

**AGENDA ITEM: 16**

Pages 75 - 92

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Barnet Local Involvement Network (LINK) Annual Report</b>
Report of	Assistant Chief Executive CommUNITY Barnet
Summary	Local Involvement Networks provide the opportunity for local people to have their say and hold local health and care services to account. They also have powers to refer matters to the relevant Overview Scrutiny Committee.  The Barnet LINK Annual Report will be presented by the LINK representative.

Officer Contributors	Strategic Policy Adviser-Chief Executive's Service
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – LINK Annual Report
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Andrew Nathan, Chief Executive's Service, 020 8359 7029

## **1. RECOMMENDATION**

- 1.1 That the Committee note and comment on the Annual Report of Barnet LINK and comment on any areas of work where the two parties might productively work together.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 15 September 2010 (decision item 10): Local Involvement Network update and Annual Report 2009-2010
- 2.2 Adult Social Services Overview and Scrutiny Sub-Committee, 22 November 2010 (decision item 7): Local Involvement Network update and Annual Report 2009-2010

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities. The three priority outcomes set out in the 2011/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb
- 3.2 The statutory basis for LINKs is contained in the Local Government and Involvement in Health Act 2007, which includes a requirement for a local authority to procure a host organisation to support the LINK.
- 3.3 The work of the LINK in assessing services from a user perspective and making recommendations for better practice should assist in providing better services with less money. It is an example of a new relationship with citizens, involving them in service design and delivery.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None specifically arising from this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
  - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring

5.2 The requirement for the LINK host to recruit and involve the full range of Barnet's diverse communities was written into the current specification, and therefore forms a part of contract monitoring.

5.3 10 per cent of the marks in the first stage evaluation of companies that expressed an interest in the original contract were allocated according to equalities considerations

5.4 The LINK's Annual Report describes how they have attempted to act in an inclusive manner to engage and involve all of Barnet's diverse communities.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 The Council contracts with Community Barnet to provide hosting services for the LINK, and £100k of funding to enable this is held in the Chief Executive's service budget. The value of this contract in the current year is £95,000.

## **7. LEGAL ISSUES**

7.1 With reference to paragraph 9.2 below the Health and Social Care Bill is scheduled to commence the "report stage" on 8 February 2012 which will entail further line by line examination of the Bill.

7.2 No other legal issues save those already referenced in the body of the report.

## **8. CONSTITUTIONAL POWERS**

8.1 The scope of Scrutiny Committees is contained within Part 2, Article 6 of the Constitution; the Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).

## **9. BACKGROUND INFORMATION**

9.1 Local Involvement Networks (LINKs) for Health and Social Care are a statutory requirement under the Local Government and Public Health Act 2007. They are networks of local people who are able to influence local health and care services, including having limited powers of inspection.

9.2 The legislation sets out a tripartite relationship between local authorities, who received a notional sum from the Department of Health through Area Based Grant to tender for a host organisation. The host recruits to and establishes a local LINK, and administers and support their work. The hosting contract for Barnet LINK was originally awarded in July 2008, and since 1 October 2010 the service has been provided by Community Barnet. Their contract is currently being extended through to 1 April 2013. Subject to the passage of the Health and Social Care Bill, from that date a new organisation will be created, local HealthWatches, which will build on the work of LINKs and acquire additional responsibilities around patient advice, liaison and advocacy.

- 9.3 The Barnet LINK held its Annual General Meeting on 10 November 2011 at which a new Steering Group was elected. The AGM also noted the LINK's Annual Report for 2010/11 which is required to be submitted to the Department of Health.
- 9.4 A link representative will present the Annual Report and outline Barnet LINK's current activity more generally. The Committee are invited to comment and identify where there may be areas of mutual interest and where Barnet LINK (and from April 2013, local HealthWatch) can support the Committee's work programme.

## **10. LIST OF BACKGROUND PAPERS**

10.1 None

**Legal – HP**

**CFO – JH**



# Annual Report 2010 - 2011



**This page is intentionally left blank**

## Contents

	Page
<b>1. Introduction</b>	
<b>1.1 What is Barnet LINK?</b>	2
<b>1.2 introduction from Barnet LINK Chair</b>	
<b>2. Key Facts about Barnet LINK</b>	3
<b>2.1 Steering Committee and Decision Making</b>	3
<b>2.2 Barnet LINK Steering Committee 2010-2011</b>	4
<b>2.3 Working Groups 2010-2011</b>	4
<b>3. Membership numbers</b>	5
<b>4. Membership representation at Boards and external strategic Groups</b>	5
<b>5. Summary of activity</b>	7
<b>5.1 Outreach and events</b>	8
<b>5.1.1 Welcome event</b>	8
<b>5.1.2 Public meeting</b>	9
<b>5.1.3 LINK training</b>	9
<b>6. Demonstrating Impact through Action</b>	10
<b>7. Finances Year 2010-11</b>	15
<b>8. Next Steps</b>	15

## 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

On the 1st November 2010 Barnet Council appointed CommUNITY Barnet to be the Host for Barnet LINK. An important focus for the Host and the LINK was to increase LINK membership. By the 31st March 2011 LINK members had increased from approximately 80 to 300 members. This was achieved by holding a number of well advertised LINK events of interest to Barnet residents. New publicity material was created to help promote the LINK along with reply cards allowing people to put questions or concerns to the LINK. A number of training events were organised again to help promote the LINK and assist in recruiting active members. Thanks to the work of CommUNITY Barnet, during the period from their appointment to 31st March 2011, firm foundations are now in place for the development of LINK within Barnet.

It was important that the LINK be involved with the changes that occurred with the Primary Care Trust (PCT) structure not only in Barnet but in the North Central London (NCL) sector. The LINK attends the NCL Board Pre-Meetings and has a seat on the NCL Board. We also have good liaison with the local NCL Borough Director and her team. It was also important for us to build up good relations with the four other LINKs that operate in the NCL sector. This has resulted in regular meetings between all five LINKs and has given us a common approach to trans-regional issues.

The LINK was requested to appoint representatives to the Barnet Health and Well-Being Board and the GP Clinical Commissioning Group. To support this representation on the Boards the LINK has been arranging meetings with the voluntary and community organisations' networks that operate in Barnet to listen to and be in a better position to present concerns raised to the appropriate Boards.

An important priority for the LINK and in preparation for our transition to HealthWatch was the set up of consultation groups, called 'Task and Finish' groups. An engagement event in May 2011 was held to allow LINK members to state areas of work they would like the LINK to undertake. The result of this members' consultation was that Carers and GPs had the highest score. A further event took place where LINK members stepped forward to form the Carers' and GPs' Task and Finish groups. Future reports on activities and findings will be available in our 2011-12 annual report.

Another important priority within the LINK work plan is the 'Enter and View' (E&V) programme. A comprehensive accredited E&V training programme for all LINK members was set up at the end of this year (2010-11). It received a good response. This has resulted in ten LINK members being accredited to undertake E&V work in due course. The E&V work programme is currently being developed.

In the next pages, we give a report of activities, requests for information to statutory bodies and financial matters. This year the Department of Health has changed the format for this report and so we have amended our reporting to match the requirements. Please note that due to the change in host, some of our activities were delayed and hence the relevant reports will be included in the forthcoming year.

All of the above are foundations we are laying to prepare for our transition into HealthWatch in 2012. It is a demanding but important task and we are eager to hear members' and Barnet residents' suggestions about making the LINK/HealthWatch an effective representative voice for Barnet public and patients.

We have been delighted to see Barnet residents and LINK members attending events and joining in activities. We would like to thank all of those who have been getting involved, including statutory and voluntary sector partners.

People are welcome to become involved further, in working groups, events or on-line. Our contact details can be found on the back cover of this report and enclosed we have included Membership Forms.

We look forward to meeting and hearing from you.

Ian Kaye, Barnet LINK Chair

## 2. Key Facts About the LINK

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 up to 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.

### 2.1 Steering Committee Responsibilities and Decision-Making

The Steering Committee:

I.	Steers the work of the LINK by:
	<ul style="list-style-type: none"> <li>• safeguarding that it operates within its statutory framework and in accordance with its mission, vision and values</li> <li>• establishing clear priorities and guiding the planning of LINK work and its implementation</li> <li>• ensuring that participation in the LINK is open and inclusive</li> </ul>
II.	Serves as the 'public face' of the LINK and together with the Host, manage LINK communications and act as ambassadors of the LINK
III.	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
IV.	Appoints 'Authorised Representatives', formally signs off formal visits, and ensures that visits are undertaken in accordance with agreed procedures

V.	Ensures that all LINK members/participants act within the LINK constitution and code of conduct and in accordance with LINK work plans and decisions
VI.	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
VII.	Ensures good communication flow within the LINK
VIII.	Appoints LINK representatives to other bodies, boards, forums, networks and meetings, and supports representatives in their role
IX.	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 2010-2011

- 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

### 2.3 Working Groups 2010-2011

#### Steering Committee Governance Sub-Group

In November 2010 the Steering Committee decided to set up a Governance sub-group to revise the LINK Constitution and Key Policies. The document was revised in light of roles and responsibilities of any LINK.

Members of the group:

- Linda Jackson
- Peter Cragg
- Tim Sims

They worked closely with the Host to develop the Governance documents. A restructured and more user friendly document has been produced, approved by the Steering Committee, and will be put forward at the AGM 2011 for members' approval.



### 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.

People do not have to become a Member to receive information via social networking, e-mail and hard copies. All residents are invited to public meetings and events.

#### Membership numbers as at 31st March 2011

**Total number of members as at 31st March 2011 = 310 members**

	Total	Individual participants	Interest group participants
Informed participants- e-newsletter	382		
From which 310 are members			
Occasional participants	245	36	209
Interest Group participants break-down	209		
<ul style="list-style-type: none"> <li>• Older Adults</li> <li>• Carers</li> <li>• Learning Disability</li> <li>• Physical &amp; Sensory Impaired</li> <li>• Mental Health</li> <li>• Children and Young People</li> </ul>			58 15 35 14 35 52
Active Participation	65	35	30

#### Social Networking

Twitter	185 Followers
---------	---------------

### 4. Membership Representation at Boards and External Strategic Groups

Steering Committee members attend and participate actively in a variety of boards and groups, listed below. Their specific contributions are included under **Section 6 - Demonstrating Impact through Action (page 10)**.

#### *Women's and Children's Services Committee - Chase Farm, the North Middlesex and Barnet Hospitals*

Linda Jackson and Sue Blain represented Barnet LINK at the above committee meetings. Unfortunately, only four meetings were attended before it disbanded, so no recommendations were made.

The aim was to ultimately cut costs by ensuring services were not duplicated on several sites.

#### *Patient Experience Strategy Committee and Patient Experience Strategy Workshop at Barnet and Chase Farm NHS Trust*

Sue Blain has represented Barnet LINK at the above meetings for nearly three years.

#### **NCL LINKs (Barnet, Camden, Enfield, Haringey and Islington)**

Gillian Jordan has represented Barent LINK at the above bi-monthly meetings.

#### *Westminster Health Forum - 1 day conference HealthWatch & creating a patient-centred NHS – June 2011*

Gillian Jordan and Sue Blain attended and submitted a report subsequently.

#### *Royal Free Hospital Barnet LINK Representation*

Gillian Jordan was involved, until June 2011, in regular PEAT and mini PEAT inspections; she is also

- a member of the Patient Experience Strategy Committee
- on the Project Team of the Releasing Time to Care project
- member of Transport Management Group and she is a judge on the annual Cordwainers' Awards.

She continues to be a member of the Stroke Committee.

#### *Barnet Primary Care Trust (PCT) and North Central London NHS*

Peter Cragg attends North Central London NHS Cluster meetings.

#### *Finchley Memorial Hospital Planning Group*

This hospital, built about a hundred years ago, is being replaced with a new modern building on the same site in Finchley. The new building, planned as a community hospital with accommodation for GP practices, is on target to finish towards the end of 2012.

Throughout the planning and construction stages Peter Cragg has represented Barent LINK at various Project Group meetings and has chaired meetings of both residents and stakeholders.

#### *The Older Adults Partnership Board*

This is one of several groups organised by the London Borough of Barnet which, within the budgetary constraints currently being experienced, attempts with others to improve the health and wellbeing of the older population.

Peter Cragg holds the position of Co-Chair; the membership of the Board is equally divided between council officers and representatives of voluntary or the 'not for profit' sector.

The agenda is open to all and is another example of patient and public involvement.

**Barnet Clinical Commissioning Steering Group and Barnet Health and Well-Being Board: Although these two boards started operation after April 2011, we think is important to mention that Barnet LINK is a member of both boards. Ian Kaye, Gillian Jordan and Allan Jones have been representing LINK in a rotation basis.**

### 5. Summary of Activity

<b>Summary of Activity</b>	
<b>Requests for Information in 2010-11</b>	2
<b>Enter and View in 2010-11</b>	
Training- refresher for experienced members	1
5 day training - accredited	1
How many Enter and View visits did your LINK make?	0
<b>Reports and Recommendations in 2010-11</b>	2
- Commentary for Quality Accounts	
<b>Referrals to OSCs in 2010-11</b>	0
Barnet LINK was invited to the OSC: Mental Health issues, Dementia	

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

Nature of request	To	Responses in 20 Days
<b>Social Care issues raised at March 2011 public meeting:</b>	LBB	Yes
1. Removal of social workers from the Home Treatment Team (re mental health)		
2. Challenge representation at Health and Wellbeing Board. Only one LINK member represents all health and social care needs of residents and voluntary groups - it is tokenistic.		

3. Accuracy of data re care of the elderly.		
4. Assessment criteria for care only means tested.		
5. Barnet Council & NHS awareness raising campaign on early stages of mental health problems		
6. Changes proposed for Disability Living Allowance, both nationally and locally		
Legionella found in care homes (March 2011)	LBB	Yes
Provision and Distribution of Disability Equipment (October 2011)	LBB	N/A It was agreed with the service provider that a joint survey with Barnet LINK would be undertaken, Autumn 2011
Poor care of elderly patients in hospitals		Prior October 2010 - no records available
Concerns over the transferring of mental health services to GPs		Prior October 2010 - no records available

**Key**

**LBB: London Borough of Barnet**  
**BNHS: Barnet NHS PCT**

#### 5.1 Barnet LINK Outreach Activities and Events

In January 2010, the LINK had a stand at the Opportunity Fair held at the Green Man Community Centre in East Finchley. This gave us our first opportunity to inform the public about the LINK.

We had useful discussions with members of the public about their hospital experiences and their views on health and social care. The fair also gave us a useful opportunity to network with other local groups.

##### 5.1.1 Welcome Events

In February 2011, Barnet LINK held three welcome events across Barnet:

On 3rd February, David Riddle, Chief Executive of Barnet Primary Care Trust, spoke about the Health and Social Care Bill 2011 and its impact on health services in Barnet and the North London Sector.

There was a particular emphasis on GP consortia, and the role that LINKs will play in identifying the health needs of local communities.

The theme for the second event on 10th February was care homes and the development of a 'Barnet LINK Care Homes' project – particularly building on the good work of Pamela Wells (Barnet LINK member and renowned advocate for changes in care homes).

We explored the use of the LINK's Enter and View powers, as well as ways of promoting good practice. We had a number of Care Home providers in attendance, as well as a domiciliary care provider.

The next step was to develop a detailed project brief – and to test it out with individuals and organisations with an interest in care homes.

The final welcome event was held on the 15th February. Dominic Dodd (Chair), David Sloman (Chief Executive) and Angela Bartley (Public Health Lead) from the Royal Free Hospital spoke to LINK members as part of the public consultation on the proposal for the hospital to become an NHS foundation trust.

Barnet LINK contributed to this consultation on behalf of it's members.

### 5.1.2 Public Meeting

In March 2011 the LINK hosted a public meeting entitled The shape of adult social care in Barnet , which was very well attended by members (70 attendees).

This was an opportunity for senior officers in Barnet Council's Adult Social Care department to give feedback to the LINK about the future of adult social care and responses to budget consultations that took place before Christmas.

Barnet Council was represented by Kate Kennally, Director of Adult Social Care and Health; Matthew Kendall, Assistant Director of Transformation and Resources, and Councillor Rajput, cabinet member for Adult Social Care.

A representative of Barnet Centre for Independent Living (BCIL), Caroline Collier, was also there to explain the role of BCIL as a possible LINK partner as we evolve into HealthWatch in 2012.

The event included a number of interesting presentations as well as time for members to raise challenging questions.

This report including summaries of what was said as well as questions and answers is available to members on request. The session was chaired by Ian Kaye, Chair of Barnet LINK.

### 5.1.3 LINK Training

In March 2011, Barnet LINK held two training sessions for LINK members, Ambassador training and Effective representation:

The Ambassador training session focussed on equipping LINK volunteers with practical skills to speak with community members about the LINK and how to collect information from local people about health and social care services.

Training included listening skills, ethics, boundaries, disability awareness and what it means to be a representative.

Members who attended the Effective Representation session were trained on how to represent the LINK and the views of its members at meetings.

Training covered the responsibilities of an authorised representative, accountability to members and the Steering Committee, Barnet LINK code of conduct and confidentiality.

Both sessions included role play and case study discussions.

## 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 by Barnet LINK Steering Committee member	Name of rep
Chiropractic and Podiatric Services in Barnet	1	(a) The distribution of patient numbers between the various clinics, and how oversubscribed clinics could cope. (b) The booking system (c) The high no-show rate of 10%  Recommendation: consider reporting on positive experiences.	Linda Jackson
North Central London (NCL) LINKS Liaison group	2	Shared best practice on areas regarding LINK publicity, Enter and View and work plans.  Health and Social Care policies – with particular reference to the Low Priority Treatments policy – the group recognised that once decisions have been made the public need to be better informed.  Concerned that service providers working alongside the hospitals, e.g. the London Ambulance Service (LAS), did not receive feedback on their services. This meant that the LAS could not learn from their mistakes to provide better services.	Ian Kaye and Gillian Jordan
Barnet Primary Care Trust (PCT) and North Central London NHS	4	The organisation responsible for managing the budget which pays for the cost of treating patients is changing.  It has been interesting watching this process evolve over the past year through attendance as the LINK representative at various Trust meetings.  The LINK representative has always been given the opportunity to make representation on behalf of patients and public. The changes make the process of involving patients and public more difficult, but the intention is for greater involvement; we must watch carefully to ensure this intention becomes reality.	Peter Cragg

Barnet PCT Board meeting (February 2011)	4	We raised the difficulties of communication for LINKs over such a wide area. In a previous report we mentioned the MHT's proposed changes and the disappointment that LINKs had not been involved.	Peter Cragg
Barnet and Chase Farm NHS Trust Patient Experience Strategy Committee (PES) (February 2011)	1	Barnet LINK input into the strategy concentrated on: the following objectives: to improve the experience patients receive; to work together to improve all the services for patients; and to make sure that patients have an experience that is really responsive to their personal needs.	Sue Blain
Barnet and Chase Farm NHS Trust Patient Experience Strategy Workshop	6	The meetings are each held alternately every two months with the workshop focusing on specific issues and the Committee overseeing the strategy and reporting to the Trust Board.  The work of these groups cover seven essential areas of the patients' journey through the Trust as an inpatient and, to keep all the staff in the hospitals focused, the first letters of the campaigns spell out the word PATIENT .  They welcome ideas from the LINK representatives and often request their views. The achievements are wide-ranging and the outcomes are measured and monitored monthly to ensure improvements are made where needed.	Sue Blain has represented Barnet LINK at the above meetings for nearly three years.
Commentary on Barnet and Chase Farm NHS Trust Quality Accounts	1	Barnet LINK provided a written commentary on the Barnet and Chase Farm NHS Trust Quality Accounts for 2010-11. Sue was thanked by the Trust for this and some of her comments have since been quoted in a summarised version.	Sue Blain
PEAT Inspection – Barnet and Chase Farm Hospital (November 2010)	1	Checking standards on cleanliness, the environment, infection control, food, privacy and dignity were the general areas covered. Scores were collated and published after the meeting.  However in the interim, as the patients' representatives we reported positive findings for food, privacy and dignity and cleanliness, and scores were high in most wards and areas.	Linda Jackson

		Patients were particularly pleased with staff professionalism, friendliness and approachability. They felt they could discuss their concerns, were treated with respect in most cases, and were generally treated as human beings rather than "cases".	
PEAT inspection of Barnet General Hospital (January 2011)	1	We inspected on the same criteria as indicated at Chase, and both the Clinical/cleaning team and Environmental team assessed 6 wards - including Cardiology, A & E, the Discharge Lounge and facilities, including the new very nice bereavement /garden room.  We found the conditions and standards were if anything as satisfactory or even improved on last year's PEAT in February 2010 which were good. Various comments by the team were recorded, and it was encouraging to see that observations noted last year had been acted upon. We spoke to many staff during our visit, and sampled many of the patients' lunch meals from a wide choice of foods covering all possible patient needs, which we found to be a very good standard.	Tim Sims
Mental Health Joint LINK meeting	2	February 2011- there has been agreement to create a joint group with Enfield and Haringey for some time.  The Barnet contingent with one or two representatives from Enfield and Haringey met officers of the MHT in September 2010. Since then, despite several attempts no progress was made.  At the recent meeting of the PCT they received a report on several changes they intended to make, all included the wording - no need for consultation as they are not significant.  We informed the Board of our concern that no 'discussion' had taken place despite the tacit agreement from last September's meeting that 'discussion' on any changes would be beneficial to both sides. We also informed them of our failed effort to meet on a regular basis.	Peter Cragg
The Royal Free Quality Accounts for 2010-11		Barnet LINK provided a written commentary on The Royal Free Hospital Quality Accounts for 2010-11. Her comments are published in these accounts.	Gillian Jordan

The Royal Free Hospital- Transport Management Committee (August-March 2011)	6	<p>There have been major problems and many complaints about the current running of the transport service since December 2010. The inclement weather at the beginning of the year exacerbated the problems, but the service has not improved since.</p> <p>Problems centre around the % of journeys over contract each week (sometimes &gt; 40%); patients no longer fitting eligibility criteria for transport but still using it; how to reduce the number of escorts; the actual shift hours of the drivers which finish at 5.30pm – just at the point at which there are a large number of patients waiting to go home and the increasing number of dialysis patients attending one of the six dialysis units three times a day.</p> <p>A questionnaire developed by the Dialysis Unit, with input from both Barnet and Camden Link representatives has been distributed and the results will shortly be presented.</p>	Gillian Jordan
The Royal Free Hospital- Stroke Committee	6	<p>Review of the time-to-thrombolysis for patients being brought by ambulance and admitted. The times for patients coming from the whole area all fell within the acceptable limits, with the longest journey (from the North of Barnet) being 19 minutes.</p> <p>The teamwork between UCHL and RFH is working well, the Stroke Unit Consultants cover both sites, with the acute stroke patients admitted initially to UCHL and then, once stabilised, being transferred to the RFH or other most appropriate hospital.</p> <p>The satisfaction survey for the RF Stroke Unit showed that all patients and carers who responded were very satisfied or satisfied with all aspects of their treatment and care, which is encouraging. However, there is evidence that Barnet patients in particular are not receiving the level of post-stroke therapy recommended and this is being investigated.</p>	Gillian Jordan
The Royal Free PEAT Inspection February 2011	1	<p>We inspected on the following criteria: Organisational policy information, Specific cleanliness, Toilets and bathrooms, Cleanliness and environment, Infection control, Environment, Access and external areas, Food and hydration and Privacy and dignity.</p>	Gillian Jordan and Tim Sims

		<p>Although the hospital scored highly on the PEAT, a subsequent, unannounced visit by the CQC revealed shortcomings in the dignity and respect and patient feeding aspects of the care of the elderly. The hospital is working hard to remedy these serious failings.</p>	
Women's and Children's Services Committee - Chase Farm, North Middlesex and Barnet Hospitals	4	<p>Topics discussed included pre- and post-natal care and maternity services with the aim of looking at the efficient and cost-effective delivery of the service. It's remit was the re-organisation of Women' and Children's Services at Chase Farm, North Middlesex and Barnet Hospitals. One of the aims was to try and attract vulnerable and immigrant women who might not use these services.</p> <p>With the change of Government, the funding for this committee was cut and the meetings stopped. Unfortunately only four meetings were attended before it disbanded, so no recommendations were made. The aim was to ultimately cut costs by ensuring services were not duplicated on several sites.</p>	Linda Jackson and Sue Blain
Finchley Memorial Hospital Planning Group	4	<p>Throughout the planning and construction stages Peter Cragg has represented Barnet LINK at various Project Group meetings and has chaired meetings of both residents and stakeholders.</p> <p>As always, not all the many demands could be resolved – it is, after all, a very large project, but the vast majority will welcome this new health facility.</p> <p>The LINK has welcomed its involvement and hopes this association will continue after the building is operational.</p>	Peter Cragg
Provision and Distribution of Disability Equipment	2	<p>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.</p> <p>We did not produce a report at this point as the service provider had already done a survey. The method of equipment provision has 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. It was agreed with the service provider that a joint survey with Barnet LINK would be undertaken to see if patients are satisfied with the new system, and this is planned for Autumn-Winter 2011.</p>	Sue Blain and Linda Jackson

## 7. Finances Year 2010-11

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

**Total budget for October 2010- March 2011 - £46,419.97**

<b>Spending in October 2010 - March 2011:</b>	
<b>Total spend by host organisation</b>	£29,707
<b>Total spend by LINK</b>	£16,712.74

### LINK Budget Expenditure Details

<b>Expenditure:</b>		
	£9,962.74	direct project spent (meeting, PR, events etc)
	£3,750	training cost carried forward – spent Apr/ May 2011
	£3,000	website costs carried forward to 2011/12
	<b>£16,712.74</b>	
	£21,266.76	LINK project staff (incl all oncosts)
	£2,977.35	LINK operational overheads
	£5,463.12	Support staff (finance, admin, management/ oversight)
<b>TOTAL</b>	<b>£46,419.97</b>	
<b>Balance spent</b>	£256.03	carried forward to 2011/12 direct project spent

## 8. Next Steps-2011-12

Transforming into HealthWatch and becoming a strong representative and voice for Barnet patients are two of our main overarching priorities, as mentioned earlier. With these in mind Barnet LINK Steering Committee prepared the action plan below:

### CONTEXT

Barnet LINK already has strategic objectives to increase its membership and profile and build up its activity. This transforming into HealthWatch action plan, which relates specifically to moving to a state of readiness

for Barnet HealthWatch in April 2012, needs to be seen in that context.

### 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
- be aware of changes and developments in the delivery of Health and Social Care locally and nationally
- be aware of new Government legislation

### PHASE 1 –2011

GOAL	ACTION	TIMESCALE	MEASURE
<b>1. Undertake effective consultation on two designated issues.</b>  <i>[consider combining with practice Enter and View visits so select topics accordingly]</i>	<b>1. Select two topics, one each for health and social care selected</b> <b>2. Plan simple consultation</b> <b>3. Check for opportunity to combine with statutory consultations</b> <b>4. Consult community groups</b> <b>5. Map selected and responding community groups to Barnet demographic profile</b> <b>6. Process responses systematically, feedback and publicise</b>	 6-8 weeks per topic  Sep-Dec	Two consultations planned, delivered, processed and publicised, one each on a health and social care topic

#### RATIONALE - FOR WHEN HEALTHWATCH COMES IN

- IMPROVE CAPACITY IN CONSULTATION, CREDIBILITY AND PROFILE
- IMPROVE CAPACITY TO PROVIDE ROBUST EVIDENCE,
- ADD CREDIBILITY AND SUBSTANCE TO RELATIONSHIPS WITH STATUTORY SECTOR.

<b>2. Visit community events to publicise LINK and forthcoming greater powers</b>	<b>1. Search COMMUNITY Barnet directory/contacts and LBB What's On Events database <a href="http://www.barnet.gov.uk/whats_on.htm">www.barnet.gov.uk/whats_on.htm</a> to select events targeted for high attendance, geographic /demographic spread.</b> <b>2. Arrange attendance at events</b> <b>3. Distribute LINK publicity</b> <b>4. Consult as part of goal 1</b> <b>5. Process and contribute to goal 1</b>	 Sep-Dec 2011	Six events attended during Phase 1 (combine with delivery of goal 1) across the borough, with a range of demographics engaged.
---	--	------------------	--

#### RATIONALE – FOR WHEN HEALTHWATCH COMES IN CONTINUE TO:

- 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

<p>3. Distribute a newsletter targeted at community groups</p>	<p>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</p>	<p>Jul-Dec 2011</p>	<p>One 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>
--	---	---------------------	--

**RATIONALE – FOR WHEN HEALTHWATCH COMES IN**

- IMPROVE RELATIONSHIPS WITH COMMUNITY SYSTEMATICALLY (SHOW DEMOGRAPHICS),
- MAKE BEST USE OF RESOURCE BY TARGETTING, DEMONSTRATING VALUE FOR MONEY,
- DEMONSTRATE RESPONSIVENESS TO COMMUNITY,
- BUILD 'COMMUNITY CONNECTIONS' FOR FUTURE CONSULTATION.
- BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING

**PHASE 2 - NOVEMBER – DECEMBER 2011**

GOAL	ACTION	TIMESCALE	MEASURE
<p>4. Agree and deliver GP 'offer' of what LINK can offer to the consortium and get in return</p>	<p>1. Scope what the LINK can offer to the GP Clinical Commissioning Group (GPCCG) (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 effectiveness 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</p>	<p>Nov-Dec 2011 for publication in February 2012 newsletter</p>	<p>Clear offer agreed that results in increased membership for LINK and participation in process of shaping consortium's approach to PPI.</p>

**RATIONALE - FOR WHEN HEALTHWATCH COMES IN**

- MAKE THE CASE FOR INVOLVEMENT IN COMMISSIONING BY CONSORTIUM
- PROVE INDISPENSABILITY TO CONSORTIUM FOR COMMISSIONING INTELLIGENCE INCREASE REACH INTO COMMUNITY
- RAISE MEMBERSHIP

**PHASE 3 – JANUARY – MARCH 2012**

<p>5. Review progress against DH Transition Plan</p>	<p>1. Identify any remaining missing actions from transition plan  2. Implement</p>	<p>End Jan 2012 to complete end Mar 2012</p>	<p>Satisfactory progress on DH Transition Plan.</p>
--	---	--	---

**RATIONALE – FOR WHEN HEALTHWATCH COMES IN**

- ENSURE READINESS FOR HEALTHWATCH
- MAKE BEST USE OF CAPACITY/RESOURCES TO MAR. 2012, READY FOR HEALTHWATCH

<p>6. Consolidate capacity building, profile, credibility and community relationships</p>	<p>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</p>	<p>Jan - Mar 2012</p>	<p>Statutory sector aware of Legacy.   Role in the GPCCG.   Equal membership rights on Health &amp; Wellbeing Board.</p>
---	---	-----------------------	--

**RATIONALE – FOR WHEN HEALTHWATCH COMES IN**

- GATHER EVIDENCE OF OUTPUTS TO ESTABLISH AUTHORITY AS ROUTE TO INFLUENCE
- DEMONSTRATE CAPACITY TO BE INDISPENSABLE ELEMENT IN THE NEW STRUCTURE
- MOTIVATE MEMBERS THROUGH TRANSITION
- ENCOURAGE JOINERS THROUGH CREDIBILITY AND SKILLS ENHANCEMENT

**This page is intentionally left blank**



**This page is intentionally left blank**



Contact Barnet LINK via their host, CommUNITY Barnet

Freepost RLYA-CCEJ-HSUR  
CommUNITY Barnet  
52 Moxon Street  
Barnet  
Herts  
EN5 5TS



Tel: 0208 364 8400  
Email: [LINK@CommUNITYBarnet.org.uk](mailto:LINK@CommUNITYBarnet.org.uk)  
[www.CommUNITYBarnet.org.uk](http://www.CommUNITYBarnet.org.uk)

Follow us on Twitter: @LINKBarnet

