

Brent Local Involvement Network

Annual Report

1st April 2012 – 31st March 2013



“making a difference Together”

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SECTION ONE: INTRODUCTION

MESSAGE FROM THE CHAIR

Welcome to Brent local Involvement Network's 2012/2013 Interim Report

The Brent Local Involvement Network (LINK) is a member based community led an independent organisation, made up of individuals, community groups, voluntary sector organisation and local business.

The network aims to empower and enable people to have a strong say in how local health and social care services are commissioned and delivered in the London borough of Brent.

This report is an account of the LINK's activities undertaken during the period of 1st April 2012 to 31st December 2012. This report highlights how we have engage with local people and listen to their concerned and aspirations and used this information to help improve local health and adult care services.

It also outlined "impact through action" through the case studies indicating how we have participated in the planning, commissioning, delivering and monitoring of health and adult social care services to effect positive outcome.

Briefs of the some of the case studies

"Enter and View" visits, Public consultation of Joint Strategic Needs Analysis (JSNA) , Draft Brent Health and Well-being Strategy, Dementia Conference, Shaping the Healthier Future Consultation event, Public meeting to brief service users about 'what is happening health wise in Brent, e.g. Shadow Clinical Commissioning Group (CCG), Transition to local Healthwatch, Shadow Health and Well-being Board etc.

Brent LINK is committed till the 31st of March 2013 to empowering local people to have a voice in how their Health and Social Care is design and delivered. Also we are committed to help pass our legacy to an effective local Healthwatch Organisation that replaces Local Involvement Networks under the Health and Social Care Act 2012 on the 1st of April 2013

I wish to thank my fellow management committee members for their continuous commitment and enthusiasm in working collectively for Brent LINK.



As a Management committee, we would like to thank Brent council's Brent LINK contract management, Hestia - Host Organisation and many health and social care providers who have worked with us over the past year.

Finally, special thanks to the people of Brent for drawing our attention to their concerns and working in partnership to achieve desired changes for all.

In conclusion, I think that we have had worked with our partners, ensuing a true and meaning full link between service providers and service user's aspiration. I hope and wish that this practice will continue when the work of Brent LINK is transferred in to a Local Healthwatch Organisation.

Mansukhlal Gordhamdas Raichura
Chair Brent LINK 2012/2013

SECTION TWO BRENT LINK: VISION, STRUCTURE & VALUES

BRENT LINK

Brent LINK is an independent and inclusive network and platform which enables people to have a say about how their health and (adult) social care services are delivered.

Brent LINK is committed to working in partnership with the people of Brent, NHS Brent, Brent Adult Social Services to help shape and influence the planning and commissioning of services making significant improvements to the health and wellbeing of the Brent Community. Brent LINK has a reputation for being a catalyst for change.

Brent LINK has achieved many significant and notable achievements influencing and shaping health and adult social service commissioning and delivery in the borough of Brent.

Brent LINK has the power to:

- Make reports and recommendations and get a reply within a set time
- Ask for information from key decision makers and get a reply within a set amount of time
- Enter and View services
- Refer matters to the Overview and Scrutiny and Health Select Committee

Brent LINK is open to everyone who is interested in having a say or receiving information on Health and Social Care Services in Brent; Helping to shape local services for the future; taking an active role in reviewing the quality of services and individual experiences amongst others.

We believe that we are “***Making a difference together***”

Brent LINK Contact Details

(The contact details below are valid till the 31st of March 2013)



Brent LINK
Unit 56
The Designworks
Park Parade
London
NW10 4HT



Main Office: 0208 965 0309



brentlink@hestia.org



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). 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.

As at the time of this report, the LINK in Brent is being supported by three staff members (details below) and dedicated volunteers such as Janet Johnson and Melissa Henry.



Olasumbo Ajala
LINK Coordinator



Carol Sealy
LINK Administrator



Nadine Yao
LINK Administrative Officer

Hestia Head Office Contact

Carla Julien

Director Operational Services
Hestia Housing and Support
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Tel: 020 8538 2940

Fax: 020 8572 5617

Email: info@hestia.org

Website: www.hestia.org

Company number: 2020165

Charity number: 294555



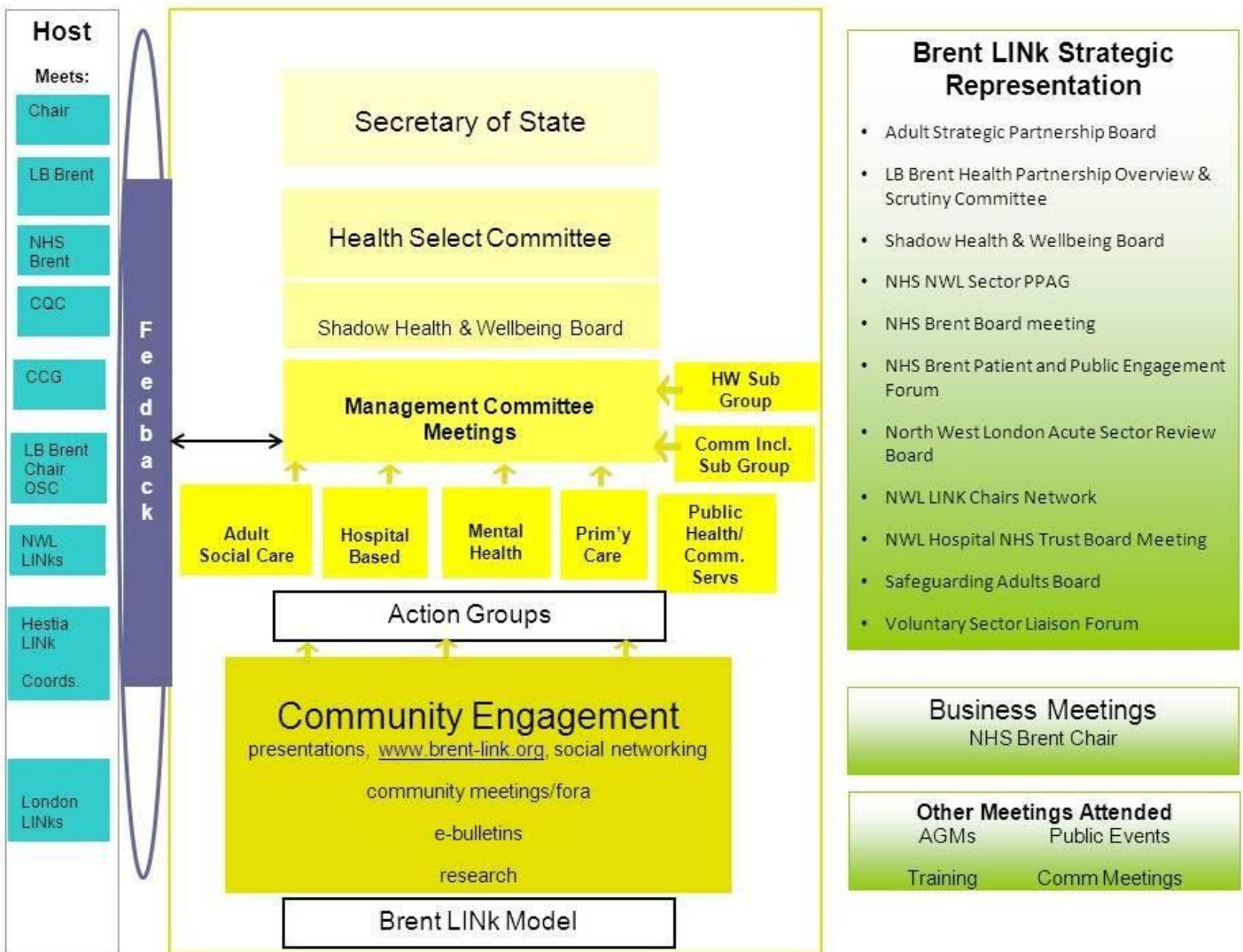
The Brent LINK Office (details on page 6) is first point of contact if you want to find out more about Brent LINK.

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.

Brent LINK has five Action Groups: Adult Social Care; Public Health/Community Services, Primary Care, Hospitals and Mental Health which better reflects local community concerns and Management Committee expertise.¹

The LINK also have 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*.



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

Our Management Committee 1st April 2012 - Date



Mansukh Gordhamdas Raichura
M.Sc Dip.Chem. Eng –
Chair Brent LINK



Robert Esson
Vice Chair Brent LINK



Ann O'Neill
Brent MENCAP

Prakash Mandalia
BHEARD

Elcena Jeffers – MBE
Elcena Jeffers Foundation



Dharampaul Kaur / Mrs Singh



Phil Sealy
MBE, J.P.



John Byrne
MIND



Maurice Hoffman



Lola Osikoya
Amazing Grace Women's
Association



Miranda Wixon
Co-opted

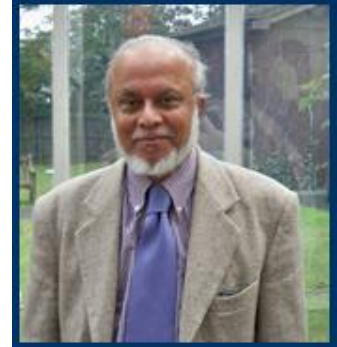
Management Committee Members who left during the year till date



Wendy Quintyne



Micheal Adeyeye



Dr Golam Ahmed



Dr Tony Ogefere
Siri



Dr Yoginder S Maini
Brent Heart of Gold



Jimmy Telesford
BADP

Trained Enter & View Authorised Representatives²

Mansukh Raichura - Chair
Robert Esson – Vice Chair
Sola Afuape
Jitu Patel
Dharampal Kaur/Mrs Singh
Cllr Sandra Kabir
Carol Sealy – Host Staff

Richard Wisdom
Elcena Jeffers
Siggy Mitchell
Maurice Hoffman
Peter Latham
John Pottle

David McLeod
Joyce Johnson
Jimmy Telesford
Dr Tony Ogefere
Dr Yoginder S Maini
Dr Golam Ahmed
Cllr Michael Adeyeye

² These members have undertaken training to enable them carry out the LINK “Enter and View” functions

Brent LINK Members Involved In Relevant Decisions Making Bodies³

Mansukh Raichura	Brent Shadow Health & Wellbeing Board (Till September 2012) Brent Health Partnerships Overview & Scrutiny Committee NWL (North West London) LINK Chairs Network NWL Patient & Public Advisory Group (PPAG) NWL NHS Hospital Trust and Ealing Hospital Trust Merger Programme Board Brent Shadow Clinical Commissioning Group NHS London PPAG Kingsbury Cluster PPAG NHS Brent Board Brent CCG Equality Diversity and Engagement Subcommittee (EDEN Committee) Shaping the healthier future programmes board Central and North West London (CNWL) NHS Trust PPAG Meetings
Ann O'Neill	Safeguarding Adults Board
Dharampal Kaur Malhotra /Mrs Singh	Brent Disabled Users Forum London Central and West Unscheduled Care Collaborative
Robert Esson	Harness Area GP Forum Brent Assoc. of Disabled People User Forum Brent CCG Equality, Risk and Safety Committee London Central and West Unscheduled Care Collaborative
Phil Sealy	Central and North West London (CNWL) NHS Trust PPAG Meetings Brent Health Partnerships Overview & Scrutiny Committee Brent Shadow Health & Wellbeing Board (From October 2012) Kingsbury Cluster PPAG
Maurice Hoffman	Shadow Brent Clinical Commissioning Group; Governing body
Richard Wisdom	NHS Brent - Procurement Group for Out-Patients Ophthalmology Ealing Hospital NHS Trust Quality Account Planning Group
John Pottle	NHS Brent - Procurement Group for Out-Patients Ophthalmology
Lola Osikoya	NHS Brent - Procurement Group for Out-Patients Cardiology
Claire Pollak	NHS Brent - Procurement Group for Out-Patients Cardiology

³ 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:

- London Borough (LB) Brent Health Partnership Overview & Scrutiny Committee
- Shaping a Healthier Future Programmes Board
- CNWL NHS Trust PPAG Meetings
- Adult Strategic Partnership Board
- Shadow Brent Health and Wellbeing Board
- NHS NWL Sector PPAG
- NHS Brent Board meeting
- NHS Brent Patient and Public Engagement Forum
- NWL LINK Chairs Network
- Brent CCG Equality Diversity and Engagement Sub-committee (EDEN Committee)
- NWL Hospital NHS Trust Board Meeting
- Safeguarding Adults Board
- Voluntary Sector Liaison Forum

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 LINK 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.

SECTION THREE: BRENT AT A GLANCE⁴

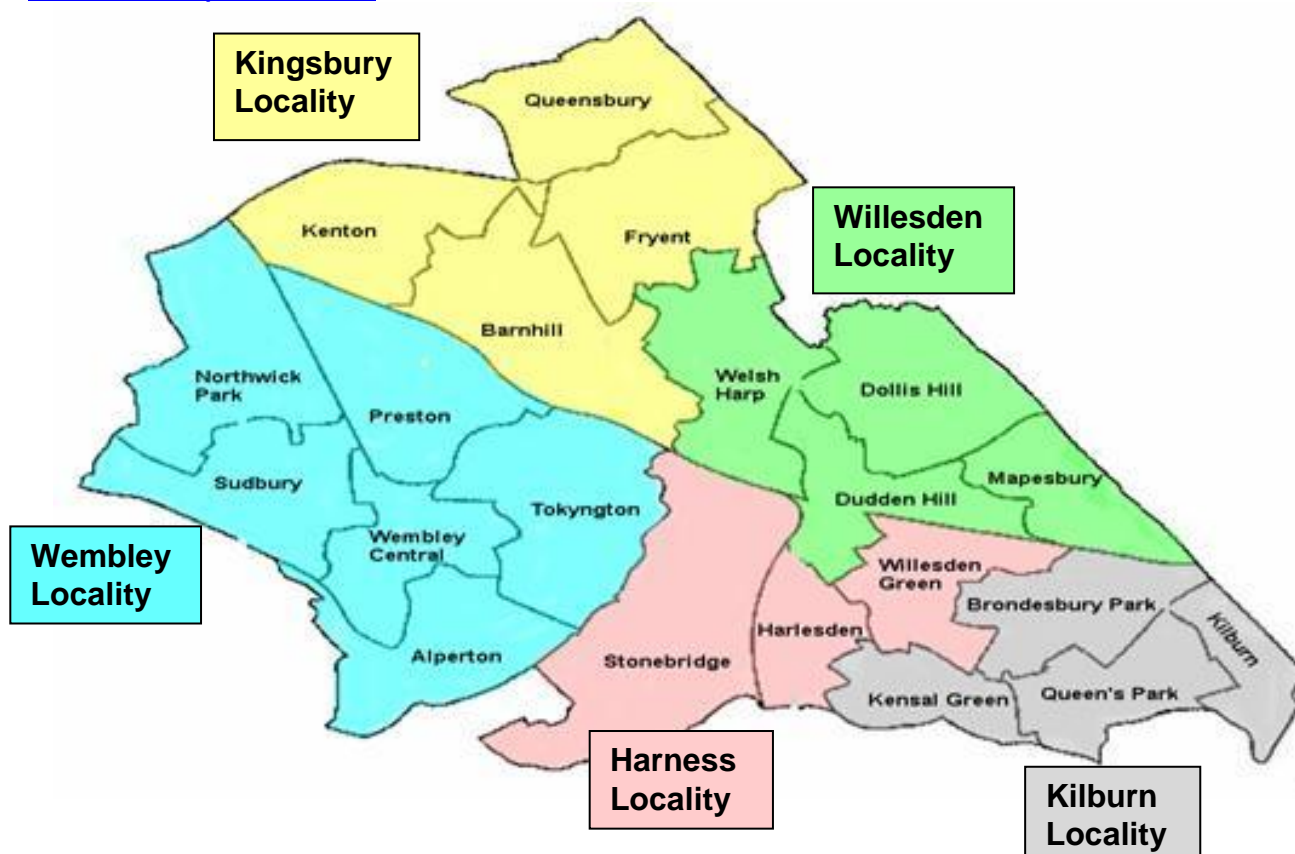
The health of people in Brent is mixed compared to the England average. Deprivation is higher than average and 22,720 children live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 9.5 years lower for men in the most deprived areas of Brent than 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 spends 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.



⁴ Source: Department of Health © Crown Copyright 2011

SECTION FOUR: OUR MEMBERSHIP

Sign up of Participants

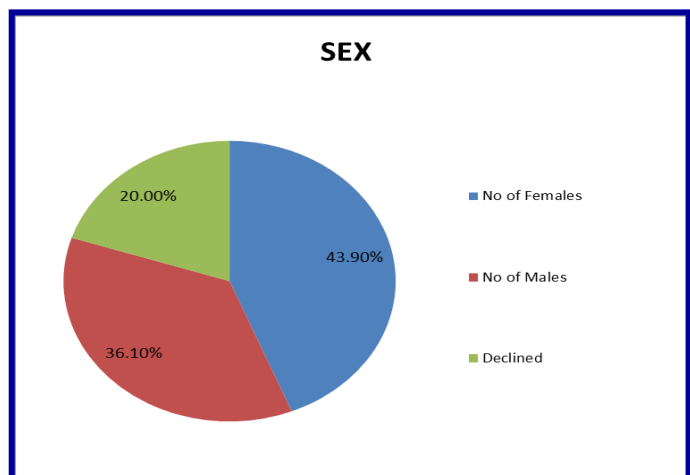
By the end of the reported year, we had **770** signed up participants to Brent LINK and reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest in becoming involved.

What follows is an analysis of the Brent LINK members demographics. Brent LINK has a diverse population of members which broadly reflects the demographics of the Borough of Brent and Brent LINK is proud to have reached out to so many different groups of people in our diverse borough..

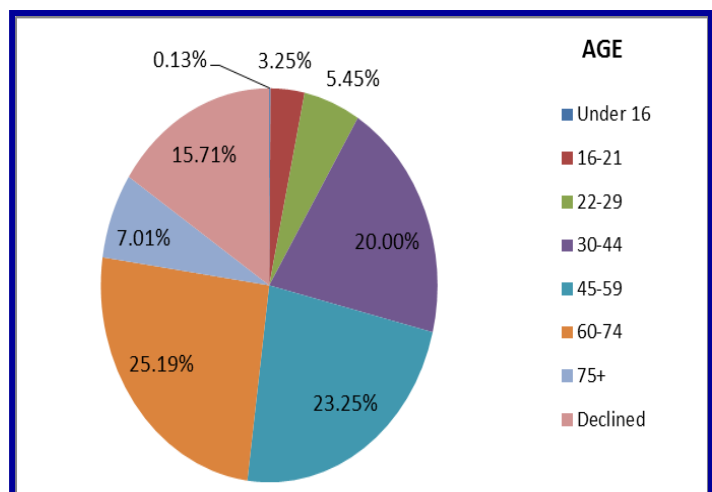
The Host team made every effort to capture the analysis of participants involved with the LINK but a large number of participants were not interested in being analysed or defined and they expressed this opinion by largely not completing the monitoring informing form.

Participant Analysis:

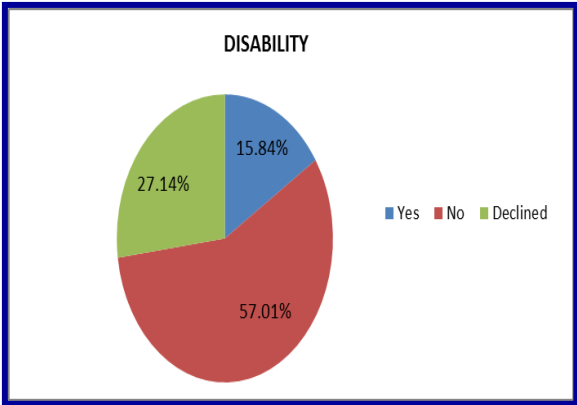
Gender	%
Number of Females	43.90
Number of Males	36.10
Declined to answer	20.00



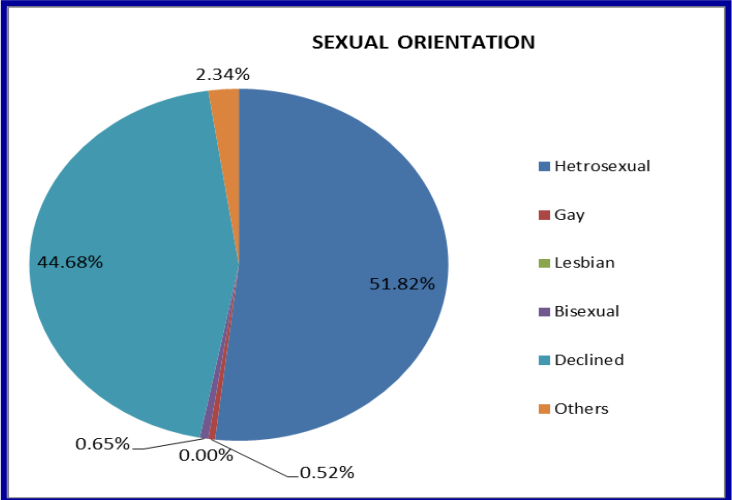
Age Group	%
Under 16	0.13
16-21	3.25
22-29	5.45
30-44	20.00
45-59	23.25
60-74	25.19
75+	7.01
Declined to answer	15.71



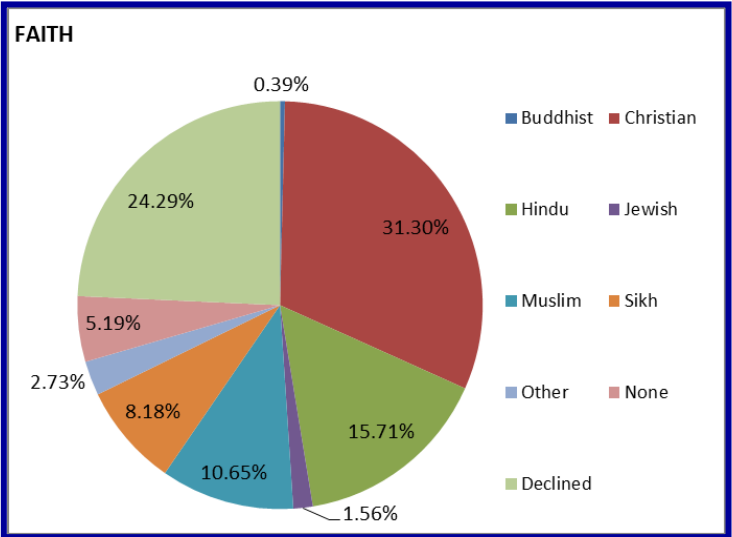
Disability	%
Yes	15.84
No	57.01
Declined to answer	27.14



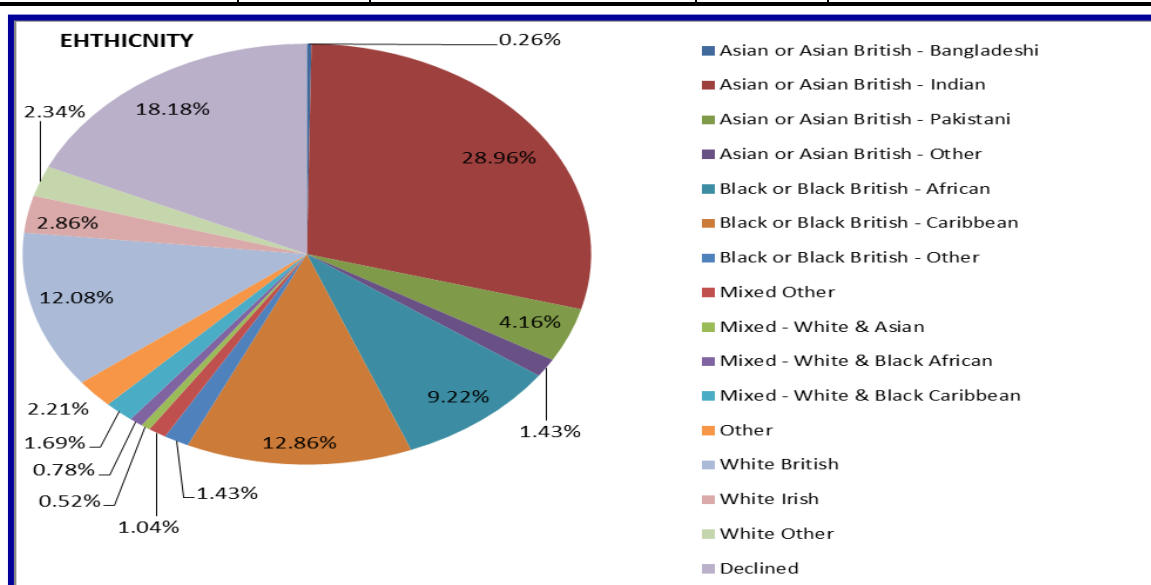
Sexual Orientation	%
Heterosexual	51.82
Gay	0.52
Lesbian	0.00
Bisexual	0.65
Declined to answer	44.68
Other	2.34



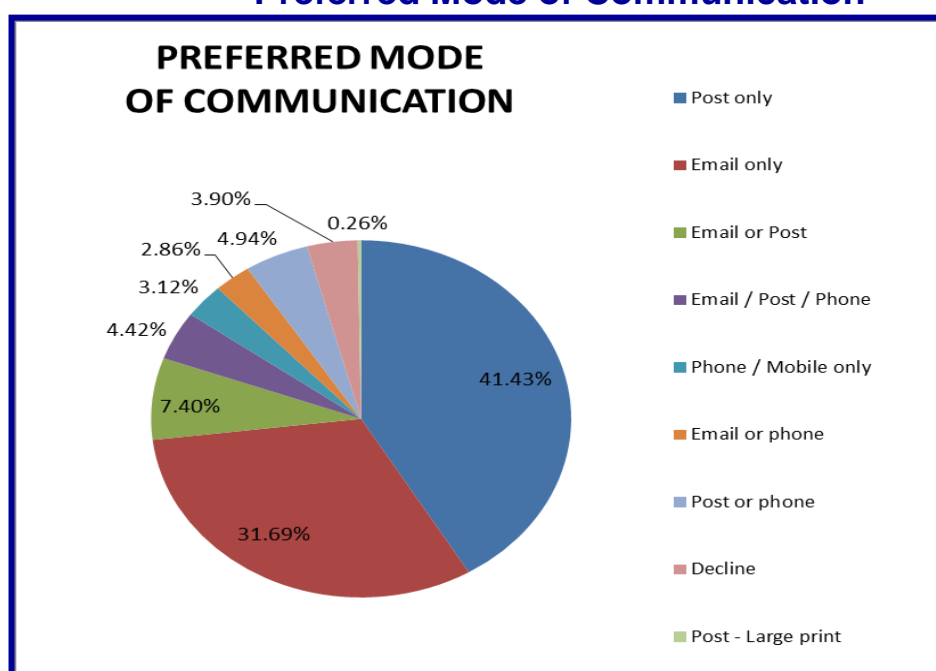
Religion/Faith	%
Buddhist	0.39
Christian	31.30
Hindu	15.71
Jewish	1.56
Muslim	10.65
Sikh	8.18
Other	2.73
None	5.19
Declined	24.24



Ethnicity	%	Ethnicity	%	Ethnicity	%
Asian or Asian British-Bangladeshi	0.26	Black or Black British - Other	1.43	Other	2.21
Asian or Asian British - Indian	28.96	Mixed White & Asian	0.52	White British	12.08
Asian or Asian British - Pakistani	4.16	Mixed White & Black African	0.78	White Irish	2.86
Asian or Asian British - Other	1.43	Mixed White & Black Caribbean	1.69	White Other	2.34
Black or Black British - African	9.22	Mixed Other	1.04	Declined to answer	18.18
Black or Black British - Caribbean	12.86				



Preferred Mode of Communication



SECTION FIVE: DEMONSTRATING IMPACT THROUGH ACTION

1. MANAGEMENT COMMITTEE

The Brent LINK Management Committee is made up of elected and Co-opted members. One of the key roles of the Management Committee is to hold the strategic overview of Brent LINK activities, in the context of current legislation, national and local guidelines in relation to health and social care services.

In this context the Management Committee has to try to hold the balance in the focus of activities that the LINK undertakes over the year. There is a tension between the demand from local and national organisations that want LINK involvement and ensuring that issues or concerns that come from the community are taken up.

This last year has been a challenging one with Management Committee having to ensure the LINK has influence and impact in a complex and fluid sector. The Management Committee has had to develop an understanding of the complex changes that are being proposed in the NWL sub region which are led by clinical and financial needs as well on a national level, while seeking to ensure a Brent perspective is heard within the wider region.

Management Committee has sought to ensure the LINK is involved at the strategic level of change, while not losing sight of the need to review and monitor the quality of patient experience on day to day level. In addition, Management Committee has had to hold the tension of waiting for the passing of the Health and Social Care act which will mean the establishment of Healthwatch.

Key areas that the Management Committee led on this year were:-

- Management committee members have grass root connections with their own constituent member organisation. This enables them to bring their community perspective with regards to Health and Social Care.
- Ensuring appropriate LINK representatives⁵ on a range of boards, committees and working groups such as the Brent Shadow Health and Wellbeing Board, Brent Health Partnerships Overview and Scrutiny Committee, NWL Patient and Public Advisory Group (PPAG), NW London NHS Hospital Trust and Ealing Hospital Trust Merger Programme Board, Brent Shadow Clinical Commissioning Group, Shaping a Healthier Future stakeholder meeting.

⁵ See Representatives on Relevant Decision Making Bodies for further details

- Through the Brent LINK Chair, via the NWL NHS Patient Public Advisory Group (PPAG), which seeks to build a strong cross borough LINK partnership to ensure the patients, carers and public have an established route “**to have their say**“ at a time of tremendous change and reorganisation.
- The Management Committee has worked to build and establish a strong relationship with the Brent Clinical Commissioning Group (BCCG) through, supporting the development of the Brent CCGs patient and public strategy.
- The Management Committee maintained and continued to maintain good relationship with our strategic partners in the Council and the NHS. This has helped to ensure that the voice of the people is heard by the responsible and concerned persons and that the views of the people are made known at all areas in the Borough.
- Supporting Action Groups on the projects or research they undertook and ensuring their findings or recommendations are acknowledged and followed up by the relevant organisations.
- Management Committee has kept abreast of the information and advice relating to Healthwatch in order to ensure that Brent has a viable Healthwatch Organisation as of 1st April 2013.
- The Management Committee established a Healthwatch sub-group to undertake the development work and to make recommendations to inform the Management Committee’s decision making on establishing a local Healthwatch.
- Management Committee has had to keep up with the National NHS reform agenda as well keeping

Brent LINK had an election in 2012. The process and election took place between July and September 2012 with the first meeting of the newly elected Management Committee taking place on the 27th of September 2012. The election report can be found on the Brent LINK website www.brent-link.org

2. Host Organisation - Hestia Housing and Support

The LINK reflects Hestia’s commitment to working in the local community to bring about change and fully embodies Hestia’s vision of empowering people.

Hestia through its Host Staff team and Central Management have been working at ensuring the following: -

- The LINK is trying to reach everyone in the borough
- The LINK acts within the remit of the law
- Acting as a custodian of the underpinning values and principles of the LINK
- Advising the LINK Management Committee and Action Groups based on its role as an 'honest broker'
- Representation and that the LINK is acting in the interests of its members and the wider community
- Facilitation of Public, Action Group and Management Committee meetings
- Writes letters on behalf of the LINK
- Write reports on the activities and findings of the LINK
- Maintains and keeps records on behalf of the LINK
- Advertising and raising awareness of the LINK
- Strategic liaison with local statutory organisations and government agencies on behalf of the LINK
- Facilitating the dissemination of outcomes, good practice, learning and evaluation.
- Act as custodian of the LINK finances in consultation with the Management Committee
- Maintaining IT infrastructure on behalf of the LINK
- Advising the LINK of relevant changes in policy and procedure in Health and Social Care

3. ACTION GROUPS

The success of Brent LINK has resulted from active members giving great deal of their time, personal expertise and most of all their commitment to the principles and work of the LINK.

Members have taken active roles in developing and representing the LINK. Their commitment in terms of time, skills and sharing their creativity has enabled the LINK to be effective in its role of influencing, monitoring and most importantly improving the quality of health and social care services in the borough.

Action Groups are a key part of Brent LINK involvement. There are five Action Groups in Brent LINK. Action groups meet on a six weekly cycle. All meetings are open to the public and new people can come and make a contribution at any meeting. The Action Groups are: Primary Care, Adult Social Care, Public Health and Community Services, Hospitals and Mental Health. It was agreed that the Lead of each Action Group would be a Management Committee member.

Key activities in 2012 – date are outlined below.

a. 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 was concerned about the quality of care in domiciliary care services in the borough. They undertook a survey to audit the quality of care being received. They also acted as a conduit to assist the community in getting information about Social Care and the Council involving the community while keeping a watching brief on the Social Care White Paper.

b. Hospital Based Action Group

Lead Member: Wendy Quintyne⁶

Group Aims:

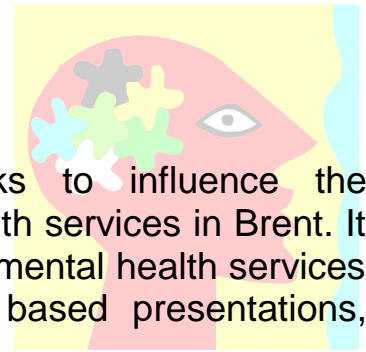
Brent LINK's Hospital Action Group has maintained a watch in brief on the proposed merger of Ealing NHS Hospital Trust and North West London Hospital's Trust - especially regarding transport and equalities issues. They have identified hospital related community health care concerns. They are also working on a Discharge from Hospital Patient Satisfaction Survey.

⁶ Resigned August 2012

c. Mental Health Action Group Lead Member: Phil Sealy MBE, JP

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 presentations, 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 and information on 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.

In this year members of the group were concerned at the high prevalence of Dementia with an apparent lack of adequate awareness of the issue in the borough. They organised a Dementia Workshop giving the people of Brent the opportunity to be more aware of the issues and help available to them.

The Mental Health Action Group has also been working closely with the Central North West London NHS Trust by having regular meetings where issues and information gather by the LINK are relayed to the Trust to

address. These periodic meetings are also opportunities for the Trust to clarify areas of concerns and to update the LINK on the work they are doing.

In October 2012, the Mental Health Action Group launched Brent LINK's Community Involvement Mental Health Forum with an aim to on a continuous basis identify the key mental health issues facing people living in Brent.

d. 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.

This group has been monitoring the 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.

They have been involved in commissioning intentions and decisions as it relates to Primary Care in the Borough.

e. Public Health and Community Health Services Action Group

Lead Member: Maurice Hoffman

Group Aims:

Brent LINK Public Health & Community Health Services (PHCHS) Action Group seeks to influence the commissioning, provision and scrutiny of community services and public health in Brent. It aims to play a key role in influencing the direction of community services & public health provision, through the development of community led and evidence based arguments for change.

This group has been working with NHS Brent to re-commission Out-Patient Cardiology and Ophthalmology services in Brent. The Action Group has

two representatives⁷ on the re-commissioning group who have assessed the tender bids and made recommendation. The group plans on being involved in the planning and implementation of the services.

The PHCHS Action Group has also taken an active interest in the transfer of public health services to Brent Council.

Other relevant works done by the Action Group are: -
Brent LINK was a part of the planning Group for the Olympic legacy event which took place on the 12th of September 2012. We are also working with NHS Brent on developing an event for young people later in 2013.

Brent LINK met with NHS Brent Commissioners regarding community services provided by Ealing Hospital Trust as well as the new 111 service which was to have been implemented in December 2012.

f. Community Engagement and Inclusion Sub-Group

Lead Member: Dharampal Kaur Malhotra / Mrs Singh

Group Aims:

The Community Engagement and Inclusion Subgroup aim to champion equalities, cohesion and inclusion throughout Brent LINK and its action groups; ensuring it is assimilated into activity.

The subgroup develops strategies for including Brent residents who have difficulties accessing or participating in community development activities. The Subgroup will refer any equalities, cohesion and inclusion matters identified through research or other sources to relevant action groups for consideration.

The subgroup will monitor progress and allocation of Brent LINK's activities in relation to equalities, cohesion and inclusion and provide relevant feedback to the Brent LINK management committee.

g. Healthwatch Sub-Group

Lead Member: Brent LINK Chair - Mansukh Raichura

Considering the fact that the local Involvement Networks would after four years come to an end in March 2013 and local Healthwatch Organisations will be in place by April 2013, the Brent LINK Management Committee (MC) agreed to commission a piece of work to support the LINK in getting ready for the local Healthwatch. Ottaway Strategic Management Ltd was commissioned to work with the Management Committee to set up and execute a work plan on the evolution of a viable local Healthwatch in Brent.

⁷ See page 13 – Members involved in relevant decision making bodies.

Members of this sub-group drawn from the Management Committee are Mansukh Raichura (Chair), Maurice Hoffman, Phillip Sealy, Miranda Wixon and Brent LINK Coordinator.

Hestia proposed a model of engagement for Healthwatch to the Management Committee and the Management Committee agreed not to adopt Hestia's proposed model. They decided to tender for the Healthwatch Brent but received clarification that this was not possible as the LINK was not an established entity on its own.

The Consultant recommended that the LINK goes into partnership with the Local Community and Voluntary Sector Organisation.

The LINK through this sub-group agreed to be committed to working with and supporting viable local organisations in planning and tendering for the local Healthwatch.

This piece of work helped the Management Committee as well as various local organisation such as the Community Voluntary Service (CVS) Brent gain a good understanding of the requirements for Healthwatch and how best to be positioned to fulfil such requirements.

4. Community Health Survey⁸

Brent LINK's Management Committee, with the support of its host organisation, Hestia agreed in August 2012 to undertake a community health survey of residents and organisations in Brent. Ottaway Strategic Management Ltd was commissioned to support the LINK in executing this project.

Brent LINK sees this exercise as a legacy project for the forthcoming Healthwatch. In so doing the LINK is committed to support an evidence based insight into the perceptions of people about health services locally, their awareness of the current initiatives and priorities in the health and social care sector, the concerns and hopes for health provision locally and priorities for the Healthwatch going forward.

The period of the survey was between September and October 2012. The report was completed in early November, the aim of which was to provide a summary report of the survey's findings to the council's Health Partnership Overview and Scrutiny Committee on the 29th November 2012. Brent Health Partnership Overview and Scrutiny Committee acknowledge the work done

⁸ See Case Study 1 – Page 36

and were pleased that the result of the survey confirms that there are issues with access to GP services in the Borough. (See Case Studies1)

5. Health and Well Being Strategy Meeting

Brent LINK organised a public meeting in 16th October 2012 to give the people the opportunity to have a better understanding of the strategy document and the implications to the community. Dr. Imran Choudhury, (Consultant Public Health Medicine NHS Brent) presented the Health and Well being Strategy to the meeting. He explained the different aspects of the documents.

This strategy is not a comprehensive collection of all future commissioning intentions across health, public health and social care; that can be found in other key documents such as the commissioning intentions of the CCG. Rather this strategy focuses on key priorities for the Board, where partnership working can bring real added value to health and wellbeing across Brent over the next three years

The document identified and outlined four priorities:

- Giving every child the best start in life
- Helping vulnerable families
- Empowering communities to take better care of themselves
- Improving mental wellbeing throughout life

Members at the meeting noted that other important areas such as drugs work, carers were not reflected in the document.

Dr. Choudhury explained that the Drugs and Alcohol Action team (DAAT) were performing really well and were actually the best in London and the area the DAAT was quite keen to push forward was around a brief intervention service for alcohol within the Accident & Emergency Department at Northwick Park. This is included in the strategy.

Dr. Choudhury also explained that there is a carer strategy in place already at the PCT. He explained that the strategy is about filling gaps and not emphasising the services that are available and having positive outcomes.

Attendees then had the opportunity to deliberate on the four different priorities in the strategy document at round table discussions and this helped the attendees to gain a better understanding of the strategy document.

6. Shaping a Healthier Future (SaHF) Consultation

In June 2012, the leadership of the NHS in North West London published proposals to substantially change and reconfigure local health services, affecting the boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster.

The proposed programme of change “*Shaping a Healthier Future*” was set out in a pre-consultation business case published on 20 June 2012 and a consultation document published on 2 July 2012.

Through the year Brent LINK consulted with the community and sat on the board of the SaHF, gaining an understanding of the proposals and providing the community with the opportunity to express their views. A final public Consultation organised by Brent LINK took place on Monday 24th September 2012. Brent LINK provided a formal response to the SaHF Consultation proposals. In formulating the response, Brent LINK reviewed documentation from a number of sources and drew upon member comments raised at the SAHF public consultation.

We discussed the following at the consultation:.

Clinical Engagement

The business case document states that the programme has been clinically led and supported by GP commissioners and hospital clinicians. However, the extent to which the programme is supported by front-line Brent clinicians is not clear and anecdotal feedback suggests a number of Brent GPs have reservations.

Accident & Emergency Central Middlesex Hospital

At the Brent LINK 24th September 2012 SAHF public debate, members of the public unanimously opposed the proposal to close Central Middlesex Hospital A&E. However, those present agreed with the rest of the proposals outlined in SAHF i.e. better access to care closer to home, centralising most specialised services and where possible, care integrated between primary and secondary care with involvement from social care.

On a separate point, Central Middlesex Hospital has recently undergone a major rebuild under Private Finance Initiative. As the preferred option is to close the A&E, Brent LINK feels that this has resulted in a service being offered and then taken away.

Out of Hospital Strategy

On 18th April 2012, visitors from the National Clinical Advisory Team were invited by the SAHF programme board to assess the SAHF proposals. This review highlighted the need to “ensure that community services are in place

before closing acute services”. However, Brent LINK is not assured that this is currently the case and has concerns based on anecdotal community evidence regarding primary care & community care capacity and capability to deliver the shift in care from local hospitals.

Out of hospital care is relying on integration with all stakeholders and service providers including social care, general practice, community nursing and mental health care providers. Brent LINK therefore feels that the Out of Hospital Strategy should be implemented before SAHF to ensure primary and community care sector can meet these new challenges.

Urgent Care Centre (UCC)

There is a significant variation in the type of condition and volume of patients seen in existing UCCs. It is necessary to have best practice locally and nationwide standards so as to develop a model that provided excellent care as the norm. Brent LINK has yet to be convinced that UCC can function without at least some type of A&E.

Equalities Issues

Equality Impact Analysis (EqIA)

The business case makes reference to the Equalities Impact Analysis commissioned from Mott MacDonald in May 2012, with three reports produced. The analysis looked at the impacts of the proposed options on populations with protected characteristics within NW London but as the Rideout SAHF Independent Review highlights, “the analysis does not provide a detailed disaggregation of data at borough level”.

The EqIA states that “Engaging with [the] equality groups to understand their needs during the consultation process and further reconfiguration planning will be essential to ensure that inadvertent discrimination is avoided and equality of outcomes are maximised”. Brent LINK concurs with the Rideout Review observation that “given the risks of change to vulnerable groups, such detailed work should have been completed before consultation”.

“111 Service”

In a diverse borough such as Brent, any telephone based service would need to be delivered in a number of community languages. Brent LINK is therefore concerned that this is not mentioned in the consultation document.

Transport

Brent LINK again concurs with the Rideout Report, seeing SAHF’s decision to only use travel times to determine the location of the five hospitals as inappropriate given there are other factors such as relative clinical performance, population need and the interdependencies of other services.

Mental Health

There is very little mention of mental health in the consultation document. Brent LINK finds this of concern given that mental health is the single most common cause of morbidity in Brent, affecting about one in six of the adult population and one in ten children and young people (source: LB Brent Joint Strategic Needs Assessment 2012).

Social Care

This is a key area if more care is to be delivered in the community but Brent LINK feels that there is not enough detail about investment plans in this area. As others have observed, local authorities face challenging spending settlements and it is far from clear the extent to which local authorities will pool budgets and share risk – both of which are SAHF critical success factors.

Local Health Economy

NHS Brent and NHS London will still be in place at the conclusion of the consultation and will formally make the decisions on SAHF shortly before their abolition. Brent LINK therefore feels that it would be more appropriate to defer any decision to 1 April 2013 (i.e. when CCGs are established, authorised and statutorily able to take decisions) or have an implementation plan in place which maintains stability of the local health economy.

Consultation Process

Brent LINK firstly questions NHS NW London's definition of "consultation". We see "consultation" as a process of choice between pre-determined options. However, anecdotal information from local stakeholders suggests that Option A (NHS NW London preferred option) is already likely to be implemented.

Ideally, Brent LINK would have liked to have seen the Out of Hospital Strategy consulted on and implemented before SAHF but given that this is not the case, there should have been better consultation coordination regarding SAHF and the Out of Hospital Strategy and a more explicit connection made between the proposals.

Brent LINK would also like to feed back that most of the representations we have received from local communities relate to closure of A&E at Central Middlesex Hospital as opposed to other SAHF proposals such as delivering care closer to home. This would suggest that the key messages have not been effectively communicated to local communities.

Brent LINK also expresses concerns regarding the lengthy consultation questionnaire although we commend NHS NW London for the production of the "easy read" summary introduced later in the consultation which was concise and accessible.

Brent LINK expresses disappointment at NHS NW London's decision not to contribute towards the costs of our SAHF debate on Monday 24th September. We note NHS NW London's response that a road show was planned for the following Saturday 29th September but we maintain that our debate format was a unique opportunity to facilitate open debate between NHS NW London and community level opponents of the changes; and for local people to subsequently develop an informed opinion about the proposals.

We are grateful to Mr. Graham Durham (Brent NHS Patients Campaign), Dr. Mark Spencer (SAHF) and Dr. Amanda Craig for attending.

More generally, Brent LINK feels that running a major consultation exercise over the summer, when many people were unavailable was not the best way to facilitate patient and public involvement.

Summary:

In summary, Brent LINK agrees with the three core principles behind SAHF, namely:

- Localising routine medical services means better access closer to home and improved patient experience;
- Centralising most specialised services means better clinical outcomes and safer services for patients; and
- Where possible, care should be integrated between primary and secondary care, with involvement from social care, to ensure "Seamless patient care"

Brent LINK welcomes the proposal for Northwick Park to be designated as a major hospital. We also welcome the proposed quality standards for hospital care but feel they are challenging.

However, the concerns detailed above (along with anecdotal community feedback) equate to continued unease regarding SAHF proposals and the preferred option outlined in the consultation document. We feel that the Out of Hospital Strategy should be implemented and any primary /community care capacity issues addressed before any acute services close.

We also feel that it would be more appropriate to defer any decision to 1 April 2013 (i.e. when Brent Clinical Commissioning Group is established, authorised and statutorily able to take decisions) or such time as there is an implementation plan in place which maintains stability of the local health economy.

This approach would place decision making and accountability where it rightly belongs - at the local community level.

7. Joint Strategic Needs Assessment Consultation

Brent LINK held a consultation to feed into the Joint Strategic Needs Assessment (JSNA) for the Borough. Below is the feedback that was gathered and feed to the council.

Joint Strategic Needs Assessment is a statutory duty of NHS Brent and Brent Council. It must consider all current and future health and social care needs in relation to Brent. In preparing JSNA, there is a requirement to involve people living or working in the area, as well as Brent LINK (from April 2013 Healthwatch Brent).

Brent LINK responded to the JSNA Consultation and included that to be fit for purpose, the JSNA should support strategy and commissioning by providing “an objective analysis of local, current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views”

A formal response made up from feedback received on needs assessment at various times from Voluntary sector organisation and management Committee members was submitted to the local authority.

8. Annual General Meeting 2012

Brent LINK held its Annual General Meeting (AGM) on the 26th of November 2012, this was well attended. The AGM was an opportunity for the LINK members to hear from the Brent Clinical Commissioning Group on the plan been proposed for Brent as the NHS as it has been known undergoes its last few changes.

Deputy Borough Director NHS Brent, Ian Winstanley was the key note speaker. He informed the AGM of some of the major changes taking place in the borough.

- Clinicians lead the NHS commissioning.
- Clinical Commissioning Board operating on a shadow basis prior to the formal authorisation expected by April 2013.
- Effective influence from clinical directors who are local GPs responsibility of way health care organise commissioning or delivery.
- Challenging to enhance efficiency to the tune of twenty million pound (£20). Long-term conditions. Population because less well e.g. heart problems, diabetes etc. increasing recovering problem. More difficult to treat.

- Population to be looked earlier enough to prevent.
- Integrated care- nationally driven process complex a difficult people need of care. Individual patient are looking their health and care need all profession e.g. GPs social care counselors acute care consultants to collectively agreed care to the individual.
- Tsunami of health upon us in the future to deal to minimize long term impact.
- Brent Out of Hours (OOH) strategy- Planned intervention from hospital into the community cardiology and ophthalmology.
- Competitive tender process open to any providers including private medical care providers

Patrick Vernon (Committee Member Healthwatch England) addressed the LINK on the move from LINK to Healthwatch. He stressed that patients and public Involvement and participation is very important in the move to Healthwatch and when Healthwatch is fully set up by April 2013

Local Involvement Networks did not have a constituted National body while local Healthwatch will have Healthwatch England as a national body for greater accountability and support on a national level.

Healthwatch England was recently launched and have their website live. They are set up to address issues with trends on a National level and help local LINKs collate and share best practices.

Patrick Vernon encouraged LINK members to ensure they are involved and engaged with whatever organisation gets commissioned for Healthwatch Brent

Patrick Ryan Chief Executive Officer of Hestia (Host Organisation) spoke on the work the LINK had done over the year with the support of the Host team staff.

Patrick Ryan also highlighted the successful outcomes the LINK has recorded over the years and he informed the meeting that Hestia who has been the host Organisation for Brent LINK over the last four years will not be tendering for the Healthwatch in Brent. However he also reiterated the need for members of the LINK to continue to ensure that patient participation and engagement continues in the borough. His announcement surprised the members present and they expressed their disappointment.

Members express concern at the fate of staff that have been working with the LINK and wanted to know details of the procurement specification for Healthwatch Brent. As at the time of the Annual General Meeting, the local

authority was in the process of procuring a local Healthwatch. It was suggested that people could read the guidance document the department of health has given to local authorities on the procurement of local Healthwatch.

Members were concerned that the voice of the people may be lost and all were encouraged to rise up to the challenge of making a difference in Brent by ensuring that they stay actively involved in the Healthwatch Organisation as it evolves over the coming months. A certificate of participation in Brent LINK was presented to active members of the Action groups as well as Management Committee members.

9. Enter and View:

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.

Post Visit Activity

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.

On 31st of October 2012 LINKs carried out a final review visit at Willesden Centre for Health and Care. The updated action plan (attached) was shared and discussed with LINKs, as were the measures that had been introduced over the last few months to achieve high standards of cleaning and maintenance. These were evidenced through monthly audits presented by Estates and Facilities personnel. Some of the key changes made include:

- the introduction of Housekeepers has assisted in the improved performance of Ward Domestic Staff
- the appointment of an Operations Manager, Hospitality Manager and Reception and Administrative Manager has clarified clear and accountable responsibilities
- daily, weekend and evening supervisors has made a big difference to the responsiveness of the facilities services to the wards’ needs
- A programme of refurbishment has addressed the maintenance issues
- There are improved displays of the menus on offer for patients and their visitors
- LINKs have been involved with food tasting and the process of offering culturally sensitive food on the wards.

On the 19th of November 2012 a review visit was also made to Northwick Park Hospital by Brent LINK. Unfortunately the visit was unable to review the “enter and view” visit earlier done as the Hospital had not had the opportunity to review the report. This review will be made at a later date.

Feedback from LINK Participants from Events and Training Organised by Brent LINK

Feedback from "Enter & View" Training

LINK members at the "Enter and View Training were asked to say which aspect/s of the training they felt was most helpful. Below are the feedback received.

- Role play
- The final enter and view planning exercises
- Planning information
- Case studies. It was very interesting, informative and motivating.
- It was all very interesting and informative. The Zoom exercise was brilliant.
- An engaging facilitator knowledgeable and confident delivery
- A full day of information sharing
- The team exercises helped one to take on board all the key points.
- How to prepare, examples of E&V elsewhere

From this feedback is obvious that all aspect of the "Enter and View" training is important. Brent LINK host team is pleased to have been able to organise this training with Patient and Public Involvement Solutions.

Feedback from Annual General Meeting (AGM)

- Members found the AGM highly informative and some members feedback the fact that the forum encouraged very good question and answer session
- Members were pleased that consideration for various access needs was made for the meeting (refreshment, mobility, temperature and venue.)
- In particular, a lot of people learnt from the presentation by Patrick Vernon on LINK to Healthwatch
- The Staff team were commended for the organisation, presentation of the meeting.
- Some members were disappointed that Brent LINK as it is known would be winding down and Hestia will not be putting in a bid for the Healthwatch Brent.
- Some members were concerned that the AGM took place on the same day another voluntary sector (CVS Brent) meeting was taking place
- Some members commended the work being done the Chair Mansukh Raichura as he has been Chair for Brent LINK from 2008 – till date.

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 1: Brent LINK Community Survey⁹

Brent LINK's Healthwatch Steering Group, with the support of its host, Hestia agreed in August 2012 to undertake a community health survey of residents and organisations in Brent.

Brent LINK sees this exercise as a legacy project for the forthcoming Healthwatch. In so doing the LINK is committed to support an evidence based insight into the perceptions of people about health services locally, their awareness of the current initiatives and priorities in the health and social care sector, the concerns and hopes for health provision locally and priorities for the Healthwatch going forward.

The Methodology for this questionnaire is relatively simple, with six multiple response questions being asked with a series of variable responses. In addition some open ended questions were provided offering the respondent qualitative input. The survey is then profiled by gender, age, ethnicity, disability and employment status.

The questionnaire was designed to take 10-15 minutes to complete and was accessed either through the Brent LINK website, via email or in paper copy administered by Brent LINK and its volunteers.

The survey was distributed in a variety of ways, it is both a hard copy and web based survey and its distribution included:

Press release (2nd week in September) into the local press with the web site response location and address

- Email dissemination to the LINK's 120 community and voluntary organisation, with the request that they disseminate the survey to their client/membership base and thus extend the opportunities for people to be engaged. This has been followed up three times.
- The questionnaire was sent out to all the LINK's 700+ members
- The questionnaire was taken and distributed to the relevant LINK meetings between September and October including its election hustings and numerous other meetings.

⁹ Report available on our website www.brent-link.org

- Management committee members sought to disseminate the questionnaire through their personal and organisational contacts
- Copies of the questionnaire were provided for Brent Citizens Advice Bureau (CAB) and CVS Brent.

The period of the survey was between September and October 2012. The report was completed in early November, the aim of which was to provide a summary report of the survey's findings to the council's Overview and Scrutiny Committee on the 29th November.

In total 119 responses were returned both in hard copy and via the web. 79 were returned as hard copies and 40 were completed on the web returns.

Additional personal, respondent, contact details were returned which confirms their interest or otherwise in continuing their involvement with the LINK either as a volunteer, action group participation, attendance at meetings and being included in the LINK's mailing list. This information will be provided to Healthwatch, which will support the growing contacts of local people wishing to engage in health related matters in the borough.

The survey sought to;

- Assess the awareness people have of the various changes there are currently in the health environment and economy
- Establish matters/issues people feel it is important on which to have their voice heard
- Identify general concerns people have about provision in the borough
- Establish their top three concerns
- Assess perceptions about quality, accessibility, efficiency, cleanliness of services
- Assess perceptions of the sector's willingness to listen experienced by different providers, the need for a voice, and the representative support provided by Brent LINK

Summary of Findings

The survey provides some clear insight into the views of local people and whilst the LINK is disappointed with the overall level of return it still feels that the responses highlight some clear and distinct perceptions of local provision by Brent people.

In summary:

- 83.2% of respondents are aware of the closure of Central Middlesex Hospital

- 77.3% are aware that GP's are taking responsibility for buying health care
- Both these high level of awareness have been supported by local and national press campaigns/ media coverage
- The areas of greatest priority for local people having a voice were seen by respondents to be:
 - Personalisation of care provision
 - The Proposed Health and Wellbeing Board
 - GPs taking responsibility for buying health care
 - Closure of Central Middlesex Hospital
- GPs (66%) and Hospitals and Specialist Care (59%) were the two highest areas of concerns seen by respondents, predominantly relating to access to appointments and services.
- 81% of respondents agreed that the closure of Central Middlesex Hospital would be a loss to the borough
- 72% agree that their GP surgeries were always welcoming and friendly
- 53% of respondents disagreed that they have a voice in the services they use and are involved at every stage

Key Outcomes

The survey prioritised the focus of Healthwatch to:

- Provide good information to residents
- Good representation e.g. on the Health and Wellbeing Board
- Review the performance of health and social care providers and
- Undertake more inspection assessments of health facilities.

CASE STUDY 2: Brent LINK Dementia Conference

This event took place on World Mental Health Day on the 10th October 2012 and was held to enable local communities to find out more about Dementia and the help that is available for them. It was also an opportunity to find out about the early signs, prevention and treatment, voice their concerns, have their questions answered and review proposed changes that may have an effect on Dementia Services.



Feedback from Dementia Conference

- “Can I just say it was really, really useful to hear the presentation and I really value the Avalon service that is provided in Brent. My concern is that GPs are not diagnosing this issue very well. So, how can we address this? “
- “I found it very interesting and very informative and I think that there are several things that can come out of this which can be useful to inform the health side and the social services side in the future.”

Involvement in Picture - Brent LINK Event



“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
<p>Joint Strategic Needs Assessment (JSNA) There was an opportunity to comment on the draft Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy.</p>	<p>Brent LINK organised a consultation event on 20th March 2012 regarding the Joint Strategic Needs Assessment (JSNA) developed by Brent Council and NHS Brent which will shape direction of the Health & Wellbeing Strategy. The event ascertained comments from the community and feedback was given to Brent Council and NHS Brent in May 2012.</p>
<p>Quality of Care Home services Brent LINK members in the Adult Social Services Action Group were concerned at the quality of care being provided for recipients of Domiciliary Care Services and felt a need to ascertain the quality of care home services in Brent.</p>	<p>Miranda Wixon (Lead of the Adult Social Care Action group) met with Alison Elliot, Director of Adult Social Services, in August to discuss proposed survey and to obtain permission for it to be carried out. The survey was also discussed at the Brent provider’s forum in September 2012.</p> <p>A survey was carried out so that we could make report on our findings and make recommendations to Brent Council</p>
<p>Involvement and Engagement of Young people Brent LINK through the Public Health and Community Services Action group recognised the gap in engaging with young people regarding health issues.</p>	<p>The Group got involved in the Olympic Legacy event which took place in September 2012 and are planning to hold an event this year to engage with children and young people.</p> <p>Brent LINK met with NHS Brent in July 2012 regarding Community Engagement and Children’ Health Conference week, two Brent LINK members attend the conference</p>

What You Said	What We Did
<p>Health and Well Being Strategy (2012 – 2015) Consultation Brent LINK members expressed a lack of understanding lack of understanding of the strategy documents and the implications to the local Community.</p>	<p>In October 2012, Dr. Imran Choudhury (NHS Brent) was invited to present the strategy documents at the Brent LINK Public meeting and give the people the opportunity to ask questions and gain better understanding of the strategy documents.</p> <p>This meeting presented a two-way communication channel that aided better understanding.</p>
<p>Re-Commissioning of services (Cardiology and Ophthalmology Services)</p> <p>Brent LINK was concerned that services were being re-commissioned into the community without adequate patient and public involvement and engagement.</p>	<p>Brent LINK Public and Community Health Services Action Group took an active part in the re-commissioning of Out-Patient Cardiology and Ophthalmology services in Brent.</p> <p>The Action Group has two representatives on the re-commissioning group who have assessed the tender bids and made recommendation. The group plans on being involved in the planning and implementation of the services.</p>
<p>Dementia Brent LINK members in the Mental Health Action Group were concerned that Dementia is on the increase in Brent and that this trend would continue. There was also a concern that there was a need to create more awareness on Dementia.</p>	<p>Brent LINK through the Mental Health Action Group organised a Dementia workshop on 10th October 2012 to mark the World Mental Health Day.</p> <p>This was an opportunity to generate greater awareness and to educate local communities on dementia.</p>
<p>“Enter & View” Visits Brent LINK members raised concerns on the need to have on-going training for more members to undertake “enter and view “visits.</p> <p>There was also a need to follow up on</p>	<p>During 2012/13, following the four “enter and view” visits undertaken in 2011 / 2012, Brent LINK had two “enter and view” follow-up visits to Willesden Centre for Health & Care and the elderly wards at Northwick Park Hospital. The results of these</p>

What You Said	What We Did
<p>visit that had been made in 2011 / 2012</p>	<p>visits have been used to improve patient care and patient experience.</p> <p>Brent LINK organised “Enter and View” Training which was delivered by Patient and Public Involvement Solutions</p> <p>The report of the visit to Willesden Centre for Health & Care was presented to the Health Partnership Overview and Scrutiny Committee in November 2012.</p>
<p>Shaping a Healthier Future Consultation</p> <p>The public were largely concerned about the proposed changes and the lack of understanding of what the proposals meant for the people of Brent</p>	<p>Through the year LINK representatives sat on the board of SaHF and took the concerns being raised by the public to the board. In September 2012, Brent LINK held a public meeting as detailed in earlier sections of the Annual report.</p> <p>This enable a better understanding of the proposals and the opportunity to feed into the proposals</p>
<p>Central North West London (CNWL) NHS</p> <p>The Brent LINK Mental Health Action Group identified a need to discuss a number of issues relating to Mental Health service provision, delivery and strategies with the Central North West London (CNWL) NHS.</p> <p>The following were issues on mental health Services that needed to be discussed with the Central North West London NHS</p> <ul style="list-style-type: none"> • Feedback on the Park Royal Triage Pilot • An outline of the Trust’s preventative approach to mental health 	<p>Brent LINK had an initial meeting with Clare Murdoch, Chief Executive CNWL on 28th May 2012 regarding the issues highlighted.</p> <p>There have also been regular meetings with the trust as agreed by the LINK and the Trust.</p>

What You Said	What We Did
<ul style="list-style-type: none"> • Impact of closure of Central Middlesex A&E on Park Royal admissions • Clarification regarding CNWL's Personalisation Strategy • Clarification regarding CNWL's Dual Diagnosis/Personality Disorder Strategy 	
<p>Shadow Brent Clinical Commissioning Group (CCG) Constitution</p> <p>Brent LINK is represented on the Brent Shadow CCG and are working with the CCG to agree the following.</p> <ul style="list-style-type: none"> • Representation on Governing body • All meeting must be publicised and open to the public and the frequency of the meeting • A positive statement about openness regarding contracts is required in the constitution • This would include transparency, supporting the local provision of NHS services, public involvement in commissioning services and relating to stakeholders. • The CCG must take responsibility for all actions of the CSS. • Locality Patient Participation groups should be included within the organisation structure of the CCG with suitable administrative support. • There should be provision for more than two lay governors so that there is capacity to serve on committees and sub-committees. 	<p>Brent LINK has representative on the Brent Shadow CCG.</p> <p>Brent LINK raised concerns on Shadow CCG Authorisation. The Commissioning Board clarified issues raised by Brent LINK.</p> <p>Actively involved in the CCG Governing Body.</p> <p>LINK involvement in the CCG has meant significant engagement of the public</p>

SECTION SIX: LOOKING AHEAD

2012 - 2013 is the last year of Brent LINK as it has been known over the last four years. It has been a very busy, challenging 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.

The funding for the LINK in Brent ends at the end of March 2013 and we are committed to continue to represent the voice of the people till the end of March 2013. There will be a new consumer champion organisation which will take up the role of Brent LINK as well as additional roles and responsibilities. This Organisation will be the Healthwatch Brent. The London Borough of Brent as at the time of this compilation is in the process of procuring the Organisation that will be Healthwatch Brent.

We are working towards leaving a legacy document for the new Healthwatch Organisation as well as having all existing Brent LINK members become active members of the local Healthwatch when the service starts. We are also committed to make available our expertise and knowledge in ensuring Brent has a good Healthwatch organisation.

We believe the Healthwatch Organisation will continue the good work that has been done by Brent LINK so far and continue to represent the voice of the people of Brent.

Brent LINK will keep its network informed about these developments as they arise.

SECTION SEVEN: OUR YEAR IN FIGURES

Brent LINK continued to seek views and opinions from residents living in Brent using the various outreach, consultations, briefing sessions as well as going to where people are formally and informally to seek their views. Although the LINK has over 700 **participants** signed on to the LINK, the views of people who choose not to sign up to the LINK but are able to express their opinion are always welcomed and logged.

In addition, we have received over thousands of **responses** using our freepost envelopes on a range of issues from consultation feedback and survey responses to feedback on trainings and public events. We have logged numerous **views or opinions**.

Brent LINK sends its signed-up participants **regular updates**. It holds Action Group meetings which are open to the public **every six weeks** for five different Action groups, and two sub groups.

This year Brent LINK held four **Public meetings / Consultations** where members of the public had the opportunity to contribute in various ways to the issues around Health and Social Care. Brent LINK actively, through its participants and staff team, engages with the community at various meetings and events regularly.

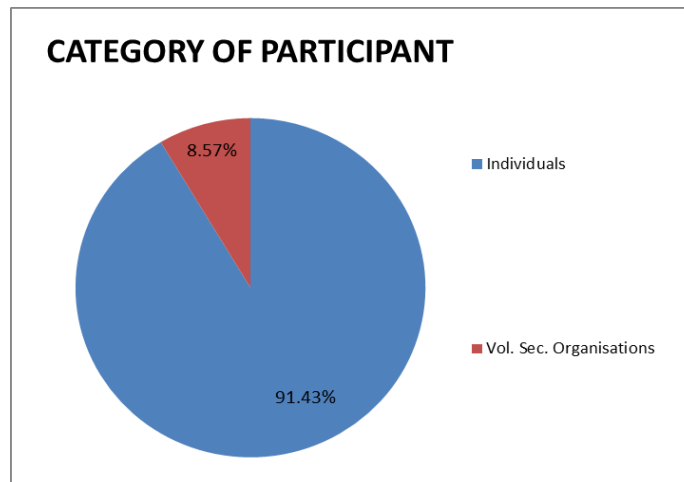
Brent LINK engages with its participants also using Newsletters, e-bulletin, facebook, twitter and our interactive website. Brent LINK, has found use of Freepost has continued to greatly encouraged participation and involvement.

Outreach opportunities throughout the year at wide range of events where LINK participants and Host Staff engaged with members of the public. This has led to gathering people's views and increasing recruitment to the LINK. It also enabled the people from different sectors to contribute their views. Outreach has included promotional stalls at a range of events, focus groups or meetings with community groups, residents associations, faith groups as well as attending ward forums or advice sessions.

Our various means of communication include: Newsletters and e-bulletin, regular updates by post and email, Evaluation and Feedback-comment forms at LINK events.

A member of the public can register with Brent LINK as an individual member or a representative of 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.



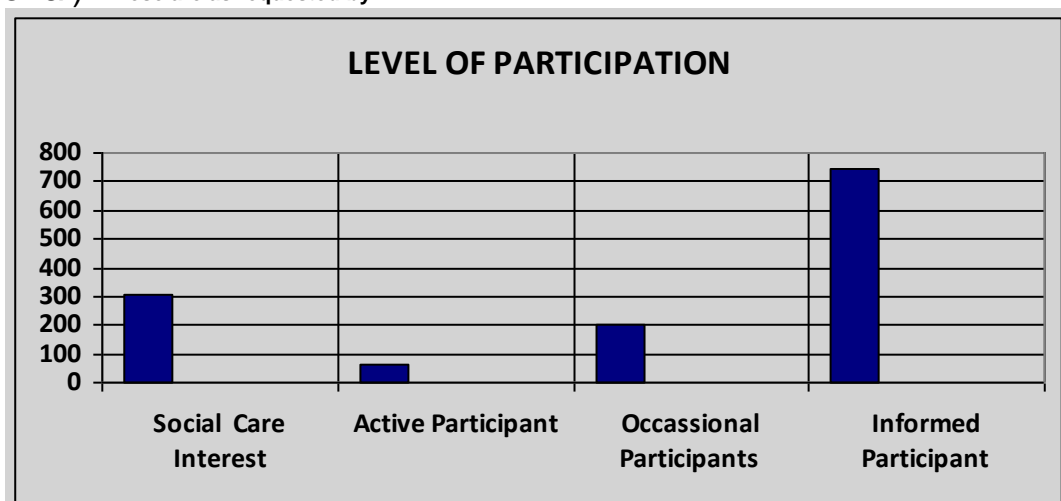
Brent LINK has Seven Hundred and Sixty Seven (770) participants as at the end December 2012.

These are made up of seven hundred and eleven (704) individuals and fifty seven (66) organisations / groups.

The Organisational or group participants constitute 8.57% of the participants while Individuals are 91.43%.

Brent LINK has seven hundred and forty seven (740) Informed participants, two hundred and five (205) Occasional Participants and sixty five (65) Active participants.

Some participants are represented in all three categories (Informed, Active and Occasional). These are as requested by DH.



SUMMARY OF ACTIVITY

Requests for Information in 2012-2013	
How many requests for information were made by Brent LINK?	12
How many related to social care?	3
Of these, how many of the requests for information were answered within 20 working days?	9
Enter and View in 2012-2013	
How many enter and view visits did Brent LINK make? Follow-up visits	2
How many enter and view visits related to health care?	2
How many enter and view visits related to social care?	0
How many enter and view visits were announced?	2
How many enter and view visits were unannounced?	0
Reports and Recommendations in 2012-2013	
How many reports and/or recommendations were made by Brent LINK to commissioners of health and adult social care services?	2
How many of these reports and/or recommendations have been acknowledged in the required timescale?	2
Of the reports and/or recommendations acknowledged, how many have led, or are leading to, service review?	1
Of the reports and/or recommendations that led to service review, how many have led to service change?	0
How many reports/recommendations related to health services?	2
How many reports/recommendations related to social care?	0
Referrals to OSCs in 2012-2013	
How many referrals were made by Brent LINK to an Overview & Scrutiny Committee (OSC)?	0 ¹⁰
How many of these referrals did the OSC acknowledge?	n/a
How many of these referrals led to service change?	n/a

¹⁰ 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.

SECTION EIGHT: OUR FINANCES

Brent LINK Financial Summary: April 2012 to 31st December 2012¹¹

Amount of Funding allocation from the Local Authority	105,000.00
Amount of funding allocation for Host Activities	100,000.00
Amount of funding allocation for LINK activities and carried over from previous year	30,251.00
Other income	50.00
Total budget for 2021/2013	130,301.00
Total spend by Host Organisation	73,778.00
Total spend by LINK	23,406.00
Total Expenditure till December 2012	97,184.00

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

LINK Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
Development costs:		6,124.00	
Communication and Engagement:		4,510.00	
Consultation Research / Projects:		6,325.00	
Expenses for LINK participants:		842.00	
Training for LINK Participants:		1,256.00	
Venues for activities		4,357.00	
Total	30,251.00	23,406.00	6,845.00

¹¹ This summary was extracted from the Brent LINK Quarter 3 Management Accounts for April – December 2012 which are subject to change. - Figures for expenditure are to the nearest whole number.

Host Summarised Statement

Description	Allocation (£)	Expended (£)	Variance (£)
Staff costs:		47,979.00	
Administration costs:		12,182.00	
Recharged Costs:		13,617.00	
Total	100,000.00	73,778.00	26,506.00

SECTION NINE: CIRCULATION OF BRENT LINK 2012/2013 INTERIM ANNUAL REPORT

This year the LINK is expected to produce and submit two sets of annual reports. This Interim Annual Report covering the period April 2012 – December 2012 will be published on the Brent LINK website www.brent-link.org and copies will be made available on request. A final report / legacy document will be produced for March 2013.

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

If you would like to receive Brent LINK's Annual Report in a different format i.e. Braille, Large Print, Audio or plain English, please contact the Brent LINK Team by or before 31st March 2013 using our contact details on the next page.

