Brent Local Involvement Network

Annual Report 1st April 2011 – 31st March 2012





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SECTION ONE: INTRODUCTION

MESSAGE FROM THE CHAIR

Mansukhlal Gordhamdas Raichura



Welcome to Brent Local Involvement Network's 2011/12 Annual Report.

Brent Local Involvement Network (LINk) is an independent network made up of individuals, community groups, voluntary sector organisations and local businesses. We work together to improve local health and adult social care services in Brent.

We do this by:

- Finding out what people think of their local health and social care services;
- Giving people a chance to suggest ideas to care professionals about improving services;
- Looking into specific issues of concern to the community;
- Making recommendations to the people who plan and run services;
- Asking for information about services;
- Carrying out visits, when necessary, to see if services are working well;
- Referring issues to Brent Council's Health Partnership's Overview & Scrutiny Committee if it seems that action is not being taken.

We are steered by a Management Committee, made up of 13 individuals and voluntary sector organisations. We also have five Action Groups which report to the committee, covering:

- Adult Social Care
- Primary Care
- Mental Health
- Hospitals
- Public Health & Community Services

In October 2011, we held our Annual General Meeting. There, we presented our 2010/11 Annual Report and noted major achievements. Key note speaker, Marcia Saunders, at the time NHS Brent Chair, was able to provide a perspective on the year ahead in terms of the emerging Brent Shadow Clinical Commissioning Group and the emerging structures relating to health care provision.

Understanding NHS Reorganisation in Brent

The Health & Social Care Act 2012 presents the biggest reorganisation in the history of the National Health Service. In Brent, this reorganisation has presented itself in several different ways:

- Establishment of Brent Shadow Health & Wellbeing Board
- April 2013 abolition of NHS Brent
- Transfer of public health responsibility to Brent Council from April 2013

 Emerging Shadow Clinical Commissioning Group (from 2012/13 part delegated responsibility for commissioning, with full responsibility from 1st April 2013).

Other Developments:

- NHS NW London developing the "Shaping a Healthier Future" strategy programme regarding configuration of health service across the cluster.
- Part of this programme entails Brent Shadow Clinical Commissioning Group developing a "Better Care Closer to Home" Care Strategy to coordinate high quality out of hospital care.

Consultation on both these strategies commences summer 2012.

Proposed merger NWL NHS Hospitals Trust and Ealing Hospital NHS
 Trust

Brent LINk's Management Committee has had to be aware of these far reaching changes to health and social care, in order to effectively contribute patient and service user perspectives.

About This Report

This report highlights how Brent LINk has listened to local people over the past year and used this information to help improve local health and adult social care services.

It also demonstrates "impact through action": highlighting case studies where we have engaged & participated in the planning, commissioning, delivering and monitoring of health and adult social care services in Brent.

These case studies include our "Enter & View Visit" to Willesden Hospital in December 2011. Enter & View is a key function of LINks: allowing us to visit care establishments and observe quality of care and the care environment. Reports are used as the basis of service improvement meetings with the care provider in question. As you will read later in this report, I am pleased to report that the provider Ealing Hospital NHS Trust Integrated Care Organisation has responded positively and robustly to our visit. I am confident that as we work together in the future, we will witness continued improvements in patient care and environment.

This year, we again highlight our commitment to community involvement, by including a section called "*Inspiring Others to Get Involved*".

This recounts the story of one of our Management Committee members Rob Esson and what it means for him to "get involved in shaping health care".

We hope his inspiring example will encourage other individuals and groups to get involved.

As with previous years, this year's Annual Report contains a section on who we have engaged over the past year and also a section on where we get our money and how we spent it during 2011/12.

For the coming year, in addition to helping plan, commission and monitor health and adult social care services, one of our tasks will be preparing for Local Healthwatch: the new "consumer champion" being introduced as part of the Health and Social Care Act 2012.

Local Healthwatch means an increased role for Brent LINk in areas like commissioning health & social care and devising local health profiles.

Over the next 12 months, we will be working to ensure that Brent LINk is ready for the opportunities and challenges presented by Local Healthwatch.

This transitional work will include developing governance arrangements and the training support for Management Committee members.

Brent Local Healthwatch will be the "consumer health champion". At the time of going to press, we are therefore organising LINk 2012 elections so that as we progress transitional arrangements, we continue to have the democratic legitimacy of local communities.

Brent LINk is committed to empowering local people to have a voice in how their health and adult social care is designed and delivered.

A registration form can be found on page 67 of this Annual Report but please remember - there are different ways to get involved and different levels of involvement. It can vary from simply joining our mailing list so you're aware of public meetings through to applying to join one of our Action Groups.

I wish to conclude by thanking my fellow Brent LINk Management Committee members for their dedication, commitment and enthusiasm in working collectively for Brent LINk. As a Management Committee, we would like to thank Brent Council's LINk contract management teams, as well as Hestia host management for the support, expertise & resources which have enabled

us to make this last year a success.

I would like to also thank the many local health and social care providers who

have worked with us over the last year.

Finally, special thanks to the people of Brent for drawing our attention to their

concerns and working in partnership to effect positive changes for all.

I believe that over the past year, Brent LINk has responded to their concerns

and successfully worked to help ensure their voice is heard during the

planning, commissioning and monitoring of health and social care in our

borough.

In conclusion, I think that our greatest contribution has been to work with our

partners: making the true link between current service provision and service

user aspiration. I hope and wish that as Brent LINk transitions to Brent Local

Healthwatch, this patient-centred approach will continue.

Mansukhlal Gordhamdas Raichura

Chair Brent LINk 2011/12

PARTNER FEEDBACK

Brent Council

I would like to take this opportunity upon the publication of Brent LINK's 2011/2012 Annual Report, to congratulate them on their work to promote the health of the residents of Brent.

As Chair of Brent Council's Health Partnerships Overview and Scrutiny Committee I have had numerous discussions with Brent LINK's Management Committee members and staff. We have debated a broad range of issues including public health, hospital and community services, their "enter and view" function, etc.

Brent LINK has attended the Health Partnerships Overview and Scrutiny Committee meetings and made some useful interventions. I have also participated in several Brent LINK meetings and events.

I look forward to future exchanges with Brent LINK and wish them all success.

Cllr. Sandra M Kabir

Chair - Brent Council's Health Partnerships Overview and Scrutiny Committee

Brent LINk has been in existence since 2008 and is now in its final year. Over that period it has been consistent in its efforts to promote health and social care issues amongst a wide range of Brent residents.

Also over that period, Brent Council service teams, managers and officers have developed positive and constructive working relationships with LINk members and its host organisation, Hestia Housing and Support. This has enabled Brent Council to gain increasing insight into the views and attitudes of local stakeholders on health and social care issues.

Brent LINk members will now move forward in their continuing role in the emergence and development of Local HealthWatch. I should like to express my thanks for all their work since 2008 and wish them every success for the future in the transition to local HealthWatch.

Owen Thomson - Brent LINk Commissioning Manager

NHS Brent Clinical Commissioning Group

The NHS is going through a period of unprecedented change in a tight timescale. Once authorised, NHS Brent Clinical Commissioning Group (CCG) will be the new statutory body, replacing NHS Brent PCT, which will commission health services for the people of Brent. The CCG aims to secure sustainable care that enables Brent patients to receive modern, responsive, high quality yet cost effective care within the CCG's financial resource limits and aspire to reduce health inequalities within the communities that make up our diverse population.

To achieve our aim, we need to change the way we deliver and receive care, ensuring we preserve what we have done well and develop and redesign improved co-ordinated integrated care for our patients, in accessible settings closer to home, provided by the most skilled and appropriate professionals, utilising everyone's skills and the buildings around us.

Brent LINk is our valued partner and "critical friend". Its presence is key to us when we develop our commissioning plan on services we need for our residents; thus emphasising "no decisions about me, without me". Mansukh Raichura, Chair of Brent LINk, has been on the NHS Brent's GP Commissioning Executive and now is on the CCG's governing body. Brent LINk is actively involved in our established and emerging Locality Patient Participation Groups and is continuing to collaborate with us in setting up the Equality, Diversity and Engagement (EDEN) committee of the CCG.

We thank Brent LINk for its continuing support.

Dr. Etheldreda (Ethie) Kong, CCG Chair, Brent

North West London Hospitals NHS Trust

We would like to thank Brent LINk for its joint working with North West London Hospitals NHS Trust, especially Mansukh Raichura, the Brent LINk representative who attends our Board meetings.

Mansukh also sits on the Programme Board that has developed the business case for our potential merger with Ealing Hospital NHS Trust. We welcome his personal commitment to representing patients at our Programme Board, as his input has been invaluable.

In addition, we would like to express our appreciation to Brent LINk for organising a public event in December 2011 to seek the views of your members and the public as part of our consultation on the proposed merger. The meeting gave us the opportunity to hear the views of our local community regarding the merger. Given that the event was held in the evening, we are grateful that so many people gave up their own time to attend.

Finally, we particularly applaud the role LINk plays as a "critical friend" that is happy to advise us on areas in which we might improve, as well as complimenting us on our efforts and initiatives. I am sure you agree that our engagement with the local community is beneficial for all concerned and we look forward to continuing to work with you as we move forward.

David Cheesman - Director of Strategy - North West London Hospitals NHS Trust

SECTION TWO

BRENT LINK: VISION, STRUCTURE & VALUES

Brent LINk
Unit 56, The Designworks
Park Parade, NW10 4HT

Tel: 020 8965 0309

Fax: 020 8838 0917

Email: <u>brentlink@hestia.org</u>

Website: www.brent-link.org

Host Organisation Details

Local Involvement Networks (LINks) are facilitated and supported by Host Organisations.

In Brent, the Host Organisation is Hestia Housing and Support.

Hestia is a registered charity, established in 1970. Hestia's vision is *Empowering People, Changing Lives* and their mission is to provide high quality services in partnership with users and local communities. Hestia is also the LINk Host organisation for Ealing, Royal Borough of Kensington & Chelsea and Hammersmith & Fulham LINks.

Hestia's Role

Hestia's role through the appointed staff is to work with the elected

Management Committee and wider LINk membership in designing and

delivering its work programme. This includes, but is not limited to:

Capacity building and training of LINk participants in order to allow them

to carry out the work of the LINk

Working with voluntary sector and community organisations to

promote and enable participation in the LINk

• Acting as a point of contact for the public, service providers and

commissioners

Carrying out effective administration of the LINk, through the appointed

staff, including writing reports and letters in consultation with and on

behalf of the Management Committee

Financial management of resources

Servicing meetings and facilitating workshops

Hestia Housing & Support, 3rd Floor, Sovereign Court

15 – 21 Staines Road, Hounslow, Middlesex TW3 3HR

Tel: 020 8538 2940 Fax: 020 8572 5617

Email: info@hestia.org

HOST CONTACT: Carla Julien - Director of Operations

The Brent LINk Office (details on page 14) is first point of contact if you want

to find out more about Brent LINk.

Brent LINk Organisational Structure

Brent LINk has a Management Committee dedicated to ensuring that individuals, organisations and communities can exert influence and affect positive change in health and social service provision in Brent. Our committee is diverse – reflecting Brent's diverse profile - but also brings expertise in areas such as mental health, learning disability, older people and adult social care.

In 2011/12, the Management Committee decided to review Brent LINk Action Groups so as to better reflect local community concerns and Management Committee expertise.¹

We now have five Action Groups: Adult Social Care; Public Health/Community Services, Primary Care, Hospitals and Mental Health. We have also recently set up a Community Engagement & Inclusion Sub Group to look at equality, diversity and inclusion issues and a Healthwatch Sub Group which advises the *Management* Committee regarding the LINk's transition to *HealthWatch*.

Staffing Arrangements

Brent LINk is supported by two staff members:

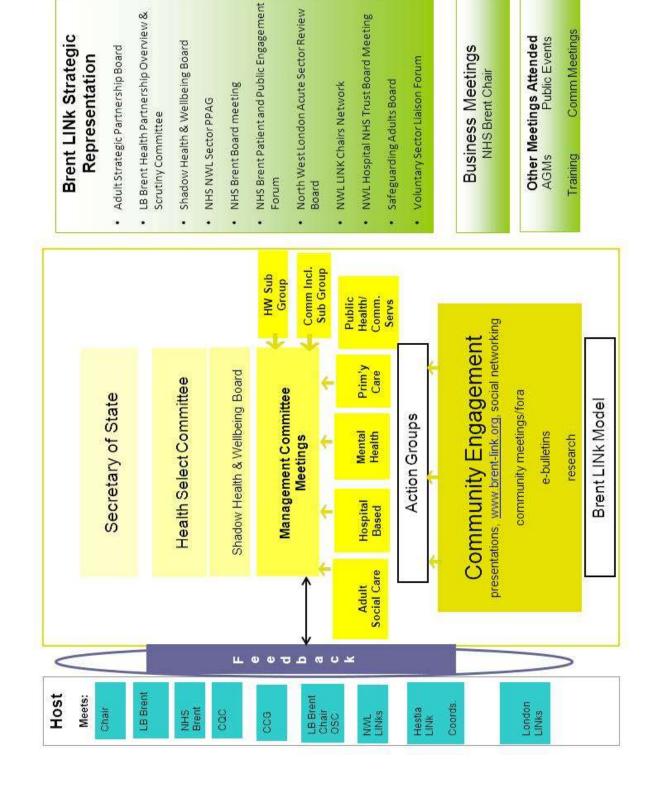




Colin Babb - LINk Co-ordinator

Carol Sealy - LINk Officer

¹ It was decided that Action Group Leads would be selected from the Management Committee.



Our Management Committee 1st April 2011-31st March 2012

Mansukh Gordhamdas Raichura M.Sc Dip.Chem. Eng - Chair

Mansukhlal has been a Brent resident for thirty years and always seeks to promote community health and wellbeing objectives. He has many



years experience working with health care providers to highlight community health and social care issues. Mansukhlal has also been a Voluntary and Community Sector representative on Brent's LSP Board and currently attends Brent's Health Partnership Overview & Scrutiny Committee meetings as Brent LINk representative.



Jimmy Telesford - Vice - Chair

Jimmy has lived his life as a disabled person. This has given him insight into the difficulties and barriers that disabled people face. Jimmy has

worked with disabled people as a representative, advocate and campaigner. Jimmy believes dignity is everyone's human right.

Dr Yoginder S Maini – Vice Chair

Dr Maini is a regular user of NHS services which, he maintains, has given him a wide knowledge of services available to patients. A qualified



accountant and fellow of the Life Insurance Association, Dr Maini was awarded a PhD in Theology in 2008. He is also Founder Group Secretary of Brent Heart of Gold.

Robert Esson



Robert was born in Willesden Green, Brent. He is a Civil Engineer by profession, holds a BSc and E.Mec and is a member of the Institute of Mechanical & Electrical Engineers. An original member of NW Patients Parliament, Rob is an insulin dependent diabetic and has had both knees

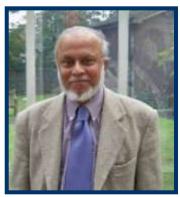
replaced. Rob was a part-time carer for his wife and feels he can be an advocate for groups that do not traditionally take part in community activity. Rob is also a member of Brent Association of Disabled People (BADP).

Michael Adeyeye

Michael has been actively involved in Brent's Community/Voluntary sector for nearly 30 years. He is also a Trustee of BADP and Brent African Association. Michael is a qualified Health and Safety practitioner, with



interests in promoting health and safety management in environment.



Dr Golam Ahmed

Joined the NHS in 1973 as a trainee Doctor and obtained a PGDip in ENT (ONT) from London University and a FRCS from Glasgow University. Dr Ahmed has worked in medicine

globally and is an advocate for both equitable access and quality of treatment. Golam stood down from the committee in June 2011.

Dr Tony Ogefere

Dr Ogefere is Executive Director of SIRI Behavioural Health, providing holistic therapeutic service for disadvantaged people suffering psychosocial and emotional difficulties. Dr Ogefere is also an international



Counselling Psychologist and Social work Practitioner in addition to being Governor of CNWL NHS Foundation Trust.



Maurice Hoffman

Maurice is the Work Placement Advisor at Alperton Community School. He has extensive knowledge of NHS commissioning and finances. Maurice wants

to contribute to Brent LINk by working with the people of Brent and providers of health and social care.

Lola Osikoya

Lola has lived in Brent since 1989 and is a retired personal secretary. She has an HND in Business Studies and has also studied Community Development at Birbeck College (University of London).



She is passionate about Community Development and is involved in a range of community projects including: Secretary of Amazing Grace Women's Project (a registered charity providing unemployed men and women with IT Training, CV writing and interview techniques to help get them into work) and Chair of B.heard Service User Group. Lola is also a Senior Pastor of New Glory International Ministries and has undertaken service user involvement training which has enabled her to work as a Peer Consultant with Brent Supporting People's Team. Lola was co-opted onto Brent LINk Management Committee in Sept 2011.



Ann O'Neill

Ann has worked for Brent Mencap for over 8 years: campaigning for better lives and opportunities for people with learning difficulties. Ann's strengths lie in her knowledge of strategic planning, strategic

documents and public speaking. She sits on many strategic boards and is a former Chair of BRAVA. Ann understands strategic issues

and what they might mean in practice to Brent. Anne stood down from Brent LINk Management Committee in June 2011.

Elcena Jeffers - MBE

Elcena Jeffers was co-opted onto the Management Committee in September 2011 and brings a passion for equalities, diversity and human rights issues.

Phil Sealy – MBE, J.P.

Phil Sealy has been involved in community affairs in Brent and Greater London since 1968, serving as a Brent Lay Magistrate (Justice of Peace) - April 1973 - June 2004 and Elected Labour Councillor - May 1978 - May 1986.



Phil was Chairman of the closed Brent Alliance for Human Rights & Equality and Secretary of the closed Brent Black African & Caribbean Mental Health Consortium.

Phil is professionally qualified and experienced in General Nursing, Mental Nursing, Social Policy and Administration and has a proven track record in representing community and disadvantaged people's interests. He has previous Secretary of State appointments to the former Shenley Hospital Management Committee, Brent community Health Council and North West London Hospital PPI Forum.

Phil was co-opted onto Brent LINk Management Committee in Sept 2011.

Dharampal Kaur / Mrs Singh

Mrs Singh has lived in Brent for over thirty years. She has extensive experience of working in the Statutory and Voluntary sectors and at present, is one of Brent Age UK's Champions



for Older People. She is also a Health Trainer for Public Health Improvement. As well as a Brent LINk Management Committee member, she also sits on the committee of Brent Heart of Gold and is an Executive Member of Brent Pensioners Forum.

Mrs Singh is committed to equality, diversity and inclusion and is Lead Member for Brent LINk's Community Engagement and Inclusion Sub-group. Over the years, she has worked as an Advisory Teacher for Inner London Education Authority on Anti- Racist Strategies in Teacher Governor, N.U.T. Health Education. and Safety Project Representative and The Bilingual Pupils Primary Coordinator.

Mrs Singh is committed to user engagement (especially for those who do not have a voice) and an advocate of inter-generational projects. She has also participated in the Expert Patient Programme as a tutor

and Peer Mentor for housebound patients of the Pro 65+ Active Group.

Miranda Wixon

Miranda Wixon is the Managing Director and founder of the Homecare Partnership, an independent domiciliary care provider providing services to people living in their own homes in Brent. A Registered Nurse



(having trained at the Middlesex Hospital, Central London), Miranda is passionate about people being given choice and opportunity to live independent, full lives in their own homes.

She is a founder member of the United Kingdom Home Care Association's National Executive and an executive member of Ceretas. Miranda is also the Vice Chair of the Care Providers Alliance and currently co-chairs the *Think Local Act Personal* partnership; a sector-led programme to support the continuing transformation of adult social care. Miranda has been a familiar campaigner of the national issues affecting the sector since 1995 and was co-opted onto Brent LINk Management Committee in Sept 2011.



Wendy Quintyne

Wendy is a Brent resident with extensive knowledge of the voluntary and community sector. She understands the vital role the sector plays in providing services: particularly to vulnerable and

'hard to reach' communities. In her, role Wendy strives to promote the well being of older people and works to make later life a healthy, fulfilling and enjoyable experience.

Brent LINks Values

Brent LINk's mission is 'to give communities a stronger say in how their health and social care services are delivered.' To make this happen, we have adopted a set of values which govern our work and the way in which we engage Brent's diverse communities. These values can be summarised as:

- openness and inclusivity;
- accessibility to all, including people who feel excluded, people who might need support to participate, people with caring responsibilities and people with full time jobs;
- reaching out to all communities: collecting evidence of their views and making those views known to the appropriate bodies;
- recognising that addressing the wider determinants of health (such as income and housing) are central to our role
- communicating information we receive in a constructive way to service planners, commissioners and providers;
- feeding back responses and outcomes to the wider community on a regular basis.

In addition, Brent LINKs recognises that local involvement networks are about whole communities having opportunities to influence health and social care services. To facilitate this, we apply the following values to our governance arrangements:

- adopt shared principles and work together to change things for the better;
- demonstrate values by working with others for everyone's benefit;
- act responsibly and play a full part in the work;
- help people to help themselves;
- take responsibility and answer for actions;
- give everyone a say in how things are done;
- act fairly and in an unbiased way;
- share interests and common purpose with others;
- be open don't hide it when you are not perfect;
- be honest about what you do and how to do it;
- encourage people to work together to improve their community;
- support similar work that others are doing;
- make a commitment to allow anyone to take part;
- look for opportunities to work together to strengthen accountability locally and beyond; and
- recognise that some people and groups find formal structures daunting and find ways to accommodate their needs.

Names of Authorised Representatives (For "Enter & View"):

Mansukh Raichura - Chair Jimmy Telesford - Vice Chair

Dr Yoginder S Maini - Vice Chair Robert Esson Michael Adeyeye Dr Golam Ahmed

Dr Tony Ogefere Ann O'Neill

Dharampal Kaur/Mrs Singh Wendy Quintyne

Carol Sealy - Staff

Names of individuals involved in making relevant decisions²

Mansukh Raichura Brent Shadow Health & Wellbeing Board

Brent Health Partnerships Overview &

Scrutiny Committee

NWL LINK Chairs Network

NWL Patient & Public Advisory Group

(PPAG)

NW London NHS Hospital Trust & Ealing Hospital Trust Merger Programme Board Brent Shadow Clinical Commissioning

Group (Nov 2011 to March 2012)

NHS London PPAG Kingsbury Cluster PPAG

NHS Brent Board

Ann O'Neill Safeguarding Adults Board (until June

2011)

Dharampal Kaur/Mrs Singh Brent Disabled Users Forum

Rob Esson Harness Area GP Forum

Brent Assoc. of Disabled People User

Forum

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² 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.

Key Strategic Meetings Attended:

- Adult Strategic Partnership Board
- LB Brent Health Partnership Overview & Scrutiny Committee
- LB Brent Shadow Health & Wellbeing Board
- NHS NWL Sector PPAG
- NHS Brent Board meeting
- NHS Brent Patient and Public Engagement Forum
- North West London Acute Sector Review Board
- NWL LINK Chairs Network
- NWL Hospital NHS Trust Board Meeting
- Safeguarding Adults Board
- Voluntary Sector Liaison Forum

SECTION THREE: BRENT AT A GLANCE³

The health of people in Brent is mixed compared to the England average. Deprivation is higher than average and 22,720 children live in poverty. Life expectancy for both men and women is higher than the England average.

Life expectancy is 9.5 years lower for men in the most deprived areas of Brent than in the least deprived areas (based on the Slope Index of Inequality published on 5th January 2011).

Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen (the latter being worse than the England average).

About 21.7% of Year 6 children are classified as obese. A higher percentage than average of pupils spend at least three hours each week on school sport. 81.9% of mothers initiate breast feeding and 4.9% of expectant mothers smoke during pregnancy.

An estimated 16.3% of adults smoke and 21.2% are obese. The rate of hospital stays for alcohol related harm is higher than average.

NHS priorities in Brent include reducing the gap in life expectancy, reducing the rates of coronary heart disease, smoking and increasing the number of people participating in physical activity. For more information see www.brentpct.nhs.uk.

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 $^{^3}$ Source: Department of Health $\mbox{@}$ Crown Copyright 2011



Brent LINk Chair Mansukh Raichura pictured with Cllr. Sandra Kabir, Chair Brent Council's Health Partnership Overview & Scrutiny Committee

SECTION FOUR: OUR MEMBERSHIP

Sign up of Participants

By the end of the reported year, we had **721** signed up participants to Brent LINk and reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest in becoming involved.

What follows is an analysis of the Brent LINk participant demographics. It illustrates the diverse spread of participants and Brent LINk is proud to have reached out to so many different groups of people in our diverse borough.

Participant Analysis:

Gender	%
Number of Females	43
Number of Males	38
Declined to answer	19

Age Group	%
16-21	3
22-29	5
30-44	18
45-59	24
60-74	25
75+	10
Declined to answer	15

Disability	%
Yes	17
No	57
Declined to answer	26

Sexual Orientation	%
Heterosexual	52
Gay	0.6
Lesbian	0
Bisexual	0.4
Declined to answer	45
Other	2

Religion/Faith	%
Buddhist	0.3
Christian	29.08
Hindu	16.9
Jewish	1.42
Muslim	12
Sikh	9
Other	4.3
Declined	22
None	5

Ethnicity	%
Asian or Asian British- Indian	31.26
Asian or Asian British –	4.43
Pakistani	
Asian or Asian Other	1.66
Black or Black British- African	9.13
Black or Black British-	12.78
Caribbean	
Black or Black British- Other	1.24
Chinese	0
Mixed White & Asian	0.41
Mixed White & Black African	0.83
Mixed White & Black Caribbean	1.11
Mixed Other	1.11
Other	1.6
White British	11.76
White Irish	2.9
White Other	2.35
Declined to answer	17.43

SECTION FIVE: DEMONSTRATING IMPACT THOUGH ACTION

ACTION GROUPS REDEFINED

In order to focus on current issues and tap into community expertise,

during 2011/12, Brent LINk has been redefining its Action Groups. We

now have five Action Groups covering: Primary Care, Adult Social Care,

Public Health and Community Services, Hospitals and Mental Health.

Key activities are outlined below.

Adult Social Care Action Group

Lead Member: Miranda Wixon

Group Aims:

The Adult Social Care Action group is concerned with Adult Social Care

Services and is the key group in the LINK for developing productive

relationships with Adult Social Care Commissioners and Providers.

The Action Group will be working on the following issues:

Maintain a watch in brief on the Social Care White Paper;

• Community engagement and feedback methods in Social Care

Services:

Looking at how Brent LINk can act as a conduit to assist the

community in getting information about Social Care and the Council

involving the community.

Primary Care Action Group

Lead Member: Mansukh Raichura

Group Aims:

Brent LINk's Primary Care Action Group seeks to influence the

commissioning, provision and scrutiny of primary care services in Brent.

The group's focus is upon GPs, dentists, optometrists and pharmacists.

The Group aims to play a key role in influencing the direction of primary

care services provision through the production of an evidence based

argument, aimed at improving primary care services in the borough.

The Action Group will be working on the following issues:

Monitoring development of Brent Shadow Clinical Commissioning

Group's *Primary Care Network*, ensuring a patient centred approach;

 Influencing and monitoring development of the Clinical

Commissioning Group's CCG's Better Care Closer to Home Strategy for

commissioning and delivering services care for people closer to home.

Hospital Based Action Group

Lead Member: Wendy Quintyne

Group Aims:

Brent LINk's Hospital Action Group aims to:

maintain a watch in brief on the proposed merger of Ealing NHS

Hospital Trust and North West London Hospital's Trust - especially

regarding transport and equalities issues;

Identify hospital related community health care concerns: using this

information to direct "Enter & View" visits to Hospitals in Brent as

appropriate;

Undertake Discharge from Hospital Patient Satisfaction Survey.

The Action Group will be working on the following issues:

Discharge from Hospital

Nutrition in Hospitals

Mental Health Action Group

Lead Member: Phil Sealy

Group Aims:

Brent LINk Mental Health Action Group seeks to influence the

commissioning, provision and scrutiny of mental health services in

Brent. It aims to play a key role in influencing the direction of mental

health services provision through the production of an evidence based

presentation, aimed at improving mental health services in Brent.

• Notwithstanding the current medical model upon which provision is

based; to prioritise better service provision linked with early

intervention. We will campaign and lobby to bring in more support to

maintain good mental health and emotional wellbeing in the wider

community in Brent.

• Give people a better and meaningful voice to take greater control

over decisions about the way they want to live their lives and the

services they need to support them to do this.

- Campaign more to tackle inequalities and social exclusion that lead to poor mental health and improve access to the services people may require.
- Campaign and lobby for more support in the community for people with long-term mental health conditions grounded in National Institute for Health and Clinical Excellence (NICE) guidance. Supporting people to manage their condition themselves with the right help from integrated health and social care services.
- Challenge and combat stigma around mental health through raised awareness of issues.
- Scrutinise and monitor mental health services provision to ensure they support recovery based mental health services: empowering people to realise their full potential and become active citizens within their local communities.

Future Plans

The Mental Health Action Group is committed to ensuring that the mental health concerns and aspirations of local communities are heard and acted on by those who commission, provide and scrutinise



mental health services in the borough.

One way in which this will happen is through quarterly Mental Health Community Involvement Forums where local people can voice their mental health service delivery issues to health care providers and hold them to account.



Brent LINk/Fanon Mental Health Summit, September 2011

CASE STUDIES

The following case studies highlight how Brent LINk has worked to empower local people to have a say and/or influence health and adult social care services in Brent.

CASE STUDY: LINk Review

In September 2011, Brent LINk went through a review of its operations to build a clear understanding of the training and development needs of its Management Committee. This was with a view to being prepared for the transition to local HealthWatch.

Following a tender process, Ottaway Strategic Management was commissioned to undertake this work. The focus was:

- 1. An Assessment and evaluation of the achievements of the LINk addressing:
- Review and assessment of community engagement and participation in LINk activities and events
- Assessment of Strategic Representation, business meetings
- Joint/working and community outreach, open fora, community research
- Assessment of capacity building and training, research, active listening and feedback
- Sign up of participants and engagement of interested groups
- Achievement and impact of the (then) four Action Groups, including fulfilment of the groups specific aims

• Quality of community engagement in the context of the 'presented' changes to the structure and delivery of health and social care, nationally, regionally and in the borough.

2. An Audit of Management Committee Skills

- Establish a framework of skills needs to enable Management
 Committee members to fulfil the requirements of a HealthWatch
 committee
- Establish a basic competency profile of management committee members
- Address the specific skills of existing management committee members and match this against the profile referred to above
- Establish understanding of training delivery preferences and learning styles
- 3. Subsequent delivery of Management Committee workshops covering:
- Findings of the Review
- Transition Planning options and approaches
- Team Building
- Board members skills: negotiation, conflict resolution, listening and reporting skills

Summary of Findings

Through reviewing documents (contract monitoring reports, minutes of meetings etc.) and interviewing Brent Link staff, management committee members and staff from Brent Council and NHS Brent, the review identified that the Brent LINk is functioning as a LINk should and

is now addressing all the key priorities for Health and Social Care in the Brent. The review also found that the LINk performs well given its current funding restrictions.

Nonetheless, the review also pointed to areas for improvement and specific practices which would improve the LINk's effectiveness and also support it to make a greater impact on the landscape of provision in the borough. These included:

- Improvement of the running and management of Meetings
 Action: Training to support Chair, Sharing the role of Chairing
 Meetings, build capacity for future
- Increased engagement of local community views
 Action: Link actions to research, public meetings programme,
 extending membership, using the website and securing greater
 exposure across the borough
- Targeted campaign work with priority issues i.e. GP Consortia, Public Health Transfer to Local Authority, Hospital Mergers and Care Provision Action: Management Committee to schedule calendar of decisions and identify how priorities can be best addressed
- Taking a more robust role in directing and securing more effective
 Research and Survey work

Action: Work in partnership with Service providers and policy makers and their research teams to secure more effective community analysis

Spreading out the workload amongst Committee Members
 Action: Management Committee need to schedule responsibilities and pass out amongst partners

Widening the membership of the network

Action: Identify resources and confirm priority for action

Maintain review of Brent LINk Website

Action: Maintain monitor of Web site to see what improvement are needed

• Implement and develop a training plan

Key Outcomes

The review was an essential and timely exercise. It has allowed Brent LINk Management Committee and staff to assess the progress of the LINk to date, to review their own performance and also to better understand the "building blocks" necessary for a successful transition to Healthwatch.

Case Study: Brent LINk Mental Health Summit

This event took place in September 2011 and was held to enable local communities to voice their Mental Health concerns and to find out about Mental Health services in Brent. It was also an opportunity to review proposed changes to services as a result of the (then) Health & Social Care Bill and to feedback any community concerns/recommendations to commissioners and service providers.

The event was co-hosted with Fanon, the Black and Minority Ethnic Group Mental Health Project and chaired by Patrick Vernon, Chief Executive, The Afiya Trust.

The 87 attendees were offered five diverse mental health workshops and heard from the following speakers:

Sarah Mansuralli, Deputy Borough Director/Mental Health Lead NHS Brent who presented on the changes to commissioning arising from the (then) Health & Social Care Bill, Pauline Etim-Ubah (Community Development Team, Fanon) who offered a community development perspective: highlighting the need to build local community capacity to address mental health issues and Ricky Banarshee (Director West London Primary Care Research Consortium, NHS Brent) who presented on a prevention-oriented approach to mental health.

Service user perspectives were provided by presentations from **Angela Chung Bailey** who spoke of the need for readily accessible and local service provision and **Patrick O'Callaghan** who gave a moving presentation, highlighting the fact that anyone can be affected by mental health issues at any time in their life.



A delegate poses a question during the Mental Health Summit's Q&A session

Recommendations from the Event:

- Provision of a regular mental health community forum to give local people a voice in shaping mental health service provision;
- Development of Mental Health awareness training for GPs (including from a service user perspective);
- Develop pilot project looking into faith groups engaging with health care professionals around mental health issues and
- Provision of an up to date list of local mental health services.

Key Outcomes:

Brent LINk was able to:

- provide a forum for service users to collectively highlight their issues to mental health service commissioners and providers;
- provide a forum for mental health service providers and commissioners to be held to account by local communities;
- raise its profile amongst local mental health projects.

Case study: Willesden Centre for Health and Care "Enter & View" Visit

In December 2011, Brent LINk conducted an announced "Enter & View" visit to Willesden Centre for Health and Care. There was no specific incident triggering the visit, other than that the Centre is extensively used by local communities.

The hospital has three inpatient wards. Robertson Ward offers a specialist neurological rehabilitation service and has 12 patient beds. Menzler and Fifoot Wards both have 20 beds and provide rehabilitation services to patients who have been inpatients in an acute hospital and who need extra care and support to help them become more independent following a period of illness.

In addition to the rehabilitation service offered to patients ('step down' service), there is also a 'step up' service for up to 15 patients who need a period of short term care. These patients may be admitted directly to Menzler or Fifoot Wards straight from the Community or from Casualty, and

whereas patients receiving 'step down' rehabilitation may stay for up to 4 weeks these "step-up" patients stay for up to 10 days.

Willesden Centre for Health and Care is a Private Finance Initiative (PFI) building. Ealing Hospital NHS Trust Integrated Care Organisation (ICO) provides and manages the clinical services, Accuro owns the building and manages onsite facilities, with NHS West London Estates service overseeing the Estates and Facilities.

Brent LINK's "enter and" view report highlighted that whilst, patients were happy with the staff and service, there were concerns relating to cleanliness, maintenance, health & safety and a lack of culturally appropriate menu planning. Our full report can be seen at www.brent-link.org.

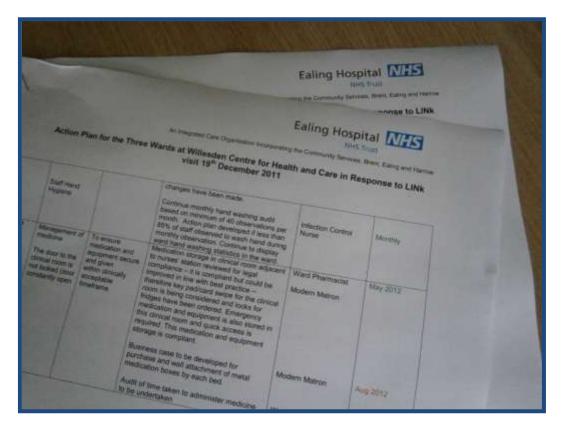
Post Visit Activity:

Key Outcomes:

- In March 2012, Brent LINk met with Ealing ICO, Accuro and NHS
 West London Estates to review progress following the visit. We were
 advised that the visit had resulted in a hospital wide "deep clean",
 followed by a review of the monitoring of the cleaning contract and
 improved coordination between the Trust, Accuro and NHS North
 West London Estate.
- In addition, Willesden Centre for Health and Care has developed a service improvement Action Plan in response to the key issues identified by Brent LINk as needing attention: patient care, patient consultation, medical records, medication, safety and infection

control, patient meal choice, staff concerns and ward maintenance and cleanliness.

Brent LINK commends the Centre's Management Team for the open, communicative and robust manner in which it has acted upon our concerns. A follow up visit is planned in early 2012/13 to review progress.



Part of the action plan developed by Ealing Hospital NHS Trust Integrated Care Organisation, in response to Brent LINk's "Enter & View" visit December 2011.

Case Study:

Brent LINk Community Information Event "What's Happening Health Wise in Brent?"

In March 2012, Brent LINk organised a "What's Happening Health wise in Brent?" event.

The (then) Health and Social Care Bill proposed seismic changes to the commissioning, delivery and scrutiny of health and social care in Brent but NHS Brent and the Council had yet to update local communities on their plans and intentions.

Our event therefore allowed local people to find out about and scrutinise these proposed changes. Around fifty local people were able to hear Brent Council outline latest developments regarding the Brent Shadow Health & Wellbeing Board, which will be responsible for targeting resources to tackle health inequality, whist NHS Brent presented on latest developments regarding the Brent Shadow Clinical Commissioning Group: the GP led partnership that from April 2013 will replace NHS Brent.

Brent LINk also presented on our Healthwatch transition plans and outlined ways for local people to get involved.

Presentations were followed by a lively Q&A session where local people were able to scrutinise the proposals and highlight concerns. A Brent Council/NHS Brent facilitated evening session allowed local people to work

in small groups and comment on draft Joint Strategic Needs Assessment (JSNA) priorities.

Key Outcomes:

The Health & Social Care Act 2012 presents the biggest reorganisation in the history of the National Health Service. Brent LINk's event provided local people, voluntary and community groups with up to date and locally relevant information on the proposed changes to Brent's local health economy. It also facilitated community feedback on JSNA priorities.

In addition, the event enabled people to find out about and sign up for Brent LINk's five new Action Groups covering: Mental Health, Adult Social Care, Public Health/Community Services, Primary Care and Hospitals.



Dr.Imran Choudhury, Deputy Director Public Health (NHS Brent/Brent Council) feeds back his group's JSNA concerns and aspirations during the evening session

Inspiring Others to Get Involved

Rob Esson (pictured) is a
Brent LINk management
committee member and
regular attendee at Brent LINk
events. Here, he speaks to a
Brent LINk staff member about
how and why he got involved.



When did you first get involved with Brent LINk?

I was a member of the North West London Patient's Parliament until it was disbanded around 2008. I felt that I still had something to offer so when I found out about Brent Local Involvement Network's first public meeting at Patidar House Community Centre, I went along.

How many Brent LINk community engagement events have you attended?

All of them I should think! They're very varied: from hospital merger consultations to talks about Brent mental health issues to consultations on TB.

What do you like about the events?

I like the fact that they're open to all Brent residents. Anyone can have their say and get involved.

Overall, what's really made a difference?

For me, it's the fact that at some of these events, there are NHS speakers in attendance. They can be questioned in an orderly manner.

Were you involved in "Enter & View"?

Yes. Following my training and CRB check, I was able to join the Brent LINk "enter and view" team as an authorised representative. This entails visiting local care establishments to review facilities (including meal tasting) and speaking to patients, service users and staff.

What would you say to anyone considering getting involved in Brent LINk?

Become a member today! You will be informed of all the meetings that may affect the local NHS Services available to you. You do not have to attend any meetings if that is your choice but we do need your opinion. Training is available for those who require it. For instance, how to assemble information and speak on an issue that is of importance to you. The larger our membership, the more we can feedback about NHS Services available in the borough.

Brent Link is not just an organisation for people to moan about the NHS, there are many things the NHS does well and the LINk needs to know about these so that other areas of the NHS can be advised, if appropriate, on how to improve their services.

"WHAT YOU SAID, WHAT WE DID"

The following section highlights the issues Brent LINk identified through community engagement activity and what was done in response.

What You Said	What We Did
"Enter & View" Visits After the bespoke training	During 2011/12, Brent LINk undertook four "enter and view" visits to Belvedere House
and CRB checks, Brent LINk	Day Centre, Willesden Centre for Health &
members were keen to	Care, Park Royal Centre for Mental Health
undertake "enter and view"	and the elderly wards at Northwick Park
visits to local care	Hospital ⁴ . The results of these visits have
establishments	been used to improve patient care and patient experience.
Health & Adult Social Care	Brent LINk organised a "What's Happening
Bill 2012	Health wise in Brent?" event. This all day
In Spring 2012, Brent LINk	event outlined how Brent LINk, NHS Brent
participants were concerned at the major changes to the	and Brent Council were preparing for the changes proposed in the Bill and
commissioning, delivery and	highlighted ways for local people to get
scrutiny of health and social	involved.
care in Brent proposed in	
the (then) 2012 Health &	There was also a chance to comment on
Social Care Bill.	the draft Joint Strategic Needs Assessment (JSNA) developed by Brent Council and
	NHS Brent which will shape direction of the
	Health & Wellbeing Strategy.
Local Healthwatch	From Sept 2011 – December 2011, Brent
Brent LINk Management	LINK commissioned a consultant to review
Committee members were	LINk activity to date and Management
keen to find out more about Healthwatch and its new	Committee skills in readiness for Healthwatch.
roles and responsibilities.	i icali iwatori.
	From January 2012 – March 2012, the
	consultant delivered four workshops to the

 $^{^4}$ At the time of writing, Park Royal and Northwick Park Hospital's Enter & View reports are being finalised for presentation to the respective Trusts.

What You Said	What We Did
	Management Committee, covering areas
	such as finding of the review, Transition
	Planning, Team Building and Board
	member skills. This developmental work
	has held the LINk in good stead and paved
	the way for the development of a
	Healthwatch Sub Group which is providing
	strategic transition planning.
Personalisation	Brent LINk teamed up with Voicability's
Local organisations had	London Advocacy for Independence
expressed confusion at the	initiative to organise a training workshop for
Personalisation Agenda.	disabled people, carers and local projects
	on accessing personal budgets and self-
Heavital Margar	directed support.
Hospital Merger	In December 2011, Brent LINk hosted a
Brent LINk participants had expressed concern at the	public meeting which provided a platform for managers and clinicians from both
proposed merger of Ealing	Trusts to outline the merger proposals and
NHS Hospitals Trust and	a chance for local people to scrutinise these
North West London NHS	proposals. In small table groups, they were
Hospitals Trust.	able to further discuss the proposal and
Troopitale Tracti	thus begin to develop informed opinions
	about the proposed merger.
	Views captured on the night were
	incorporated into Brent LINk's formal
	response to the proposed merger (also
	posted on our web site <u>www.brent-link.org</u>)
Mental Health	Brent LINk teamed up with Fanon
Brent LINk members were	www.southsidepartnership.org.uk
concerned at how changes	BME Mental Health project to organise a
to the way in which mental	Mental Health Summit: allowing local
health services in Brent were	communities to voice their mental health
proposed to be delivered.	concerns and to allow service providers to
	raise their awareness of Mental Health
	services in Brent. It was also an opportunity
	to review proposed changes to services as a result of the
	Health & Social Care Bill and to
	ricaiti a ooda oare diii ahu to

What You Said	What We Did
	feedback any community concerns to
	commissioners and service providers.
	The event was chaired by Patrick
	Vernon, Chief Executive, The Afiya Trust.
Social Networking	In June 2011, Brent LINk re-launched its
Brent LINk participants had	website. The new site www.brent-link.org
expressed concerns at the	provides useful information on Brent LINk
inaccessibility of Brent	and how people can get involved. There are
LINk's website.	also specific pages on relevant topics such
	as the proposed NW London NHS Hospital
	Trust and Ealing NHS Hospital Trust
	merger.
	Brent LINk has also set up a twitter account
	providing up to date information on events:
	direct to 'phone, PC or lap top.

SECTION SIX LOOKING AHEAD: THE NEXT 12 MONTHS

2011/12 was a busy and successful period for Brent LINk. With limited resources, we have been undertaking transition activity as well as continuing our function as the community voice of health and adult social care issues in the borough. For the next 12 months, we aim to build upon our successes and develop activity in a number of key areas:

Local HealthWatch Transition

One of our major tasks will be the transition to *Local Healthwatch*. Local Healthwatch is the new "consumer champion" being introduced as part of the Health and Social Care Act 2012.

From April 2013, Brent LINk will cease to exist and be replaced by Brent Local Healthwatch. This new organisation will have a statutory seat on Brent's Health & Wellbeing Board: ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA), the Health & Wellbeing Strategy and the authorisation of Clinical Commissioning Groups. This will ensure that Brent Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities

Brent Healthwatch will also provide (or signpost people to) information about local health and care services and how to access them.

There is also scope for Brent Healthwatch to provide people with information about their choices and what to do when things go wrong. This includes either signposting people to the relevant provider, or itself (if commissioned by the local authority) providing support to individuals who want to complain about NHS services.

A major difference between LINks and Healthwatch is the absence of a Host organisation. Brent Healthwatch is required to be a separate and independent corporate body. This means that over the coming year, Brent LINk will also need to define the shape and form of this proposed corporate body.

All of the above represent new roles and responsibilities and the Brent LINk staff team will be facilitating ongoing training and providing ongoing support to Brent LINk Management Committee so that they are prepared for the opportunities and challenges presented by Local Healthwatch.

Brent LINk will keep its network informed about these developments via public meetings, our newsletter, website www.brent-link.org and Twitter account.

Enter & View

During 2011/12, Brent LINk undertook four "enter and view" visits, using methodology developed with Care Quality Commission (CQC). We are proud of this achievement but recognise that the time frame taken from undertaking the visit through to sitting down with the respective care organisation could be improved. Therefore, supported by its staff team, over the coming year, Brent LINk Management Committee will begin to work more closely with the CQC: looking at where we can streamline our methodology whilst maintaining our

rigorous "enter and view" approach. We continue to aspire to be the voluntary arm of the CQC's inspection programme in Brent.

We will also look into developing partnerships with voluntary sector organisation such as Age UK et al so that their local knowledge and expertise can inform our "enter and view" lines of enquiry.



Brent LINk Chair Mansukh Raichura and Mental Health Action Group member, Kathleen Fraser-Jackson at the end of another successful Brent LINk event!

Youth Engagement

Brent LINk acknowledges that in 2011/12, we did not make enough progress in engaging Brent's younger people. We recognise that being able to involve all sections of the community is an essential element of local Healthwatch.

For the coming year, we will therefore re-double our efforts to engage and involve Brent's ethnically diverse youth population.

This will initially entail identifying how best to engage with young people and youth organisations so that we can identify their health issues and experience of health and adult social care services – either as patient, service user, carer or family member.

We are also looking into the development of a peer research project i.e. training young people to talk to other young people about access to local health services.

We will regularly feedback this information to London Borough of Brent's Health & Wellbeing Board so that this information can influence and inform service commissioning, planning and delivery.

SECTION SEVEN: OUR YEAR IN FIGURES

The Reach of Brent LINk & the Level of People's Participation

A member of the public can register with Brent LINk as an individual member or a group. The definition of a Brent LINk member is as follows:-

A **Brent LINk member** is a person or group that makes a commitment to take part on a regular basis in the development and implementation of the roles of the LINk, and to provide information to and collect information from a local community or a specific group within a community.

A LINk member is different from a participant:-

A **LINk participant** is a person, group or organisation that wants to influence the bigger picture through the roles of the LINk, even though they may not be in a position to participate on a regular basis. A participant may be interested in a single issue, may take an active role in specific pieces of work that relate to their areas of interest, or they may take a less active role by answering surveys or providing information or a view on behalf of an interest group.

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 a specific issue and had no further involvement

with the LINk and requested to revert back to receiving our e-newsletter or postal information. This could also be 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, for example by attending Action Groups or representing Brent 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 also have an interest in health care.

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.

Level of	Total	Of which		
participation		People	Individual	Interest
		with a	participants	group
		social		participants
		care		
		interest		
Informed	721	199	483	238
participants				
Occasional	313	124	197	116
participants				
Active	45	30	40	5
participants				

SUMMARY OF ACTIVITY

Requests for Information in 2011-12	
How many requests for information were made by Brent	7
LINk?	
How many related to social care?	2
Of these, how many of the requests for information were	6
answered within 20 working days?	
Enter and View in 2011-12	
How many enter and view visits did Brent LINk make?	4
How many enter and view visits related to health care?	4
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	4
How many enter and view visits were unannounced?	0
Reports and Recommendations in 2011-12	
How many reports and/or recommendations were made	2
by Brent LINk to commissioners of health and adult social	
care services?	
How many of these reports and/or recommendations have	2
been acknowledged in the required timescale?	_
Of the reports and/or recommendations acknowledged,	1
how many have led, or are leading to, service review?	
Of the reports and/or recommendations that led to service	0
review, how many have led to service change?	
·	
How many reports/recommendations related to health	2
services?	
How many reports/recommendations related to social	2
care?	
Referrals to OSCs in 2011-12	. 5
How many referrals were made by Brent LINk to an	0 ⁵
Overview & Scrutiny Committee (OSC)?	,
How many of these referrals did the OSC acknowledge?	n/a
How many of these referrals led to service change?	n/a

⁵ Brent LINk attends Brent Health Partnership OSC meetings and raises and makes contributions to the service user issues. This has pre-empted formal Brent LINk referrals to OSC.



Brent LINk Chair Mansukh Raichura with NHS Brent Chair Marcia Saunders - Brent LINk AGM, October 2011

SECTION EIGHT: OUR FINANCES

Brent LINk Financial Summary: Hestia (April 2011 to 31st March 2012)

The following is a breakdown of the LINk and Host Accounts combined:

Brent LINk	Income	Expenditure	Variance
LINk activities	16,000	23,156	-7,156
Host / Running Costs	99,200	88,569	10,631
Payment from Fanon	646	646	-
Payment from NHS Brent	1,424	1,424	-
Payment from Sudbury GP Practice	173	173	-
TOTAL	117,443	113,968	3,475

The following is a breakdown of the LINk and Host Accounts:

LINk Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
Development costs:			
Printing and publications			
Stationery and postage			
Advertising			
Library			
Sub Total	6,496	6,774	-278
Communication and Engagement:			
Radio			
Entertainment (music and catering)			
Freephone			
Incentives			
Web conferencing			
Translation/ interpretation/ BSL/ Audio / Braille			
Creche service			
Website development			
Sub Total	2,496	4,031	-1,535

Consultation Research / Projects:			
Commissioning user survey			
External facilitators Sub Total	2,004	E 000	2 006
	2,004	5,000	-2,996
Expenses for LINk participants:			
Travel Subsistence			
Carer costs			
Child care payments			
Sub Total	2,004	683	1,321
Training for LINk Participants:			, , , , , , , , , , , , , , , , , , ,
Sub Total	996	30	966
Venues for activities			
Sub Total	2,004	6,638	-4,634
Total Allocation	16,000		
Amount Expended		23,156	
Deficit on the disbursed grant			-7,156 b
Host Summarised Statement			
Description	Allocation (£)	Expended (£)	Variance (£)
Staff costs:			
Salaries / Employers NI / Pensions/ Agency / Staff Travel Costs			
Sub Total	70,697	65,452	5,245
Administration costs:			
Office costs / office rental			
Servicing and repairs			
Council tax / cleaning			
Phone and post / photocopier rental			
Sundry costs / Depreciation / IT Consumables			
Sub Total	12,931	9,641	3,290

Recharged Costs:

Management

Insurance

Recruitment

Training

Sub Total	15,572	13,476	2,096
Total Allocation	89,000		
Amount Expended		88,569	
Surplus on the disbursed grant			10,631

NOTES:

- This summary was extracted from the Brent LINk year-end Management Accounts which are in the process of being externally audited at the date of publication.
- Figures for expenditure are to the nearest whole number.

^a Senior manager salary cost within the service group is not included.

^b Any surplus on LINk activities will be added to the total underspend from 2008 to present: any deficit will be deducted from that carry forward balance. The carry forward balance is available for use by Brent LINk in 2012-13

^c Unspent income for Host activities **may** be carried over into 2012 -13 at the discretion of the Host.

SECTION NINE: CIRCULATION OF BRENT LINK 2011/12 ANNUAL REPORT

Brent LINk's 2011/12 Annual Report will be circulated to signed up Brent Participants and made available to the general public on Brent LINk's website www.brent-link.org

Selected achievements from the 2011/12 Annual Report will also be posted via Brent LINk Twitter account: http://twitter.com/BrentLINk# throughout 2012/13.

An "Easy read" version will be published summer 2012 for people with learning difficulties or limited proficiency in English.

A copy of the Brent LINk Annual Report will be sent to:

Secretary of State for Health

Care Quality Commission

London Borough of Brent

LB Brent Health Partnership Overview & Scrutiny Committee

Ealing Hospital NHS Trust Integrated Care Organisation

NHS Brent

Central & North West London NHS Foundation Trust

NW London NHS Hospital Trust

Brent Shadow Clinical Commissioning Group

Copies will also be made available via:

Brent LINk Office upon request

Local Libraries and Community Centres

Brent LINk meetings, events and outreach activity

Braille and audiotape and copies of the Annual Report are available upon request.

Registration Form

If you would like to join Brent LINk

Please complete the following **FREE** registration form

Return your completed forms in the **FREEPOST** envelope provided

Brent Local Involvement Network – IT'S YOUR LINK!

How to get in touch and involved with Brent LINk

If you would like to receive information, be invited to events, get involved, join our Action Groups or help us help you to make a difference, join us. Anyone who lives or works in Brent can get involved.

Please complete the attached registration form or contact the Brent LINk Team for information on:

Hestia Housing and Support

Unit 56

The Designworks

Park Parade

London

NW10 4HT

Main Office: 0208 965 0309

brentlink@hestia.org

www.brent-link.org



Brent LINk Registration Form

London Borough of Brent Local Involvement Network – IT'S YOUR LINK!

Please tick the boxes below (as appropriate) and complete the contact details:

am interested in: Registering to become involved in the LINk Volunteering for the LINk (e.g. administration and activities) Would like to be kept informed about the LINk	
lame:	_
Contact Address:	-
el: Mobile:	
Email:	_
low would you prefer to receive information and updates about the	e LINk:
Email Post Telephone Mobil	е 🗌
If you require assistance to complete this form please telephone the Brent LINk team on 020 8965 0309 or email on brentlink@hestia.	
Please complete and return in the FREEPOST envelope prov	ided

Brent LINk Registration Form (continued)

•			
cial care services in the			
uses health and/or			
h?			
ent?			
?			
he LINk on behalf of an			
applicable):			
,			
services e.g. GPs, com	munit	y nursing	
optometrists			
Other (please state below):			
	uses health and/or h? ent? he LINk on behalf of an applicable): ervices or issues? Primary and communications applications e.g. GPs, complete the applications optometrists Other (please state below)	uses health and/or h? ent? he LINk on behalf of an applicable): ervices or issues? Primary and community heservices e.g. GPs, communite therapies, dentists, pharmacie optometrists Other (please state below):	

Please complete and return in the FREEPOST envelope provided

Brent LINK VOLUNTARY MONITORING INFO*	How would you describe your ethnic background?	
*(This is to ensure the LINk is reaching out to everyone)	White British	
Please mark a cross in the box that describes you:	White Irish	
Male 🗌 Female 🗌	White Other	
Please mark a cross in the box for your age:	Mixed – White & Black Caribbean	
16 – 21	Mixed – Other	
60 – 74 🗌 75+ 🔲	Mixed White & Black African	
Do you consider yourself to have a disability?	Mixed – White & Asian	
Yes	Asian or Asian British – Indian	
Would you define yourself as:	Asian or Asian British – Pakistani	
Heterosexual Gay Lesbian Bi-sexual	Asian or Asian British – Bangladeshi	
Other Declined to answer	Asian or Asian British – Other	
Please tick the box that describes your faith or religion:	Black or Black British – Caribbean	
None 🗌 Hindu 🗌 Sikh 🗌 Muslim 🗌	Black or Black British – African	
Christian Dewish Buddhist	Black or Black British – Other	
Declined to answer 🗌 💮 Any other religion 🗌	Chinese	
Please state other religion here:	Other	
	Declined to answer	



Have your say...

Please tell us about the experiences you have had as patient, service user and/or carer an issue you may have become aware of in relation to Health or Social Care Services in the London Borough of Brent

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