

Barnet LINK Annual Report 2011 - 2012



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1 Introduction

1.1 What is Barnet LINK?

Barnet LINK is an independent organisation, led by a network of elected volunteers from the local community (both individuals and representatives of community and voluntary organisations). LINKs were set up in every local authority area in England in 2008, under the 'Local Government and Public Involvement in Health Act' 2007.

LINKs are a channel for the community voice on health and social care services. They collect local people's views and experiences and feed these back to the people responsible for local health and social care services. LINKs enable local people to engage in decision-making and scrutiny of health and social care services.

1.2 Introduction from Barnet LINK Chair

This report covers the year from 1st April 2011 to 31st March 2012. Community Barnet continue to act as Host for Barnet LINK and in January 2012 their contract with the London Borough of Barnet was extended to April 2013, which is when the LINK will cease to exist and be taken over by the Local Health Watch. It was reassuring to have the contract renewed as this continuity with the Host has enabled Barnet LINK to develop more cohesively as a team and participate in more activities within the Borough as well as achieve some tangible outcomes. These will be covered further on in the report.

In November 2011 Barnet LINK held an election to elect the new Steering Committee, when 10 members were elected, of whom eight were individual representatives and two were representing organisations. However, early in 2012, one individual and one organisational representative each resigned, leaving two vacancies on the Steering Committee. After discussion the SC decided that this would be an opportunity to ensure that its membership really did comprise a cross section of the people of Barnet. So a skills audit of the existing committee was undertaken and analysed to see if there were any gaps. The two major omissions were found to be representation from young people and from young and new mothers. With community Barnet's help we surveyed possibilities and eventually decided to co-opt two new members representing these groups;- Hope Yoloye representing the Strengthening Families Strengthening Communities Parenting Consortium and Jo Domingo representing Children and Young People's. The Steering Committee now consists of 7 individual members and 3 organisational representatives.

The Steering Committee continues to meet regularly to set priorities for LINK work, make relevant decisions and receive reports and feedback from members' activities. The Host, Community Barnet, carries out the administration for these meetings and we continue to liaise with them regularly and have developed a very satisfactory and effective working arrangement.

Within the London Borough of Barnet the LINK is represented on the Clinical Commissioning Group, the Health and Wellbeing Board, Barnet-Enfield-Haringey Clinical Strategy Group, Finchley Memorial Hospital Committee, Barnet and Chase Far Patient Experience Strategy Working Group, Children and Young People Voluntary and Community Organisation Network, Health Overview and Scrutiny Committee and Royal Free Hospital Stroke Committee.

There is also the NCL LINK Chairs' Liaison Group which meets bi-monthly and continues to be a useful sounding board for discussing matters of relevance to us all. Recently the most active topic has been about the transition from LINK to local Healthwatch which will take place in April 2013. The Boroughs are making different decisions;- Barnet has decided to put the Healthwatch bid out to tender, whereas Islington have confirmed its LINK, supported by grant-in-aid for two years, will become the local Healthwatch. Camden, Enfield and Haringey are yet to decide how their transition will be managed. However this may occur, Barnet and the other NCL LINKs are all agreed that it will be very important that the legacy of all their work and achievement will be continued in the new set-up and that this inter-borough group should continue to meet to discuss matters of mutual interest.

Among Barnet LINK's activities, which will be described in more detail further on in the report, we are pleased to say that the Enter & View programme is now well under way, with new volunteers completing their training recently. As well as Enter and View, Barnet LINK members are involved in working groups looking at Carers, GP services and Prescription of Equipment for patients discharged from hospital. We held an open evening in February 2012 when Dr Sue Sumners, Chair of the CCG, spoke about Barnet's need to reduce its prescription budget and the use of generic medicines. We have trained Ambassadors who can give information about LINK and its activities at borough-wide events. Our on-line presence is manifest in our fortnightly news bulletin, put out by Community Barnet and our new-look web pages will shortly be online, after an absence of some months.

Our next and final report for the year April 2012 to March 2013 will, I hope, be able to give details on even more activities;- as well as continuing with and completing our present projects, we will have the analysis of our recent Mystery Shopper project to present; evidence of the success of our recent Social Media course in expanded communications through Facebook, Twitter and other channels; the outcomes of our forthcoming involvement in the collection of Patients' Stories project and several others.

In the meantime I would like to thank every member of the Steering committee for all their hard work, Community Barnet for its support and all the people of Barnet who come to our meetings, talk to us when we are out and about and help to keep us in touch with the health and social care activities in the Borough. If anyone reading this is interested in what LINK, soon to be Healthwatch, is doing, do, please, get in touch – we will be delighted to involve you in our activities.

Gillian Jordan Chair of Barnet LINK

2 Key Facts about the LINK¹

The LINK has its own working Governance; the LINK Procedures and its Code of Conduct which are available on the LINK Governance Document. These are based on the Nolan Principles which are cited in the Governance document. Barnet LINK is led by an elected Steering Committee of 10 volunteers. The Steering Committee members lead the work of the LINK and ensure that it fulfils its duties as laid out in the Local Government and Public Involvement in Health Act 2007.

Barnet LINK's Steering Committee members are elected from among and by the membership at its AGM for a term of two years. Steering committee members may serve up to a maximum of three terms. The Committee will normally consist of an equal balance of organisational and individual members.

The current Steering Committee is now fully established after the 2011 election. The election results were announced at the Annual General Meeting that took place at Edgware Community Hospital in November. These AGM was one of our first intergenerational public engagement exercises as we had really interesting guest speaker, Abby, a young women and user of Barnet Mental Health services whom shared a compelling story about the need of further involvement of young people in services that impact on them directly. We had a full panel interacting with close to 60 residents, including: Cllr Helena Hart, Cllr Rachin Rajput, Elizabeth Manero from HealthLINK England, Ceri Jacob Health and Social Care Joint Strategic Commissioner.



LINK AGM 2011 pictures: Cllr Hart and Barnet LINK Chair Gillian Jordan

A full Induction of the Steering Committee was organised in late November, when they reflected on their roles and responsibilities, supported by Sally Brearley from Sutton Pathfinder Healthwatch. At this meeting Andrew Nathan, Strategic Advisor and Funding Officer at London Borough of Barnet, briefed newly appointed members about the contract arrangements between the Host-LINK and Local Authority and the early thinking about Healthwatch potential tendering arrangements in 2012. Key contacts meet the SC and had the opportunity to network with us, including: Cllr Alison Cornelius and Alison Blair Health Borough Director.

¹ Section 2 refers to constitutional processes contained within the Barnet LINK Constitution and Governance document-available at www.barnetlink.org.uk

2.1 Steering Committee responsibilities and decision-making

The Steering Committee:

- I. Steers the work of the LINK by:
 - safeguarding that it operates within its statutory framework and in accordance with its mission, vision and values
 - establishing clear priorities and guiding the planning of LINK work and its implementation
 - ensuring that participation in the LINK is open and inclusive
- I. Serves as the 'public face' of the LINK and together with the Host, manage LINK communications and act as ambassadors of the LINK
- II. Takes responsibility for making 'relevant decisions' on making reports, recommendations and visits in accordance with the Act, make referrals to relevant overview and scrutiny bodies of local public bodies
- III. Appoints Authorised Representatives, formally sign off on formal visits and ensure that visits are undertaken in accordance with agreed procedures
- IV. Ensures that all LINK members/participants act within the LINK constitution and code of conduct and in accordance to LINK work plans and decisions
- V. Ensures that the LINK satisfies legal and financial requirements in terms of its operations, such as ensuring that appropriate and full insurance cover for all LINK activities is in place
- VI. Ensures good communication flow within the LINK
- VII. Appoints LINK representatives to other bodies, boards, forums, networks and meetings and supports representatives in their role
- VIII. Monitors the work of the Host

Steering Committee decisions are agreed by the majority of members present. For the Committee to make decisions at least 50% of Committee members (that is of the total number of the Steering Committee at the given time) must be present. For detailed and difficult decisions the Steering Committee may set up a sub-group to look at the issue in more detail and report back to the full Steering Committee with recommendations.

2.2 Barnet LINK Steering Committee 2011-2012

May- October 2011

Sue Blain - Individual representative
Gillian Jordan - Individual representative
Ian Kaye (Chair) - Individual representative
Maria Nash - Individual representative
Sophie Rughani - Individual representative
Tim Sims - Individual representative

Co-Opted 2011

Linda Edwards - Organisational, The Larches Trust
Dipak Jashapara - Individual representative
Allan Jones - Individual representative
Peter Cragg - Individual representative

Elected Steering Committee- November 2011

Sue Blain - Individual representative

Wilfred Canagaretina – Individual representative

Daniel Casson- Organisational representative, Jewish Care

Andrew Cowen- Individual representative

Adam Goldstein (Vice-Chair)- Individual representative

Gillian Jordan (Chair)- Individual representative

Allan Jones- Individual representative (until March 2012)

Dipak Jashapara - Individual representative

Terry Specter – Individual representative

Adele Stowe-Lindner –Organisational representative, McMillan Cancer Care/Citizen Advice Borough (until March 2012)

In March 2011 two Steering Committee members resigned. Adele Stowe-Lindner and Allan Jones. Therefore a skills and representation audit of the existing committee was undertaken and analysed to see if there were any gaps. The two major omissions were found to be representation from young people and from young and new parents. A co-option took place in April:

Jo Domingo-Organisational representative, Children and Young People' organisations

Hope Yoloey- Organisational Member, Stronger Families Stronger Communities Parenting Consortium

2.3 Working Groups 2011-2012

Steering Committee Governance Sub-Group

Provision and Distribution of Disability Equipment

This investigation was initiated following an article in the local press stating that Barnet had the worst time record for equipment to be provided to patients. Sue Blain and Linda Jackson undertook to look into this service and report back to Barnet LINK.

The method of equipment provision has now changed, as items are now being stored and distributed by named local retailers who, on the provision of a prescription from the patient, provide the equipment. This method gives the patient the option of topping up the basic models with their own money.

Over Autumn-Winter 2011, Sue Blain and Linda Jackson met with the relevant department in the Local Authority and it was agreed a survey would be developed. Both advised Adults Health and Social Care Department on its content and design. The survey dissemination started in April 2012 and the results will be presented in our following annual report.

Task and Finish Groups

In May 2011 Barnet LINK had a preparing for Healthwatch public event² to ask members about the priorities and concerns LINK should take forward over the year. Through a participatory exercise attendees directed the LINK to look at the following:

1. Health: GP Services in Barnet
2. Social Care: Carers Support in Barnet

Two Task and Finish groups were set up to look into this two areas.

Task and Finish Group on GPs

The group undertaking this work consisted of seven members of LINK, including one member of the Steering Committee; Sue Blain led the group with support from the Host, CommUNITY Barnet. The first meeting of the group was held on 30th August 2011.

At a public event on 14th of May members of the community present raised many areas of concern about aspects of GP services and a decision was taken to investigate difficulties with advanced booking of appointments and the availability of appointments, as these seemed to affect so many people. Patient satisfaction with the telephone system was included in our investigations, as this method is the most common way of accessing surgeries and making appointments.

Over August 2011 to February 2012 the group carried out desk based research, had interviews with key GP practices, exchange correspondence and surveyed GP practices. Based on their research, including NHS GP Survey website data the six

² A full May 2011 public event report is available at www.barnetlink.org.uk

surgeries with the lowest scores and the six surgeries with the highest scores. Those with lower scores were the target of focus groups and public consultations. The overall sample for this research amount to 100 residents.

The Barnet LINK report has been published as this Annual Report goes to print. It looks at the situation and, in consultation with the public, highlights the issues that patients have raised and makes recommendations for improvements where necessary.

GP Task and Finish members

Sue Blain (LINK SC and group leader)
Wilfred Canagaretna (LINK SC)
Ranil Jayasinghe
Melvin Gemp
Carole Kay
Pierre Jeanmaire

The group had a total of 16 meetings and activities over the year, including events.

Task and Finish Group on Carers' Support

The group undertaking this work consisted of four members of LINK including three members of the Steering Committee. Between June and December 2011, Linda Jackson led the group with support of Linda Edwards and the Host, COMMUNITY Barnet. The first meeting of the group was held on 5th September 2011.

Between June and December 2011 the group met Local Authority representatives, Service Users, Care Involvement Officer and the Carers Strategic and Commissioning Manager. With their guidance the group was able to decide the specific research focus. It was suggested that the LINK Carers Group could look at how cuts affected the provision of respite care and the group decided to investigate further, contacting local voluntary and community organisation experts and their users.

From January 2012 the group considered two options, investigating the social care assessments of carers or setting up a central Carers' database of respite and other activities for carers. In March 2012 the group gained expert advice from Barnet Carers, and Barnet MENCAP to develop an information campaign to raise awareness of carers generally as well as carer's assessments. At the Barnet Carers Forum on 29th of March, Carers themselves confirmed the need for an awareness raising campaign to provide more information about Health services and procedures available to Carers, while raising awareness about who is a Carer and to what carers support at GPs, Hospitals and social services they may be entitled (including assessments).

The group met 6 times in the year.

Enter and View Planning Group

The group undertaking this work consisted of three members of LINK, which included two members of the Steering Committee. Gillian Goddard led the group from July 2011. The start of the group coincided with the conclusion of the first Enter and View accredited training in Barnet when 10 Volunteers completed the training. The issue of Barnet care homes had been in the press with negative feedback and encouraged by the Director of Adults Social Services, the group targeted Care Homes for their visits.

To prepare for the task they met with relevant Local Authority representatives, including the Residential & Supported Living Suppliers and Joint Commissioner Mental Health & Learning Disabilities.

Care Home visits started in February 2012. Full reports of all Barnet LINK care homes visits are available in our website.

Mental Health Work

Although the LINK does not have a specific Mental Health Subgroup or committee this is an area that had significant development over 2011-12. With the election in late 2011, the Steering Committee appointed Wilfred Canagaretna as representative on this area. Throughout the year, the LINK received concerns from family members of service users, ex-users and the Health Overview and Scrutiny Committee. Therefore between January and March, Wilfred Canagaretna and the Host met with service users and expert local and voluntary organisations to gain more intelligence about the issue at hand and to articulate a priority. We consulted directly with both, users and managers of Barnet Voice for Mental Health and Richmond Fellowship.

It was decided the issue was quite significant so Enter and View as one of the key tools of LINK would be use to investigate this issue over 2012-13. By the time this report goes to print, more Enter and View volunteers would have been trained on Mental Health issues and challenges to start with a Mental Health focus investigation.

3 Membership

Barnet LINK participation and membership is open to all individuals and organisations who/that

- live or work in Barnet
- use Barnet health and social care services
- are related or care for someone who uses these service
- have an interest in these services
- provide support for service users

Group Membership is open to community groups, voluntary organisations, or businesses based in or operating in Barnet or providing services in Barnet and/or to Barnet residents.

Information about LINK activities is disseminated through social networking, e-mail posters and leaflets to all residents not just Barnet LINK members.

Membership numbers as at 31st March 2012

Membership numbers as at 31st March
2012

	Total		Individual Participants		Interest Group Participants	
	2011	2012	2011	2012	2011	2012
Total number of members as at 31st March	310	366				
Informed participants eNewsletter (of which 366 are members)	382	400				
Occasional participants	245	253	36	36	209	217
Interest Group Participants Breakdown						
Older Adults					58	58
Carers					15	16
learning Disability					35	35
Physical & Sensory Impaired					14	19
Mental Health					35	35
Children & Young People					52	53
BME						1
Active Participation	65	128	35	68	30	60
Number of members as at 31st March with a social care interest		47				
Number of group members with a social care interest		19				
Twitter	185	194				

4. Membership representation at Boards and external strategic Groups



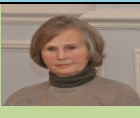

Steering Committee members attend and participate actively in a variety of Boards and groups, listed in the diagram below. Their specific contribution is included under *Section 6-Demonstrating Impact through Action (page.23)*.







STATUTORY LINK REPRESENTATION

 Jeremy Gold	 Dipak Jashapara	CARE QUALITY COMMISSION
 Gillian Jordan		HEALTH & WELLBEING BOARD <ul style="list-style-type: none"> • Health & Wellbeing Board Implementation Group
 Wilfred Canagaretna		CLINICAL COMMISSION BOARD
 Daniel Casson		NORTH CENTRAL LONDON NHS CLUSTER (PCTs) <ul style="list-style-type: none"> • Pre board meeting • Board meeting • Operations meeting • Quality & Safety (Peter Cragg)
 Daniel Casson	 Gillian Jordan	NORTH CENTRAL LONDON LINK LIAISON GROUP
 Gillian Jordan		COMMUNITY HEALTHCARE NHS TRUST

 Sue Blain	BARNET AND CHASE FARM HOSPITAL <ul style="list-style-type: none"> • Trust patient experience strategy • Commentary on quality accounts • PEAT Inspections
 Sue Blain	BARNET GENERAL HOSPITAL <ul style="list-style-type: none"> • PEAT Inspections
 Gillian Jordan	ROYAL FREE HOSPITAL 1 <ul style="list-style-type: none"> • Stroke Committee
	ROYAL FREE HOSPITAL 2 (VACANT) <ul style="list-style-type: none"> • Commentary on Quality Accounts • Transport and management Committee • Patient Experience Group
 Andrew Cowen	BARNET CARERS GROUP & BARNET CARERS STRATEGY BOARD

Barnet LINK SUB GROUP REPRESENTATION

 Wilfred Canagaretina	BARNET MENTAL HEALTH WORKING GROUP
 Sue Blain	HEALTH TASK & FINISH GROUP: GP SERVICES
 Linda Jackson	 Andrew Cowen SOCIAL CARE TASK & FINISH GROUP: CARERS SUPPORT

 <p>Gillian Goddard</p>	 <p>Dipak Jashapara</p>	<p>ENTER & VIEW PLANNING GROUP</p> <ul style="list-style-type: none"> • LINK member
 <p>Linda Jackson</p>	 <p>Young People rep (Jo Domingo)</p>	<p>CHILDREN & YOUNG PEOPLE NETWORK (REFERENCE GROUP)</p>
 <p>Linda Jackson</p>	 <p>Sue Blain</p>	<p>PROJECT: PROVISION & DISTRIBUTION OF DISABILITY EQUIPMENT</p>

5. Summary of activity 2011-12

Summary of Activity	
Requests for Information in 2011-12	2
Enter and View in 2010-11	
5 day training – accredited	1
How many enter and view visits did your LINK make?	2
Reports and Recommendations in 2011-12	
-Commentary for Quality Accounts -Central London Community Healthcare -North London Hospice	3
Referrals to OSCs in 2011-12 Barnet LINK was invited to the OSC: Mental Health issues, Dementia, Children Adolescent Mental Health Services consultation	0
Quarterly newsletters	4
E-newsletters	15
Steering Committee meetings	11
Working group meetings GP Services Task and Finish Group Carers Task and Finish Group Enter and View Planning Group	16 6 2
Host and Chair or Working Group meetings	24

The LINK responded to member requests to investigate the following issues:

Nature of request	To	Responses in 20 Days
Social Care issues raised at public meeting: 1. Elmstead Care Home- concerned raised by member 2. Carers Support	Care Home	Enter and View took place Met with Carers Forum and voluntary sector partner
Provision and Distribution of Disability Equipment	LBB	Survey with LBB out awaiting responses
Concerns over increasing incidence of bedsores in Care Homes/ Nursing home residents	LBB	In action plan for new committee

Key

LBB: London Borough of Barnet

BNHS: Barnet NHS PCT

5.1 Barnet Link outreach activities and events

This year the LINK has had a combination of public meetings, engagement and outreach events. We have had two main public events and have attended more than ten community based activities.

5.1.1 Public Events

I. The Role of Barnet Local Involvement Network (LINK) and Barnet Local Healthwatch

The Healthwatch event held on Thursday 12th May 2011 was well attended by existing and new members of the LINK. The guest speaker for the event was Elizabeth Manero, Director of Health Link.

The purpose of the event was two fold:

- To revisit the role of the LINK in shaping the Health and Social care provision in Barnet and its transition into the proposed Healthwatch in 2012.
- To give members the opportunity to contribute towards the shape of future priorities for Barnet LINK.

There was an opportunity for those present to ask questions. Below are some of the key questions raised.

1. What statutory powers do LINKs have?

The LINK can make unannounced visits using its power of 'Enter and View'.

2. Legionella bacteria in Care Homes – will service providers be sympathetic towards the LINK when they are criticised by the LINK?

This is an opportunity for contractors to raise the standards.

Building a productive relationship for seeking improvements is important. The Council is allowed to put a clause in the service contract where LINK is allowed to 'Enter and View'.

3. What happens if a care home won't let you in?

The Health Overview and Scrutiny Committee will support the LINK in undertaking an Enter and View.

4. If there is an issue with a service what can we do about it when funding is being reduced?

E.g. Barnet Psychiatric Unit is reducing their number of beds even though there is already a current shortage. There is an issue about the process to prevent services from deteriorating.

5. What is involved in the new Healthwatch? Are these additional roles to be generic responsibilities (newsletters and websites) or specific to individuals?

Healthwatch decides what it will take on. However, it does not seem feasible to provide one to one support. This would be a substantial workload which would require a number of staff and thus need substantial funding.

6. Is there potential for LINK to improve Care Homes?

Yes, it can find out what the best practices are, and make recommendations.

7. How can LINK support community organisations?

Gathering knowledge through conversations – possible funding for some health related investigations.

In relation to **informing Barnet LINK priorities**, attendees were asked to share their areas of concern about aspects of health and social care in the borough. The public raised many areas of concern and prioritised them as you can see from the list below.

Social Care

Carers Support – 8
Day Centres – 3
Care Homes – 3
Paid Carers – 1

Healthcare

GPs – 7	Dentists - 0
Hospitals – 5	Opticians – 0
Mental Health – 6	Learning Disabilities – 0
Community Services – 4	Ambulance Services - 0
Pharmacists – 1	

The major areas of concern were GP services and Carers Support, as a result of this finding Barnet LINK set up a Task and Finish groups. At a Greeting and Planning Event on 14th July 2011 leaders of the groups were appointed and, after consultation, the decision was made to concentrate on priorities raised by the public.

II. Barnet LINK Greet and Plan event 14 July 2011

Barnet LINK Steering Committee was keen to get to know those being trained in Enter and View, while taking this opportunity to involve them in planning. This event also involved Barnet LINK active members, that were not in the Steering Committee and was the starting point of the Task and Finish Groups.

The event was facilitated by the Host and was an informal planning session.



III. Barnet LINK held its Annual General Meeting and public engagement event entitled:

Making a difference with effective consultation and resident involvement- 4th November 2011

The event started with a presentation from Abbey who is a representative of Youth Shield Children and Adolescents Mental Health Group. She spoke about her experiences as part of the consultation on Child and Adolescent Mental Health Services (CAMHS) for In-patient Services. She said it was important to listen to the experiences of people that use the services. Her group thought that the consultation questionnaire was not user-friendly and that their questions about the service were not answered. East London has a participation group and a participation worker, who specialises in listening to and reporting the views of young people and this seems like a good way of listening to young people.



Abby and other panel members provided information on their role and reported some of the points raised in the group discussions.

Dr Sue Summers, Chair of Barnet Clinical Commissioning Group.

Dr Summers gave a presentation on the NHS structures. Dr Summers was elected by G.P.s to sit on the North Central London Board. She is keen to strengthen partnership working and to develop strong working relationships with the Health and Wellbeing Board (HWB) and to focus on the particular health needs for the Borough.



Cllr Helen Hart, Cabinet Member for Public Health



Cllr Hart said that the Health and Wellbeing Board is very important, the Director of Public Health is a member and it has representatives from London Borough of Barnet (LBB) senior cabinet officials. The LINK is the voice of the patients on that Board and it is important that the LINK is involved from the outset in the initial planning of services and it's important that the LINK representative provides both positive and negative feedback.

Cllr Rajput, Cabinet Member for Adults

Cllr Rajput said a key area is the focus on critical and substantive care and that the eligibility criterion is not reduced. It's also important to look at what residents can do for themselves and where they can take responsibility for their own health.



Ceri Jacobs Associate Director of Joint Commissioning, Barnet Adult Social Care and Health

Ceri explained that she was attending the meeting in place of Kate Kennally, Director for Adults and Social Care, London Borough of Barnet.



Ceri said that health and social care would now be more closely linked when planning and delivering services. She said that the Health and Wellbeing Board needs the public's input from the start. For example, it's important that care homes provide high quality services.

Ceri highlighted the following points from her discussion group: that consultations don't always ask the right questions and different communication methods should be used, to ensure everyone that wants to, can contribute and that the LINK should tackle difficult subjects.

Elizabeth Manero, Director of HealthLINK

Elizabeth was previously Chairperson of the Community Health Council in Barnet and is a member of the Health and Medical Education Board of England. She said the LINK is the voice of patients and should be actively involved in monitoring delivery. The new structures could be key in co-ordinating different perspectives.



Then participants met in small groups to discuss the following question:

How can resident involvement be developed and enhanced in decision-making?

Comments and ideas were wide ranging, including:

- importance of decision makers to be educated about the needs and perceptions of young people and the different groups or communities, ensuring they can be educated to provide effective commissioning

- call for more young people to be involved and participate in decision making

- call for using plain English and ensure the documents, consultations and meetings were accessible in terms of language, venue and forms.

- importance of social networking and on-line interaction in addition to meetings.

- improve promotion, press, schools involvement

- never assume young people are not interested; ensure there is a clear



question put forward to them and allow time for them to come back

- emphasis on the importance of the LINK now increased profile to be more present in the press and to capture people concerns

- recognised the lack of funds and resources does not benefit resident involvement in decision making and attendees asked Cllr Rajput and other officials to look into ensuring that the LINK and such vehicles are supported to engage with hard to reach groups, refugees, young people, etc.

- called for a genuine dialog, because 'some times it feels decisions have already been made and they are only consulting to tick the box'

- ensure they use 'people talk'= accessible language

- ensure decision makers, statutory bodies learn from this such events (LINK AGM) where this small group discussions are really useful and allow more people to have their say

AGM section and Governance Documents

CommUNITY Barnet provided the following summary of how the Procedures and Constitution were devised. A LINK working-group was established and undertook an in-depth review, finishing over summer 2011. As the new host organisation, CommUNITY Barnet staff also contributed to the review. Some LINKs have simpler framework documents, but Barnet LINK thought it was important to follow best practice as its members will have a lot of responsibility in attending senior-level Boards and so should be equipped to manage their responsibilities.

The Constitution, Governance Procedures and Handbook provide guidance on a range of areas, including equality and diversity, procedures for attending and reporting on meetings, guidance on Enter and View visits, complaints and expenses and safeguarding. It also includes a Code of Conduct, based on the Nolan Principles on Public Life. The working-group also incorporated feedback from other groups, such as the Over 55 Group.

There was a vote by show of hands. A majority of 21 people voted in favour of adopting the Governance Procedures and Constitution.

A member asked whether further discussion on the documents was needed. There was a vote by show of hands on whether the Governance Procedures and Constitution needed further discussion.

There were 7 votes in favour of further discussion and 16 against further discussion of the Governance Procedures and Constitution. The document was approved.

5.1.2 Barnet LINK Public Meeting Thursday 2nd February 2012

The meeting was well attended by existing (33) and new members (7) of the LINK. The guest speaker at the event was Dr Sue Sumners, Barnet Clinical Commissioning Group Chair.



The purpose of the event was to:

- observe a Steering Committee meeting and gives residents the chance to provide input for Barnet's Health and Well-Being Strategy
- give members the opportunity to contribute towards the shape of future priorities for Barnet LINK

Attendees were asked to get into small groups to discuss actions to fulfil the Health and Well-Being Strategy. Topics of discussion were Immunisation, Social Care content, Smoking Cessation, Greater Responsibility for our Health, Develop Campaigns on Mental Health and Learning Disabilities, Childhood and Adult Obesity, Rate of hospitalisation. The feedback given was conveyed by Barnet LINK SC reps at Health and Well Being Board and CCG.

Then the meeting moved on to: **Have your say about the planned £3 million reduction in Barnet's prescription budget and raise any other questions about Barnet's GP services.**

Dr Sue Sumners, GP and Chair of Barnet CCG Board talked about Medicines Management in Barnet.

Attendees comments ranged from GPs need to communicate more through support and information sharing to questions about how are unregulated drugs making their way into chemists/pharmacies.



5.1.3 LINK training

In May 2011, Barnet LINK held its first **Enter and View Training**. Enter and view training involved 5 half day workshops – 2 were introductory, 2 include observational Enter and Views (one health and one social care) and one was a review session at the end of the programme.



The training was accredited by the education charity, ASDAN, who are a nationally approved awarding body. The training produces a short portfolio of evidence which is checked by ASDAN before a Training Certificate is given. A total of 10 volunteers completed the training and were certified by September 2011, including CRB checks.

In November 2011, **the new Steering Committee had a learning session as part of their induction programme.**

The session focused on their new role representing the views of LINK members at key meetings, boards and on committees. The trainer and Steering Committee looked in detail at the Roles and Responsibilities and the Code of Conduct (part of the Barnet LINK Constitution and Governance Document).

5.1.4 Outreach events

Barnet LINK was present at the following events, promoting LINK membership and specific consultations:

1. Multicultural Festival, June 2011
2. SANGAM Child Abuse Event, June 2011
3. Barnet Joint Strategic Needs Analysis meeting, June 2011
4. Barnet Disability Parliament, June 2011
5. Mental Health Network, July 2011
6. Deaf Forum, August 2011
7. Volunteer Managers Forum, August 2011
8. Children and Young People Network, August 2011
9. Chase Farm Hospital AGM, September 2011
10. Barnet PCT AGM, September 2011
11. Inter-Faith Week, November 2011
12. Green Man Opportunities Fair, February 2012
13. Carers Forum, March 2012



6. Demonstrating Impact through Action

In this section we are summarising the work Barnet LINK Steering committee has carried out during the year at specific strategic forums, its impacts and/or the challenges we have faced.

Name of Board/Forum	Meetings Attended	Issues raised	Name of rep
BCF NHS Trust Patient Experience Strategy Working Group	5	<ul style="list-style-type: none"> Staff need clear written guidelines that must be followed and a shift from what has been done to new compliance 	Sue Blain
Barnet Health & Wellbeing Board	3	<ul style="list-style-type: none"> Use the JSNA document for future planning 	Ian Kaye Gillian Jordan
BCF NCL LINK Operational meeting	1	<ul style="list-style-type: none"> NCL request LINK help source patients to provide 'the patient voice' on Individual Funding Requests Source a patient to act as a 'patient expert' for the Service redesign and prioritization Group 	Peter Cragg Sue Blain
Finchley Memorial Hospital	2	<ul style="list-style-type: none"> Help with patient protest when they are redeployed to the hospital from GP 	Peter Cragg
NCL Board	1	<ul style="list-style-type: none"> LINK can use this meeting to air concerns that are impossible in formal NCL board sessions 	Ian Kaye
Older Adults Partnership Board	1	<ul style="list-style-type: none"> Improving reporting between OAPB and LINK 	Ian Kaye
Children & Young People Network	2	<ul style="list-style-type: none"> LINK can co-ordinate with voluntary organisations and liaise with Community Barnet regarding children's mental health needs 	Linda Jackson
Barnet Clinical Commissioning Group	2	<ul style="list-style-type: none"> Providing patients voice in the CCG shadow Board Raised awareness of issues raised by residents 	Gillian Jordan/Allan Jones/Sue Blain
Health Overview & Scrutiny Committee	1	<ul style="list-style-type: none"> Link consider a prompt review under the Enter & View programme of Elysian and Springwell. To identify progress and improving services. 	Allan Jones
Barnet Enfield Haringey Clinical Strategy	1	<ul style="list-style-type: none"> Invited to restart conversations and input from May 2011 	Ian Kaye
Ageing Well	1	<ul style="list-style-type: none"> LINK will discuss how it can help with the strategy 	Peter Cragg

7. Finances Year 2011-12

This is the financial report from when our new host was appointed in October 2010.

Total budget for April 2011-March 2012- £95,000

Spending	
Total spend by host organisation	£75,975.99
Total spend by LINK	£19,024.00

LINK Budget expenditure details

Expenditure:

£ 6,653.00 under spent from

£13,979.01 direct project spent (*meeting, PR, events etc*)

direct project underspent provisions:

£5,700.00 training cost carried forward – spent May/June 2012

£2,028.00 database development carried forward to 2012/13

£4,000.00 research and consultations carried forward to 2012/13

£61,892.52 LINK project staff (incl all oncosts)

£6,454.93 LINK operational overheads

£7,682.54 Support staff (*finance, admin, management/oversight*)

TOTAL £ 95,000.00

Balance £11,728.00 carried forward to 2012/13 direct project spent

8. Next Steps-2012-13

Transforming into Healthwatch and becoming a strong representative and voice for Barnet patients were two of our main overarching priorities over 2012, as mentioned earlier. With these in mind Barnet LINK Steering Committee prepared the action plan, which guided the research groups and investigations done.

Here is a report of the achievements related to the workplan set. Which serve as background for our work in 2012-13.

Healthwatch workplan 2011-12

KEY DRIVERS

The LINK must make most of the reforms to give local people influence on decision-making on commissioning and provide sound evidence to Healthwatch England that will improve national intelligence on patient and user experience. For this it must:

- build good relationships with existing and emerging statutory bodies locally
- improve the LINK profile so it is 'wired' into the community and able to draw in views
- demonstrate its capacity to work systematically to turn views into evidence

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
PHASE 1 –2011				
1. Undertake effective consultation on 2 designated issues. [consider combining with practice Enter and View visits so select topics accordingly]	1. Select 2 topics, one each for health and social care selected 2. Plan simple consultation 3. Check for opportunity to combine with statutory consultations 4. Consult community groups 5. Map selected and responding community groups to Barnet demographic profile 6. Process responses systematically, feed back and publicise	6-8 weeks per topic Sep-Dec	2 consultations planned, delivered, processed and publicised , one each on a health and social care topic	<ul style="list-style-type: none"> Two groups were set up by LINK SC members and member of the LINK At a public event in May 2011, Barnet residents set priorities for these two groups. One on Health (GP services) and one on social care (carers support)
RATIONALE-FOR WHEN HEALTHWATCH COMES IN <ul style="list-style-type: none"> IMPROVE CAPACITY IN CONSULTATION, CREDIBILITY AND PROFILE IMPROVE CAPACITY TO PROVIDE ROBUST EVIDENCE, ADD CREDIBILITY AND SUBSTANCE TO RELATIONSHIPS WITH STATUTORY SECTOR, 				

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
2. Visit community events to publicise LINK and forthcoming greater powers	<ol style="list-style-type: none"> 1. Search CommUNITY Barnet directory/contacts and LBB What's On Events database www.barnet.gov.uk/whats_on.htm to select events targeted for high attendance, geographic /demographic spread. 2. Arrange attendance at events 3. Distribute LINK publicity 4. Consult as part of goal 1 5. Process and contribute to goal 1 	Sep-Dec 2011	<p>6 Events attended during Phase 1 (combine with delivery of goal 1) across the Borough, with a range of demographics engaged.</p>	A calendar of events was set up to outreach, events and attendance at events can be found in section 5.1
RATIONALE – FOR WHEN HEALTHWATCH COMES IN CONTINUE TO <ul style="list-style-type: none"> ▪ IMPROVE RELATIONSHIPS WITH COMMUNITY ▪ IMPROVE CAPACITY IN SEEKING VIEWS ▪ ADD CREDIBILITY AND SUBSTANCE TO PROFILE WITH STATUTORY SECTOR ▪ BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING 				LINK Barnet thinks relationships with communities improved much more, thanks for the support and networks of CommUNITY Barnet. A true achievement was the preparation to co-opt more diverse Steering Committee when appropriate and LINK attendance to a wide diversity of events and activities

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
3. Distribute a Newsletter targeted at community groups	<ol style="list-style-type: none"> 1. Identify budget and 'reality check' on time and resources 2. Select community groups to provide geographic and demographic spread. 3. Set up telephone interviews with staff in groups 4. Alert them to the LINK and forthcoming greater powers, 5. Consult them on Newsletter content, frequency, distribution methods 6. Design Newsletter 7. Develop and cost distribution strategy including ward based distribution via Councillors 8. Implement strategy 9. Ring sample target groups to check distribution and get feedback 	Jul-Dec 2011	1 Newsletter produced by the end of Phase 1, which showcases the work in goal 1, recites the dialogue undertaken in the targeting process and provides other content as specified by target groups.	<p>Barnet LINK produced:</p> <ul style="list-style-type: none"> -printed newsletters -3 weekly newsletters -press releases -reports from events -involved LINK members in e-newsletter content, frequency and design through surveys -set up social networking training and involved all steering committee members

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<i>RATIONALE – FOR WHEN HEALTHWATCH COMES IN</i> <ul style="list-style-type: none"> ▪ <i>IMPROVE RELATIONSHIPS WITH COMMUNITY SYSTEMATICALLY (SHOW DEMOGRAPHICS),</i> ▪ <i>MAKE BEST USE OF RESOURCE BY TARGETTING, DEMONSTRATING VALUE FOR MONEY</i> ▪ <i>DEMONSTRATE RESPONSIVENESS TO COMMUNITY,</i> ▪ <i>BUILD ‘COMMUNITY CONNECTIONS’ FOR FUTURE CONSULTATION</i> ▪ <i>BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING</i> 				<p><i>Communications were revised regularly, a decision was made to stop the printed newsletter and concentrate in electronic communications. Printing copies for members that preferred or do not use e-mail/web.</i></p> <p><i>Research on GP services was conducted as a systematic way of gathering residents views and the report will be ready over summer 2012.</i></p> <p><i>LINK also worked with the Local Authority and NHS to involve residents and community organisations in the JSNA and other health and social care consultations.</i></p>
<i>PHASE 2 - NOVEMBER – DECEMBER 2011</i>				

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
4. Agree and deliver GP 'offer' of what LINK can offer to the consortium and get in return	<ol style="list-style-type: none"> 1. Scope what the LINK can offer to the GP Consortium**2 see comment on last page(e.g. evidence for commissioning) and what they can receive in return (e.g. access to PPGs for membership) 2. Negotiate permission to publicise discussions to build momentum 3. Assess? Assess what? from NHS Barnet transition process and decision-makers in the GP community 4. Seek slot in consortium meeting to put forward offer/meet key GPs 	Nov-Dec 2011 for publication in February 2012 Newsletter	Clear offer agreed that results in increased membership for LINK and participation in process of shaping consortium's approach to PPI.	<p>Building relationships with the Clinical Commissioning Group started since LINK's annual general meeting in November 2011. Since then Dr Sumners, CCG Chair has been open and engaging with LINK members in public meetings.</p> <p>More specifically, the GP research produced by the Task and Finish working group set as a result of this workplan, is a specific working topic between the CCG and the LINK. Barnet LINK aims to support residents feedback to create change and improvement in accessing GP services and appointments system in Barnet.</p>

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
<i>RATIONALE- FOR WHEN HEALTHWATCH COMES IN</i> <ul style="list-style-type: none"> ▪ <i>MAKE THE CASE FOR INVOLVEMENT IN COMMISSIONING BY CONSORTIUM</i> ▪ <i>PROVE INDISPENSABILITY TO CONSORTIUM FOR COMMISSIONING INTELLIGENCE INCREASE REACH INTO COMMUNITY</i> ▪ <i>RAISE MEMBERSHIP</i> 				
<i>PHASE 3 – JANUARY – MARCH 2012</i>				
5. Review progress against DH Transition Plan	1. Identify any remaining missing actions from transition plan 2. Implement	End Jan 2012 to complete end Mar 2012	Satisfactory progress on DH Transition Plan	
<i>RATIONALE – FOR WHEN HEALTHWATCH COMES IN</i> <ul style="list-style-type: none"> ▪ <i>ENSURE READINESS FOR HEALTHWATCH</i> ▪ <i>MAKE BEST USE OF CAPACITY/RESOURCES TO MAR. 2012, READY FOR HEALTHWATCH</i> 				

GOAL	ACTION	TIMESCALE	MEASURE	REPORT
6. Consolidate capacity building, profile, credibility and community relationships	<ol style="list-style-type: none"> 1. Develop legacy document for Healthwatch 2. Combine all reports and visit work done methodology developed and database of contacts etc. 3. Log any outstanding recommendations that need to be followed up 	Jan-Mar 2012	<p>Statutory sector aware of Legacy.</p> <p>Role in the Consortium.</p> <p>Equal membership rights on Health & Wellbeing Bd. **1-see comment at end</p>	Barnet LINK has reported on its work and development in the previous pages. A good result for the LINK is the regular involvement in Health and Wellbeing Board, Clinical Commissioning group, Overview and Scrutiny Committee and a wide variety of working groups.
<p><i>RATIONALE – FOR WHEN HEALTHWATCH COMES IN</i></p> <ul style="list-style-type: none"> ▪ <i>GATHER EVIDENCE OF OUTPUTS TO ESTABLISH AUTHORITY AS ROUTE TO INFLUENCE</i> ▪ <i>DEMONSTRATE CAPACITY TO BE INDISPENSABLE ELEMENT IN THE NEW STRUCTURE.</i> ▪ <i>MOTIVATE MEMBERS THROUGH TRANSITION</i> ▪ <i>ENCOURAGE JOINERS THROUGH CREDIBILITY AND SKILLSS ENHANCEMENT</i> 				



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