



Hillingdon Local Involvement Network
The Public Scrutiny of Health and Social Care

DELIVERING OUR VISION!



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Annual Report 2010 - 2011

www.hillingdonlink.org.uk

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Complaints/Returning Officer – John Andrews: john.andrews@hillingdonlink.org.uk

INTRODUCTION

FOREWORD

Local Involvement Networks (LINKs) were established under the Local Government and Public Involvement in Health Act 2007 and under section 227 of the Act, there is a legal requirement for LINKs to publish an annual report by 30th June, on their activities during the previous financial year, (1st April - 31st March).

A copy of the Act can be found at:

www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_1.

VISION STATEMENT

In our Annual Report 2009 to 2010 we stated that “The strategic vision of the LINK over the next 12 months was to develop patient and public involvement in Hillingdon in light of the major changes taking place in the local health and social care economy..... ensuring all sections of the community have a chance to voice their views.”

Hillingdon LINK has remained focused throughout the year on this vision and we are equally determined that 2011 will be no different. With the potential development of shadow GP consortia, a North West London NHS strategy that will involve major service reconfiguration and financial cuts, the London Borough of Hillingdon’s implementation of personal care budgets and NHS Hillingdon’s anticipated requirement to consult on likely changes to services, such as PALS, significant work streams are expected this coming year.

With the far reaching implications of NHS White Paper “*Equity and excellence: Liberating the NHS*” it has never been more important than today, in this radically changing health and social care economy, that Hillingdon LINK continues to deliver on our mandate to involve and support our community in ensuring it has a strong, engaging voice, that is not only heard, but is influential in protecting and shaping the services we receive.

Expectations are that the next year is extremely likely to be a pivotal time for health and social care and going forward it must be recognised by all stakeholders how important it will be to develop and prepare for the possible establishment of HealthWatch in 2012, should it become statute, through a smooth and seamless transition from LINKs. At Hillingdon LINK we believe that this is a critical factor to stability and we will endeavour in our duty to ensure this happens and that patient involvement and independent scrutiny of services is guaranteed to positively influence health and social care in Hillingdon in the future.

LONDON BOROUGH OF HILLINGDON PROFILE



Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles (11571 hectares), over half of which is countryside and woodland.

It is the home of Heathrow Airport, RAF Northolt (the largest RAF airport in the UK), Brunel University and contains 3 hospitals, Harefield, Hillingdon and Mount Vernon.

The council shares an almost equal boundary with the NHS Hillingdon (Hillingdon Primary Care Trust), which was one of the first Primary Care Trust in the country, established in 2001. Hillingdon has 50 GPs who serve a population of 266,000; some of these patients come from the surrounding boroughs of Hertfordshire, Buckinghamshire, Hounslow, Ealing, and Harrow.

The London Borough of Hillingdon has been in existence since 1965 and has 22 electoral wards within 3 localities;

Ruislip and Northwood: is in the north of the borough has 8 wards named Cavendish, Eastcote and East Ruislip, Harefield, Manor, Northwood, Northwood Hills, West Ruislip, and South Ruislip.

Uxbridge and West Drayton: in the central part of the borough consists of 7 wards named Brunel, Hillingdon East, Ickenham, Uxbridge North, Uxbridge South, West Drayton, and Yiewsley.

Hayes and Harlington: in the south of Hillingdon has 7 wards named Barnhill, Botwell, Charville, Heathrow Villages, Pinkwell, Townfield, and Yeading.

Population*

The Office of National Statistics estimated population of Hillingdon at 263,527 in 2010. Each locality had roughly one third of the Hillingdon population residing within their boundaries and the population of Hillingdon is expected to grow by 9.7% over the next 10 years.

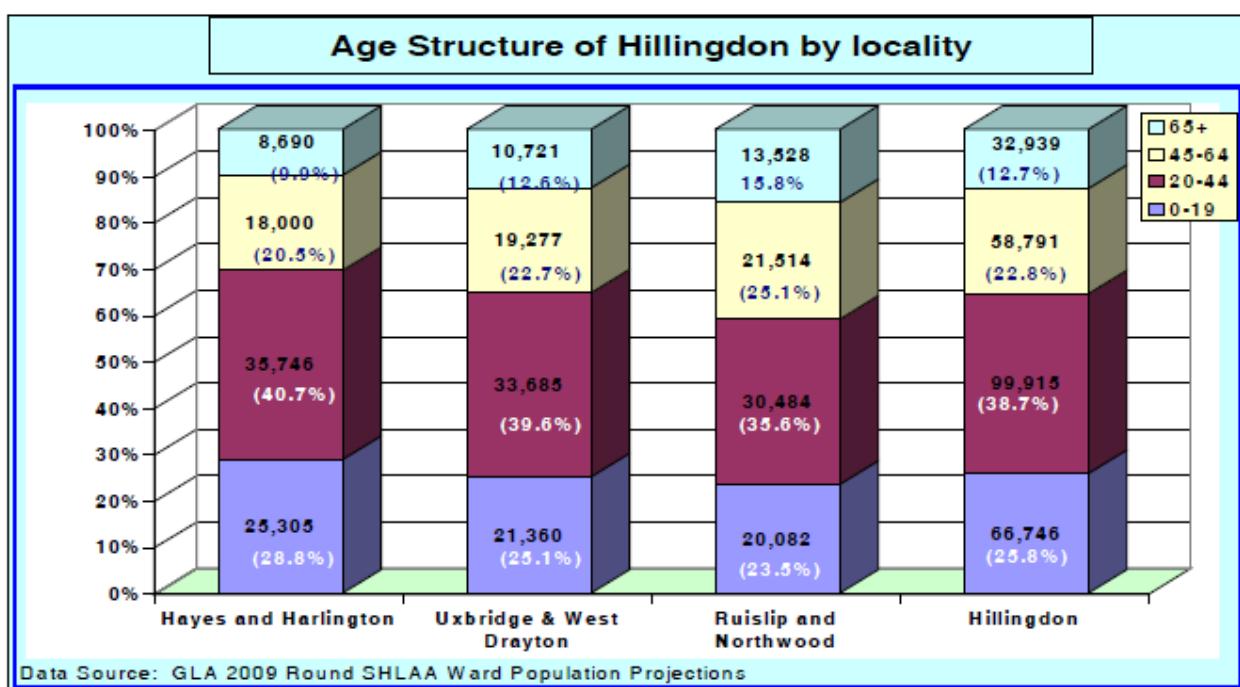
Table: 1: Total populations in the three localities:

	Wards by locality		
	Ruislip and Northwood	Uxbridge and West Drayton	Hayes and Harlington
	Eastcote and East Ruislip (5%) Gavendish (4%) Manor (4%) Northwood (4%) Northwood Hills (4%) South Ruislip (4%) West Ruislip (4%) Harefield (3%)	Brunel (6%) Hillingdon East (5%) Uxbridge North (5%) West Drayton (5%) Yiewsley (5%) Ickenham (4%) Uxbridge South (4%)	Barnhill (5%) Botwell (5%) Charville (5%) Pinkwell (5%) Townfield (5%) Yeadling (5%) Heathrow Villages (4%)
Total population	83,536	84,129	83,484
Locality population as % of total Hillingdon population	33.13%	32.91%	33.96%

Age*

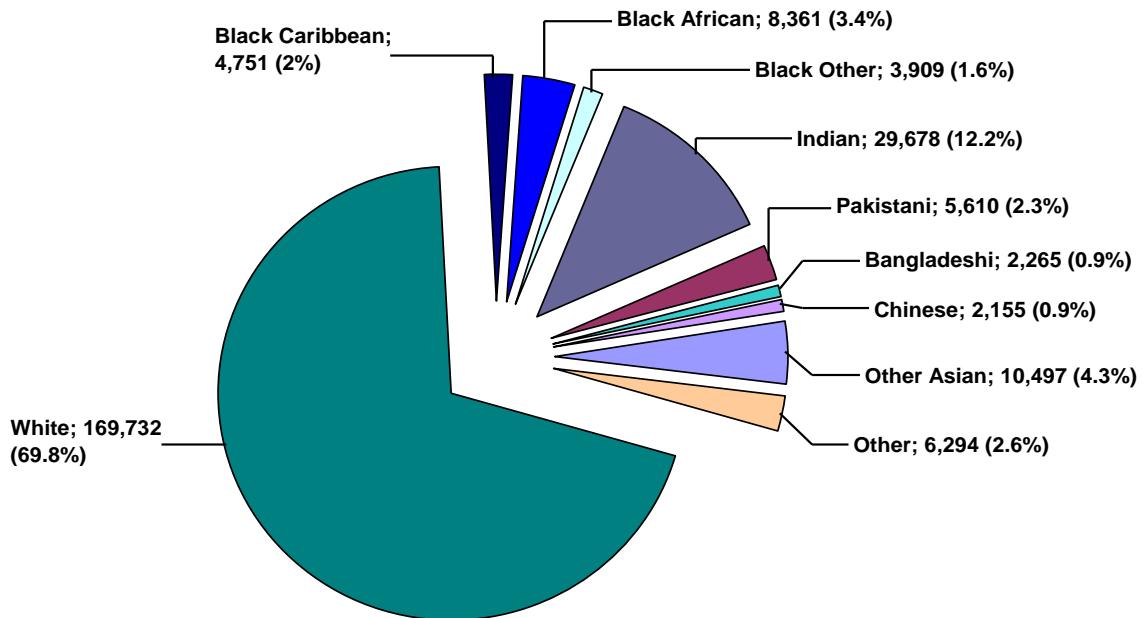
Information on age of residents is important because need for services varies by age; for example the need for chronic disease management will be greater in the elderly population while need for sexual health and maturity services will be greater in the younger population.

The Greater London Authority (GLA) 2009 estimates show that the age distribution in each ward varies considerably, with more wards in the north of the borough having higher proportion of older population and wards south of the borough having higher proportion of child population under 19 years old.



Ethnicity*

Hillingdon Population by ethnicity, 2010



Source: GLA EGPP 2007 PLP Low

Ethnicity is closely linked to health status, outcomes and inequalities. Black and minority ethnic (BME) groups, which make up nearly 30% of Hillingdon's population, generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. In Hillingdon for example a higher concentration of ethnic minority communities can be seen in poorer areas. With Hayes and Harlington having the highest proportion of BME communities at 34.6% of the population, compared to 15.1% in Uxbridge and West Drayton and only 13% in Northwood and Ruislip.

Life expectancy

Life expectancy is simply the number of years a person is expected to live. When comparing areas, it is common to observe life expectancy at birth. Hillingdon's male life expectancy (78.0) and female life expectancy (82.7) is similar to England (2005-07), which means a baby born in Hillingdon can expect to live similar number of years as the England average. However, there are marked inequalities within the borough. The gap between the male life expectancy between Townfield and Eastcote and Ruislip ward is 8.1 years and difference between female expectancy between Bowell and Eastcote and Ruislip is 7.4 years. (JSNA -2010)

Mental Health

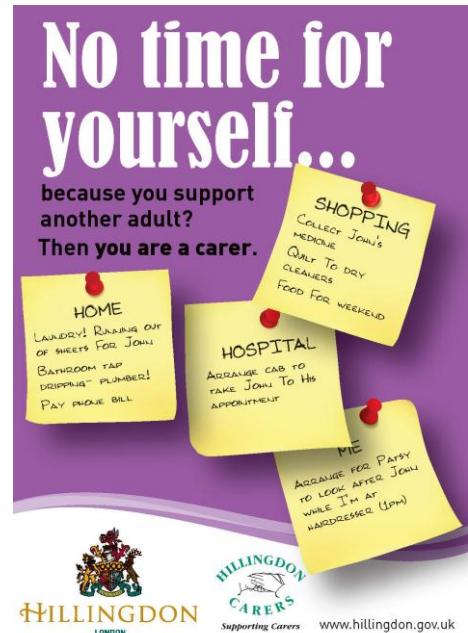
In 2008/09, the prevalence of depression was 6.5% of GP register population which was lower than England average (8.1%). Uxbridge and West Drayton locality had highest prevalence of depression (7.1%) as compared with Hillingdon and the other 2 localities.

In 2008/09, the prevalence of mental health problems was 0.67 % of GP register population in Hillingdon which was lower than England average (0.75%). The prevalence of mental health problem was more or less similar in the 3 localities in Hillingdon.

In 2008/09, the prevalence of Dementia was 0.28 % of GP register Population in Hillingdon which was comparatively lower than England Average (0.43%). However, in Ruislip and Northwood locality the prevalence of Dementia (0.41%) was higher than Hillingdon on the whole and the other 2 localities in Hillingdon.

Carers

In the 2001 Census over 23,000 Hillingdon residents identified themselves as carers and it will not be until the results of the 2011 census are known will we know the true extent by which this has increased. However there are only 1,280 people within Hillingdon in receipt 23 of carers allowance according to DWP Feb 09 information. What we do know is the current estimated value of contribution from carers has increased by £120,100,000 in the last 6 years from £209,800,000 in 2002 to £329,900,000 in 2008.



**Referenced and compiled from Hillingdon's Joint Strategic Needs Assessment 2011. A full copy of JSNA 2011 is obtainable from the London Borough of Hillingdon at www.hillingdon.gov.uk*

SUMMARY FROM HILLINGDON LINK CHAIR



TREVOR BEGG, Chair

The rapidly changing health and social care landscape, the financial pressures imposed on local providers during the last 12 months and the uncertainty created by the Health Bill has made for a challenging environment. Despite this we have made major steps forward, developing our partnership work with a range of groups and providers, and promoted and protected the patient involvement agenda. This has enabled us to achieve a range of outcomes, the main, although far from only the ones, are highlighted in this summary and featured in the main body of the report

I would like to thank everybody for their efforts over the last 12 months as significant progress has been made to the benefit of local patients and carer's. Particular mention should be given to the excellent work of Graham Hawkes the LINk Manager, The Mall Pavilion Shopping Centre and our best wishes and thanks to Gaynor Brown a founding board member who is moving to Somerset, we wish her well.

Key achievements I wish to highlight are:

- Resource Partnerships with the Mall Pavilions and McLaren Perry that significantly enhance our operating capacity, potential and effectiveness with an implied financial value of £40,000.00.
- Our Vice Chair Ian Diamant's work at national and pan London level to ensure Hillingdon LINk are involved in the development of Health Watch ensuring the experience and lessons learned in Hillingdon are not wasted.
- The Hospital Discharge project.
- A key partner in developing Patient and public involvement and communication strategy in the re-configured NHS across North West London, ensuring the patient voice will be heard.
- The HESA Centre and Orchard GP practice projects that will deliver major benefits to both patients and the local health and social care economy. These initiatives epitomise the "Big Society" concept, achieve the large cost efficiencies the current climate demands yet still deliver improved outcomes for local people.
- Somali Community Survey and EMAP report that produced many recommendations that have been adopted as well as referenced in the JSNA, other reports led to us giving evidence at scrutiny hearings.

- Leading the development of NWL LINk joint working via the NWL LINk Chairs forum. This has generated cost efficiency savings and greater levels of influence with statutory bodies for the benefit of patients.
- Working with carer's to raise their profile, promote their agenda and improve their services. In particular the NHS failure to pass on respite care funding, an issue still to be resolved and surely a false economy.
- Supporting the relatives and residents of Daniel Ward.
- Responding to National Consultations
- Our Work with CLAHRC and NHS London Innovation Funding, this included playing a significant role in the allocation of funding.
- Continued development of the LINk infrastructure, partnerships and profile moving towards a Health Watch model to ensure a smooth transition.
- The work of LINk members on committees, boards and strategy groups and the influence they have had.

As an organisation we have identified areas where we can improve and have developed a model of continued learning from each project we undertake. We are confident this will enable us to continue to grow and transition to HealthWatch in an effective and cost efficient manner, whilst dealing with the challenges presented by the changing environment.

Our key priorities in this regard are more training and support for LINk representatives, an enhanced engagement programme and the development of partnership working with GP's.

My thanks to the local authority for their continued support and we look forward to an interesting, challenging and successful 2011/12.

Trevor Begg
Chair

STRUCTURE AND OPERATING MODEL

Hillingdon LINk is a membership organisation governed by a set of Rules that provide for the election of a Board. Board election takes place every other year for a Board membership of 15. The Board can co-opt a further 5 members.

The Board has 4 posts that it elects from Board members. These posts are:-

- Chair
- Vice Chair
- Treasurer
- Complaints and Returning Officer

The LINk has a comprehensive set of Policies and Procedures to govern its day-to-day operation, including code of conduct, enter and view and conflict of interest policies, and adheres to the Nolan Principles. A full range of policies can be found on our website.

The Rules require for 4 general meetings a year, which are held in public, one of which is the AGM. Special General Meetings can be called at one month's notice by the Board or at the request of a minimum of 20 members.

The Board meets on a monthly basis, a full schedule of meeting dates are listed on our website.

Board meetings are held in public with the provision for a part 2 being held in private when sensitive matters are discussed.

The Board of Hillingdon LINk is made up of the volunteer members presented on page 7. They come from a wide range of backgrounds and experiences and form a diverse representation of the communities across the London Borough of Hillingdon.

The Board's various responsibilities include:

- Steering the work of the LINk and deciding on a work programme.
- Promoting the involvement of a wide range of communities and individuals in the LINk.
- Maintaining a constructive relationship with the people who commission and run local care services.
- Deciding on the use of the statutory powers of enter and view 'authorised representatives' and agreeing reports and recommendations arising from visits.
- Deciding on the use of statutory powers to ask for information and receive a reply within a set timescale.
- Agreeing which issues to refer to Overview and Scrutiny Panels.
- Formally agreeing Hillingdon LINk reports and recommendations, including the Annual Report which is sent to the Secretary of State and the Care Quality Commission.
- The Board has powers to form Working Groups to focus on particular areas of interest. These Working Groups are accountable to the Board.

HILLINGDON LINK BOARD

Elected Members:

Name:	Role:	Date Elected:	Represents:	Area of Interest
Trevor Begg	Chair	02/2010	Individual	Dementia, residential and nursing care, NHS commissioning and PPI
Ian Diamant	Vice Chair and Treasurer	02/2010	Individual	Legislation and Finance, Mental Health
John Andrews	Complaints and Returning Officer	02/2010	Individual	Governance, Disability
Ann Temmink	Board Member	02/2010	Individual	Community Health
Angela Wegener	Board Member	02/2010	Individual	Disability
Cllr. Beulah East	Board Member	02/2010	Individual	Hospitals
Gaynor Brown	Board Member	02/2010	Individual	Dementia, Children's Health
Judith Lever	Board Member	02/2010	Individual	Health
Michael Hill	Board Member	02/2010	Individual	Renal, Transplant

Co-Opted Members:

Name:	Role:	Date Co-Opted:	Represents:	Area of Interest
Mustapha Aden	Board Member	08/2010	Tageero	BME Communities, Mental Health
Ann Chad	Board Member	08/2010	Individual	Voluntary Sector, Social Services
Ted Hill	Board Member	01/2011	HAVS	Voluntary Sector
Baj Mathur	Board Member	02/2011	Individual	Carers

Former Board Members Who Resigned:

Name:	Role:	Date Resigned	Represented:	Area of Interest
Catherine Herriott	Board Member	01/2011	HAVS	Equality and Diversity

THE HOST – GROUNDWORK THAMES VALLEY



Groundwork Thames Valley (GTV) is an independent local charity, committed to social, economic and environmental regeneration. GTV works with partners to improve the quality of the local environment, the lives of local people and the profitability of local businesses. More information can be found at: www.groundwork-tv.org.uk

GTV's partners include local authorities, community groups, government and businesses.

GTV's projects focus on building stronger neighbourhoods, training, stimulating enterprise, integrating the economy and the environment and realising young people's potential. Projects range from small community schemes to major national and regional programs that use the environment to engage and motivate local people to improve their quality of life.

GTV is part of the Groundwork federation of about 50 local Trusts in England, Wales and Northern Ireland.

Groundwork Thames Valley contact details:

Groundwork Thames Valley Colne Valley Park Centre Denham Court Drive Denham Uxbridge Middlesex UB9 5PG	Switchboard: 01895 832 662 Fax: 01895 833 552 Website: www.groundwork-tv.org.uk Company Registration No.: 1982077 Charity Registration No.: 293705
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The Host Role and Responsibilities:

The job of the host organisation is to support the LINK to do its work.

The following are included within the role of the host organisation:

- Help and support the LINK in its activities;
- Manage the LINK budget;
- Provide advice and support to the LINK, including the setting up of governance arrangements and the resolution of disputes;
- Ensure that the LINK enables representatives from all communities to have their say and get involved;
- Assist with access to relevant information from the Department of Health, the NHS, the local authority, voluntary sector organisations, etc;
- Enable the LINK to set a local agenda driven by the priorities and interests of local communities.

SUPPORT INFRASTRUCTURE

Since April 2010 there has been a restructuring of the support staff provided to the LINk by the Host, Groundwork Thames Valley, which has led to the following improvements that have given us a solid foundation to move the LINk forward this year.

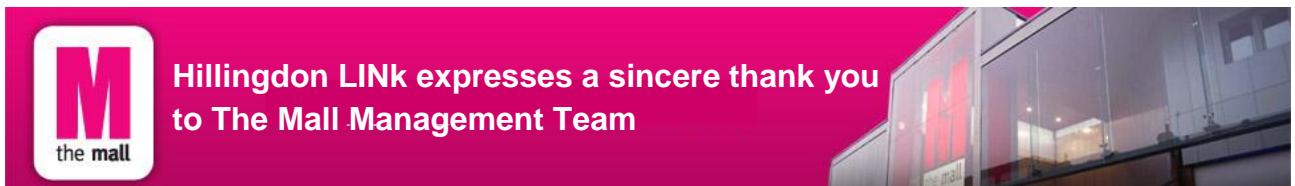
- A new, user friendly, multifunction website has been designed and published.
- The office infrastructure have been transformed to give full support to all office functions
- There has been an large increase in the staffing hours of the support team

Through an excellent relationship built with The Mall Pavilions and their generous provision we secured a 3 year lease on a shop unit within the Pavilion Shopping Centre. This is providing an excellent opportunity, in a central shopping location, to have a local community "showroom" space to promote the LINk and to be used by other organisations within Hillingdon who offer health and social care services, advice and advocacy.



Hillingdon Women's Group recently ran a workshop and offered legal advice to local women as part of their celebration to commemorate the Centenary of International Women's Day and their Silver Anniversary.

There are plans currently being finalised for both, the Cancer Care Centre and Disablement Association of Hillingdon (DASH) to offer advice and advocacy at weekly drop in centres. The Royal Brompton and Harefield NHS Foundation Trust have also contacted us with a view to run an awareness day, from the premises, for their Breathe Easy Group, which helps people with the smoking related disease COPD, Chronic Obstructive Pulmonary Disease.



**Hillingdon LINk expresses a sincere thank you
to The Mall Management Team**

www.themall.co.uk

VOLUNTEERS

The Hillingdon LINK is a volunteer-led organisation, and volunteering lies at the heart of all that we do. We appreciate and rely on the range of experiences and skills that all our volunteers bring to our organisation.



We believe the opportunities offered by the Hillingdon LINK are rewarding and interesting, and offer real opportunities to change and improve health and social care within the Borough. It is important to us that we make a difference to local services; and we are committed to providing the support, encouragement and structures that enables our volunteers to make that difference a reality.

We currently have volunteers working in a number of roles:

- As LINK Board members
- Promoting the LINK at engagement events
- Facilitating focus groups and workshops
- Representing LINK at meetings, boards and committees
- Proof reading documents and reports
- Carrying out Enter and View visits
- Office administration
- Preparing reports and documents
- Carrying out surveys



Helping people into work

An important part of our work this year has involved supporting people who are looking to get back into work, such as those recovering from long term illness. Working with individuals and other voluntary agencies, we have been able to use our volunteering roles to offer people a stepping stone back into the workplace, as part of their rehabilitation. Our aim for 2011 is to expand on this initiative and give more people this opportunity.

TRAINING

Hillingdon LINk has put its staff and volunteer members through a variety of training courses during this year. Including

- ◊ Enter and View Part 1 and 2
- ◊ The Effective Patient and Community Representative Programme
- ◊ Report Writing
- ◊ Compact Law
- ◊ Communication and Public Speaking Skills
- ◊ GP Commissioning

Arguably the most important of these was our **Enter and View training**, where we commissioned an experienced consultant to carry out in house training for assessors who will conduct the “enter and view” inspections for the LINk. The training was carried out over 2 sessions and 10 members have successfully completed the course.

Authorised Representatives for Enter and View are:

Trevor Begg
Stella Begg
Gaynor Brown
Judy Lever
Ann Temmink
Harry Temmink
Natalie Morris
Wendy Pursey
Rashmi Varma
Graham Hawkes



The Effective Patient and Community Representative Programme, looks at empowering people to contribute effectively as patient and community representatives, and articulate the views of patients and communities so they can effectively influence decision making at a senior level.

It is planned that the skills, knowledge and understanding developed during this programme will be used to develop a similar in house training course for volunteer members, who represent the LINk on boards, committees and working groups.

PUBLIC ENGAGEMENT

Whether as a one off event, or by regular meetings, by letter, email or face to face, Hillingdon LINk has continued to extensively engage with thousands of people, through our membership, with members of the general public, organisations and community groups.

Through a variety of different ways and methods, which we have laid out in this report, we have persistently been reaching out across the communities of Hillingdon, to ensure that the profile, impact and awareness of the LINk can be raised and the potential of the LINk fulfilled.

Although we measure and assess the number of people we have engaged with through data collection and monitoring methods, and have indicated this number in brackets against each listed activity, it is fair to say that the full impact of our engagement is unquantifiable.

For example, at the Ruislip Manor Fun Day we spoke face to face to over 300 people and distributed 200 leaflets. Our stall location was prominent and could potentially have been seen by thousands of people who attended the event.

Likewise it is impossible to quantify the impact of articles that are published in the local newspaper but with editorial being printed on the Hospital Discharge project's workshops,



changes occurring within health and social care under the White paper proposals, the HESA Centre and its planning application, the possible closures of dentists and doctors surgeries in Harefield and West Drayton respectively and other referenced mentions, Hillingdon LINk has ensured that its engagement through the media has added to its exposure to a wider audience within the borough.



MEETINGS

In addition to the monthly Board meetings, Public meetings and AGM, which are held publicly throughout the year by the LINk, members of Hillingdon LINk are also regularly involved in direct meetings, with individuals, voluntary, and other organisations. These have resulted in many objectives being achieved and contributed to various work plan projects being instigated and have been instrumental in joint working initiatives with other

organisations, such as The Hillingdon Hospital, Hillingdon Community Health, NHS Hillingdon, Hillingdon Carers, SAHAN, Age UK, Hillingdon Women's Centre and Tageero.

Prime examples of the outcomes that are achieved, can be demonstrated by the meetings that we initiated with Harmoni, the Out of Hours GP service and CNWL Older Adults Service at the Woodlands Centre

During the meeting with Harmoni we discovered that the Out of Hours GP service was mainly isolated from the mainstream services. There was very little interaction with other agencies, other than for palliative care patients, they have no access to patient's records, other than special notes provided by GPs on individual patients and there was a need to make greater use of this service to support patients, particularly those with long term conditions when they are discharged.

As a result of our meeting, we have ensured that the awareness of Harmoni and their out of hours service for GP's, within the Borough and the walk in centre at The Hillingdon Hospitals A&E, has been significantly raised. Harmoni have been the focus of a section of the second discharge workshop and recently, by our instigation, they presented at the Voluntary Sector Health and Social Care Forum.

Work to raise awareness continues with publicity being developed with both the LINk and the voluntary sector. With the reconfiguration of the Urgent Care Centre at THH and the possible 111 pilot within Hillingdon, further development of the work with Harmoni is still required and we are planning to table discussions with the new GP Consortia to discuss the access of patient records for Harmoni and the Out of Hours GP service.

The LINk initiated meeting with the CNWL Older Adults Service at the Woodlands Centre has culminated in the first of a series of LINk facilitated meetings, with the Woodlands Centre and key voluntary sector organisations, where joint working opportunities have been identified. Proposals for voluntary sector led carer support groups and a therapy support group for both Woodland's Wards are currently being built upon. An evening social group for the carers of and people with early onset dementia, one to one carer support and a weekend activities group are also currently being investigated.

We have regular contact with local MP's and Councillors, having meetings to discuss the important issues affecting our borough.

Recently, The Hillingdon LINk Board and other leading organisation members joined with



Chairs from the LINks across North West London to welcome guests from the Department of Health, Lord Howe, Parliamentary Under Secretary of State for Quality and Joan Sadler, National Director for Patient and Public Affairs, at a meeting held in Hayes Town's Hesa Centre, to discuss the cross boundary working of the NWL LINks and the way forward for LINks in their potential transition to HealthWatch.

COMMUNITY ENGAGEMENT

With the enthusiastic involvement of staff and the valued support of volunteers, Hillingdon LINK has continued to engage with the general public by attending a number of regular and one off events across the borough, these include:

- Expert Patient Program (20)
- Ruislip Manor Fun Day (300)
- Streets Ahead Hayes (100)
- Streets Ahead Ruislip (100)
- Streets Ahead West Drayton (65)
- Older People's Assembly (70)
- Local Disability Forum (90)
- Carers Conference (95)
- Carers Fair (250)
- Hillingdon's Social Care Health and Housing Conference (80)
- Hillingdon Voluntary Sector Health & Social Care Forum (25, *monthly*)
- Cornerstone (28)
- Nurses Day at Hillingdon Hospital (200)
- Nursing Home Relatives Group (14, *monthly*)
- Residential Providers Forum (25)
- Amicus Union (45)



This promotion of the LINK and our work is encouraging people to become involved in the shaping of local health and social care services. It is giving local people the opportunity to express their views on the services they receive and is enabling the Hillingdon residents to become aware of and respond to important consultations. This was especially the case when we consulted extensively and engaged borough wide on the Governments Health White Paper and the four subsequently released subsidiary papers at the following locations:

- Hillingdon Hospital (800)
- Mount Vernon Hospital (300)
- Sainsbury Supermarket Hayes (50)
- Hillingdon Association of Voluntary Services AGM (70)
- Hillingdon Carers AGM (70)
- Uxbridge Library (100)
- BMA Patient Advisory Group (30)



COMMUNITY SURVEYS

Muslim Community Survey; Hillingdon LINk carried out a survey, prior and following Friday prayers, at the Islamic Education & Cultural Centre, Hayes Town, in July 2010 to give the Muslim community the opportunity to give us their views on their experiences of the Borough's health and social care services. This survey was also made available electronically on our website and was also distributed by the centre through its emailing list. (1000)



Somali Community Report; This survey was commissioned to seek the views of the Somali community in Hayes and Yeading as part of an investigation into concerns expressed to Hillingdon LINk by leaders of the Somali community.

With the help of Hillingdon LINk member organisations based in Hayes, the survey was carried out by Somali speaking interviewers and focused upon two subjects:

1. What is the experience of people within the Somali community accessing their Doctor (GP)
2. What are the social issues faced by the Somali community; especially the impact upon the community by the use of Khat.

“ a gripping report” and “a very important piece of work”

The results of this survey and our subsequent published report have been received with much interest. It has been described as “a gripping report” and “a very important piece of work”. By their request it has been submitted to the

Borough's External Services Committee and The Residents and Environmental Services Policy Overview Committee, where its submission formed part of the evidence in their current review of Khat. Information from the report has also been used in the development of the annual Drug and Alcohol assessment. This will include adopting one of our main recommendations for a multi-agency approach to dealing with the Khat problem.

Hillingdon LINk
Hillingdon Local Involvement Network
The Public Scrutiny of Health and Social Care

Survey on GP Access and Social Concerns within the Somali Community

Hillingdon LINk's Report August 2010

www.hillingdonlink.org.uk

The recommendations within the report, around access to GP's, are also currently being considered by NHS Hillingdon. The proposed PBC commissioning intentions for 2011/12 include improving access for minority communities. A Somali speaking GP is now working at the Orchard Practice following another of our recommendation from the report.

The Somali Community Report and the report on our focus group for the Ethnic Minority Access Project have been heavily referenced in a report produced by Hillingdon Council on an investigation it carried out to demonstrate equality across health and adult social care by identifying the needs of people from Black, Asian and Minority Ethnic (BAME) communities with learning disabilities and/or physical and/or sensory disabilities, as part of the Long Term Conditions Delivery Group Action Plan for the Local Strategic Partnership. (420)

FOCUS GROUPS AND WORKSHOPS

Ethnic Minority Access Project (EMAP); EMAP was aimed at all the elderly people of the Black & Minority Ethnic (BME) communities living in Hillingdon Borough. The project enables these communities to access the Health and Social Care available within the Borough.

The Health Awareness Workshop, held in April 2010, was run in partnership with Age UK and enabled seventy two BME older people attending the workshop the chance to voice their views on Health and Social Care to the health professions directly.



Key recommendations taken forward from this workshop included training for GP receptionists and improved access to language line. (72)

Somali Discharge; This focus group, held in Hayes Town in September 2010, was organised following the above EMAP event to give the fifty eight Somali and Asian attendees the opportunity to express their views and relate their experiences of the hospital discharge process. The valuable information gathered from this event has already been fed into our hospital discharge project. (58)



White Paper Workshops; As part of Hillingdon LINK's consultation process on the Government Health White Paper a series of focus groups were held during September 2010. These included 2 which were open to and attended by LINk members, a BME Focus Group and The Blind and Partially Sighted Group at Uxbridge Library. (250)

West London Network for Voluntary and Community Organisations; Hillingdon LINk facilitated and presented to an over-subscribed workshop of nearly a hundred people at the annual West London Network Conference on the changes to the health economy in North West London.

Our presentation "**NHS White Paper: What are the Opportunities for the Third Sector?**" was an unequivocal success, which resulted in a mandate for the North West London CVS to develop an involvement in NHS NWL and led to the NWL LINks developing Patient and Public Involvement (PPI) with NHS NWL and the PCT Clusters, which is further highlighted later in this report. (90)

Labour Group; Following the Health White Paper, Hillingdon LINK attended the Labour Councillors Group to brief them on the developments and changes envisaged in the NHS due to its publication. (20)

BOARDS AND COMMITTEE REPRESENTATION

Although there are a number of groups and committees that Hillingdon LINk has an entitlement to be a part of, we have been encouraged this year by the increasing number of groups that we have been invited to join and the number of volunteers we have identified through our membership to represent us on these groups.

- Hillingdon LINk PCT Board
- HCH/ CNWL Joint Integration Committee
- Wellbeing Board
- Wellbeing Board Mental Health Group
- Wellbeing Board Long Term Conditions Group
- Hillingdon Hospital's First Contact Group
- Hillingdon Hospital's Patient Experience Programme
- Health & Social Care Forum
- Uxbridge & West Drayton Practice Based Commissioning Locality Meeting
- North Hillingdon Practice Based Commissioning Locality Meeting
- Hayes & Harlington Practice Based Commissioning Locality Meeting
- Maternity Liaison Committee
- Exceptions and Priority Setting Committees
- Transplant Committee
- Dementia Working Group
- Diabetes Model of Care Workshop and Diabetes Network Board
- Autism National Strategy Consultation Workshop
- Medicines Management Committee
- North West London LINk Chair's Group (and the development of this forum)
- CQC LINk advisory board
- CLARHC
- Improving medicine Prescribing and Information in the Elderly (ImPIE)
- Shadow GP consortia development steering group
- Carer's Strategy Group
- NHS London Innovation Fund "Dragons Den" Panel



Membership of these committees has enabled members to make numerous suggestions and recommendations on a wide range of strategic and other issues and promoting carer and patient/client views. We view these seats as a key component of our strategy as they are an extremely effective way of driving change if LINk representatives are given the correct support and training.

Health and Social Care Forum

Hillingdon LINk had a joint pivotal role with Hillingdon Association Voluntary Sector (HAVS) in the reconstitution of the Health and Social Care Forum early in the year and has been strongly involved in its development over the following months. The Health and Social Care Forum now sits monthly, with high attendance from a wide representation of third sector organisations and we are currently co-chairing the forum and directly providing administrative support.

CONSULTATIONS

Hillingdon LINK has carried out a number of consultations during this year.



We have consulted across the borough through a wide range of channels and methods, via our website, by email, post and in a number of workshops and focus groups, where we have made a particular effort to connect with people from minority communities. In addition to consulting with the LINK individual and organisation membership, we have actively engaged directly with the general public at various borough locations and through community events and by attending other organisations meetings and events. Consultation questionnaires have also been made available through the London Borough of Hillingdon Intranet, the PCT and the Health and Social Care Forum.

- **Blue Badge;** This consultation document outlined and sought views on Government proposals for improving the Blue Badge (Disabled Parking) Scheme and ran from March to July 2010 (700)
- **GP Choice Consultation;** There was a Department of Health national consultation on how to enable people to register with the GP practice of their choice, which ran from March to June 2010. (1000)
- **Autism Strategy;** This consultation ran from July to Oct 2010 and sought views on the draft guidance to health and social care services that was drafted to support the implementation of the Autism Strategy 'Fulfilling and rewarding lives' (540)



- **White paper and subsidiary papers;** In the White Paper 'Equity and Excellence: Liberating the NHS' published in July 2010 and the four further subsidiary papers that followed, the Government set out its vision for how it wants to re-organise and run the National Health Service. Further information on the extensive engagement we carried out during this consultation is referenced throughout the engagement section of this report.(3000)
- **Pharmaceutical Needs Assessment;** NHS Hillingdon asked us to consult on its Pharmaceutical Needs Assessment, in which they were asking partners and local people about the assessment and whether it met its aims. The assessment was formulated following a previous survey in June 2010, in which Hillingdon LINK carried out public consultation and made recommendations that were adopted. Further recommendations were also adopted by NHS Hillingdon from this consultation. (700)

- **Transparency in outcomes: a framework for adult social care;** Alongside the Social Care Vision, the Department of Health has launched Transparency in Outcomes: a framework for adult social care – a consultation on a new strategic approach to quality and outcomes in adult social care. The consultation which envisaged an enabling framework which places outcomes at the heart of social care, improves quality in services, and empowers citizens to hold their councils to account for the services they provide. (850)

Hillingdon LINk have prepared and formulated responses, where appropriate, for the above consultations, which have closed and these can be found on our website, www.hillingdonlink.org.uk

Volunteers View

“Over the year I have continued to regularly chair the Exceptions Committee meetings at Hillingdon PCT. The committee always had attendance from commissioners, at least two GPs and other clinicians, as well as advice from Public Health. We carefully considered very many cases where applications had been made on behalf of local patients to have procedures or drug treatments which were not covered by the current contracts. Sometimes the requested procedures had been deemed ‘low priority’ by the PCT, and the applicants claimed to have ‘exceptional’ reasons to justify the procedure being paid for by the NHS, and sometimes applications were for new ad occasionally experimental procedures and drugs. From time to time the problems for which treatments were being sought were extremely unusual and were not included as part of the contracting arrangements.

In some cases we were able to agree that the treatments should be allowed but in many cases we declined the requests as ‘exceptionality’ had not been demonstrated.

Also, we sometimes noticed that there were many applications for particular (often new) procedures which we considered should be part of the regular contracting arrangements. On these occasions we recommended to the PCTs Priority Setting Committee that they be considered for inclusion in these standard contracts. As chair of the Exceptions Committee I was able to participate in the rather infrequent Priority Setting meetings and was always happy when some of the Exceptions Committee’s recommendations were able to be incorporated. ”

PROJECTS

2010-11 has been a very busy year at Hillingdon LINk and the projects that we have been involved in continue to grow. Working in partnership has been a constant theme and this can be seen throughout the work which we have highlighted in this report.

Mental Health Forum: This year saw the development of the Mental Health Forum which we jointly held with CNWL Central North West London Mental Foundation Trust and Hillingdon PCT. The eagerly attended first forum in September 2010 had nearly 40 participants and gave Hillingdon residents, who are carers, service users and patients, the opportunity to explore future patient involvement in mental health services and develop and strengthen their relationships with the commissioners and providers of the services.

Feedback was very positive and the success of this forum was easily measured by the service user's keenness for the forum to be developed. Priorities were identified, including care planning, better access to information and the complaints process and 3 consequent forums were also scheduled.

The second Forum held in March again the attendance was high and contributions from the participants enthusiastic. As amongst other items we discussed and incorporated a workshop on care plans and planning.

A web space is currently being developed to provide information to aid and support people with mental health conditions and their carers. This will be further explored during the forum being held in June 2011, where amongst other topics we will be focussing on accessing services during a crisis.



We look forward with optimism to the future forums already scheduled for 2011, where we expect this user led forum to grow in strength, as it looks to impact positively on the boroughs mental health services.

Crisis Cards: Central North West London NHS Foundation Trust is currently looking at redesigning the Crisis Card that is given to all its service users and the information it holds. There are currently several versions of the card in circulation and this project is looking to unify these and the information they hold to produce a single version that will be widely distributed to replace all existing versions. Hillingdon LINk is involved in this process and significant design recommendations made by us are being incorporated.

Improving Access to Psychological Therapies (IAPT): The LINk is in discussions with MIND to work in partnership to develop a business case for IAPT services, although the current NHS funding situation may make this difficult to achieve. Hillingdon is the only area in England not to offer this service, yet recently released CQC patient survey reports highlight their value. We have highlighted this issue at both the Health and Wellbeing Board and NHS Board and discussions about a service are now taking place.

Hospital Discharge: Leading on and working with The Hillingdon Hospital and London Borough of Hillingdon, as part of the Hillingdon Health and Wellbeing Board Strategy priority to improve hospital discharge, a priority which we had successfully lobbied for, we planned a programme of hospital discharge workshops which focused on improving joint working between the various partners in the pathway, and identifying and implementing solutions which will bring positive improvement to the hospital discharge process. This programme has already delivered a number of outcomes.

We facilitated the first workshop on the 7th December 2010. An event which was attended by over 70 delegates representing, carers, patients, social services, Hillingdon hospital, Central North West London FT, Royal Brompton and Harefield Hospital, Northwick Park Hospital, Age UK, DASH, Alzheimer's Society, Rethink, LBH Housing and Homecare, Hillingdon Community Health, SAHAN and representatives from nursing and care homes. The focus of the event was to consider the current discharge pathway, create network opportunities, identify and highlight best practice, current work streams and the top three priorities of the various delegates.

Feedback from partners and delegates has been very positive, including a patient delegate writing to the local newspaper commending the event. Another patient who was very satisfied with the discharge pathway he had experienced commented that he was pleased that the Borough was still endeavouring to improve the discharge patient experience.

"I was amazed by the number and variety of people involved"

The event produced a significant amount of information and identified actions that could be developed prior to a second workshop, which was held on 16th March 2011. This again was well attended by delegates representing a wide range of stakeholders who are involved in the discharge process.



In the first session of the workshop the delegates fed back on the actions they had taken from the first workshop. From the information gleaned, it was very evident that in addition to the issues and work streams we had already identified, that the first workshop had definitely focussed all stakeholders on discharge. This had resulted in additional outcomes and important changes being made and relationships enhanced, that were already affecting real change to the discharge process.

The Hillingdon Hospitals NHS Foundation Trust (THH) had begun a major, high level, programme of work, that is designed to improve patient experience of the discharge process and the interaction between different staff teams required to bring this about.

We will continue working with the hospital on this project to ensure delivery of the recommendations we made, that have been accepted.

The Leaving Hospital Project which is incorporated into the hospital's Quality Account goals for 2011/12, will include:

- The development of a carer's strategy for the hospital.
- A revised discharge policy to contain clear roles and responsibilities for all of those involved in the discharge process.
- Thorough collaboration with internal and external stakeholders to identify and make immediate changes to processes.
- The introduction of Real Time Bed Management across the whole hospital to ensure beds can be managed more efficiently and effectively.
- The detailed analysis of length of stay and subsequent changes made to pathways to improve performance and the reassessment of the information given to the patient at discharge and how it is presented.

THH had set up a Patient Transport Services Users Group and it will be looking at how to implement recommendations made from the workshops.

THH had started a project which is focussing on improving medicine prescribing and information for our elderly patients. The ImPIE project aims to reduce the inappropriate use of medication through improving medicine review and empowering staff, patients, relatives and carers through increased knowledge and understanding of medicines and the review processes. It is planned that once trialled, the project will be rolled out across all of the Trust.



To increase efficiency and reduce the waiting time on the ward of the discharged patient THH had employed an additional porter to collect prescriptions and deliver take home medications back to the wards.

Following discussions had during the first workshop the LINK facilitated a meeting between Central North West London NHS Foundation Trust Acute Services and London borough of Hillingdon Social Services to look at the issue of housing for mental health clients. The subsequent meetings have been successful and they have agreed to jointly hold a half day workshop which will be useful to understand service gaps and bring in private/social landlords to address some of the short-term problems around housing for Mental Health clients.

Central North West London NHS Foundation Trust (CNWL) has included a carer's priority in their 2011/12 Quality Account priorities.

A number of recommendations around mental health are being taken forward by CNWL as part of their mental health services redesign program, we are involved in this project and it will form a key piece of work in 2011/12.

The Health and Wellbeing Board work plan for 2011/12 encompasses a number of work streams dealing with issues relating to more integrated partner working that were identified when talking to patients, analysing patient experience data and at the workshops.

A couple of key issues, a permanent Social worker presence at the hospital and better access to interpretation services are still being discussed.

We are pleased with the success of the workshops and look forward to continuing to work with THH, London Borough of Hillingdon and CNWL as we take this work forward to tangibly improve the patients' experience of discharge from hospital.

A full report for the hospital discharge project, showing all the outcomes and recommendations Hillingdon Link have made is available on our website at, www.hillingdonlink.org.uk/index.php/publications

Patient Environment Action Team (PEAT) Inspections: At the beginning of 2011 members of our Enter and View team were invited by Central North West London NHS Foundation Trust, The Royal Brompton and Harefield NHS Foundation Trust, Hillingdon Community Health and The Hillingdon Hospital to join their Patient Environment Action Team for the annual inpatient assessment which inspects standards across a range of services including food, cleanliness, infection control and patient environment.

Volunteers View

“ In January 2011 I participated in a PEAT inspection of the Riverside Unit at Hillingdon Hospital, with staff and managers from Central and North West London Trust. Our purpose was to check the facilities and environment for patients in the unit. The formal report and results of the visit will not be available until the summer, however, overall with some few exceptions; I believe the general environment was quite good. We had the opportunity to chat with some of the patients, to look inside their single rooms, with their agreement of course, and to look at the kitchens and common areas available for recreation etc. We also ate lunch with the patients in the dining area and heard the varied views on the catering arrangements. ”

GP Carer's List Project: We are working in partnership with Hillingdon Carers to ensure that GPs are made aware of people with caring responsibilities. This initiative is aimed at raising carer awareness and the number of patients on each GP surgery's carer's list, to ensure that carers receive the support that they require. This resulted in a 43% increase in identified carers on GP lists and the project is being extended to other practices and developed to ensure identified carers can access the support services they require.

Carer's Group: The Hillingdon Link Carer's Group has been set up for people who have experienced caring for a family member or friend and who want to help improve services within the borough.

Carer Respite Funding: In partnership with Hillingdon Carers we have been lobbying to ensure that Department of Health funding to Primary Care Trusts for respite breaks for carers is passed on to local authorities as intended. We have raised this issue at North West London NHS board level and at the local external scrutiny committee. To date the funding has not been made available due to a failure by the DoH to ring fence the funding. Financial pressures mean that a cut in service has taken place despite claims by Government to the contrary. We are continuing to pursue this matter with NHS London and the Department of Health. Our recommendation is that this funding should be passed on to prevent unnecessary hospital admissions and other stated priorities of the NHS. Failure to fund this service is a false economy.

Hillingdon Community Health (HCH) Integration With Central North West London NHS Foundation Trust (CNWL): HCH provides 32 vital community services for Hillingdon. At the beginning of 2010 it was part of NHS Hillingdon and operated independently from the commissioning arm of the Primary Care Trust (PCT) to deliver its services. The government policy required the PCT to divest themselves of the services, (a policy supported by both the previous and current governments). On 31st March 2010 it was announced that CNWL was the preferred bidder and a period of due diligence would follow.

The LINk had a representative on the initial provider selection panel and the subsequent working group that conducted due diligence and reviewed and oversaw the transfer of HCH to CNWL on behalf of NHS Hillingdon. While the LINk rep identified a number of reservations about the transaction dealt with by our working group we were successful in ensuring a number of enhanced safeguards for patients. These included a local authority Governor taking up a place on the CNWL council of governors, acceptance of a need to work with carers, resulting in a priority on the 2011/12 QA, on-going involvement and assistance in developing the PPI strategy for HCH and the transformation of care agenda. The latter has resulted in close co-operation in 2011/12 on a number of matters that have already benefited patients and carers.

Hillingdon LINk had concerns about the procurement process and through a working group we closely scrutinised the due diligence process over the following months. Having meetings with CNWL and NHS Hillingdon and a public meeting, which was held to explain the integration to the general public and seek their views.

After close analysis of the Business Plan our concerns were heightened when we discovered that the contract may allow for a reduction of up to 40% over a 3 year period but during a meeting with directors and senior management of CNWL, HCH and Hillingdon PCT we were given assurances that the volume of the contract would be retained even if transferred to another service.

On 1 February 2011 all local community NHS services in Hillingdon formally became part of CNWL.

Mental Health Delivery Group: This group is the principal policy forum for mental health and reports to the Health and Wellbeing Board. The Group has a wide ranging agenda and of particular concern at the moment is the performance of the Wellbeing Centre. It is likely we will carry out a review.

We are also very concerned that Hillingdon is the only borough in the country that has no IAPT service. These services are a range of talking therapies to support people in the community. The LINk will work with other agencies to redress this.

Quality Accounts: 2010 was the first year of Quality Accounts and we set up a working group to analyse and respond to the quality accounts consultations of The Hillingdon Hospital NHS Trust, Central North West London NHS Foundation Trust, Hillingdon Community Health and Royal Brompton and Harefield NHS Trust. In April 2010 each Trust published its priorities for the last year (showing how they performed against targets) and priorities for next year. The Quality Accounts documents are intended for the public and the LINks were asked to respond on the final draft, within 30 days, in no more than 500 words. Our comments were then due to be incorporated into the final document which was published on the 30th June 2010; with the Trust setting out any changes made due to our comments. This was not strictly adhered to by some Trusts within this first year and we are working closely with these Trusts to ensure that this is not repeated in 2011. We were also involved in the Community Health identification of priorities for its 2010/11 QA, this led to our recommendations being adopted for two of the agreed priorities.



Daniel Ward - Mount Vernon Hospital: Over the last 12 months we have been closely involved in supporting the relatives and patients of Daniel Ward due to the NHS's desire to close the ward and move patients to alternative treatment setting. The situation is far from resolved and a satisfactory final outcome has yet to be agreed, but the families continue to be grateful for our support. This is an example of information, advice and advocacy at work and a useful learning exercise for the transition to Health Watch in 2012/13.

Northwood and Pinner Ward: We ran an electronic survey using our portable survey equipment to assist Hillingdon Community Health to obtain patient feedback in a pilot project at Northwood and Pinner Ward at Mount Vernon Hospital.

Care Quality Commission (CQC): We have quarterly meetings with CQC to exchange information. CQC also update us on current regulatory developments. These meetings are open to all and the voluntary sector has found attendance particularly useful.



Through our participation on the Partnership Forum we are working with CLAHRC to give a patient perspective on medical research proposals; and to progress and develop a working approach to important patient and public involvement in research.

CLAHRC provides a unique opportunity to bridge the gap between producing world class research and innovation to delivering benefits consistently for patients and providing world class health care.

When the CLAHRC rolled out Round 3 funding to organisations for projects that improve the care provided to patients by delivering research into practice, we were part of the evaluation panel who decided which projects would receive funding of up to £100,000 and played an important part in the process.

We have also taken part in workshops on Quality Accounts and Chronic Obstructive Pulmonary Disease (COPD) to help develop best practice, promote better partnership working and the exchange of ideas.

Hesa: We successfully helped the PCT in facilitating the expansion of the Hesa Centre in Station Road, Hayes, by working with the estates team and liaising with the landlord over a

number of months. With the building secured and planning permission granted, the extension when complete will enable a wider range of services to be provided for local people, improve facilities at the walk in centre and generate significant cost savings for the NHS in the longer term. This initiative was in response to local people's desire for an expanded health facility as opposed to a Paddy Power betting shop. In 2011/12 we

will be supporting patient involvement in the development of new services.

In 2010 we helped to identify Somali speaking candidates for an administrative position at the request of the GP practice and our ongoing work with the HESA continues.

We are involved in promoting and raising awareness of the Patient Participation Group at the Hayes Town Medical Centre and a new initiative to raise carer awareness and the number of patients on the carers list is in the process of being launched. This is part of the GP surgery project we are undertaking in partnership with Hillingdon Carers.



Orchard GP Practice: As part of the healthcare reforms, we have been supporting the Orchard GP Practice, which shares the Hesa Centre, in developing its model and application to become a social enterprise; by developing the community involvement element of their proposals through our network and working closely with the Orchard Practice and NHS Hillingdon on the business case.



Under the model of the social enterprise, staff and the community will have a direct stake in the day-to-day running of the practice, greater control over budgets and will operate on a non-profit basis.

The social enterprise will allow the practice to move away from some aspects of the traditional GP model giving it the opportunity to improve the care it offers its 4000 patients, setting up services tailored to the surrounding community and be more innovative in the care that they provide.

This provides a superb opportunity to develop new pathways of care in the community and the development of a community based health and social care hub. The community and practice are excited by the prospects and the project epitomises the "Big Society" ethos.

To date we have assisted the practice in setting up their patient group, developing a community involvement model, identifying patient and community priorities to be delivered by the business plan, provided staff with information and advice, promoted the value of the project at NHS Hillingdon board level, to ensure they support the venture, explaining the project to the community, and supporting the practice at NHS London level with the approval process.

The project would not have progressed this far without our involvement and we look forward to continuing our support in 2011/12 to ensure this exciting opportunity for improved and innovative primary care is delivered.

It has provided the added benefit of giving us a detailed working knowledge of GP primary care, LES, DES and QoF in particular. This will be invaluable with the development of GP commissioning groups. The project has also resulted in a partnership with McLaren Perry a GP consultancy who have said we can draw on their advice and knowledge when needed. We estimate the value of this at circa £10,000.

The HESA related projects, when combined, will significantly reshape and improve the local health offering and have resulted in major financial investment being committed. It is difficult to quantify the exact financial and health benefits at this stage, however over the short term the service changes will achieve significant improvements to health outcomes. They will also benefit the health economy over the medium term by a high six figure sum with further annual savings and efficiency gains.

The West London Medical Centre: We were asked to support their patients in assisting the practice to get planning permission to relocate to new premises. After establishing patients were indeed in favour of the relocation, we made representation to NHS Hillingdon and LBH planning department. The recommendation from the planning department is now with the planning committee to approve the application. Ultimately this will greatly improve the level and range of services for patients.

Wheel Chair Service: Following a number of issues highlighted to us, we are continuing to work closely with the management of the Wheel Chair Service to improve the client experience. This has already resulted in changes to internal procedures to register phone calls, development of an improved staff document and involvement in contract meetings and the procurement process for a new equipment contract.

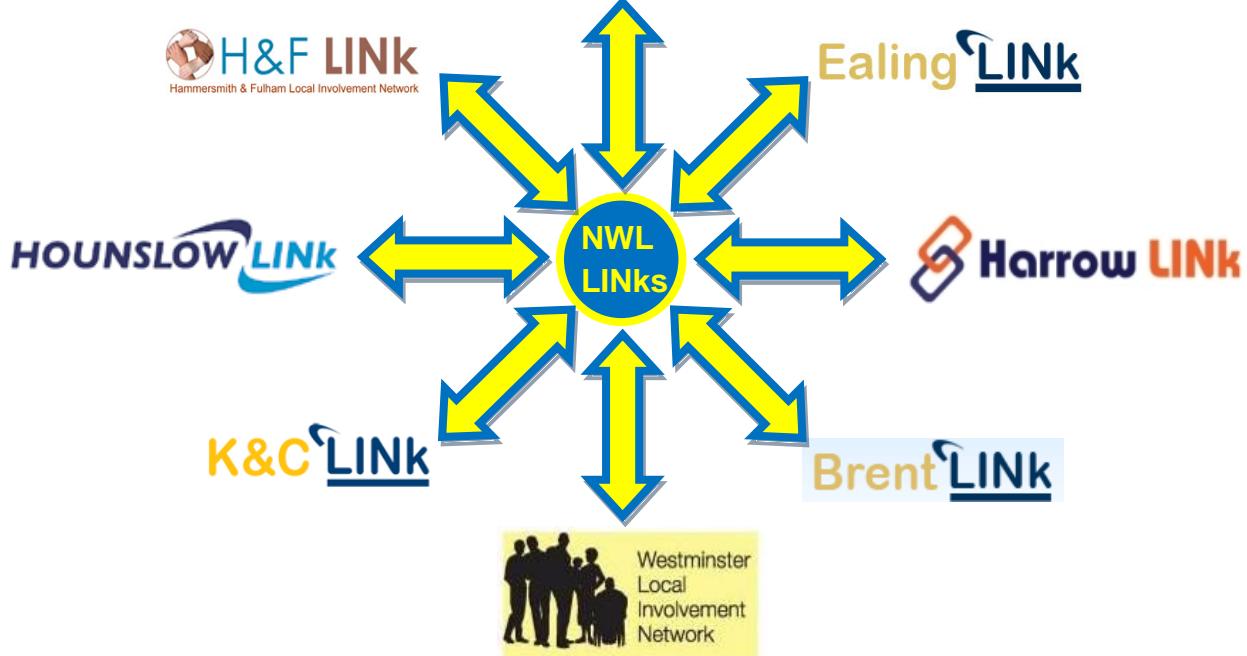
Pharmacies: We were asked by the Community Pharmacy and Pharmaceutical Advisor at Hillingdon PCT to consult with LINK members to ascertain whether any further issues would be raised outside of the scope of their initial pharmaceutical needs assessment survey. Having consulted widely within the Borough, further important information was reported to the PCT which was fed into their assessment, and we further consulted on the resulting assessment.

Applications for new Pharmacies: The LINK has gathered the views of local people on a number of applications for new pharmacies, particularly in West Drayton and Hayes areas. Particular concern was raised about the impact of a proliferation of 100-hour pharmacies in Hillingdon and the sustainability of such ventures. These concerns were notified to NHS Hillingdon and they in turn passed these concerns onto the Department of Health. A review of the process for 100-hour pharmacy applications has since taken place, we await the outcome.

BEC Committee Brunel University: As a formal partner we are currently supporting and working with the Brunel Experts by Experience Committee as they look to develop and sustain service user and carer involvement in health and social care education. Through promotion we have successfully identified and introduced a large number of people to get involved in this new initiative, as we look to improve the education process of social workers.

Expert Patient Programme (EPP): The EPP became a victim of the re-structuring of the PCT and was closed in February 2011 **without any public consultation**. Prior to its closure we had helped to promote and support the EPP, aiding them with the printing of materials and promoting them through our website and at events such as the Ruislip Manor Fun Day. We had witnessed first-hand the positive difference this programme was making in the lives of those who had participated. A programme that was successfully helping more people to manage their conditions and reducing the cost paid for their care by the NHS.

Podiatry: Following diabetic patient concerns about delays to regular check-ups we raised the issue with Hillingdon Community Health. An additional member of staff is now in post.



NWL LINK Hosts & NWL LINKs Chairs Meetings: Hillingdon LINK was instrumental in an initiative to meet with the other LINKs within the North West London Sector at host and chair levels. LINK managers and coordinators from Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster, now meet bi-monthly to share information, experience and best practise.

The development of the NWL LINK Chairs meeting has resulted in similar benefits to the hosts meeting, and the regular meetings of the Chairs has culminated in a close working relationship between the LINKs, which led to us working jointly on the Health White Paper, where we united to commission a health consultant. Following the carrying out of analysis, evaluation and evidence based research of the white paper, for the LINKs to incorporate in their own individual consultations; the Health Consultant also compiled a joint response from the NWL LINK's on the HealthWatch consultation paper, which was submitted in October 2010. This joint working initiative also attracted the attention of the Department of Health and the LINK lead for London, who has been a regular visitor to meetings. This has led to another opportunity for the NWL sector to work together on a benchmarking exercise for the transition year from LINK to HealthWatch

It has ensured that Hillingdon LINK has been involved in the forefront of meetings across London, as the transition and the overarching structure and governance of HealthWatch continues to be discussed. Working in conjunction with all 32 London LINKs, we led on and produced a London wide report "HealthWatch Making it Happen", which was subsequently sent to LINKs across the United Kingdom, and we deputise as a London Representative on the Department of Health's HealthWatch Advisory Group.

We also currently lead for NWL LINks on establishing engagement and patient and public involvement with **North West London NHS**. Since the recent restructuring of PCT's into clusters, this organisation now has the greatest influence on the future direction, strategy and commissioning intentions of the NHS locally in the next 18 months. With the expectation of vastly reduced PCT PPI resources, this sector engagement will be very important to ensure that the people of NWL are involved in the rapidly changing local health economy.

Central North West London NHS Foundation Trust is undergoing a major system redesign. CNWL delivers mental health services across the NWL sector and with work underway to move from Borough based services to service line management across the trust the NWL LINks with Hillingdon leadership are working together, through a joint working group, with CNWL, to ensure patient influence is paramount in the redesigning of the pathways.

Hillingdon LINk and the other LINks in North West London are keen to develop strategies and plans for further cross sector working. This will enhance LINks influence and where possible achieve economies of scale, as evidenced by the joint working on the Health White Paper.

Volunteers View

“ I have lived in the borough for over 14 years and have had both positive and negative experiences of using the local health services. In the past I have often wanted to raise my concerns, and have my say about the local health services, but didn't know how to go about it. The health system looked like a maze to me and I often wondered whether my views would actually make any difference or whether anyone would even listen to me. I came across Hillingdon LINk when I was searching on the web on how to get involved in local health matters. I wasn't sure what to expect when I first contacted Hillingdon LINk. I was keen to get actively involved strategically and not just sit in consultation meetings. I was pleasantly surprised when I was presented with varied and interesting opportunities to get involved. I was made to feel very welcome and was supported through out. I now feel that LINks is the right platform to understand the complex health system and services and actively inform and influence local health services. I am committed to getting the voices of the users and general public heard in decision making about health services, particularly the voices of the marginalised and hard to reach groups. LINks will enable me to do , just that.

LINK Member, Radhika Howarth

Health Programmes for London (formerly CSL) review of emergency general medicine and acute surgery. This project is to review the current service and standards, and make recommendations as to new standards to be used in the 2012/13 commissioning round. We have ensured robust patient involvement in the project via the patient panel and representation at clinical groups. Recommendations have already influenced survey questions to all London Trusts, the case for change and had an impact on the initial draft standards. Our network both locally and increasingly pan London also ensured good patient representation at the first engagement event. This involvement will continue into 2011/12 when the standards are finalised and consultation on what this means to service provision takes place.

West London Alliance residential and domiciliary care framework: The Borough decided to commission residential and domiciliary care via the WLA and Hillingdon LINk were involved identifying and finding carers, voluntary sector reps and clients for 2 workshops to examine the priorities and standards of the framework and to identify key elements of a monitoring framework. We then subsequently took part in the tender review process for the residential care framework, scoring parts of provider's bids. This work was a development of our work on Southern Cross Healthcare in previous years that we continue to monitor.

Dementia Strategy: Led by the PCT, Council and GP leads, the Borough developed a new dementia strategy for Hillingdon. Hillingdon LINk was involved from the beginning of this project, which started in the summer of 2010, with representation in initial workshops and the resulting working groups as the strategy was developed.

Lesbian Gay Bi-sexual and Transgender (LGBT) Forum: As part of LINk's remit to identify and represent minority and hard to reach groups we worked to develop an LGBT forum in partnership with the West London LGBT network which will identify LGBT residents in the borough willing to engage with statutory health and social care services, giving them an opportunity to have representation within the LINk and a voice for the issues raised within their community.

STAKEHOLDER ENGAGEMENT

At Hillingdon LINk we have continued to build on and develop good working relationships within the NHS, local authority and voluntary sector. This stakeholder engagement has significantly enhanced our ability to access information, influence events and has given us the opportunity to be able to discuss matters both formally and informally at senior management and board level.



The engagement and partnership working, as evidenced throughout this report, is enabling the LINk to have considerable strategic input into the safeguarding and shaping of Health and Social Care Services, ensuring the public voice is heard and our mandate delivered.

The following statements are provided by some of the stakeholders that Hillingdon LINk have been working with this year and outline the value that has been drawn from the partnerships and relationships grown with these organisations.

STAKEHOLDERS ACKNOWLEDGEMENTS

Hillingdon Hospital NHS Trust

The past twelve months saw The Hillingdon Hospital NHS Trust work in even closer collaboration with the Hillingdon LINk on a number of issues that are key to improving care for local people.

One of the projects to emerge was the 'Leaving Hospital' programme. This scheme, initiated in response to feedback from patients accessing the hospitals services, has aimed to understand the factors critical to ensuring a safe and effective discharge from hospital and a positive experience for the patient.



Clear from the outset that this work would impact on colleagues in other health and social care sectors and people such as carers, the LINk and the Trust joined forces to stage two 'Leaving Hospital' workshops in the latter part of the year. These events were well evaluated and generated a considerable amount of dialogue and debate about steps that could be taken collectively, as well as those that could be influenced quickly by small groups or individuals.

Marie Batey, Director of the Patient Experience and Nursing at The Hillingdon Hospitals NHS Foundation Trust comments that partnering with the LINk, and others across the Borough, in this way has reaped considerable benefits in the improvement of this critical part of the patient pathway, and she welcomes the opportunity to do continue to do similar work moving forward.

Hillingdon Carers

Hillingdon Carers is a local voluntary sector organisation that supports 4,000 unpaid carers in the borough. Additional help was needed to identify people with caring roles who did not realise they were carers (hidden carers).



Carers GP: GP Practices are a key contact point with carers and important in identifying and signposting them to support organisations. However, establishing productive relationships with professionals in Primary Care can be challenging.

Over the past year Hillingdon LINk has been an important partner to Hillingdon Carers in progressing this work in the south of the Borough by providing initial contact with Practices and Health Centres, promoting the Carers Health Liaison role and also making sure that carers' issues maintain a high profile in the health care environment.'

Respite care: In 2010 the government announced £40m of funding nationally for carers to receive breaks over a four year period. This funding was not ring fenced and was to be paid via PCT budgets. Carers in the Borough had begun to ask where this funding was going to be spent, but it was impossible to identify what had happened within our PCT as a result of the recent reorganisation of health commissioning.

This is something that a small local organisation, such as Hillingdon Carers, had not found possible to resolve and our national carer centre networks had also failed to gain any information from most PCTs across the country.

Hillingdon LINk responded to the challenge of trying to find out answers locally and has at least managed to repeatedly ask questions at relevant Board meetings to which we would not have access. The follow up work of the LINk has kept the issue 'live' over the past six months although unfortunately there are still no real answers for carers in Hillingdon.'

Age UK Hillingdon

During the year Age UK Hillingdon worked with LINks to hold a health conference for older people from Black and minority ethnic communities in the borough. The conference report highlighted the many barriers that these older people face in accessing mainstream services and will help influence the future development and delivery of local health and social care.



The sector also benefitted from the rare opportunity to engage with CQC through a forum organised by the LINk.

LINk has created a channel for the flow of information to the voluntary sector to keep us informed and up to date with the many changes happening in the NHS.

Hillingdon Association Voluntary Services

Bringing community & voluntary groups together

Hillingdon
Association of Voluntary Services



"Hillingdon LINks is driving up the quality of provision of health and social care services in the Borough by listening to what people have to say, by investigating issues & concerns that are raised and reporting them to the local authority. LINks has fully integrated itself into the local voluntary & community in a short space of time and is a valued member of that community"

Hillingdon Community Health

Hillingdon Community Health has worked closely with LINks over the last year. The relationship is a positive one because both organisations share a common desire to continually improve the care of people living in Hillingdon.



During 2010/11 Hillingdon Community Health and LINks together agreed Quality Accounts for our community care provision. A number of the accounts agreed were as a direct result of requests made by patients to LINks, for instance improving the availability of phlebotomy (taking blood) services for our patient. Both organisations will continue to collaborate on implementing the Quality Accounts agreed for 2011 to 2012.

Both organisations have also worked together on the development of Hillingdon Community Health's Patient and Public Engagement plans, including drafting the plan for 2011 to 2012. Progress against the plan will be monitored by LINks during the regular meetings which take place between the organisations.

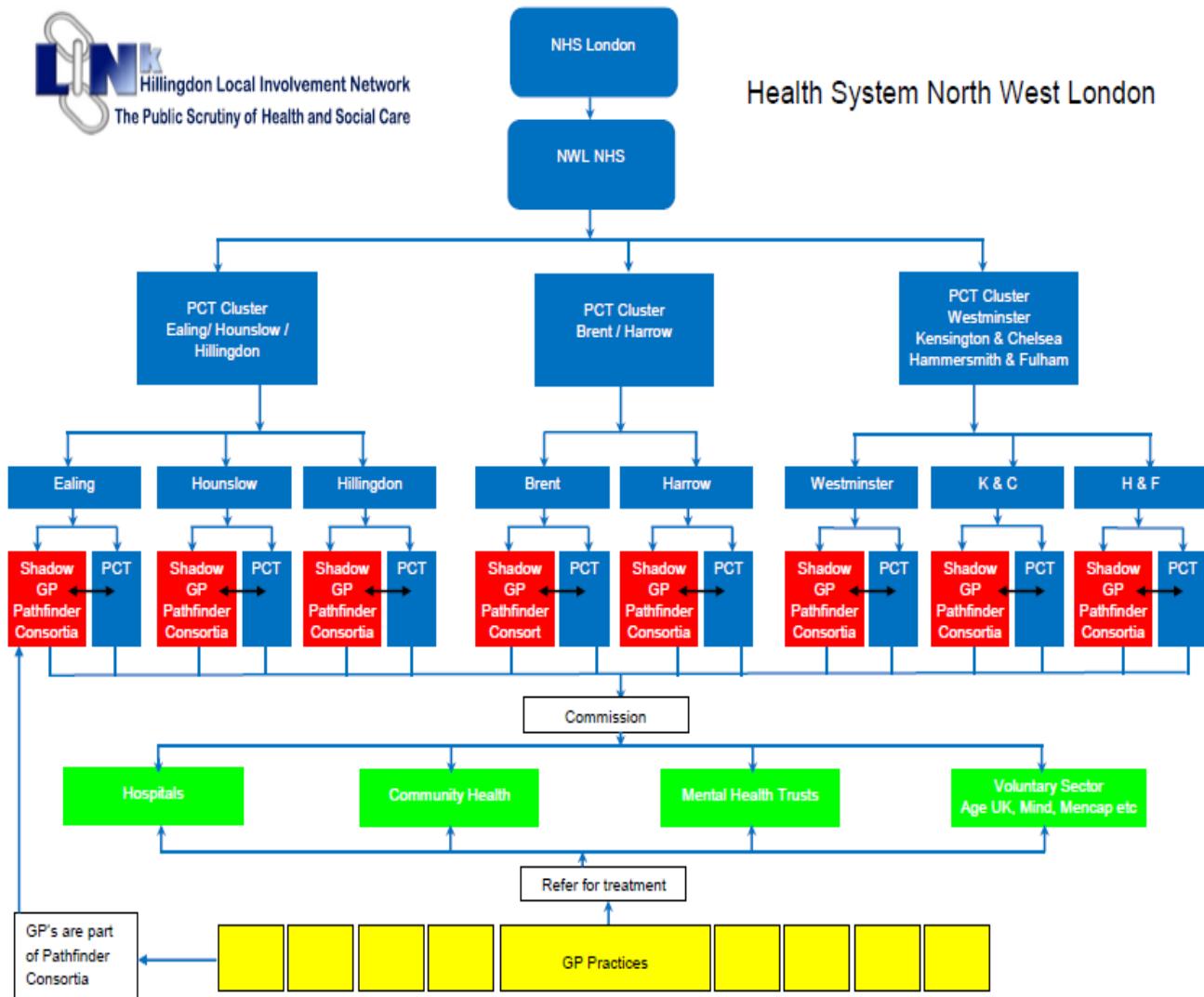
In the early part of 2011 Hillingdon Community Health integrated with Central and North West London Foundation Trust. In partnership with LINks we are looking at how this integration might benefit patient care and make accessing physical and mental services easier. This work is at any early stage of development and both organisations intend to work closely together to ensure that patients are involved with proposals that arise from this work.

LINks also bring to our attention specific and individual patient concerns. We welcome this constructive involvement as it can only help us to continually improve our services.

Hayes Town Partnership

Hillingdon LINk played a crucial role in securing approval to the Orchard Practice Community Enterprise application, by means of effective lobbying of the PCT and engagement with local community groups and their representatives. It has also worked very effectively in helping resolve the planning problems in the extension of the Hesa Centre in which the Practice is based and this will be of enormous benefit to the local residents.

MOVING FORWARD



The new financial year will continue to be a busy and challenging time for Hillingdon LInK. We will need to continue developing public awareness of the LInK via an enhanced engagement programme focusing on the North of the Borough and continue to develop existing relationships.

The Hospital Discharge Workshop programme continues as we analyse the data and finalise reports from both workshops, follow up and evidence the outcomes from the action points and continue to work with The Hillingdon Hospital, The London Borough of Hillingdon and a variety of other stakeholders to improve the patients' experiences of discharge from hospitals.

Our involvement in the Quality Accounts for NHS trusts, Central North West London, The Hillingdon Hospital, The Royal Brompton and Harefield Hospital, Hillingdon Community Health and The London Ambulance Service continues and although this peaks during the

consultation periods of April and May, we look to continuing the process of working with the trusts as we become involved in choosing their priorities for 2012-13 and beyond.

The HESA and Orchard practice projects are all likely to generate significant opportunities for this year with the extension, when complete, enabling a wider range of services and the scope to support the improvement of the facilities at the walk in centre, and to develop new pathways of care in the community.

The development of the Shadow GP Consortia, a North West London NHS strategy that will involve major service reconfiguration and cuts, and the roll out of personal care budgets at London Borough of Hillingdon, will also generate significant work streams.

The local NHS will also be required to consult on likely changes to services. In view of the dramatically reduced engagement resources at the PCT, if the public is to be made properly aware of the ramifications, it will be important for Hillingdon LINk to continue to be at the forefront of involvement.

Central North West London NHS Foundation Trust have extensive plans for the complete reconfiguration of the service pathways in Primary Community Care, Complex Community Care, Acute Care and Specialist Services, such as, Addiction, Eating disorders, Psychological Medicine and Rehabilitation. These radical changes are expected to go "live" in August 2011, with some of the smaller service lines being implemented before. Hillingdon LINk will be working closely with the other LINks in North West London whose boroughs mental health services are provided by CNWL to ensure that patients and carers will continue to be engaged with, prior to, during and following implementations of the new service lines.

There are also likely to be a range of other issues arising throughout the year brought to our attention by a variety of groups who we are mandated to support and ensure their voice is heard.

Although the legislation is not yet passed there will also be additional work involved in the development of the LINk structure as it evolves into HealthWatch.

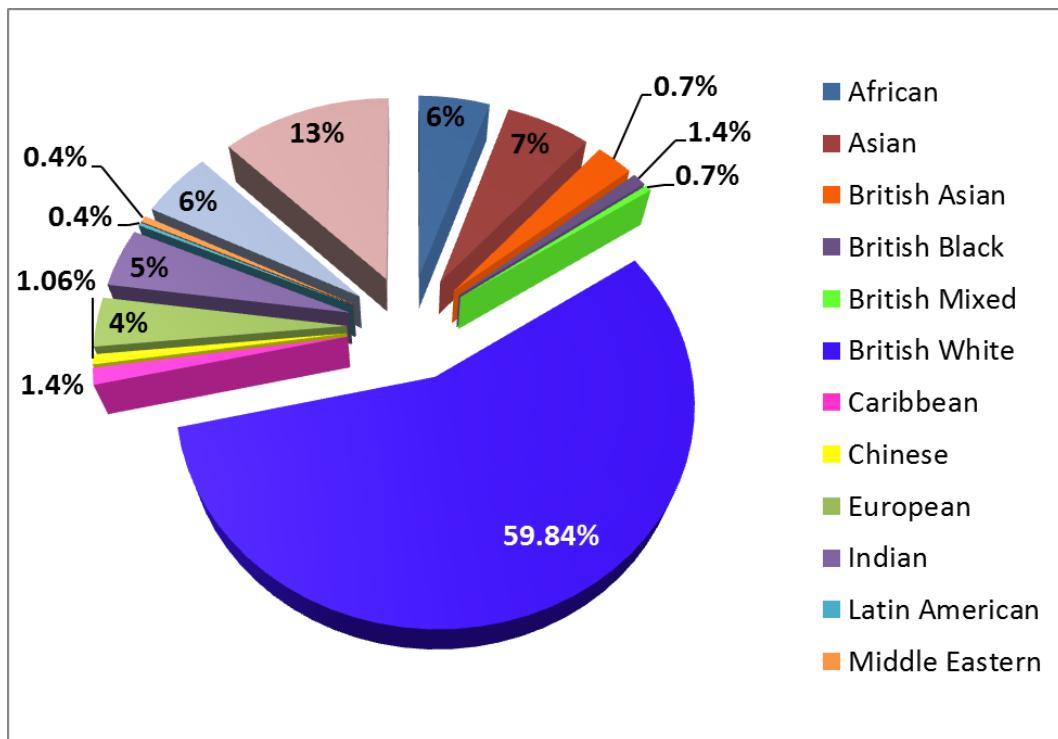
As we have previously stated it must be recognised by all stakeholders how important it will be to develop and prepare for the establishment of HealthWatch in 2012, through a smooth and seamless transition from LINks. Guaranteeing that future patient involvement and independent scrutiny of services has a stable base to move forward into a society where the patient can boast, there has been "**no decision about me without me**".

PARTICIPANTS

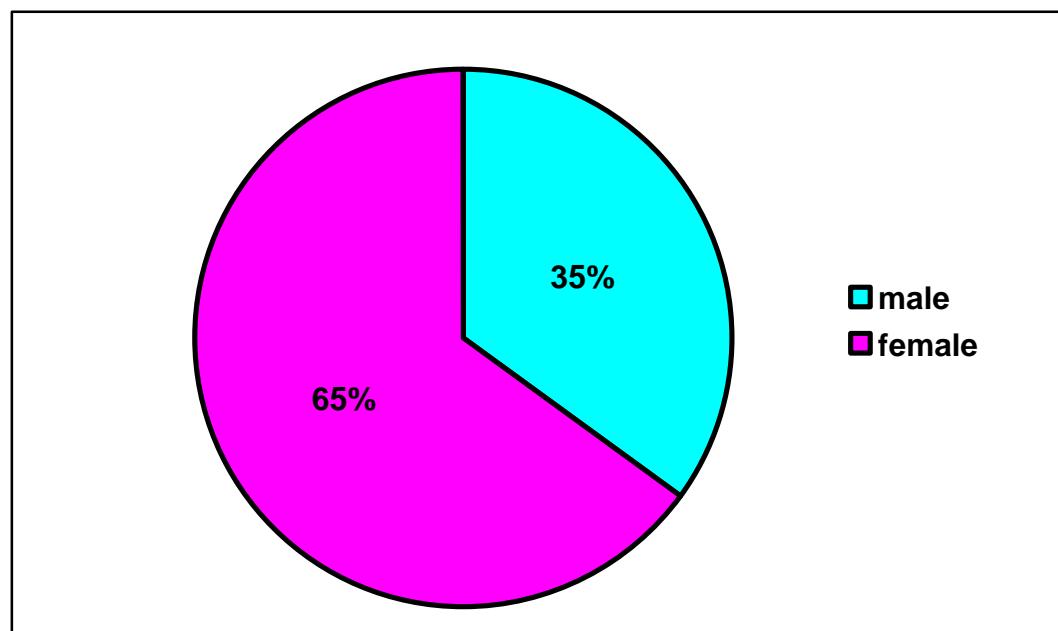
MEMBERSHIP

The membership has continued to grow throughout the year and has increased by 13% from 680 at the end of March 2010 to 771 at the end of March 2011. This includes a total of 125 organisation members, which is a 10% increase on last year.

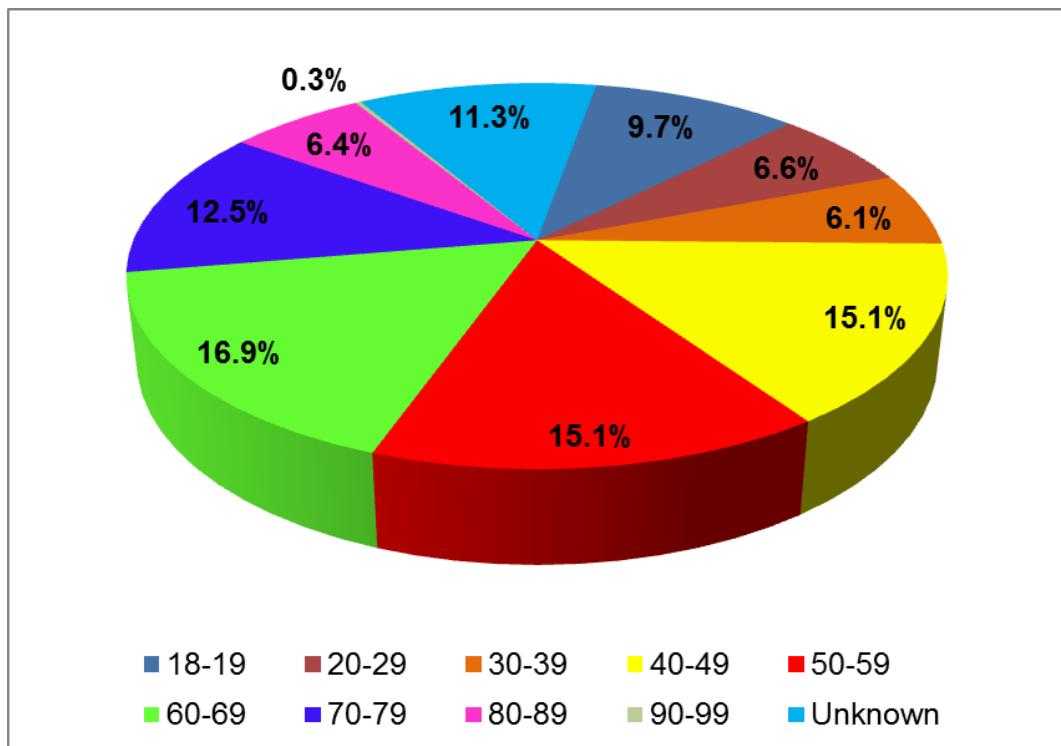
By Ethnic Group



By Gender



By Age



DEFINITION OF PARTICIPATION

People Engaged: are groups or individuals who have not registered their interest in the LINk but have had direct contact with it. This can be through consultations, surveys, workshops, meetings or via interaction with the website and social networking sites.

Informed Participants: are groups or individuals who register their interest in the LINk and receive information, whether general updates and/or thematic interest. This includes those who interact with the website and social networking sites.

Occasional Participants: are informed participants (individual or groups) who also respond to particular LINk issues, or themed information, or attend workshops, or meetings on a specific topic.

Active Participants: are groups or individuals who have a high level of participation.

Within each of these levels, **people with a social care interest** are those with experience of using social care services or a specific interest in social care. They may have an interest in health care too.

Group Participants: are people who are acting as a representative for one or more organisations or interest groups.

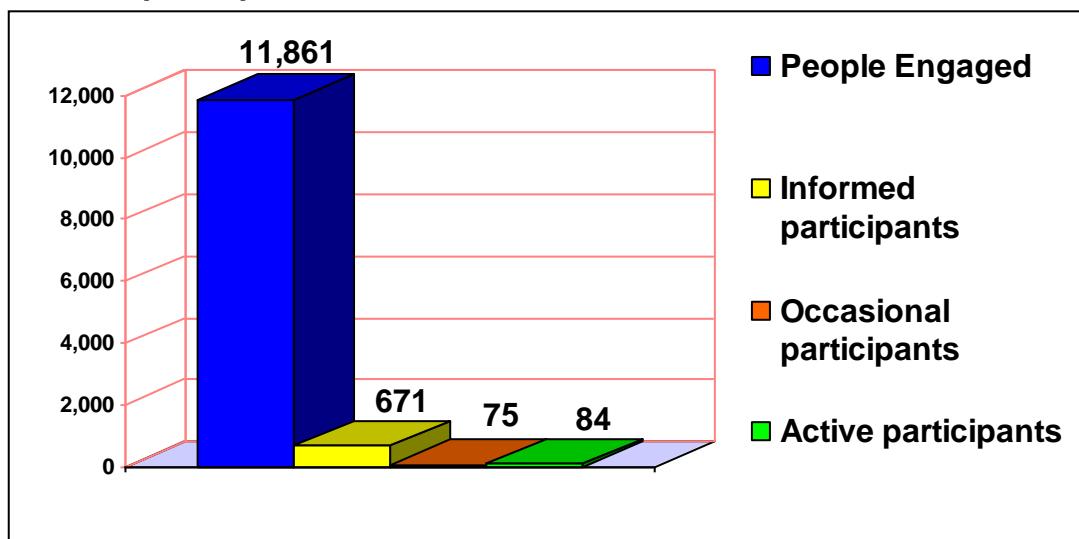
Individual Participants: are those who are not representing an organisation or group.

NUMBER OF LINK PARTICIPANTS/MEMBERS ON 31/03/2011

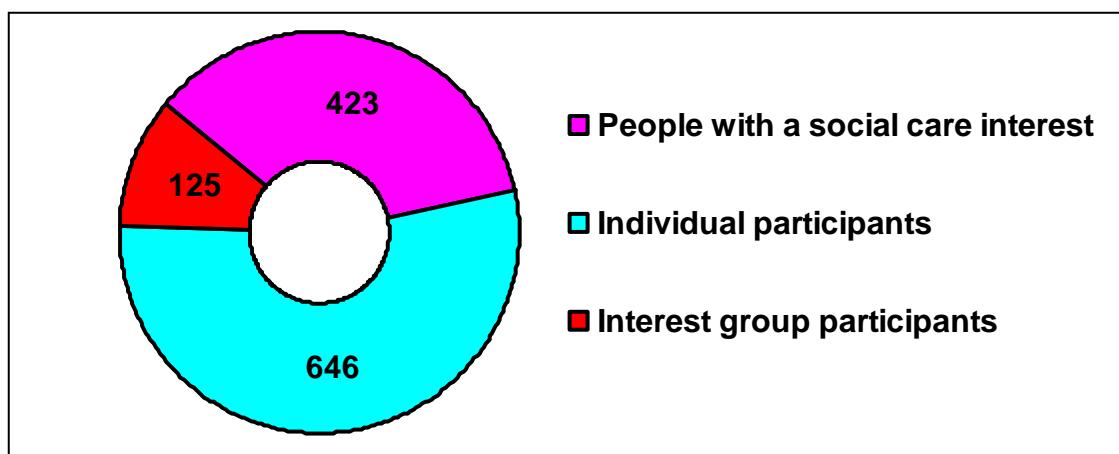
Level of participation	Total	Of which:		
		People with a social care interest	Individual Participants	Interest group Participants
People Engaged	11,861	N/A	N/A	N/A
Informed Participants	671*	358	575	96
Occasional Participants	75*	40	50	25
Active Participants	84*	31	66	18

* It is important to note that we have moved away from actively recruiting members and place more emphasis on engaging with patients and clients of social services, with particular emphasis on those from vulnerable groups. This allied to the wealth of data from national and local patient surveys and other information we have access to via board representation, allows us to have a comprehensive picture of local services. Our close working partnership with the voluntary sector and community groups also allows us to cascade information through their membership maximising the value of existing networks.

Level of participation



Of Which



SUMMARY OF ACTIVITY

Requests for Information in 2010-2011	
How many requests for information were made by your LINk?	86*
Of these, how many of the requests for information were answered within 20 working days	69**
How many related to social care	24
Enter and View 2010-2011	
How many enter and view visits did your LINk make?	11
How many enter and view visits related to health care?	9
How many enter and view visits related to social care?	2
How many enter and view visits were announced?	10
How many enter and view visits were unannounced?	1
Reports and Recommendations in 2010-2011	
How many reports and /or recommendations were made by your LINk to commissioners of health and adult social care services?	81
How many of these reports and /or recommendations have been acknowledged in the required timescale?	80
Of the reports and /or recommendations acknowledged, how many have led, or are leading to, service review?	69
Of the reports and /or recommendations acknowledged, that led to service review, how many have led to service change?	44
How many reports/recommendations related to health services?	58
How many reports/recommendations related to social care?	23
Referrals to OSCs in 2010-2011	
How many referrals were made by your LINk to an Overview & Scrutiny Committee (OSC)?	0***
How many of these did the OSC acknowledge	
How many of these referrals led to service change?	

* It should be noted that due to effective partnership working and the committees we have representatives on we access huge amounts of important information by committee or informal requests. We feel this is an important part of a successful LINk, particularly if recommendations and reports are to be successfully acted upon by statutory organisations.

** The majority of information requests that were not responded to in 20 days were requests to NHS London and other regional and national organisations. The small number of local requests that exceeded 20 days were subsequently met.

*** We have a protocol with our local ESC that results in informal discussion with the chair and attendance at scrutiny sessions where we can ask relevant questions. We also work closely with other members of the committee. Issues are generally settled without a reference to the ESC being necessary due to good partnership working. Respite care funding may prove the exception to this rule.

FINANCE

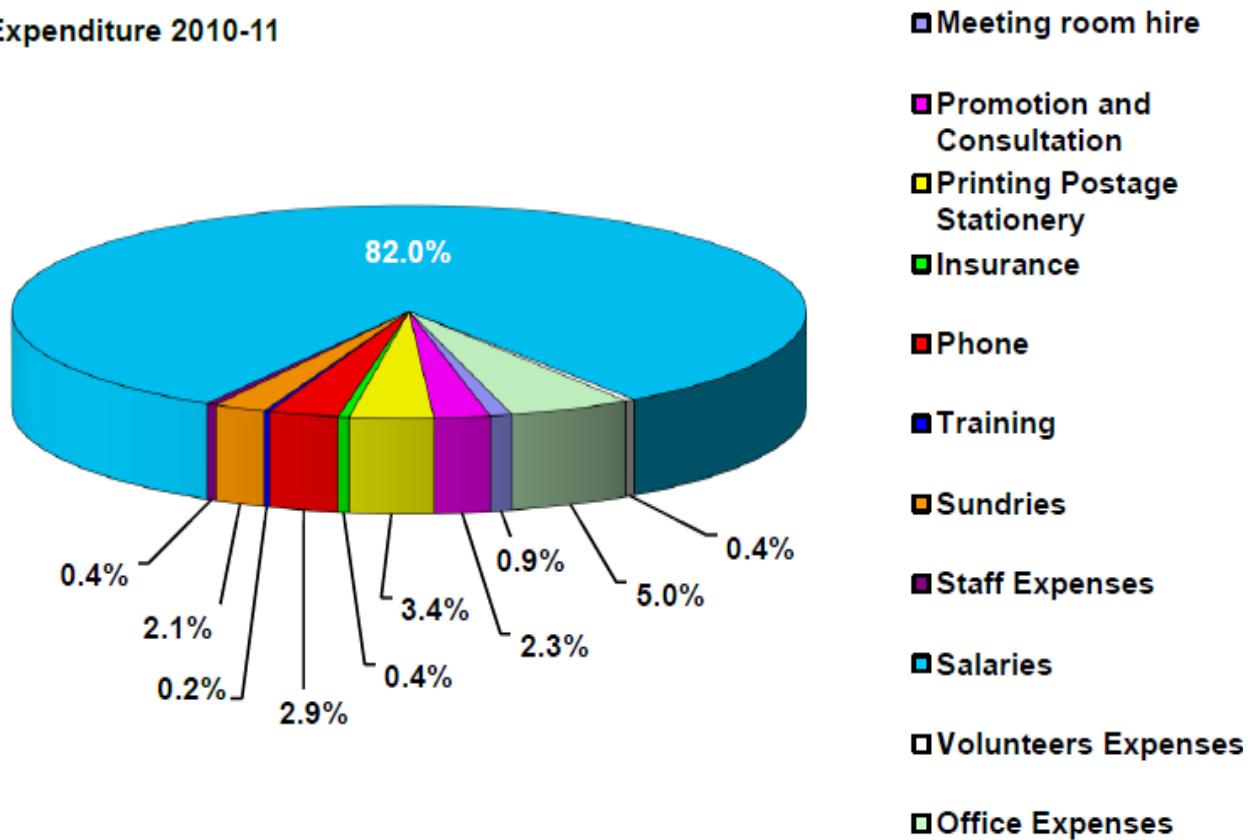
Finance Report for the year from the Treasurer Ian Diamant

Set out on the following page is the LINk's income and expenditure for the financial year 2010-2011. This is the first full year that the finances are via our HOST Groundwork's. For the first 2 years we had a different HOST. There has been a marked improvement in the financial management and I would like to thank our LINks Manager Graham Hawkes for his work in this area, which has reduced the burden on me. It will be seen though we have had a very busy year we have managed to stay in budget.

The LINks Board have supported myself over the years in pursuing a course of shifting funding from back office functions to front line services in Hillingdon. When we were formed in October 2008 the HOST provided 15 hours per week front line services and our budget for 2011-12 provides for 99 hours. I could not have done this without the Board

In this harsh financial climate LINks have to bear their fair share of cuts and we face a cut of 9% for 2011-12. This is less than most LINks and we thank the council for its continued support. We will be able to maintain and even enhance our services. This will put us in a robust position for the introduction of HealthWatch in 2012.

Expenditure 2010-11



FINANCIAL STATEMENT FROM THE 1ST APRIL 2010 TO 31ST MARCH 2011

In accordance with legislation the LINks are supported by the HOST who provide a financial management service and employ the staff.

Income	
Allocated to London Borough of Hillingdon by the Department of Health	147,000
Grant from Local Authority to Host	132,300
Funding received by LINK from Host	115,762
B/F 2009-2011	-890
Additional Income	4,285
Net Income	119,157
Host Expenditure	
Staff inc. NI & Pensions	97,450
Staff Expenses inc. travel	499
Recruitment	0
Total Host Costs	97,949
LINKs Direct Spend	
Meeting room hire	1,062
Promotion and consultation documents	2,708
Printing Postage Stationery	4,039
Insurance	528
Phone	3,390
Training	263
Volunteers expenses	484
Office Expenses (rent, rates fixtures and fittings)	5937
Sundries	2529
Total LINk Direct spend	20,939
GRAND TOTAL	118,888
Deficit/Surplus	*271

*The surplus of £271 will be carried forward to the financial year 2011-12.