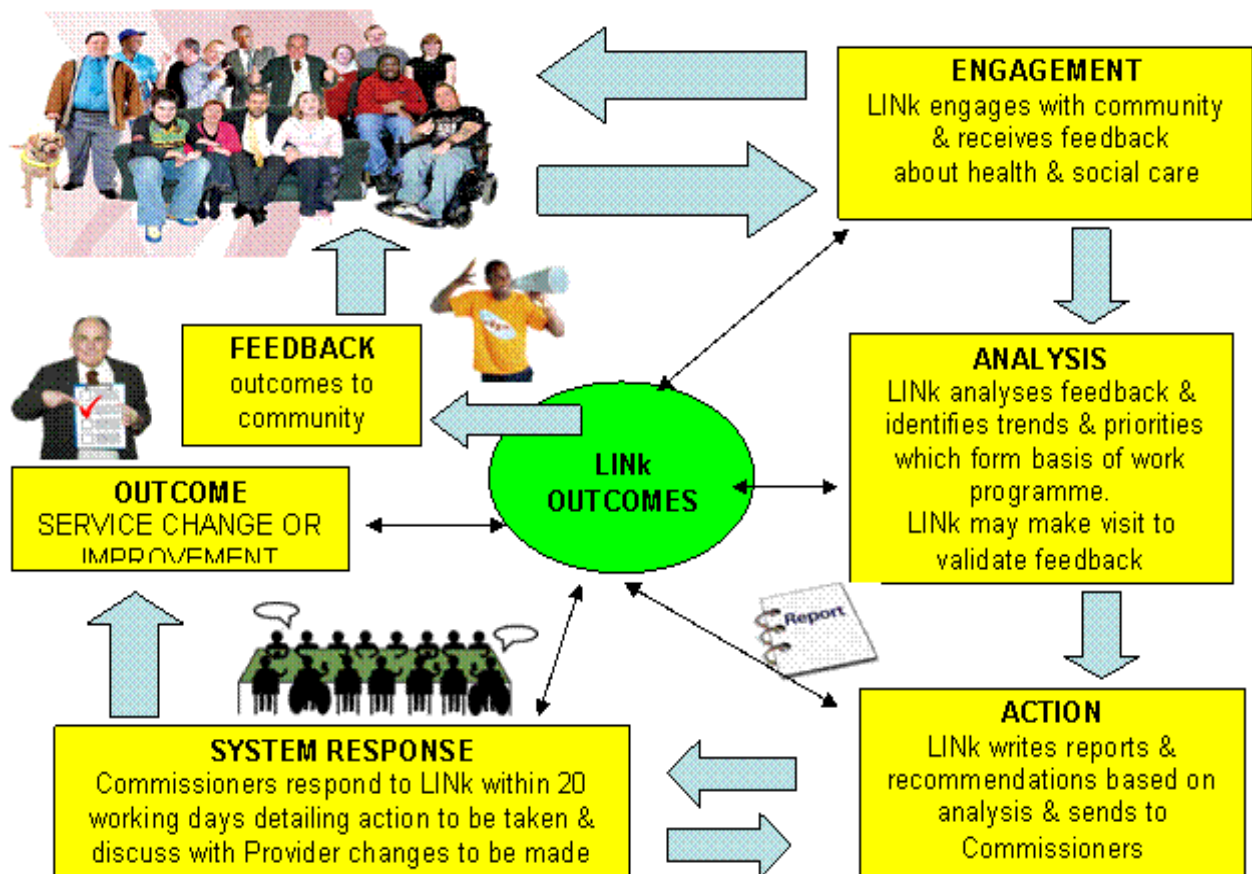


## Local Involvement Networks: Annual Reports 2011-2012

### Focusing on Benefits and Outcomes



# Local Involvement Networks: Annual Reports 2011-2012

## Make it Happen

### Focusing on Benefits and Outcomes

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# **Local Involvement Networks: Annual Reports 2011-2012 Make it Happen Focusing on Benefits and Outcomes**

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This document is designed as an additional resource to build on that made available to support the production of the 2010-11 Annual Reports. It should be read in conjunction with the original Guide to Annual Reports produced for the Department of Health by the National Centre for Involvement in 2008 ([Guide No. 14](#)).

## **Background**

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At the time you are producing your 2011-12 Annual Reports, LINKs will have been operating for more than 4 years. Under the Health and Social Care Act 2012, they will have another year to serve their local communities before local HealthWatch organisations are established. We recognise that 2012-13 will hold particular challenges for LINKs.

Annual Reports provide a framework to demonstrate how LINKs have been effective in their core objectives. As well as reporting several key facts and statistics about the LINK, the host and the LINK membership, the Annual Reports provide an excellent opportunity for LINKs to showcase their work, demonstrating to people how their participation and involvement can achieve results, and inspiring others to get involved now and in the future.

An analysis of LINK Annual Reports for 2010-11 was published on the Department of Health's website and via LINKs exchange.

The reports for 2011-12 will also be used collectively by the Department of Health to:

- Continue to make the case for patient and public involvement in the independent scrutiny of publicly funded health and social care
- Make informed decisions about the development of HealthWatch; and
- Provide LINKs with comparative information on achievements of LINKs nationwide.

## Key points about reports: the facts and stats

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LINK Annual Reports must cover the period **1 April – 31 March**.

Reports must be published **by 30 June** each year – a **requirement for the LINK to produce an Annual Report** is set out in Section 227 of the Local Government and Public Involvement in Health Act 2007.

Reports must be made **available to the public** and a **copy must be sent** to each of the following:

- The Secretary of State for Health
- The Care Quality Commission
- Relevant Local Authorities
- Relevant Primary Care Trusts
- Relevant Strategic Health Authorities
- Relevant Council Overview and Scrutiny Committees

The copy of your Annual Report marked for the attention of the Secretary of State for Health should be submitted by email to the Department of Health via the mailbox [HealthWatch@dh.gsi.gov.uk](mailto:HealthWatch@dh.gsi.gov.uk)

This year LINKs might like to think about sending a copy to any relevant / local early implementer health and wellbeing boards; local HealthWatch pathfinders and emerging clinical commissioning groups.

## Roles

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Although Host organisations have a role to facilitate the preparation and publication of the LINK's Annual Report, **the report required is that of the LINK**, not the Host: the full LINK needs to agree the content of the report. (Many LINKs do this at their Annual General Meetings, but these sometimes take place after 30 June and so an alternative should be found for getting agreement from the wider membership.)

LINKs should be leading on the section "*showcasing LINKs work*" and "*Plans for the Future*" sections. This will help bring out the invaluable contribution members make, as they are the best people to put into words what they have achieved and hope to achieve in the future. Hosts will be able to help with much of the factual and statistical information required for the reports.

LINKs also need to think about how their Annual Reports can be used to communicate with local people and groups about the progress being made and specifically the **impact** their LINK is having on services. And, although LINKs must produce Annual Reports, they should communicate with the local community about their activities **throughout the year**.

## Roles of LINKs and Host organisations in the production of Annual Reports

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LINKs	Host organisations
To work collaboratively to provide the content of the report	
Gather evidence of Link activity that demonstrates impact	Compile evidence gathered by LINK into format for Annual Report
Ensure the full LINK agrees the content of the report	To publish the Annual Report and send to the people/organisations listed above.
To sign off the final version of the Annual Report	To ensure local stakeholders know that the Annual Report has been published.
	Think what is appropriate in making their reports accessible to a wide range of people

### What information must LINK Annual Reports 2011-12 include?

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The information that reports must legally contain is set out in the linked document - <http://www.legislation.gov.uk/ukpga/2007/28/section/227>). This is:

- Name, address and contact details (i.e. postal address, email address, website, telephone number) of the LINK
- Name address and contact details of the Host organisation
- Names of authorised representatives
- Names of individuals involved in making relevant decisions
- The amounts of money received by the Host from the Local Authority and what that money was spent on
- The LINK activities that have been carried out
- How the views of people have been made known to commissioners, providers, managers and those who scrutinise care services.

## The **impact** of LINK activities. (see 'top tips' in Appendix A)

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- How many requests for information were made, what the requests were about, to whom the requests were made and whether responses were received within 20 working days.
- How many referrals to Overview and Scrutiny Committees were made, whether the OSC kept the LINK informed of progress and what actions the OSC took in respect of the referrals.
- How many reports and/or recommendations were made to commissioners, what they were about, whether commissioners responded within 20 working days with an explanation of action(s) to be taken or an explanation of why action was not being taken.
- Which premises were entered and viewed by authorised representatives, what triggered those visits, how many times those premises were entered and viewed and the results of those visits.

These requirements still refer to the facts and statistics, and LINKs should think about how they can bring these to life within the report. It is really important to showcase achievements and successes, to demonstrate how you have used people's views and experiences to make a difference. Use your Annual Report to keep people engaged and inspire other people to join you and create a firmer footing for local HealthWatch going forward.

Tell people how good you are – it will help them to help you!

## **Structuring your report**

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Following feedback on the 2009-10 Annual Reports, this section, sets out in a template how a report might be structured both to answer the legal requirements and at the same time provide more information which will demonstrate to communities and local services the relevance, importance and achievements of LINKs.

### **Front Cover**

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Display prominently the **name** of the LINK and **the year** to which the Annual Report refers. For example:

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**'THISCOUNTY' LOCAL INVOLVEMENT NETWORK  
ANNUAL REPORT 2011-2012**

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## Introduction

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A page or so of text from someone involved in the LINK:

- **Introducing** the report
- **Signposting** readers to later contents
- **Highlighting** any particular examples of **successes, outcomes and good practice**
- Perhaps setting out **key issues** for the LINK in the following year including any work on transition towards local HealthWatch
- Encouraging people to get involved and telling them how to
- Mentioning that the LINK is changing and that HealthWatch will be in place from April 2013 (the exact way you describe this will depend on local transition arrangements) .

## Demonstrating impact through action

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In this section, LINKs can summarise what they have done and demonstrate how these activities have brought about service improvements. This may include work:

- Promoting and encouraging involvement of a wide range of people
- Gathering views
- Developing local stakeholder relationships (e.g. local PCTs, OSCs, local authorities, the Care Quality Commission)
- Monitoring and scrutinising services
- Making views known
- Involvement in national or local consultations
- Involvement in the development of LINKs-related policies
- Involvement in the development of HealthWatch-related policies

**Appendix A** provides some ‘top tips’ on doing this.

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This section will set out for the local community and others the impact the LINK has had, will help to demonstrate the benefits to people of getting involved and the benefits for commissioners and providers of services of working with the LINK. If there are any particular champions involved with the LINK that might inspire others to get involved they should also be mentioned here.

### **Case study examples and what to include:**

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This is where strong evidence from local stories and case study examples needs to be included. Some good examples were in the published 2009-10 Annual Reports and these help the public to understand the successes of LINKs. In particular, case studies are an important way of demonstrating that the LINK is having an impact on equality and improving services for people from **seldom heard groups**.

Health and care stakeholders may also wish to contribute some feedback about their experiences of working with the LINK that positively reinforces the impact the LINK is making in the community.

#### **Key things to include in your case study examples are:**

- A description of the service that changed
- How big that service is – number of people using it or total cost of the service
- What change was made to the service
- How that change improved the value for money of that service. This may be because it reduced costs or led to direct patient benefits (e.g. waiting times fell by 3 weeks or fewer people were readmitted after the change)
- ... And can you say by how much this actually changed? Quantifying examples can significantly enhance their power
- How you know this stemmed from the LINK’s activity

### **Next Steps – looking ahead to the next 12 months**

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Many organisations’ Annual Reports include a ‘look-ahead’ section. This year it is important to acknowledge the introduction of HealthWatch (locally from April 2013), and how the LINK will be involved in this, as well as continuing work that the LINK is intending to complete in 2012-13. This is a good space to let people know how they can get involved in developing local HealthWatch. It would also be an opportunity to explain about how the LINK and the host will use the time of transition to support the transfer of knowledge, intellectual property etc.



## Our year: facts and figures

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This section of the report could be put together by hosts or by LINKs in conjunction with the host. There are four suggested parts to this:

1. The reach of our LINK and the level of people's participation
2. Summary of our activity
3. Our finances
4. Key facts about our LINK.

### 1. The reach of LINKs and the level of people's participation

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We define 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. This includes those who interact with the website and social networking sites.

**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.

Number of LINK participants/members on 31/03/2011				
Level of participation	Total	Of which:		
		People with a social care interest	Individual participants	Interest group participants
Informed participants				
Occasional participants				
Active participants				

Where they have the data, LINKs might also build on this to set out information about the diversity of participation in the LINK. This may include how many individuals from different parts of the community took part in LINK activities, what they did, how many voluntary and community sector groups participated and what they did. LINKs could also explain whether any of these groups were previously regarded as "under-represented", "seldom heard" or "hard to reach".

The performance information that Hosts provide to Local Authority contract managers should be a useful source of evidence for completion of Annual Reports.

This information is different from that requested last year and is based on feedback from LINKs. While it looks for the position at the end of March 2011, there may be LINKs who will struggle to put information together on this basis. In this instance, you may want to use the guidance last year, classing "active members" as active participants in the table above, other members (total minus active) as occasional participants and "people engaged" as informed participants.

## 2. Summary of Activity

<b>Requests for Information in 2010-11</b>		<b>No:</b>
How many requests for information were made by your LINK?		
Of these, how many of the requests for information were answered within 20 working days?		
How many related to social care?		
<b>Enter and View in 2010-11</b>		<b>No:</b>
How many enter and view visits did your LINK make?		
How many enter and view visits related to health care?		
How many enter and view visits related to social care?		
How many enter and view visits were announced?		
How many enter and view visits were unannounced?		

<b>Reports and Recommendations in 2010-11</b>	No:
How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	
Of the reports and/or recommendations, how many have led, or are leading to, service review?	
Of the reports and/or recommendations that led to service review, how many have led to service change?	
How many reports/recommendations related to health services?	
How many reports/recommendations related to social care?	
If any of your reports or recommendations were not acknowledged or did not result in any service review or service change, are you planning any further follow up?	
<b>Referrals to OSCs in 2010-11</b>	
How many referrals* were made by your LINK to an Overview & Scrutiny Committee (OSC)?	
How many of these referrals did the OSC acknowledge?	
How many of these referrals led to service change?	

\* note: only include formal referrals to OSCs rather than times you have informally worked with OSCs on issues

### 3. Our Finances

In this section the only legally required information is the amount of money the Host received from the local authority and what the money has been spent on.

The current Government places a much stronger emphasis on financial **openness and transparency**. To demonstrate this, LINKs could give a fuller financial picture.

First, LINKs could consider setting out details in the table below.

<b>Income in 2010-11</b>	
Amount allocated to the local authority by the Department of Health	
Amount of funding received by the host from the local authority	
Amount of funding received by the LINK from the host	
Amount of funding carried over from previous year	
Other income (if known)	
Total budget for 2010-11	
<b>Spending in 2010-11</b>	
Total spend by host organisation	
Total spend by LINK	

Second, LINKs could give a breakdown of this spending. Suggested categories are based upon an analysis of the details provided in 2009-10, but may differ between LINKs:

#### **For Hosts**

- Salaries (perhaps how many workers are employed, what their specific roles are)
- Staff expenses (e.g. travel and subsistence)
- Staff training (perhaps including description of what the training was in, and How much it cost)
- Office costs (rent, electricity, heating, telephones, postage, paper/ photocopying)
- IT support costs such as equipment, website design/updating and training
- Management fees
- Communications

#### **For LINKs**

- LINK project sum
- Expenses for members
- Training for participants
- Conferences / room hire
- Publicity

## **5. Key facts about the LINK**

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- **Full contact details of the LINK**  
Name, postal address, email address, telephone number(s), website address
- **Contact details of the Host organisation**  
Name, postal address, email address, telephone number and any key personnel;
- Names of **authorised representatives** (for enter and view);
- Names of individuals involved in **making relevant decisions** (as defined in Section 2 (1) (a), 2 (2) (a)-(h) and 2 (3) (c) (i) and (ii) of the Local Involvement Networks Regulations 2008).

## In Summary ...

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### **Showcase your work!**

People will want to know what you did, but more importantly will want to know why you did it and what the results were. The Annual Report is a **showcase for your work**. Why did you spend time and money in the ways that you did? What differences did you make? Don't assume readers will automatically understand how your activities helped to achieve your objectives.

Focus on **activity and outcomes**, not structure and process. See **Appendix A** for tips on how to emphasise the benefits of your LINK and the demonstrable difference it has made for your community. Use the Annual Report to inspire people and groups by setting out your accomplishments related to your objectives.

People tend to be inspired by stories about real people rather than general summaries about your work. Explain what you have accomplished overall, then 'humanise' your report with some personal profiles, perhaps highlighting how your work helped specific groups, service users or communities. Share a LINK participant's story of how they made a difference. This will help others see how they, too, can make a difference.

### **Help people understand**

Remember that people whose first language is not English, people with learning difficulties and people with low levels of literacy and numeracy are likely to be excluded from information about LINKs unless you provide it in forms that are accessible to them. Think about how you can let different kinds of people and groups know about the LINK.

Consider including a section that explains 'jargon' and health and social care terms, expressions and acronyms so that people can understand what the report is about.

Never leave people wondering how they can help you with your work. Once you've inspired them with your 'good works', close by telling them how they can help you to go further and achieve more. How can they support you? Be clear about the different ways they can get involved and who they can contact for more information.

### **Sharing your reports**

Although not a statutory requirement (as it is with PCTs, local authorities and others) LINKs should consider sending copies of their Annual Reports to providers (for example NHS trusts and other private/independent providers of care services). Local Strategic Partnerships may also find it useful to see a copy of LINK Annual Reports.

### **... and finally**

LINKs need not rely on their Annual Reports as the only way of telling people about their activities and achievements. Websites or social networking sites (for example Facebook, Twitter) can be a key source of information for local people about LINK activities and priorities. However, LINKs should recognise that not everyone wants to access information via the internet/online; they need to find other creative and innovative ways of communicating with people and groups that wish to access information in other ways, for example through 'street surgeries', DVDs, exhibitions (in shopping centres, libraries, fairs and carnivals) and drama.

# Appendix A: Top Tips

## Reporting benefits and outcomes

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These 'top tips' and practical examples are drawn directly from feedback provided by LINKs. Performance information provided by LINKs to Local Authority Host contract managers may also be helpful to draw upon.

### What do we mean by benefits?

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**A benefit is something that improves or promotes; something that is an advantage**

For the Annual Report, you could consider what is it about your LINK that helps more people in your community to engage or participate? How do you know that your engagement approaches are successful?

The following suggestions are direct quotes from LINKs:

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Benefits from your **engagement** activity might be:

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- Flexibility of model allows different communities to get involved
- Feedback on services is evidence-based and not pulled from 'thin air' based on individual interests
- Ensuring the representation of the wider spectrum of the care pathway
- Raising the profile and increasing the credibility of the LINK

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Benefits from your **analysis of community feedback** might be:

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- Being able to identify where feedback originates;
- Being able to demonstrate honesty and a balanced view;
- Identifying issues and accurate information in a timely way.

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Benefits from the **action you take** might be:

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- The public see results then get involved
- The LINK becomes more approachable, trusted and depended upon
- A better reputation and validity of the LINK as an organisation
- Praising good work and promoting good practice
- The devolvement of supporting finances

## What do we mean by outcomes?

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**An outcome is something that follows from an action; a change that comes about as a direct result of your work; a result or consequence.**

The following suggestions are direct quotes from LINKs:

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Outcomes from your **engagement** activity might be:

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- Reports and analysis being produced to challenge services
- Greater diversity of membership
- People having more knowledge about services in their area
- Greater diversity of voices participating and being heard

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Outcomes from your **analysis of community feedback** might be:

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- An accurate work plan that is what the community wants
- Finding different groups and networks with similar issues
- Development of systems and protocols for fair selection of issues
- Increased knowledge of issues and national policy

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Outcomes from the **action you take** might be:

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- Reports and recommendations made to commissioners and providers;
- Service changes or improvements/recommendations implemented;
- Greater user and patient satisfaction;
- Websites updated and feedback to community on findings and outcomes.

## Identifying outcomes from all LINK activities:

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The diagram below illustrates the stages a LINK may go through to fulfil its core objectives. The yellow boxes each indicate a separate activity which if taken together make up a complete cycle that generates an overall outcome on a particular issue i.e. a change or improvement in services that responds to feedback from the community. This diagram represents a situation where the formal power of LINKs to make reports and recommendations is used.

LINKs have told us that small improvements to services also come about as a result of positive relationships with stakeholders without the use of formal powers. LINKs have also pointed out that service changes may not be immediate and are subject to commissioning cycles, resource availability etc.

Annual Reports should, where possible, describe examples where tangible changes or improvements have resulted from LINK activity – both in terms of the full ‘cycle of influence’ depicted in the diagram and otherwise.