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**Meeting:** Social Care, Health and Housing Overview and Scrutiny Committee

**Date:** 12 April 2012

**Subject:** BEDFORDSHIRE LINK REPORT

**Report of:** Operations Manager, Bedfordshire LINK (covering Central Bedfordshire)

**Summary:** This report is to update members on the key work items and issues the LINK is engaged, with for consideration and note as required.

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**Advising Officer:** Max Coleman and Charlotte Bonser, LINK and Host

**Contact Officer:** Charlotte Bonser

**Public/Exempt:** Public

**Wards Affected:** All

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

1.
  - Supporting and caring for an ageing population
  - Creating safer communities
  - Promoting healthier lifestyles.

### **Financial:**

2. Not applicable.

### **Legal:**

3. Not applicable.

### **Risk Management:**

4. Not applicable.

### **Staffing (including Trades Unions):**

5. Not applicable.

### **Equalities/Human Rights:**

6. Not applicable.

**Community Safety:**

7. Not applicable.

**Sustainability:**

8. Not applicable.

**Public Health**

9. Not applicable

**Procurement:**

10. Not applicable.

**RECOMMENDATION:**

**The Committee is asked to consider and note the report:-**

**Background**

11. The LINK is working towards completing its agreed work plan and as a HealthWatch Pathfinder area working with the Council to ensure a smooth transition from LINK to the new HealthWatch entity in Central Bedfordshire. In view of this, the LINK has been focussing on three areas on its main work plan that is: nursing care and hospital discharge, mental health care pathways and care in nursing and care homes in the area. This report deals with the first two areas.

**Working to improve Care and Dignity issues in secondary care**

12. There are two issues in this category that have given the LINK cause for concern; we have alluded to these in previous reports to the OSC. Firstly, in terms of care for patients, particularly for older patients in hospital, there have been six issues logged recently by the LINK which indicate that this care has not always been to an acceptable standard, i.e. showing a good level of nursing care or patients being treated with due regard to their dignity. These incidents relate to Bedford, L&D and Lister Hospitals. The problems we face as a LINK in challenging and improving the situation is that many patients do not wish to formalise their complaints, for example take their complaint through the hospital or NHS PALs process or through independent complaints advocacy.

13. In view of the reluctance of patients to make formal complaints to the acute Trusts, in order for the LINK to provide more than anecdotal information of what the issues are, and to also highlight where care is of a good/high standard, it has agreed to conduct visits to the Bedford and Luton & Dunstable Hospitals during April/May 2012 to specifically observe nursing care and, if possible and appropriate, to talk to patients and staff. The LINK has statutory rights under the Local Government and Public Involvement Act of 2007 to conduct enter and view visits to health and social care bases, and will be writing to both Hospitals asking to visit randomly selected elderly care wards. Also, two incidents logged relate to Lister Hospital, and this may possibly involve a joint visit with Hertfordshire LINK. All visit reports and recommendations will be shared with the Hospitals and Commissioners concerned.
14. In terms of discharge from hospital. The LINK has been logging issues on discharge from hospitals used by Central Beds residents. Responses to a questionnaire to the LINK membership conducted during the middle of 2011, highlight some issues such as no Hospital personnel asking the patient if they were able to cope after discharge, poor communication between Hospital and GP practice, leading to no follow up for the patient such as support from a district nurse and long waits for medication. The LINK would like to work with the Council to scope this area further and interview patients willing to talk about their experience of discharge from hospital.

#### **Working to Improve mental health pathways for patients**

15. The Committee has heard the LINK highlight on several occasions concerns about the care pathways for patients with mental health illness. The LINK has been working with service users and colleagues in SEPT to improve the situation for the residents in Central Bedfordshire by giving regular feedback to SEPT on issues facing service users which have been reported to the LINK, and by making visits to some of the mental health provision such as the Community Mental Health Team bases and day centres. These reports have been shared with SEPT and will be shared with the Commissioners shortly.
16. The LINK is pleased to report that the Weller Wing Stakeholder Group terms of reference is now being re-drafted to ensure the inclusion of key stakeholders from Central Bedfordshire.
17. The LINK is also working with SEPT colleagues to hold a joint LINK/SEPT Mental Health Information in June 2012 to help service users, carers and the public to understand the structures and pathways within SEPT and to ask questions of a panel from the Trust.

#### **Appendices:**

None

#### **Background papers**

Not applicable