



# Brent LINK Annual Report

1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010



# Contents

No.	Title	Page
1.	Welcome message from Brent LINK Chair	3
2.	Feedback from our partners	5
3.	Background of Local Involvement Networks	7
4.	The Host Organisation	8
5.	Brent LINK Values	10
6.	Brent in Profile	12
7.	Why our Work is Needed	13
8.	Notable Achievements	15
9.	Strategic Representation	17
10.	You said - We did	20
11.	Case Studies - Demonstrating Impact Locally	26
12.	What we did summary of activities	32
13.	Model of Brent LINK	33
14.	Brent LINK Election	35
15.	Brent LINK Management Committee	36
17.	Action Groups	39
18.	Sign up of participants	43
18.	Interested groups	45
19.	Income and expenditure	47
21.	What we are doing next	49
22.	Appendices	50

# 1. Welcome Message from Chair

It is my pleasure and duty to present, on behalf of Brent LINK our Annual Report for the consideration of the Office of the Secretary of State, The Care Quality Commission, Brent Council, Brent Health Select Committee, North West London Hospitals Trust, NHS Brent, Central and North West London Foundation Health Trust, Brent Local Involvement Network Participants and interested members of public.

This Annual Report outlines our activities and progression in the second year of the Brent LINK during 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010. We all at Brent LINK have collectively made efforts in making involvement a priority in all monitoring and performance of provided services with strategic input for better services with our governance system. With the participation of our wider membership we have established an elected inclusive Management Committee. Brent LINK has moved from a Steering Committee to a capacity built, functioning Management Committee and that is why communities and service users have been at the heart of the service delivery. The Management Committee has formed four Action Groups based on community priorities namely Adult Social Care, Primary Health and Community Care Service; Hospital Based and Mental Health Action Groups.

## Communities and Service Users Have been at the Heart of our Service Delivery

Brent LINK 2010

We are surely very proud of all the individuals and all members of the voluntary organisations who have contributed willingly by participating in public events and consultations enabling us to be conduit of their views to influence over changes to local Health and Social care provisions.

Brent LINK is fortunate to have a dedicated Management Committee, proactive participants and supporters. Brent LINK is happy to harness the enthusiasm and readiness of many individuals and organisations and have strong relations with patients and service users of Brent who have supported us in exploring their needs and aspirations. In particular we have worked with groups and individuals who may not traditionally have access to decision makers, including members of NHS Brent, Adult Social Services and Commissioners to identify how best to ascertain their needs and aspirations and turn them in to actions.

This report aims to give an insight of the work of Brent LINK through examples in the form of case studies which details how our work has influenced and have impacted on health and social care service provision in Brent.

I, not only on behalf Brent LINK but also on behalf of all the service users would like to extend our thanks to the members of staff and the Management of Hestia for support and encouragement with the understanding offered during the last year. I personally believe that our effectiveness relies on working in partnership with the Host organisation, service providers and community members as we are a conduit of their views to influence changes.

I wish to thank most sincerely indeed all the Management Committee members for their dedication, commitment and enthusiasm for the Brent LINK. The testimony mentioned in this bulletin elsewhere will demonstrate that we have been able to establish positive working relationship with the health service providers in the local area and social care department of London borough of Brent. This will be surely evidence in the subsequent pages with our activity record.

Finally members of the Management Committee and Host would like to thank for the support and cooperation of our commissioners, Owen Thomson Head of Consultation, Brent Council, Marcia Saunders Chair of NHS Brent, Martin Cheeseman OBE, Director of Housing and Community Care, Brent Council, Brent Health Select Committee, Marco Inzani, Assistant Director Community Engagement and Equality NHS Brent. Brent LINK would also like to extend their thanks to all of the other local service providers that have worked in partnership with us in the past year and last but by no means least the special thanks to the people of Brent for their input, faith and trust in working together to effect desired changes in the London Borough of Brent.

MANSUKHLAL GORDHAMDAS RAICHURA  
Chair Brent LINK 2009/10

## 2. Feedback from our partners

### **Brent Council – Brent LINK Commissioner**

Brent Council Consultation Team has developed close working ties with the Brent LINK over the last two years. Brent LINK together with NHS Brent are the two principal collaborators in the development of our new partnership consultation strategy, the Brent Engagement Strategy 2010-14. During 2009 the LINK undertook some recruitment at our area forum meetings has maintained a presence along with other partners at these key public consultation meetings. We have an established regular contract monitoring meetings and recently set up a partners steering group for the LINK. I'm very pleased to note that the membership has now risen to in excess of 500 local people. I look forward to an even closer working relationship with the LINK and to joint working to improve health and social care services in the borough.

**Owen Thomson**  
**Head of Consultation**  
**London Borough of Brent**

### **NHS Brent**

“NHS Brent, including Brent Community Services, has formed a close collaboration with Brent LINK via regular meetings between the Chairs of both organisations, Marcia Saunders for NHS Brent, Mansukh Raichura for Brent LINK; alongside Isabelle Iny, Non Executive Director: Brent Community Services; Dawn Chamberlain, Assistant Director: Brent Community Services; Marco Inzani, Assistant Director: NHS Brent; and Laretta Johnnie: Co-ordinator: Brent LINK. This collaboration continues through the attendance at various Forums and Strategy Groups of both organisations. NHS Brent is grateful for the continued support and constructive feedback that Brent LINK offers regarding a wide range of important issues. Brent LINK enables NHS Brent to fulfil its duty to involve local people in decisions that affect them including: assessing local needs; developing services and monitoring performance. This Annual Report will highlight some of the key achievements of Brent LINK. NHS Brent congratulates Brent LINK on these achievements and looks forward to a positive and sustained relationship in the future.”

**Marcia Saunders Chair of NHS Brent,**  
**Isabelle Iny, Non Executive Director: Brent Community Services**  
**Dawn Chamberlain, Assistant Director: Brent Community Services**  
**Marco Inzani, Assistant Director: NHS Brent**

## **Brent Health Select Committee**

“During 2009/10, members of the Brent LINK regularly attended the Health Select Committee meetings and pro-actively contributed to those meetings reflecting the shared aim of working together to scrutinise and examine health issues in the borough. LINK members participated in scrutiny projects such as the challenge session held in February 2010 to look at proposals for changes to paediatric services provided by North West London NHS Hospitals Trust. This was attended by members of the committee and also the chair of the Brent LINK. A number of Brent LINK members were at the committee meeting in March 2010 when the proposals for Belvedere House Day Hospital were on the agenda. The LINK had asked for this item to be included on the agenda so that the concerns of their members could be heard at a public meeting. I hope that the Health Select Committee and the Brent LINK can build on these examples in 2010/11 and work together to push for better health services in Brent”.

**Andrew Davies**  
**Policy and Performance Officer**  
**London Borough of Brent**

## **Working with Brent LINK – Adult Social Care**

We are very pleased to have been able to develop a relationship with the LINK. It has helped us to have a much more comprehensive picture of the views of both individuals and organisations than we had previously. The Council has been able to dedicate some senior officer time to the liaison group, meaning that we can deal with things quickly and easily at the correct level.

**Martin Cheeseman OBE Director of Housing and Community Care**  
**Linda Martin, Head of Service Development and Commissioning**

The relationship between NHS Brent and LINKs has consistently been constructive. This does not mean that we have shied away from difficult discussions about the quality of services commissioned or proposed changes to the way in which services are provided. Rather, the mutual respect shown has resulted in a positive, mature relationship. This is reflected in the active role LINKs have played in some of the most contentious redesign projects we have taken forward in the last 12 months, including the review of acute services locally and the development of our 5 year strategic plan. The positive feedback we have received about LINKs involvement has included feedback from the local acute trust and the sector.

**Thirza Sawtell**  
**Director of Strategic Commissioning**  
**NHS Brent**

## 3. Background of LINKs

### An Introduction to Local Involvement Networks

The Brent Local Involvement Network (LINK) is a FREE to join member based, community led network of voluntary sector organisations and individuals, which includes residents, service users, businesses and community organisations. The network aims to empower and enable people to have a stronger say in how local health and social care services are commissioned and delivered in the London Borough of Brent.

The legislation outlining the creation of LINKs is contained within the Local Government and Public Involvement in Health Act, 2007 (Chapter 28) with further additions outlined in the Statutory Instruments 2008 (no. 528.) These outline the remit of the LINK and the steps that must be taken before the LINK can be launched.

The remit of Brent LINK includes:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services
- Enabling people to monitor the standard of provision of local health and social care services
- Obtaining the views of people about their needs for, and their experiences of, local health and social care services
- Making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local services

A copy of the Public Involvement in Health Act can be found on:

[www.opsi.gov.uk/acts/acts2007/ukpga\\_20070028\\_en\\_1](http://www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1)

The LINK has powers that go  
beyond those available to  
**Overview and Scrutiny**

Working With the Brent LINK  
Director of Policy and Regeneration July 2008

## 4. The Host Organisation

### Hestia

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

### The Role of the 'Host' Organisation

Hestia is the Host organisation whose role is to facilitate the work that the people involved in the LINK want to do in liaison with the elected Management Committee. This includes but is not limited to:

- Capacity building and training of LINK participants in order to allow them to carry out the work of the LINK
- Working with the voluntary sector and community organisations to promote and enable participation in the LINK
- Acting as a point of contact for the public, service providers and commissioners
- Carrying out effective administration of the LINK including writing reports and letters in consultation with the Management Committee on behalf of the LINK
- Financial management of resources
- Servicing meetings and facilitating workshops

### Host Team Handover

Hestia took responsibility as the permanent Host organisation on the 1st of December 2008. From April 2008 to this date Brent LINK was supported by the interim Host, Community Investors Development Agency (CIDA).

### Staffing

We have a skilled and experienced staff team in place which is employed by Hestia. The team is comprised of: Laretta Johnnie Coordinator, Carol Sealy Administrator, Divya Patel, Development Officer (to Oct 2009).

In addition to the Host staff team. Hestia created a Head of Community Engagement post staffed by Mr Francis Kaikumba, to provide a strategic overview of all community engagement projects run by Hestia, including the Brent LINK.

## Brent LINK Office

Brent LINK  
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Park Parade,  
London,  
NW10 4HT

**Main Office:** 020 8965 0309  
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**Website:** [www.yourbrentlink.org](http://www.yourbrentlink.org)

**Facebook:** see brentlink

## Hestia



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**Website:** [www.hestia.org](http://www.hestia.org)

**Company number:** 2020165

**Charity number:** 294555

The Brent LINK office is the contact point for all enquiries about Brent LINK. Please get in touch if you would like more information on Brent LINK or getting involved or if you have any queries regarding Brent LINK and its activities.



Participants at a consultation event

## 5. Brent LINK Values

Brent LINK's mission is: 'To give communities a stronger say in how their health and social care services are delivered.' For this to be possible Brent LINK has to have strong values and ethical base.

Brent LINK works closely with the Brent community in a collaborative and inclusive way across Brent taking account of the rich diversity of the individuals living and working in Brent. The Brent LINK Interim Steering committee designed a Code of Conduct, which has been signed by each member of the Management Committee.

### BRENT LINK CODE OF CONDUCT

The purpose of this code of conduct is to work as a guide for all delegates of the Brent Local Involvement Network. Delegates of the LINK should familiarise themselves with the contents of this code and adhere to the code of conduct when representing the LINK.

1. To act in the best interest of the Brent LINK and its membership at all times while in an official capacity as Brent LINK representative.
2. Not to bring the Brent LINK into disrepute by any illegal or other activity, which could be seen to go against the Brent LINK statement of values.
3. To restrict communication with the press as a Brent LINK representative until press releases are agreed by the Management Committee
4. To declare all conflict of interest and possible conflict of interest as soon as possible to the Host. If in doubt potential conflicts of interest must be disclosed.
5. To follow the guidance set out while entering and viewing service premises. (See Appendix 8.)
6. To treat other LINK delegates and participants with respect and honesty.
7. To conduct themselves with impartiality and propriety at all times.
8. Representatives must respect confidentiality where required to do so. (See Appendix 5: LINK confidentiality procedure.)
9. To act in accordance with the LINK's values of equality of opportunity and non-discriminatory practice.
10. Not to misuse their official position to further their private interests.

11. Not to use their official position to attempt to obtain any payment, gift or receive and other benefit in order to show favour or disfavour to a particular sub group.
12. To represent the views of the LINK and not personal views at meetings with external agencies when in an official capacity as a LINK delegate.
13. To act in a way that will not defame or cause harm to the LINK and/or its members

Brent LINK also embraces the Nolan Principals of Public Life:

### **The Seven Principals of Public Life**

**Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

**Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

**Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

**Leadership:** Holders of public office should promote and support these principles by leadership and example.

Brent LINK adheres to a strict Equal Opportunities Policy, Financial Policy, Enter and View policies and a robust complaints policy. It is with these policies and work ethic Brent LINK delivers an inclusive, transparent service accessible to all.

## 6. Brent in Profile

The London Borough of Brent is a vibrant, multi-racial, multi-cultured borough that boasts many national landmarks such as Wembley Stadium, The Shri Swaminarayan Mandir Temple (Neasden Temple), Winston Churchill's underground bunker in Brook Road, Neasden, the University of Westminster, as well as beautiful parks and historic buildings.

Brent has a population of 270,100 (Office of National Statistics), although 347,541 people are GP registered in the borough. There are over 5000 community and voluntary organisations, individuals and businesses located in the Borough.<sup>1</sup> Brent is one of two local authorities where the majority of people are from ethnic minorities as 55% of residents are from black and minority ethnic communities and over 130 languages are spoken in schools. The population is relatively young with 43% of residents under 30 and over 30,000 over the age of 65. Recently Brent has become more deprived and is now the 53<sup>rd</sup> most deprived borough in England.<sup>2</sup>

Brent is becoming the most ethnically heterogeneous borough in the country. The chances of two people in Brent being from different ethnic groups are higher than anywhere else in the country.<sup>3</sup>

### Key Facts about Health and Well Being in Brent:

The NHS Brent Commissioning Strategy Plan 2008 to 2013 details the following health facts about the London Borough of Brent.

- Nine year gap in male life expectancy across the borough
- Circulatory disease and cancer are the biggest killers
- One in four people in Brent smoke
- 20% of Brent's adult population are estimated to be obese
- 50% of our adult population do not take part in any form of physical exercise
- Approximately two-thirds of Brent's population are estimated as not eating the recommended amount of fruit and vegetables per week
- Teenage pregnancy levels are decreasing but from a comparatively high level
- High prevalence of diabetes and tuberculosis
- High and increasing rates of HIV
- Low uptake of some preventative services such as smoking cessation and breast screening

<sup>1</sup> [www.brentbrain.org.uk/brain/brainzones.nsf/zl/1?opendocument&Z=1](http://www.brentbrain.org.uk/brain/brainzones.nsf/zl/1?opendocument&Z=1)

<sup>2</sup> NHS Commissioning Strategy Plan 2008 – 2013, published by NHS Brent

<sup>3</sup> Ibid, NHS p.9

## 7. Why our work is needed

Brent residents suffer more ill health than in most locations in England. More than **55%** of Brent residents are from BME groups and there are over **130** languages in schools. It is a well known fact that there are some examples of extreme health and social care inequalities in the London Borough of Brent. A metaphor often used to look at the inequalities in health in the Borough is the Bakerloo Line, which runs from the north to the south of the borough. If you get on the train on the south to the north of the borough commencing at Queens Park travelling through Kensal Green, Willesden Junction, Harlesden, Stonebridge Park, Wembley Central, South Kenton and travel through to Kenton, your journey will reflect some disparity between the South and North of the borough: those who live in the south have a life expectancy rate that is between nine and ten years below those in the north.

Harlesden has the lowest life expectancy for men (71.6 years) and women (78.4 years) compared to Northwick Park, where male life expectancy is 9.4 years higher at 81.0 years. For women there is a difference of 7.1 years life expectancy between Harlesden (78.6) and Fryent - near Kenton (85.6). It is a major concern that the life expectancy between the most deprived and most affluent areas in the borough is increasing.<sup>4</sup>

Brent NHS reports that in the next 10 years the BME population is expected to increase to 60% of the population. The largest increase is expected to be from the Asian population. This increase in population will have implications for the demand in healthcare as Asian groups tend to have higher rates of diabetes and heart attacks and develop diseases about 10 years earlier than white ethnic groups in general.<sup>5</sup>

Brent LINK provides an opportunity for commissioners and service providers to hear directly the needs and concerns of the people using their services. In a vibrant and diverse borough like Brent, it is important that everyone has their voice heard, so that service design is able to meet everyone's needs. Brent LINK provides an opportunity to ensure an ongoing dialogue between community groups and individuals and those designing and delivering services.

Often deprivation is tied in to low take up of services within different areas and communities. In order to address this it is important that local people get to have a say about the way their health and social care services are designed and run, so that providers are able to deliver a relevant service to their service users.

The challenge for NHS Brent and Brent Adult Social Services is to provide a service that aims to meet the diverse needs of the population in Brent. For

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<sup>4</sup> Ibid NHS, page 11

<sup>5</sup> Ibid NHS, page 9

this to be achieved the population of Brent need to have a platform to have a say in how they would like their Health and adult Social Services delivered to them.

Brent LINK believes that building working relationships and facilitating dialogue between the people who determine policy to provide health and community care services and the local community will provide positive outcomes for everyone.

Making this happen is both the aim and the challenge of Brent LINK.



Wendy Quintyne Management Committee members  
speaks to participants at a consultation event

## 8. Notable Achievements

### Community Engagement

If you were to consider Brent world from a strategic perspective there would be a wide range of different needs to be met, some complex and some difficult. Brent LINK has had to determine priorities and allocate resources accordingly. We have to demonstrate value for money and determine the best ways and means of securing the best outcomes for their investments. The service has to be efficient and effective. We cannot tackle challenges alone we need ideas from people who can work together for the common good. Brent LINK can bring their experience, creativity and innovation in bringing about changes. We can help communities and individuals to articulate their views. When engaging in the process, whether through local partnership structures or professions networks and relationships, it is important to approach this as a partner, bringing together ideas and contributions. Brent LINK therefore builds relationships, as it is highly likely that we will make sustainable impact alone.

Therefore Brent LINK believes in a **collaborative partnership approach** to public work with organisations and individuals which enables the LINK to deliver work and successfully affect change locally. Some examples of Brent LINKs Collaborative and partnership work are:

### Examples of Partnership Work

- NHS Brent Better Services for Children with NHS Brent and Harrow LINK
- Review of Current Mental Health Commissioning in Brent
- Advocacy scheme with BADP (Brent Association of Disabled People)
- Brent Community Engagement Strategy
- Well-being Day with Family Mosaic
- Regular Meetings with NHS Brent Chair Marcia Saunders and her team
- Regular Meetings with Director of Housing and Community Care Martin Cheeseman
- NWL LINK Network
- Brent LINK in partnership with Ealing LINK Hosted a North West London LINK Network meeting and invited LINKs in the region to look at areas of collaboration and sub-regional work. Due to the success of the meeting Ealing LINK has facilitated a NW London LINK Chairs Network

Brent LINK participants attended a number of public events/meetings 2008/9

Date/ Period	No of meetings attended	Total number of participants
December – March 2009	26	377
April – June 2009	30	78
July – September	40	142
October – December	54	531
January – March 2010	78	167

## Public Launch Mind and Body Fair held on 9<sup>th</sup> October 2009

To celebrate the public launch of Brent LINK, we hosted a Mind and Body Fair which took place on 9<sup>th</sup> October at the Willesden Green Library Centre at the Café and Gallery area downstairs.

The event encompassed elements of World Mental Health Day and Black History Month but the overall focus was on health and social care.

Many distinguished guests attended including the heads of major voluntary and statutory organisations in Brent, the Honourable Jim Smith Mayor of Brent and Brent LINK participants and the general public (the most important guests of all).

Notably over **400** people enjoyed the many **FREE** treats on offer such as head massage, reflexology, jewellery workshop, kids corner, singer, a complementary Caribbean buffet, a healthy juice bar and various stall manned by voluntary and sector organisations to name but a few.

The event was enjoyed by all and still being talked about to this day. So much as we have been commissioned to organise a similar event in August 2010 by Family Mosaic.



## 9. Strategic representation

Brent LINK has continually strived to identify and prioritise issues raised by the Brent public. Both Management Committee and members of the Host have met with the community and strategic partners to represent community issues highlighted by the public. Brent LINK sits on the following strategic boards:

- Brent Acute Services Review Board
- Brent Overview and Scrutiny Committee
- Brent Health Select Committee
- NHS Brent Board meeting
- NWLH NHS Trust Board meeting
- Adult Strategic Partnership Board
- Safeguarding Adults Board
- CNWL Mental Health Trust Board
- Brent Physical Disability & Sensory Needs Partnership Board
- NHS Brent Patient and Public Engagement Forum
- Mental Health Programme Board
- Voluntary Sector Liaison Forum
- Mental Health Commissioning Review Steering Group
- CNWL PPI Leads Group
- NWL LINK Chairs Network

### Enter and View - Authorised LINK Representatives

The use of enter and view visits must conform to the use outlined in the Local Government and Public Involvement in Health Act (2007) and the guidance given by Department of Health's 'Code of Conduct relating to Local Involvement Networks' visits to enter and view services' (July 2008) see Appendices 1. Brent LINK has trained 12 Enter and View members and staff and will be conducting an enter and view programme for participants. Brent LINK authorised representatives are:

Mansukh Raichura - <b>Chair</b>	Jimmy Telesford - <b>Vice Chair</b>
Dr Yoginder S Maini - <b>Vice Chair</b>	Robert Esson
Michael Adeyeye	Dr Golam Ahmed
Dr Tony Ogefere	Ann O'Neil
Dharampal Kaur / Mrs Singh	Wendy Quintyne
Lauretta Johnnie - <b>Host</b>	Carol Sealy – <b>Host</b>

### **Other meetings attended – not extensive**

- Harlesden Area Consultative Forum
- Pension Service user Consultative Forum
- Public and Patient Panel meeting (PPP)
- Meeting Partners for Brent Community Engagement Strategy
- NHS Patient and Public Engagement Meeting
- Partnership Working in our Community
- NHS Brent Long Term Conditions Commissioning Workshop
- Pension Service Users Consultative Forum
- Mental Health Commissioning Review kick off meeting
- BCSC (Brent Community Service) film launch event
- Sure Start Children's Centre event at BADP
- Better Services for Local Children Event
- Brent Health Select Committee
- Ketso Creative Training Day
- NWLH NHS Trust Board meeting
- WLMH (Mental Health Trust Board meeting)
- Meet the Commissioners meeting
- NHS Brent Board meeting
- Heart to Heart monthly Forum
- Discussion group: Same Sex Accommodation Policy
- Improving Hospital Services for Children
- Various partners AGMs and Forums
- Transforming Community Care Service
- Care Quality Commission

### **NWLH NHS Trust Board meeting and NHS Brent Board meeting**

Brent LINK has a seat on the Board which has freedom to comment and input into proceedings at Board level.

### **Brent LINK and Brent Health Select Committee (HSC)**

Brent LINK regularly attends Brent Health Select Committee meetings this offers us the opportunity to comment and input into the prevailing discussion and raise issues at board level.

The document 'Working with Brent LINK' (Report from the Director of Policy and Regeneration) published by the Brent Health Select Committee on 9<sup>th</sup> July 2008 states, 'Links have been created to influence and change aspects of health and social care in their area', (Section 3.2).

Section 4 'How the LINK and Health Select Committee could work together' goes into great detail about working with the HSC and section 4.1 states 'LINKs have the power to refer issues around Health and Social Care Services to and Overview and Scrutiny Committee'. Section 4.2 states a referral relates to social care services provided by the Council then it would be

considered by the Councils Overview and Scrutiny Committee because that is the committee in Brent with responsibility for social care.

### **Working with Brent LINK 'Eyes and Ears' of Overview and Scrutiny**

Members of the Brent LINK Management Committee attend Brent Health Select Committee meetings. They are at hand to answer questions and bring up issues of concern. Section 4.7 & 4.6 of the said document contends 'this is one of the most interesting areas in relation to joint working', 'the LINK has powers that go beyond those available to Overview and Scrutiny' Section 4.6 states 'joint working should be considered as a way of strengthening ties between Overview and Scrutiny and the function of the LINK' and goes on to say 'opportunities for joint working will be explored as the LINK develops'.

The Overview and Scrutiny Committee state 'they might wish to be kept informed of some of the findings of Brent LINK when they carry out their visits'. (Ibid 4.7). To support the work of the LINK the HSC elected a LINK Champion Councillor Alec Castle.

**'Joint working should be considered as a way of strengthening ties between Overview and Scrutiny and the function of the LINK'**

Working With the Brent LINK  
Director of Policy and Regeneration July 2008



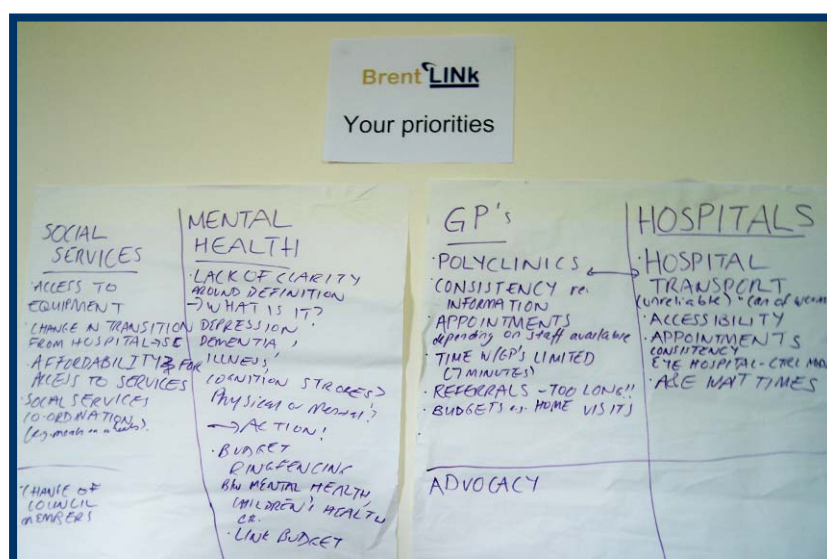
Workshop: Brent LINK working with the Health Select Committee

## 10. You Said – We Did

Brent LINK has attended a number of community events and listened to the residents of Brent throughout the year and has successfully raised a number of issues that have come to our attention from interacting with service users at various forums and/or the Brent public through consultation events. What follows is a summary of some of the issues highlighted, actions and outcomes, this is what **you said** this is what **we did**:

	You Said	We Did
1.	<p><b>Annual Health Check 2008</b> Public and voluntary organisations wanted to send comments through LINK – <i>See Case Study</i></p>	<ul style="list-style-type: none"> <li>• Informed public</li> <li>• Facilitated a public event invited stakeholders, Commissioners and Trusts</li> <li>• Using ‘Open Space Technology’ (choice based) the public chose which Trusts to comment on</li> <li>• Comments sent to Trusts</li> </ul>
2.	<p><b>Brent’s Inflated GP Patient Lists</b> Brent has one of the highest inflated GP lists. Brent has 270,00 residents in the borough and 340, 000 registered with GP’s. Concerns have been raised about the disparity in figures.</p>	<ul style="list-style-type: none"> <li>• Brent LINK highlighted public concerns at PPE meeting and at meetings with NHS Chair</li> <li>• NHS Brent conducted a list validation process and will be producing a patient List Validation Report</li> <li>• Brent LINK are monitoring this piece of work</li> </ul>
3.	<p><b>Belvedere House</b> Community day service for Older people with Mental Health Concerns hosting 29 service users. Issues were raised by the public, mental health subgroup, Committee members and Host received mixed messages some believed services will be closed, moved or changed. <i>See Case Study</i></p>	<ul style="list-style-type: none"> <li>• Brent LINK posed concerns to Health Select Committee</li> <li>• Belvedere House called a stakeholders meeting on 24<sup>th</sup> March</li> <li>• Position letter sent to service users</li> <li>• Stakeholders consultation event to be held</li> <li>• Enter and view planned</li> </ul>

	You Said	We Did
4.	<b>Better Services for Children</b> Concerns raised about changes to services and lack of consultation	<ul style="list-style-type: none"> <li>• Brent LINK met with Harrow LINK to discuss issues and action</li> <li>• Major reconfiguration of services should be consulted on</li> <li>• Concern raised at Acute Services Review Board</li> <li>• Issue raised at Health Select Committee</li> <li>• Three month consultation on Changes to Children's Services</li> </ul>
5.	<b>Better Services for Children Consultation</b> The public expressed a wish to be consulted	<ul style="list-style-type: none"> <li>• Designed letter and questionnaire for consultation</li> <li>• Took to the streets consulted 107 members of the public</li> <li>• Sent responses in a brief report to NHS Brent for consideration</li> </ul>



Participant's priorities at a consultation event

	<b>You Said</b>	<b>We Did</b>
6.	<b>Direct Payments (DP)</b> Public raised concerns about the brokerage for direct payments	<ul style="list-style-type: none"> <li>• Brent LINK spoke to Head of Housing and Social Care highlighting concerns as the future of DP depends on the quality of brokerage</li> <li>• Brent LINK have been invited to part of the process of discussing brokerage and formal consultations</li> </ul>
7.	<b>Stag Lane Clinic</b> Issue of moving of GP and health services raised at a Brent LINK Coffee Morning, Area Consultative Forum and by Local MP	<ul style="list-style-type: none"> <li>• Issue brought to the attention of NHS Brent Chair</li> <li>• NHS reported GP service will continue from portacabin, community services moved to alternative sites, family planning and diabetics service to Chalkhill, community dental service to Wembley Centre for Health and Care</li> <li>• Brent LINK welcomed temporary arrangements and express public disappointment to lack of long term solution</li> </ul>
8.	<b>NHS Commissioning</b> Public were not aware who the Commissioners were – a question often asked when doing presentations to the public/ meeting with the public	<ul style="list-style-type: none"> <li>• Issue raised by Brent LINK at NHS Brent Patient and Public Involvement Forum (PPIF) and Brent LINK suggested 'meet the Commissioners Meeting</li> <li>• NHS Initiated 'Meet the Commissioners' meeting 5<sup>th</sup> Feb 2010 &amp; follow up meeting 26<sup>th</sup> Feb 2010</li> <li>• Published a map of Strategic Commissioning Directorate</li> </ul>
9.	<b>Chalk Hill Surgery</b> Public were concerned about the move of surgery. Concerned raised as the public were not informed about the move	<ul style="list-style-type: none"> <li>• Referred the issue to NHS Brent</li> <li>• NHS Brent took corrective action to the satisfaction of patients</li> </ul>
10.	<b>Northwick Park Hospital Infrastructure</b>	<ul style="list-style-type: none"> <li>• This issue has been raised at board level and anticipate some action</li> </ul>

	<b>You Said</b>	<b>We Did</b>
11.	<b>GP Practice Leaflet</b> Concerns raised regarding differences in GP booklets some have lots of information some have little, some surgeries have booklets some have none	<ul style="list-style-type: none"> <li>Spoke to Marcia Saunders Chair NHS Brent</li> <li>Marcia Saunders Chair NHS Brent has agreed to look into the matter and standardise format of GP Booklet</li> <li>NHS Brent have a reading group that will be utilised</li> </ul>
12.	<b>NHS Brent Interview Panel</b>	<ul style="list-style-type: none"> <li>Members of Brent LINK Management Committee and participants invited to attend selection and interviews</li> </ul>
13.	<b>Brent Council &amp; NHS Brent – Community Engagement Strategy (BEST)</b>	<ul style="list-style-type: none"> <li>Participated in discussions and workshops and the shaping of the strategy</li> </ul>
14.	<b>Proposed Charges to Day Care Services Consultation</b>	<p>Wrote letter expressing concerns to Director of Housing and Community Care who:</p> <ul style="list-style-type: none"> <li>agreed to meet with Brent LINK quarterly</li> <li>agreed to consult with the LINK on upcoming consultations</li> <li>agreed to speak at upcoming LINK events</li> <li>informed Brent LINK charges for day care would be scrapped until more Central Government Guidance was received</li> </ul>
15.	<b>Sub-regional Work Network</b>	NWL LINK Network CNWL Host NWL Chairs NWL PPIF
16.	<b>Statutory Sector Liaison Group (SSLG)</b> Sharing good practice model designed by Lewisham and Harrow LINK	<ul style="list-style-type: none"> <li>Brent LINK meet with Social Service, Health Providers and Commissioners to discuss the work of LINK and 'join the dots' between services, the LINK and wider public</li> </ul>

	<b>You Said</b>	<b>We Did</b>
17.	<b>Patient Satisfaction</b> Both Community and NHS Brent highlighted issues with patient satisfaction levels. NHS 08/09 survey reported poor patient satisfaction. NHS Brent scored poorly in UK	<ul style="list-style-type: none"> <li>• Brent LINK discussed issues at Action Groups</li> <li>• Issues discussed with Chair NHS Brent</li> <li>• Brent LINK to commence research utilising members of the public</li> <li>• Brent LINK to facilitate a number of public events</li> <li>• Brent LINK to publish report</li> </ul>
18.	<b>Direct Payments</b> Not everybody knows about them a lot of confusion	<ul style="list-style-type: none"> <li>• Brent LINK will be working in partnership with Brent Council to provide briefings and Seminars</li> </ul>
19.	<b>Personalisation</b> Not everybody knows about them a lot of confusion	<ul style="list-style-type: none"> <li>• Brent LINK will be working in partnership with Brent Council to provide briefings and Seminars</li> </ul>
20.	<b>Centre for Independent Living</b> Concerns raised about the development of the centre	<ul style="list-style-type: none"> <li>• Brent LINK to monitor developments and feedback to the public</li> </ul>
21.	<b>E- Communication – developing virtual communities</b> Raised during presentations ‘let us know your views’	<ul style="list-style-type: none"> <li>• Designed and distributed e-bulletin</li> <li>• Facebook account</li> </ul>
22.	<b>NHS Brent Community Services patient and Public Engagement Strategy</b>	<ul style="list-style-type: none"> <li>• Sent comments for consideration</li> </ul>
23.	<b>Comment on NHS Brent Booklet</b> NHS Brent invited Brent LINK to comment on Annual Report 2008	<ul style="list-style-type: none"> <li>• Comments sent and recommendations considered when designing and publishing 2009</li> </ul>
24.	<b>Transformation of NHS in London</b> Concerns raised by public	<ul style="list-style-type: none"> <li>• LINK involved in discussions around transforming NHS in London and fed back to communities</li> </ul>
25.	<b>NHS Publications</b> Some members of the public feel they were difficult to understand	<ul style="list-style-type: none"> <li>• Discussed issue with NHS Brent PPIF, Director of Commissioning and NHS Chair</li> <li>• NHS has developed a reading group of voluntary sector to proof read and have input in the design of future user friendly publications</li> <li>• Brent LINK will be consulted on future publications</li> </ul>
26.	<b>Patient Advocacy Scheme Concerns</b> were raised with	<ul style="list-style-type: none"> <li>• Discussing implementation of the scheme with BADP</li> </ul>

	<b>You Said</b>	<b>We Did</b>
	Brent Association of disable People (BADP) regarding patients with difficulties and difficult patients	
<b>27.</b>	<b>Easy access to LINK services</b>	<ul style="list-style-type: none"> <li>• Coffee mornings delivered around the borough- feedback on service provision</li> <li>• Presentations</li> <li>• Public events</li> <li>• Easy access to information</li> </ul>
<b>28.</b>	<b>Talk to Mental Health Commissions about public concerns</b>	<ul style="list-style-type: none"> <li>• Invited to join NHS Brent Mental Health Commissioning Review Steering Group</li> <li>• Invited to join NHS Brent Mental Health Partnership Board</li> <li>• Sits on Executive NWLMHT (North West London Mental Health Trust Board)</li> </ul>
<b>29.</b>	<b>Closure of Emergency Surgery CMH and Acute Service Review</b>	<ul style="list-style-type: none"> <li>• Chair sits on Acute Review Service Board</li> </ul>
<b>30.</b>	<b>Monitor Changes in Health and Social Services and keep the public informed</b>	<ul style="list-style-type: none"> <li>• Brent LINK kept abreast of issues</li> <li>• Care Quality Commission Registration</li> <li>• Northwick Park Hospital Estate Strategy</li> <li>• Health Care for London</li> <li>• Same sex accommodation</li> <li>• NWLH Out-patient Report Plan</li> <li>• Board meetings</li> <li>• Plan to reconfigure services at Belvedere House</li> <li>• Information emailed to participants and circulated around the borough</li> <li>• Updates given at meetings</li> </ul>
<b>31.</b>	<b>Healthcare for London Stroke and Trauma consultation</b>	<ul style="list-style-type: none"> <li>• Participated in consultation and submitted formal comments</li> </ul>
<b>32.</b>	<b>New Horizons programme – A shared vision for mental health</b>	<ul style="list-style-type: none"> <li>• Participated in consultation and submitted formal comments</li> </ul>

# 11. Case Studies – Demonstrating Impact Locally

## Improving Mainstream of Health Services for People with Learning Disabilities in Brent

### How big is the service?

There are currently **573** adults with learning disabilities known to the Council receiving services. However the total population is much higher. Based on National prevalence figures it is estimated that there is close on 5,400 people with learning disabilities living in Brent. The improvements made following LINKs involvement, potentially impact upon all of these people, as at some time they will access mainstream health services, including primary care, community services and acute hospital care.

### What changes were made to the service?

Following the negative feedback received from LINKs on behalf of people with learning disabilities, NHS Brent took a number of positive actions including:

- Establishing a health subgroup of the LD Partnership Board
- Improving contract monitoring of mainstream providers in relation to making reasonable adjustments
- Commissioning a LD Liaison post for the local acute hospital

Commissioning MENCAP to undertake training for all PCT Commissioners and reviewing patient information to ensure it is available in easy to read and accessible formats. Establishing a link community nurse to GP clusters improving the information held on GP registers and the training and support available

- Increasing the number of people having annual health checks who are known to the Council from 43 in 08/09 to 289 in 09/10%

### How did the changes improve the quality of the service?

Although the improvements are ongoing they are being measured through feedback from individual users and carers, both compliments and complaints; feedback through focus groups held with users and carers as part of the PCT's self-assessment process; marked increase in health checks and the start of the process to capture information about uptake of mainstream services; awareness of providers; awareness of commissioners. Progress is monitored through the health subgroup.

### **How do you know this change has stemmed from LINK activity?**

NHS Brent openly acknowledges that it was the process run through LINKs as part of the LINKs response to the Annual Health Check submission that raised the profile of the service and prompted the improvements. LINKs members have been active in working with NHS Brent to oversee the plans and improvements.

### **Why was LINKs influential in bringing about the changes?**

The poor feedback to NHS Brent came at the very start of LINKs and was a defining point of our relationship with the PCT. Although the feedback was poor, LINKs gained respect from the PCT both by being both confident enough to provide the feedback and constructive enough to offer to work with the PCT and users and carers to agree the most important actions needed to improve peoples' experiences.

### **How did we know we were being effective?**

Locally, a LINKs representative has been actively overseeing progress and reporting back. This has included feedback from users and carers. This has been reviewed locally through an in-depth review by the Brent Health Select (Overview and Scrutiny) Committee and has recently been externally validated through the assessment process undertaken by all PCTs across London, where Brent's scores have improved across all areas.

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Management Committee meeting

## Case Study 2

### Changes to Children's Services

#### How big is the service?

In local health economy of 8,000<sup>6</sup> children are admitted to hospital as inpatients each year. On average almost 18,000 children were seen as new patients in hospital out patient clinics. Most of the children use Central Middlesex Hospital and Northwick Park Hospital.

#### What changes were made to the service?

The proposed changes meant the moving of overnight Paediatric Services from Central Middlesex to Northwick Park Hospital in the south of the borough. Community concerns were raised about the move of services, transport links and access to hospital as well as lack of proper consultation. Concerned was also raised about the future of Central Middlesex Hospital.

#### How did the changes improve the quality of the service?

We were able to fully inform and consult the public about the Proposed Changes to Children's Services and conducted a survey of public views on the proposed change.

#### How do you know this change has stemmed from LINK activity?

Any changes to service provision; causes anxiety from service users this was highlighted to Brent LINK. Brent LINK advocated with Harrow LINK for full public consultation of proposed service changes for local children. The resulting consultation was due to intervention by Brent and Harrow LINK.

#### Why was LINKs influential in bringing about the changes?

- Brent LINK convened a meeting with Harrow LINK to discuss working jointly to support the public's view
- Lack of public consultation was brought to the attention of the Acute Services Review Board and Brent Health Select Committee
- Brent and Harrow LINK went directly to the Acute Services Review Board and strongly advocated the need for a full public consultation and deliberation event
- Brent LINK went on to advise, assist and monitor the deliberation event and the consultation from the initial discussions to the final consultation
- Brent LINK helped publicise the events and consultation and had a high number of participants take part in the consultation & events
- Brent LINK gathered the views of the public from various fora and fed back to NHS Brent in the consultation
- Brent LINK conducted a survey in support of the consultation and spoke to 107 members of the public to gauge their views about the Changes in Children's Service Review
- Brent LINK submitted a report on findings to NHS Brent

<sup>6</sup> NHS Brent & NHS Harrow Better Services for Local Children Consultation Document 2010

### How did we know we were being effective?

The resulting consultation and deliberative events are evidence that the intervention of the LINK was effective.



Brent & Harrow LINK Chairs meet to  
Discuss Changes to Children's Services

## Case Study 3 – Belvedere House

### Background

Brent LINK was approached by staff who stated they were currently conducting a consultation until June (no fixed date given) about changes to services – the consultation started in April 2009. In parallel with this concerns were raised by the public and a letter sent to a Management Committee member regarding a major change to service provision.

It was felt there was a major change to services as the in-house services will be moved to the community – people will be receiving services and assessed in their home by an outreach team. The current service is for people with functioning mental health issues whereas people with ‘organic’ mental health issues such as dementia may come to the day centre. We were informed as part of the change Brent Community Services would be running two services one called the Rendezvous Club working with Willow Housing in two locations in the borough. This service will be run by a nurse and volunteer.

### How big is the service?

- Belvedere House provides services for older people (over 65 years). Services include: Admiral Nurses, carers who support people with dementia, tai chi classes, fitness classes, fit as a fiddle in Sudbury, psychological services, occupational therapy and a day hospital
- Additionally Belvedere House has a PPI group approximately 8 -10 service users
- They also have two Community Mental Health Services (CHMS) for older people including in patient service (ward), liaison service, memory service and day hospital Belvedere House

### What changes were made to the service?

- Brent Community Services stated that they would issue a position statement/ letter for service users and carers and keep them informed of any changes to service
- Brent Community Services stated that they were not cutting their service
- Brent Community Services hosted a information evening to update service users and partners about Belvedere House

### How did the changes improve the quality of the service?

- Service users were kept informed of services changes
- Service users were fully informed and consulted

### How do you know this change has stemmed from LINK activity?

- The issue was brought to the attention of the LINK by a letter to the LINK, listening to the public, A meeting with Belvedere House Staff

### Why was LINKs influential in bringing about the changes?

- Brent LINK looked at their information sheet/ questionnaire for service users and suggested it was not very clear and could include questions and a lot more information for service users. We also discussed using different formats etc
- Discussed the time line for consultation and the NICE standards for consultation namely three months for a public consultation if there is a major change to services
- Discussed ways of working with service users regarding any consultations with consideration for the service users needs
- Brent LINK expressed concern about the quality and ambiguity of their consultation methodology and ambiguity of proposed changes and seemingly lack of concern with properly consulting the wider public not just service users
- The matter including the lack of formal consultation was brought to the attention of the Health Select Committee
- LINK has offered their support in future consultations
- LINK to be invited to attend future PPI group meetings

### How did we know we were being effective?

The resulting information meeting, position statement and assurance to consult with service users, carers and the wider community are evidence that the intervention of the LINK was effective.



### 'Great Minds Think Alike'

NHS Brent Chair Marcia Saunders, Non-Executive Director  
Isabelle Iny and Brent LINK Co-ordinator Laretta Johnnie at  
one of the meetings with NHS Brent and Brent LINK

## 12. What we did – Summary of Activity

Requests for Information	
How many requests for information	42
Of these how many were answered within 20 working days?	90%
How many related to social care	30
How many related to health	12

Enter and View Visits	
How many enter and view visits did your LINK Make?	Nil <sup>7</sup>
How many enter and view visits related to health care	Nil
How many enter and view visits related to social care	Nil
How many enter and view visits were announced	Nil
How many enter and view visits were unannounced	Nil

Reports and Recommendations	
How many reports and recommendations were made by your LINK to Commissioners of health and adult social service?	200+ <sup>8</sup>
How many reports and recommendations were acknowledged in the timescale?	Ongoing
Of the reports and or/ recommendations how many have led/ or are leading to a service review?	Ongoing <sup>9</sup>
How many of these reports/recommendations related to health?	80%
How many of these reports/recommendations related to social care?	20%

Referrals to OSC	
How many referrals were made by your LINK to Overview and Scrutiny Committee (OSC)? LINK projects/priorities brought to their attention?	3 <sup>10</sup>
How many of these referrals did the OSC acknowledge?	3 <sup>11</sup>
How many of these referrals led to service change?	TBC

<sup>7</sup> A number of enter and view visits have been planned

<sup>8</sup> The Brent LINK Management Committee attend many meetings throughout the year and have opportunities to make recommendations to Commissioners of Health and Adult Social Services

<sup>9</sup> The committees have accepted Brent LINKs recommendations and have assured us they will be considered

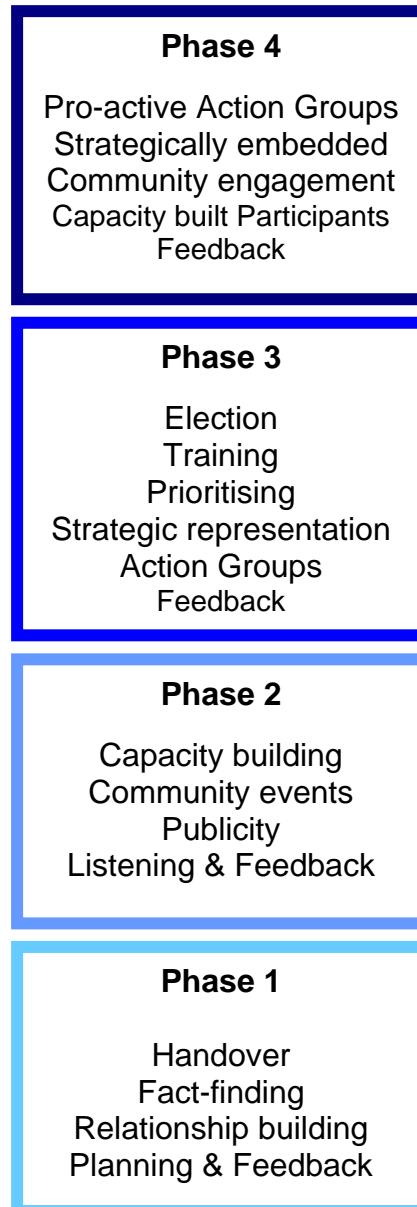
<sup>10</sup> This number signifies the formal issues brought to the committee. As Brent LINK attends the Health Select Committee they are allowed to raise issues informally as part of the process – these issues have been minuted

<sup>11</sup> The dialogue with the health select committee is ongoing this number does not truly reflect the points raised

# 13. Model of Brent LINK

## Development of Brent LINK

Brent LINK is now in its 18<sup>th</sup> month and has moved from a set of concepts and ideas to being pro-actively embedded in designing, planning and influencing health and Adult Social services commissioning and delivery in Brent.



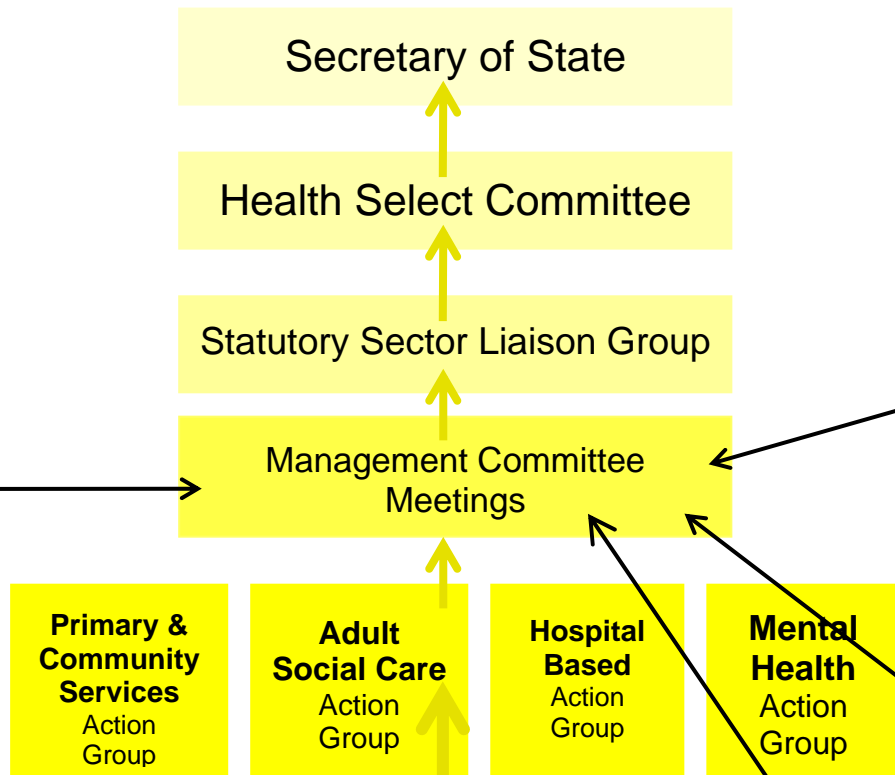
The following Brent LINK model details channels of communication and feedback in Brent LINK. The black arrows denote the LINK/host activities and the **dark yellow** arrows denote the feed of information from the community the **blue-grey** circle demonstrates the continuous communication and feedback cycle.

## Host Meetings

- Chair
- Commissioner Brent Council
- Adult Social Services
- NHS Brent
- NWL LINK
- PALS
- Hestia Host Co-ordinators
- London LINKs
- Brent Consultation & Engagement Strategy
- Andrew Davies, OSC

Communication & Feedback

## Management Committee



**Community Engagement**

Public events & 'Open Space' meetings  
 Outreach, presentations & public education  
 Community & business meetings and forums  
 Coffee mornings  
 E-bulletins & newsletters  
 Capacity building & training  
 Research, active listening & feedback  
 Web site & new media

## Brent LINK Strategic Representation

- Brent Health Select Committee
- Acute Service Review Project Board
- Adult Strategic Partnership Board
- NHS Brent Patient and Public Engagement Steering Group
- Safeguarding Adults Board
- North West London Mental Health Trust Board
- NHS Brent Patient and Public Panel
- Mental Health Commissioning Review Steering Group
- NHS Brent Equality, Diversity and Human Rights Committee
- Voluntary Sector Liaison Forum
- CNWL PPI Leads Group
- Brent Physical Disability & Sensory Needs Partnership Board

**Business Meetings**

Martin Cheeseman OBE Director of Housing & Social Services  
 Marcia Saunders, Chair, NHS Brent  
 Thirza Sawtell, Director of Commissioning NHS Brent  
 General meetings

**Other Meetings Attended**

AGMs                      Public Events  
 Training                    London LINKs

Brent LINK Model

## 14. Brent LINK Election

The Brent LINK Election took place between April and May 2009. Two training and information workshops took place on 25<sup>th</sup> and 30<sup>th</sup> March 2009 where members of the public could hear more about the work of Brent LINK and build on their skills and learn how to write their profiles make presentations and speak in public and were given helpful information packs at the workshops. A hustings event took place on 22<sup>nd</sup> April. Following this a postal vote took place the deadline was 8<sup>th</sup> May. The public counting of the votes to determine the Brent LINK Management Committee for the next two years took place on Friday 15<sup>th</sup> May at the Willesden Library Centre. The vote counting was independently scrutinised by Mr David Apparicio JP. The election resulted in five clear winners for the voluntary sector however the fifth place in the individual poll was deemed a draw. Under the advice of the Electoral Reform Society and Brent Electoral Services the final position for the member of the Brent LINK Management Committee was determined by a draw between the two nominees, which took place at the Brent LINK office on the 21<sup>st</sup> May 2009. For more information about the election see appendices 1.

Brent LINK are proud to announce the following nominees were successful in their bids to become members of the Brent LINK Management Committee.

### Individuals:

Name	Organisation	Votes
Maurice Hoffman	Individual	88
Michael Adeyeye	Individual	86
Dharampal Kaur/ Mrs Singh	Individual	81
Dr Golam Ahmed	Individual	76
Mansukhlal Gordhamdas Raichura	Individual	73
Robert Esson <i>Co-opted</i>	Individual	73

### Voluntary Sector Representatives:

Name	Organisation	Votes
Dr Yoginder S Maini	Brent Heart of Gold	216
Jimmy Telesford	Brent Association of Disabled People	95
Wendy Quintyne	Age Concern Brent	89
Ann O'Neill	Brent Mencap	74
Dr Tony Ogefere, JP	SIRI Behavioural Health	67



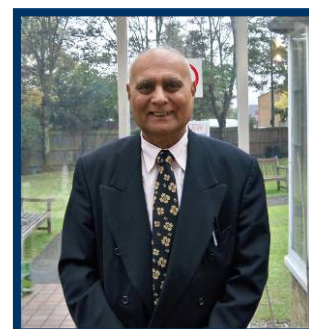
Brent LINK  
Management  
Committee Meeting

## 15. The Management Committee

Brent LINK has a Management Committee dedicated to working in the community and with the statutory and voluntary sector to affect change in health and social service provision in Brent. Brent LINK now boasts an extremely diverse Management Committee, which is reflective of the inclusive nature and intention of the LINK.

### **Mansukhlal Gordhamdas Raichura M.S.c, DipChemEng - Chair**

Brent resident for 28 years always promoted objectives of community many years experience in raising health and social care issues faced by community to providers. Has been a Voluntary and Community Sector rep on LSP Board and Co-opted member of Health Select Committee.



### **Jimmy Telesford – Vice – Chair**

Jimmy has lived his life as a disabled person, which has given him insight into the difficulties and barriers that disabled people face. Jimmy has worked with disabled people as a representative, advocate and campaigner. Jimmy believes dignity belongs to everybody.

### **Dr Yoginder S Maini – Vice Chair**

A resident of Brent since 1969 and regular user of NHS services, which he maintains has given him a wide knowledge of services available to patients. A qualified accountant and fellow of the Life Insurance Association Dr Maini was awarded a PhD in Theology in 2008. Dr Maini is Founder Group Secretary of Brent Heart of Gold.

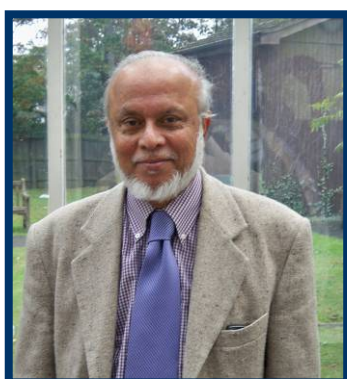


### **Robert Esson (Bob)**

Robert was born in Willesden Green Brent, is a Civil Engineer by profession, holds a BSc and E.Mec and remains a MIHVE member. An original member of NW Patients Parliament Rob is an insulin dependent diabetic, had both knees replaced and is a member of BADP. Rob was a p/t carer for his wife and feels he can be an advocate for groups that do not traditionally take part.

### **Michael Adeyeye**

Brent resident for over 30 years and actively involved in Community/ Voluntary sector for most of it. Michael is also a Trustee of BADP, Brent African Association, Age Concern Brent (until Dec 2008), Brent Association for Voluntary Action and a qualified Health and Safety practitioner with interests in promoting health and safety management in environment.



### **Dr Golam Ahmed**

A medical graduate from Bangladesh who came to UK in 1973 to join NHS as trainee Doctor and obtained a PGDip in ENT (ONT) from London University and a FRCS from Glasgow University. Dr Ahmed has work in medicine across the globe and maintains we need to balance demand for access and quality of treatment.

### **Dr Tony Ogefere**

Dr Ogefere a Brent resident of 25 years is the Executive Director of SIRI Behavioural Health providing holistic therapeutic service for disadvantaged people suffering psychosocial and emotional difficulties. Dr Ogefere is an international Counselling Psychologist and Social work Practitioner & Governor of CNWL Foundation (NHS) Trust.



### **Maurice Hoffman**

Maurice is a work placement advisor at Alperton Community School. Maurice has extensive knowledge of NHS Commissioning and finances. Maurice wants to contribute to Brent LINK by working with the people of Brent and providers of health and social care.



### **Ann O'Neill**

Ann has worked for Brent Mencap for over 8 years campaigning for better lives and opportunities for people with learning difficulties. Ann's strengths lie in her knowledge of strategic planning and documentation, public speaking and sits on many strategic boards and was the Chair of BRAVA. Ann understands issues and what they might mean in practice to Brent.

### **Dharampal Kaur / Mrs Singh**

Mrs Singh has been a resident of the UK since 1968 working in statutory and voluntary services. Mrs Singh has worked as a Teacher Governor, Life member of the Sikh Missionary Society UK & Amnesty International, Volunteer Tutor for Expert Patient Programme, a Peer Mentor Volunteer and Project Co-ordinator/Manager for Pupils Primary Project.



### **Wendy Quintyne**

Wendy a Brent resident has extensive knowledge of the voluntary and community sector and understands the vital role the sector plays in providing services particularly to vulnerable and 'hard to reach' communities. In her role Wendy strives to promote the well being of older people and works to make later life a healthy, fulfilling enjoyable experience.

## 17. Action Groups

The Management Committee attended a workshop to identify priority areas of work and to decide on what Action Groups would reflect and serve the needs of the community. The four Action Groups are: Adult Social Care; Community and Primary Services, Hospital Based and Mental Health. It was decided Action Group Leads would be selected from the Management Committee and the first meetings will be populated by members of the committee then the wider public would be invited to attend subsequent meetings of the action groups. The groups have worked on the following issues:

### Adult Social Care Action Group

#### The aims of the group:

- Help and improve Adult Social Care provisions in Brent
- Make Social Care services more user focus this will be done by and will do that by feeding back the views of the users of social care to people who deliver those services
- Work strategically with Commissioners and Providers of Social Care services and interact with Commissioners and Providers of the services with evidence based reality

#### The group are aware that Adult Social Care is a huge remit and are working with Brent Social Services on the following issues:

- Personalisation
- Direct Payments and Managed Accounts
- Centre for Independent Living
- Belvedere House – Mental Health services for older people
- Waiting times for Assessments (such as Occupational Therapy, Speech therapy, Physiotherapist, Psychologist and Care Managers)
- Campaigning to scrap Social Care Charges
- Provision of advocacy services
- Discretionary criteria for Freedom Pass

#### Future plans

The group aims to provide briefing, seminars and information in partnership with Brent Social Services and other agencies on Personalisation and conduct Enter and View visits. Ann O'Neill, Action Group Lead will be the Brent LINK representative on the Adult Strategic Partnership Board

## Primary and Community Services Action Group

### The aims of the group:

- Voice Primary Health and Social Care service user's issues to relevant service providers & Commissioners
- Use enter and view powers to bring evidence based reality of the user's views
- To seek the best ways of working with lead officers & Commissioners of Primary Health & Community Care services providers
- To assist or advise in communication between services users and providers to enhance reality and expectation

### The group have been working on the following issues:

- North West London Hospital deficit, Northwick Park Hospital infrastructure
- Funding and cuts in services
- Out of Hours GP Services and Access to GPs
- GP contract pertaining to Standardised Quality of General Practice
- GP Validation List
- NHS checks
- Polyclinic and Polysystems
- Stag Lane Clinic and Chalk Hill
- Patient Satisfaction

### Future plans

Monitor establishment of Brent Community Services as an autonomous provider. Monitor shift of Acute Care to Primary Health and Community Services with establishment of Polysystems etc. Continue voicing service users concerns with the service providers.

## Hospital Based Action Group

### The aims of the group:

- Discuss and take action on issues pertaining to Hospital Services i.e. Northwick Park, Central Middlesex or any Hospital Based Service that NHS Brent Commission
- Work closely with North West London Trust Board and Care Quality Commission

### The group have been working on the following issues:

- Planning Patient Satisfaction survey series of events
- Urgent Care Centre and GP Out of Hours Service
- Meeting with a patient/ public group, to generate questions which could be asked of potential providers of the service
- Action group members will sit on the panel and receive presentations from potential providers, and to score the presentations along with other panel members
- North West London Quality Accounts
- Changes to Children services
- Northwick Park Hospital infrastructure

### Future plans

The group aims to develop a team of community researchers and work more closely with Brent Community Services and Northwick Park Hospital a variety of issues.

## Mental Health Action Group

### The aims of the group:

Discuss and take action on Mental Health issues in Brent and help improve the quality of mental health provision within Brent which incorporates the following:

- To gain understanding current service providers and provisions
- Gain understanding of the link between Local Authority service Providers and Commissioners.
- Interface between enhancement of services, Improving Access to Psychological Therapies (IAPT) and Community workers are in place and meet the needs of the service users
- Designing services
- Conduct research
- Understanding the role of Community Service in relation to Mental Health

### The group have been working on the following issues:

- Belvedere House
- Undertaking research using service users
- Dr Tony Ogefere, Action Group Lead, will be the Brent LINK representative on the Mental Health Partnership Board
- Conducting research on the BMER experience
- Supporting the incoming CDW project
- Training service users to undertake community research

### Reading Group

- Reading LINK Policies with an aim to offer a critique and development
- Reading NHS Brent documents and policies and giving constructive feedback
- Reading Brent Social Services documents and policies and giving constructive feedback

### Communications Group

The aim of the group is to give the members of the public a chance to get involved in the design of Brent LINK publicity and communications.

## 18. Sign up of Participants

By the end of the reported year we had **531** signed up participants to the Brent and have reached out to many more people through our outreach work and public events. We have also met with statutory and voluntary agencies that have expressed an interest to become involved.

Brent LINK is proud to have reached out to different groups of people in the borough. What follows is an analysis of the Brent LINK participant demographics, which illustrates the diverse spread of participants in the LINK:

### Participant Monitoring Information Analysis:

Gender	%
Number of Females	41
Number of Males	39
Declined to answer	20

Age Group	%
16-21	3
22-29	5
30-44	17
45-59	22
60-74	29
75+	8
Declined to answer	15

Disability	%
Yes	15
No	57
Declined to answer	28

Sexual Orientation	%
Heterosexual	50
Gay	0
Lesbian	0
Bisexual	0
Declined to answer	47
Other	3

<b>Religion/Faith</b>	<b>%</b>
Buddhist	0
Christian	26
Hindu	20
Jewish	2
Muslim	11
Sikh	11
Other	4
Declined	23
None	3

<b>Ethnicity</b>	<b>%</b>
Asian or Asian British- Indian	38
Asian or Asian British – Pakistani	5
Asian or Asian Other	1
Black or Black British- African	8
Black or Black British- Caribbean	10
Black or Black British- Other	1
Chinese	0
Mixed White & Asian	0
Mixed White & Black African	1
Mixed White & Black Caribbean	1
Other	1
White British	11
White Irish	3
White Other	2
Declined to answer	18

## 19. Interested Groups

By the end of the reported year we had **151** interested groups.

### Interested Group Monitoring Information Analysis:

Gender	%
Number of Females	41
Number of Males	48
Declined to answer	11

Age Group	%
16-21	1
22-29	4
30-44	17
45-59	23
60-74	36
75+	13
Declined to answer	6

Disability	%
Yes	17
No	65
Declined to answer	19

Sexual Orientation	%
Heterosexual	55
Gay	0
Lesbian	0
Bisexual	0
Declined to answer	40
Other	3

Religion/Faith	%
Buddhist	0
Christian	34
Hindu	26
Jewish	1
Muslim	16
Sikh	2
Other	3
Declined	13
None	4

<b>Ethnicity</b>	<b>%</b>
Asian or Asian British- Indian	36
Asian or Asian British – Pakistani	5
Asian or Asian Other	2
Black or Black British- African	11
Black or Black British- Caribbean	17
Black or Black British- Other	1
Chinese	0
Mixed White & Asian	0
Mixed White & Black African	0
Mixed White & Black Caribbean	1
Other	1
White British	13
White Irish	1
White Other	3
Declined to answer	7

## 20. Income and Expenditure

### Brent LINK Financial Summary: Hestia (April 2009 to 31st March 2010)

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

Brent LINK	Income	Expenditure	Variance
LINK activities	30180.00	9843.00	20337.00 <sup>b</sup>
Host / Running costs	144684.00	129671.00	15013.00 <sup>c</sup>
<b>TOTAL</b>	<b>174864.00</b>	<b>139514.00</b>	<b>35350.00</b>

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

#### LINK Summarised Statement

Description	Allocation: (£)	Expended: (£)	Variance: (£)
<b>Development costs:</b>			
Printing and Publication	2500.00		
Stationery and Post	906.00		
Advertising	750.00		
Library	200.00		
<b>Sub-Total</b>	<b>4356.00</b>	<b>2884.00</b>	<b>1472.00</b>
<b>Communication and Engagement:</b>			
Radio	1200.00		
Entertainment (music & catering)	1700.00		
Freephone	304.00		
Incentives	500.00		
Web conferencing	300.00		
Translation/Interpretation / BSL/Audio/Braille	4500.00		
Crèche Service	500.00		
Website Development	2000.00		
<b>Sub-Total</b>	<b>11004.00</b>	<b>2577.00</b>	<b>8427.00</b>
<b>Consultation Research / Projects:</b>			
Commissioning user survey	2000.00		
External Facilitators	1000.00		
<b>Sub-Total</b>	<b>3000.00</b>	<b>299.00</b>	<b>2701.00</b>
<b>Expenses for LINK participants:</b>			
Travel	1680.00		
Subsistence	1680.00		
Carer costs	500.00		
Child care	500.00		
Payments	752.00		

<b>Sub-Total</b>	<b>5112.00</b>	<b>843.00</b>	<b>4269.00</b>
<b>Training for LINK Participants:</b>	3204.00		
<b>Sub-Total</b>	<b>3204.00</b>	<b>1016.00</b>	<b>2188.00</b>
<b>Venue for activities:</b>	3504.00		
<b>Sub-Total</b>	<b>3504.00</b>	<b>2224.00</b>	<b>1280.00</b>
<b>Total Allocation:</b>	<b>30180.00</b>		
<b>Amount Expended :</b>		<b>9843.00</b>	
<b>Surplus on the disbursed Grant</b>			<b>20337.00</b>
<b><u>Host Summarised Statement</u></b>			
<b>Description</b>	<b>Allocation:</b>	<b>Expended:</b>	<b>Variance:</b>
	<b>(£)</b>	<b>(£)</b>	<b>(£)</b>
<b>Staff costs:</b>			
Salaries, Employers NI, Pensions Agency and Staff Travels			
<b>Sub -Total</b>	<b>112536.00</b>	<b>97340.00<sup>a</sup></b>	<b>15196.00</b>
<b>Administration Costs</b>			
Office Costs: Office costs, Office Rental Phone and Post, Sundry Costs, Depreciation & IT Consumables.			
<b>Sub-Total</b>	<b>10980.00</b>	<b>10534.00</b>	<b>446.00</b>
<b>Building/Household Costs</b>			
Council Tax, Portable Appliance Testing Cleaning Material			
<b>Sub-Total</b>	<b>0.00</b>	<b>629.00</b>	<b>-629.00</b>
Recharged Cost Management Charges Insurance Charge Recruitment Charge Training Charge			
<b>Sub – total</b>	<b>21168.00</b>	<b>21168.00</b>	<b>0.00</b>
<b>Total Allocation:</b>	<b>144684.00</b>		
<b>Amount Expended:</b>		<b>129671.00</b>	
<b>Overall Surplus on the disbursed Grant:</b>			<b>15013.00</b>

**NOTES:**

- This summary was extracted from the Brent LINK year-end Management Accounts which are in the process of being externally audited at the date of publication.

- Figures for expenditure are to the nearest whole number.

<sup>a</sup> Senior manager salary cost within the service group is not included.

<sup>b</sup> All unspent income for LINK activities will be carried over into 2010 -11 for use by the Brent LINK.

<sup>c</sup> All unspent income for Host activities will **not** be carried over into 2010 -11

## 21. What we are going to do next

During the last year working with the public Brent LINK has identified many priorities for the forthcoming year these include:

- Gain further understanding of needs and priorities for the Brent Community
- Roll out programme of training and capacity building for communities and individuals based on priorities identified by the groups
- In collaboration with NHS Brent prepare for a series of consultation events on patient satisfaction to be published at AGM
- Extended enter and view training to participants and the wider public and arrange a program of visits
- In collaboration with Brent Association of Disabled People (BADP) develop support, representation and advocacy for seldom-heard groups and individuals
- Work closely with the Health Select Committee, NHS Brent and Brent Social Services with a view to undertake enter and view visits. Brent Health Select Committee could consider commissioning Brent LINK to undertake enter and view visits
- Brent LINK has won £6980.56 to deliver a Brent Well-being Day, which will be held on 5<sup>th</sup> August 2010 at The Hub, Stonebridge Park
- Undertaking work regarding GP satisfaction
- Continue sector and area representation of network LINK for mutual benefit
- To widen participation in Action group to enhance further understanding of local needs

This is not an exhaustive list but a window into the type of work Brent LINK will be undertaking in the current year. In all that we deliver Brent LINK look forward to fostering a collaborative approach to their work in effecting change empowering people and changing lives.



Empowering People Changing Lives  
Making a Difference ... Together

## 22. Appendices

### Appendices 1: Enter and View

The following section is taken from the Brent Local Involvement Network (Brent LINK) Governance Procedures (2009) page 11.13:

#### **20. AUTHORISED REPRESENTATIVES OF THE LINK**

20.1 Authorised representatives of the LINK are people who have been authorised to carry out enter and view visits to services.

20.2 Authorised representatives of the LINK may either be chosen by the Management Committee or by a Standing Committee.

20.3 In either case a vote must be taken in accordance to the rules set out for decision making in each group (4.3 to 4.4 for the Management Committee and 10.9 to 10.11 for Standing Committees).

20.4 People voted as potential representatives of the LINK must have a valid Criminal Records Bureau (CRB) check carried out and go through training (offered by the Host organisation) before they can act as authorised representatives.

20.5 The Host Organisation will carry out CRB checks. A previous conviction will not automatically preclude entry as a LINK representative; however the Host organisation will be able to refuse a person in relation to section 225 of the Local Government and Public Involvement in Health Act (2007) if they feel it is necessary.

20.6 Authorised representatives of the LINK are accountable to the wider LINK membership and public, and should act in their interest. They are required to follow the LINK Code of Conduct (see appendix 2) and the NHS guidance on enter and view visits.

#### **21. USE OF LINK POWERS**

21.1 The powers of the LINK are outlined in section 221 of the Local Government and Public Involvement in Health Act (2007). These are in:

- (A) Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
- (b) Enabling people to monitor for the purposes of their consideration of matters mentioned in subsection (3), and to review for those purposes, the commissioning and provision of local care services;
- (c) Obtaining the views of people about their needs for, and their experiences of, local care services; and
- (d) Making—
  - (i) Views such as are mentioned in paragraph (c) known, and

(ii) Reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

### 21.2. Use of the Right to Enter and View

21.3 The use of enter and view visits must conform to the use outlined in the Local Government and Public Involvement in Health Act (2007) and the guidance given by Department of Health's *'Code of Conduct relating to Local Involvement Networks' visits to enter and view services'* (July 2008).

21.4 The decision to carry out announced enter and view visits may be decided by the Management Committee or at a public meeting of the LINK.

21.5 Announced visits should be made with the prior approval of the service delivery authority. Findings and concerns are then reported to the Management Committee. The Management Committee can then advise the service provider that they may make an unannounced visit within a set time, if they have serious concerns. (This would be one of a number of possible actions.)\*

21.6 Unannounced enter and view visits must be agreed by both the Management Committee and Standing Committee / Working Group members and only be carried out as a result of known and declared serious concerns regarding the service provision at the premises and as part of the procedure described above.

21.7 An enter and view visit must be carried out by two or more authorised representatives (see Appendix 3 of this document.)

\* Where a safeguarding adult or child protection concern exists, the relevant procedure will be followed.

21.8 In the case of an announced visit, the host organisation will contact the service to inform them that the LINK wishes to carry out enter and view visit and to find a mutually convenient time for the representatives to carry out the visit.

21.9 A pre-visit and post visit meeting will be arranged by the Host with the service (see appendix 3: Enter and View Visits.)

21.10 The representatives undertaking the enter and view visits will follow the Government guidelines on enter and view visits (see appendix 3)

### 21.11 Use of the Right to Write Reports

21.12 Reports will be written by the Host Organisation on behalf of the LINK on the recommendation of the Management Committee.

21.13 The Host Organisation will, on request, ask for final approval of a report by the Management Committee before submitting it.

21.14 Reports submitted must be factual, based on evidence and not libellous, accusative or put the LINK, its members or the Host Organisation in danger of legal action.

### 21.15 Use of the Right to Request Information and / or Make Recommendations

21.16 Requests for information and recommendations (including letters written on behalf of the LINK) will be written by the Host Organisation on behalf of the LINK on the recommendation of the Management Committee, from matters arising at a public meeting of the LINK, or by the relevant Standing Committee / Working Group

21.17 The Host Organisation will on request, ask for final approval of a request for information or recommendation by the Management Committee and / or relevant Standing Committee / Working Group before submitting it.

### 21.18 Use of the Right to Refer Issues to Overview and Scrutiny Committees

21.19 The Management Committee may decide to refer issues to relevant Overview and Scrutiny Committees.

The Host organisation will carry referrals out on behalf of the Management Committee

## Appendices 2: Brent LINK Election Results

The overall election results for both individuals and the voluntary sector representatives were:

<b>Name</b>	<b>Organisation</b>	<b>Votes</b>
Dr Yoginder S Maini	Brent Heart of Gold	216
Jimmy Telesford	Brent Association of Disabled People	95
Wendy Quintyne	Age Concern Brent	89
Maurice Hoffman	Individual	88
Michael Adeyeye	Individual	86
Dharampal Kaur/ Mrs Singh	Individual	81
Dr Golam Ahmed	Individual	76
Ann O'Neill	Brent Mencap	74
Robert Esson	Individual	73
Mansukh Raichura	Individual	73
Prakash Mandalia	Individual	67
Dr Tony Ogefere, JP	SIRI Behavioural Health	67
Lola Osikoya	Amazing Grace Women's Association	63
Phil Sealy	Brent Black African and Caribbean Mental Health Consortium	61
Miranda Wixon	Individual	61
Ken Morjaria	Individual	59
Deva S Samaroo	Brent Hindu Samaj	54
James Sayell	Individual	53
Elcena Jeffers MBE	Elcena Jeffers Foundation	52
Kesh (Mukesh) Morjaria	Individual	46
Winston Carl Dennis	Bethal Community Service	44
Ian Lee	Individual	43
Elsie Staple	South England Conference of Seventh Day Adventist	41

The Management Committee and Host would like to thank all nominees for their time and commitment during the election process. At Brent LINK we endeavour to continue working relationships with nominees, as there are opportunities to work with and feed into Brent LINK. We would also like to thank the Interim Stakeholders Steering Committee all of whom were volunteers who have shown commitment to developing Brent LINK.

The newly elected members of the Brent LINK Management Committee were offered the opportunity to attend one of two training and briefing sessions where they were informed about the Host organisation, updated on the work to date etc. The Management Committee had an opportunity to discuss the Governance, Code of Conduct, police checks (CRB), financial procedures, expectations and was given the opportunity to pose questions to the Host. The Committee also discuss the selection process for their Chair and Vice Chair.

## Circulation of Brent LINK Annual Report for Year Ending March 2010

Brent LINK's 2009 / 2010 Annual report will be circulated to signed up Brent Participants and made available to the general public on Brent LINK's website [www.yourbrentlink.org](http://www.yourbrentlink.org)

### **A copy of the Brent LINK Annual Report will be sent to:**

The Secretary of State for Health  
The Care Quality Commission  
The London Borough of Brent  
Brent Health Select Committee  
Brent Community Care  
NHS Brent  
Relevant Strategic Health Authorities  
Central & North West London Mental Health Trust

### **Copies will also be made available via:**

Brent LINK Office upon request  
Local Libraries  
Brent LINK meetings, events and Outreach

## How to get in touch and involved with Brent LINK

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

Please contact the Brent LINK Team Laurretta, Carol and Jake for information or a Registration Form on:

✉ Brent LINK  
Hestia Housing and Support  
Unit 56  
The Designworks  
Park Parade  
London  
NW10 4HT

☎ Main Office: 0208 965 0309

✉ [brentlink@hestia.org](mailto:brentlink@hestia.org)

💻 [www.yourbrentlink.org](http://www.yourbrentlink.org)