Teams across the East Riding of Yorkshire as the introduction of these Teams is crucial to the success of the NHS East Riding of Yorkshire (NHS ERY) and ERYC strategy. One of the main objectives of the Care in the Community Group is to explore the 'big picture' of health and social care across East Riding of Yorkshire and Neighbourhood Care Teams must be viewed in this context. The first Draft interim document has been produced. The Group has also agreed to participate with NHS ERY in a further evaluation of the success of Neighbourhood Care Team's later this year and 'Enter and View' visits are also planned for Health Clinics within East Riding.

The Care in the Community Sub Group is also holding a watching brief as a result of the closure of the Cottingham Health Clinic and the possible proposed closure/change of services at the Anlaby Health Clinic.

The Group has also reviewed two documents, namely, NHS East Riding of Yorkshire Joint Health Strategy document 2009 and a refresh of the Commissioning Strategy for Community Service 2010 – 2015.

Ron Hart, Chair, Care in the Community Sub-group

## Marketing and Membership Sub Group:

The Marketing and Membership Sub Group was established towards the end of 2009 and has enjoyed great success in achieving its three main priorities.

The first priority was to update all the current ERYLINK publicity material. All the leaflets, booklets and pull up banners have been re-branded and a new corporate image used throughout. The Newsletter has been revamped and given a more glossy appearance. At the present time we are updating and re-branding the website to make it more relevant to the now well developed LINK, making it easier to use both in finding out information and also feeding ideas and information into the work of ERYLINK.

The second priority was to publicise ERYLINK. This has been achieved by regularly issuing various publicity materials for inclusion in the local media. Publicity materials have also been distributed for display around the East Riding.

The group has organised its first Members' Forum which was very successful. Held in the central market town of Driffield in March 2010, the theme for the day was Health and Social Care in the East Riding and provided an overview of commissioning, providing and monitoring. We were delighted with the support that we received from NHS East Riding of Yorkshire, Hull and East Yorkshire Hospitals Trust, East Riding of Yorkshire Council and the Care Quality Commission. With a mixture of presentations, workshops and question and answer sessions, all participants were able to gain something from the day, feedback was very positive.

The second Members' Forum, currently in the planning stage, will be held in Bridlington at The Expanse Hotel in June 2010. It will cover the subjects of Mental Health and Neighbourhood Care Teams, both identified by Sub Group Chairs and members as areas for attention.

The third priority is to increase the membership and encourage member participation. To this end we have seen the membership numbers climb to 405 through recruitment drives.

Everyone Welcome

East Riding of Yorkshire Local Involvement Network (ERYLINK) gives you the opportunity to influence local health and social care services.

Are you interested in how health and social care is planned and delivered locally?

Do you want to suggest ideas that may help improve services?

The ERYLINK wants to hear YOUR views.

Join us at the ERYLINK Forum  
Tuesday 22 June 2010  
Capenhurst Hotel, Bridlington  
1.30pm to 3.30pm  
and 4.30pm to 6.30pm  
Light lunch will be available from 1.30pm  
and afternoon tea will be served at 4.30pm.  
The forum will focus on:  
Mental Health and Neighbourhood Care Teams  
Hear from the people who plan and provide our local services:  
East Riding of Yorkshire Health Authority  
East Riding of Yorkshire Council  
Humberside NHS Foundation Trust  
Put forward your views and influence change.  
For more information or to book your place now:  
Tel: 01307 232180  
Email: erylink@nhs.uk  
Web site: www.erylink.org.uk

EAST RIDING OF YORKSHIRE  
Local Involvement Network  
Your Voice on Health & Social Care

Pat Perkins, Chair, Marketing and Membership Sub-group

## Summary of Activity:

### Requests for Information

The number of formal requests for information made by ERYLINK during 2009-10	16
The number of requests for information that were answered within 20 working days	13
The number of requests for information that related to social care	1

### Enter and View:

No Enter and View visits took place in this period 2009/10

### Reports and Recommendations:

Working in partnership with Hull Local Involvement Network and other Hull and East Riding voluntary sector organisations, two events on Personalisation and Safeguarding took place and the subsequent reports were presented to East Riding of Yorkshire Council. The content of the report was noted by Adult Services and has led to a continuing dialogue regarding this subject.

### Referrals to Overview and Scrutiny Committees (OSC):

There have been no referrals to OSC

### Involvement in local consultations:

ERYLINK has been involved in the following consultations:  
East Riding of Yorkshire Council and NHS: Joint Health Strategy Refresh 2009  
NHS East Riding of Yorkshire: Out of Hours Care  
Pharmaceutical Needs Assessment  
Patient Transport Strategy

North Lincolnshire and Goole Hospitals Trust: PPI Policy

### Involvement in national consultations:

ERYLINK members attended a local event and contributed to the Big Care Debate

## Our Finances:

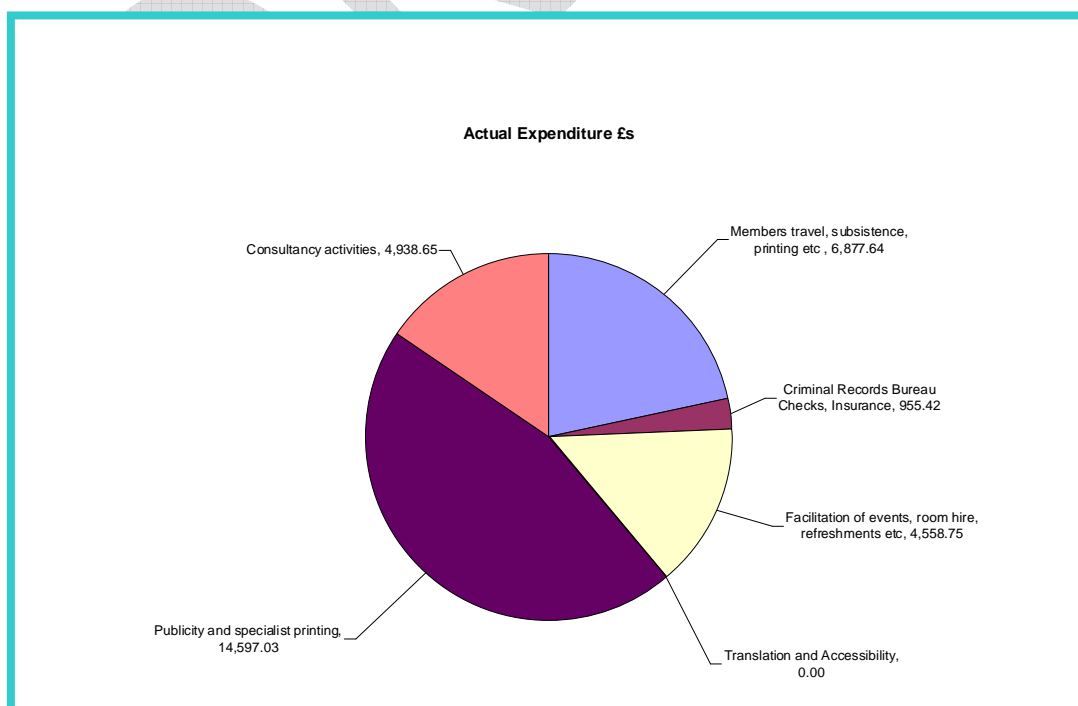
Amount of funding received by the Host: **£91,826.00**

Amount of funding received by ERYLINK: **£50,000.00**

### How did ERYLINK spend its money?

Area of Expenditure	Actual Expenditure £s
Members travel, subsistence, printing etc	6,877.64
Criminal Records Bureau Checks, Insurance	955.42
Facilitation of events, room hire, refreshments etc	4,558.75
Translation and Accessibility	0.00
Publicity and specialist printing	14,597.03
Consultancy activities	4,938.65
<b>Total</b>	<b>£31,927.49</b>

ERYLINK spent 87.26% of its allocated budget for 2009/10



## Conclusion:

It has been a hugely challenging year. Members continue to work slavishly hard. Many Lead Group members have had few free days to call their own. Those with particular expertise have steered and enlightened others on a reciprocal basis. The ERYLINK has tried to be outward looking and listening and to accommodate as many issues and themes as genuinely call for its attention. Mindful of the limitations of the budget, of people's time and of people's stamina, we constantly seek for ways to work in a leaner manner, more flexibly, but as responsively.

One clear lesson has been that our Governance should be as simple as possible, an 'enabler', not a straight jacket. We are fortunate in that LINKs can revisit their Governance, as experience shows is desirable. In this, we are more fortunate than the commissioners and providers. ERYLINK well knows that it is not rules, paper and meetings that enlist and embed members, but drive, action and outcomes. Outcomes are not achieved overnight – commissioning and contracting, for example, is a very protracted process – but ERYLINK is now on the cusp of such achievements and is working up more.

Careful and sustained liaison with regional and national partners, with the Department of Health and with members of the House of Commons and the House of Lords, has left ERYLINK well placed to respond to initiatives and emphases from the new government. Many ERYLINK members are ex-Community Health Council (CHC) and ex-Patient and Public Involvement Forum (PPIF) people and many more are ex-clinicians and ex-professionals from health and social care, all of whom have lived through similar seismic changes in the past. That they have retained their passion for the work, their commitment to those for whom the services exist to care and their confidence in their ability to be able to continue to influence things for the better is an abiding source of hope.

The expertise that ERYLINK has enlisted and continues to attract well represents and actively champions the essential balance between the professionalised business that health and social care has become and the personal, individual and human needs that every single person has the right to have addressed.

LINKs' independence is their strength, but the lack of meaningful support, regionally and nationally, from staff designated and paid to provide this is most disappointing. It is galling to volunteers, giving of their considerable expertise and experience for free with only expenses defrayed, to see money used in this way.

ERYLINK is not alone in feeling that it could make better use of such funds within its own workplan. The lack of ownership and lack of continuity in this so-called 'support' demands immediate attention. The very 'connectivity' at the heart of the LINKs' model as envisaged by the Department of Health has failed to be manifest from the Department of Health itself.

Ruth Marsden, Chair, 2010



## Humber & Wolds Rural Community Council

*We'll work with you to make the difference locally*

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ERYLINK is Hosted by Humber and Wolds Rural Community Council