



Richmond upon Thames LINK 2nd Annual Report - 2009-2010



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Background to this Report

LINKs were established by the Local Government and Public Involvement in Health Act 2007. All LINKs must publish an Annual Report for the financial year April 1st – March 31st and send it to the following, by June 30th:

1. The Secretary of State for Health
2. The Care Quality Commission
3. Relevant Local Authorities
4. Primary Care Trusts
5. Strategic Health Authorities
6. Overview and Scrutiny Committees

In February 2010, new guidance was produced for LINKs to help them provide evidence of their impact. Richmond LINK welcomes this new guidance around Annual Reports.

In pursuit of its duty to make this document public, Richmond LINK will place this report on its website www.richmondlink.org.uk.

In addition to this Annual Report Richmond LINK will be producing an Annual Review. This document, which follows on from our 2008-2009 Annual Review, will focus on informing our members and the public about Richmond LINK's achievements and activities over its second full year since the start of operations. Our Annual Review will be launched at Richmond LINK's 2nd AGM in November 2010 and widely distributed, ensuring that we maintain an ongoing dialogue with our community and wider membership – a matter of utmost importance to Richmond LINK.

Chairs' Foreword

This second annual report published by Richmond upon Thames LINK covers the first full operational year for the Steering Committee and our host organisation. This year of stability has enabled us to consolidate our governance arrangements and the working relations with our host team. Both of these aspects are essential requirements for a robust and effective organisation, as indeed we believe Richmond LINK has become.

The strength of Richmond LINK's success can be illustrated by the invitation extended by the All Party Parliamentary Group on Patient and Public Involvement to our former chair, Margaret Dangoor. Margaret was invited to speak to the Group in December 2009 about what was needed to set up a successful LINK, including the opportunities and barriers that Richmond LINK had faced.

This Annual Report clearly demonstrates how we have grown and developed during this period through increasing our membership, expanding our involvement and engagement activities, as well strengthening our relationships with commissioners and providers. As can be seen, we have also organised four very successful public meetings, which have provided the community, and particular stakeholders, with opportunities for discussion and participation around issues in both health and social care.

Our public meetings have acted as a springboard for LINK's future projects; for instance, the meeting on personalised health budgets for social care led to the development of a specific programme to review the Self-Directed Support assessment process. The other major mechanism we have for identifying potential programmes of work is through our Engagement Committee process, which reviews issues arising from the community and directs these through the LINK.

Richmond LINK's business year does not run coterminously with the reporting period for this Annual Report, since our Host contract was signed in September 2008. Consequently, our first AGM was held in November 2009. This provided our membership with the opportunity to deliver the first fully-elected Steering Committee of 20 members, providing a wide representation of our community's diversity. It was at the AGM that our Chair Margaret Dangoor, who had previously chaired the Patient and Public Involvement Forum for Richmond and then overseen the development and launch of Richmond LINK, decided to stand down. Bonnie Green, previously Richmond LINK's Vice-Chair, was duly elected by the Steering Committee to take over this role.

The scope of the work programme, reported in this Annual Report, reflects the continuing need for an independent organisation like Richmond LINK to monitor the provision and commissioning of local health and social care services. There are no acute hospitals within our borough so we have to work harder to ensure that our residents who use the hospitals in our neighbouring boroughs are well represented. To ensure this we also work closely with our neighbouring LINKs in Kingston and Hounslow. Richmond LINK has responded well to the not-insignificant challenges expected of it, and the fact that Steering Committee members give their time voluntarily should not be under-estimated. We would like to thank them in particular for this very significant commitment. Thanks also to all of our members, and to our host team for their hard work, all of which has contributed towards the building of a successful LINK that is now well recognised amongst our community.

As a consequence of the solid engagement and relationship building that we have established over the last two years with all our stakeholders from individual citizens to board level commissioners and providers, Richmond LINK is now in a strong position to play a major role in the new landscape that will emerge from the recently announced changes in policies regarding the commissioning and provision of health and social care. We particularly relish the stronger direction towards patient and public involvement in decisions around healthcare provision and the opportunities to engage with GPs to deliver this.

Margaret Dangoor
Chair until November 2009

Bonnie Green
Chair from November 2009

Introduction to Richmond LINK

Background

The London Borough of Richmond upon Thames provided initial support for the interim LINK until September 1st 2008. At that point, the current Host organisation, Richmond Council for Voluntary Service (RCVS) took over this role. Richmond LINK was officially launched at a successful public event to a capacity audience on October 30th 2008.

Since that time Richmond LINK has grown into a large network and formed strong and productive partnerships with local statutory, voluntary and community organisations, and also with a growing part of the community. It has brought about changes to services and improvements in the way people have been engaged in a number of service changes.

The Steering Committee

Richmond LINK boasts a diverse and robust elected Steering Committee. The Committee is dedicated to serving its community and to improving health and social care services for people locally.

The Steering Committee has the function of overseeing the work of the LINK and managing its strategic relationships. It holds ultimate responsibility and authority for the work of the LINK and provides a supportive structure that allows for the large and wide range of activity in which Richmond LINK is involved to take place. The Steering Committee also takes a more global view in managing our relationships with major health and social care organisations.

The Steering Committee oversees the work of four Theme Groups, which were established during the period covered by this annual report, as well as the work of the Finance Committee and the Engagement Committee.

Theme Groups

The four Theme Groups were established as a result of a facilitated session that was conducted by the Host to look at the structure of the LINK.

The Theme Groups each have responsibility for a particular area of health or social care - Mental Health, Social Care, Care in Hospital, and Community based Healthcare. The introduction of Theme Groups has greatly increased our capacity and the speed with which we can respond to community need.

Each Theme Group receives all community feedback related to its particular area of care. It then uses this feedback to coordinate projects investigating specific issues. This informs representation on external committees and enables the formation of key strategic partnerships. Through these strategic relationships, feedback from the community is used to influence high-level local decisions and to respond to local, regional and national initiatives and consultations.

The Theme Groups have proven to be an effective way of organising the work of the LINK and have produced a number of exciting and dynamic projects. Each project is headed by a small groups or a lead member. A number of these projects are discussed in this report, and many have already led to improved care, public involvement and enhanced monitoring. Other projects have their roots in the current reporting period and will lead to improved care quality and efficiency over the next year.

The Engagement Committee

The Engagement Committee is the initial reception point for all of the feedback gathered from the community, whether it be from outreach events, the website, or through direct contact with the Host or Steering Committee Members.

The Engagement Committee is able to take a global view of all issues before filtering these through to the Theme Groups for action, and it is therefore well-placed to identify trends. It has recently accepted the challenge of further developing a strategy to extend participation and engagement between Richmond LINK and the community: a task that will provide added benefit to the community and our work.

The Engagement Group has also supported the Host in its engagement capacity, reaching out to a wide section of the community both by raising awareness of the work of Richmond LINK and by bringing the community into our work. It generates community feedback through outreach, communications, publicity work and public events, and then it listens and responds to the feedback it receives.

Highlights

Richmond LINK has had many successes to date. Examples include ensuring effective consultation on local mental health strategies, negotiating the inclusion of Diabetes care onto the Overview and Scrutiny Committee's annual work programme, and feeding community experiences into the Care Quality Commission through reports and direct meetings with its Chair.

Other successes have been achieved through holding high profile public events. Amongst these have been various panel debates, including events on Self Directed Support and on the Green Paper on the future funding of social care, as well as our Question Time events, which brought the views of the local community to prospective MPs. Panelists have included directors of Local Authority and PCT services, prospective and sitting MPs, Councillors and service users and carers. Debates have been chaired by local celebrities and community leaders, and have received extensive local radio and newspaper coverage, resulting in increased LINK membership and the raising of our profile in new parts of the community (for more information see page 16).

Communication has been a key aspect of our work. Through high quality publications, including quarterly Newsletters and regular Bulletins for the general membership, we have achieved circulations of over 4500 copies and anticipate far higher circulations over the coming year. Due to the increasing demand for internet communications, we have worked to develop plans for - and commission - a new website, which will be launched in Summer 2010.

Richmond LINK's Health and Social Care Briefing, which is produced internally by the Host for Steering Committee members, has proved particularly successful and circulation has been extended to external stakeholders and other interested parties including Councillors, Overview and Scrutiny Committee, local hospitals and the voluntary sector. Feedback from the recipients of our briefing suggest that this is the most comprehensive information resource for Health and Social Care produced locally.

Decision Makers

At the first AGM on November 5th 2009, Richmond LINK elected its Steering Committee, which took over from the previous Interim Steering Committee. Following an extensive recruitment campaign targeting a wide section of the community, 20 candidates were nominated for the 21 seats on the Steering Committee. The membership voted unanimously to elect all 20 candidates at the AGM.

The roles of Steering Committee Members and of the officers they elect are provided as Appendix 1.

All members of the Steering Committee are responsible for making decisions on:

- approving recommendations from the Theme Group leads
- how Richmond LINK will undertake its activities;
- which care services the activities will relate to;
- budget allocation and financial controls of projects;
- whether information is to be requested from a services provider;
- whether a report or a recommendation is to be made;
- which premises are to be visited and when the visit will happen;
- whether to refer a matter to an Overview and Scrutiny Committee; and
- whether to report a matter to anyone else.

The Interim Steering Committee for Richmond up to November 5th 2009 was:

Margaret Dangoor (Chair), Philip Darling, Terry Geffen, Bonnie Green (Vice Chair), Walter Holland, David Horwood-Barrett, Peter Hughes, Catherine Mann, Janet Marriott, Richard McIvor (Treasurer), Mary McNulty, Gareth Savin, Morris Shaer, Kathy Sheldon, Paul Pegden Smith, Tim Spring.

The Elected Steering Committee from November 6th 2009 was:

Bonnie Green (Chair), Richard McIvor (Treasurer), Maureen Chatterley, Philip Darling, Walter Holland, David Horwood-Barrett, Peter Hughes, Catherine Mann, Peter Marks, Janet Marriott, Marie Martin, Mary McNulty, Batcho Notay, Gareth Savin, Morris Shaer, Pauline Shaw, Kathy Sheldon, Paul Pegden Smith, Tim Spring, Francis Whitehead.

More information on members of the Steering Committee is available on our website at www.richmondlink.org.uk/personal%20statements.doc

Authorised Representatives

LINKs have powers that allow them to enter premises where health and social care is provided and to observe how services are provided.

Anyone wishing to become authorised to undertake Enter and View visits must apply for the role. To ensure visits are conducted safely and professionally, Richmond LINK carries out Enhanced CRB checks on anyone wishing to take on this role. CRB checks and application forms are scrutinised by a panel of three members of LINK who decide if a person is suitable for the role. Suitable candidates must also pass two training courses, one covering all aspects of the role, and another covering safeguarding. Richmond LINK's policies and procedures, including those for Enter and View are available on our website www.richmondlink.org.uk.

The people who become authorised to undertake Enter and View visits are known as "authorised representatives".

For Richmond LINK in 2009-2010 the Steering Committee decided that authorised representatives would initially be drawn from the Steering Committee. Once the authorisation system has been tested, the wider membership will be invited to apply for these roles.

**The Authorised Representatives for 2009 – 2010 were:
Margaret Dangoor, Philip Darling, Walter Holland, Peter Hughes,
Janet Marriott, Catherine Mann, Gareth Savin.**

Three Enter and View visits were undertaken over the last year: one to Teddington Memorial Hospital, one to West Middlesex University Hospital and another to the London Ambulance Service. One of these visits has fed into an ongoing project investigating practices around patient transport, the other two fed into the implementation of regular LINK monitoring of a local community health facility and a local General Acute Hospital respectively.

Finance Report

Richmond LINK Annual Financial Report 1/4/2009 - 1/3/2010

Income	
Amount allocated to the Local Authority by the Department of Health	£ 107,000.00
Amount received by the Host from the Local Authority	£ 100,000.00
Amount passed on to the LINK from the Host	£ 17,000.00
Amount of funding carried over from previous year	-
Other income	-
Total budget for LINK activity/programme 2009 – 2010	£ 17,000.00

Expenditure	Year Total
Total spend by Host	£ 83,000.00
Total spend by LINK	£ 14,861.95
Under spend to be carried over to 1/4/10 -31/3/11	£ 2,138.05

Unspent funds will be carried forward into the next financial year and remain available to Richmond LINK to support its activities.

In addition to the finances described above, the host organisation holds a sum of £9,500.00 provided by the London Borough of Richmond upon Thames for finalising support and expenditure for Richmond LINK at the end of the contracted period.

Membership

Membership of Richmond LINK has grown in all areas over the year, as the following table shows:

Membership	As at 31/03/2010	As at 31/03/2009
Total number of full members	346	109
<ul style="list-style-type: none"> Individual 	244	73
<ul style="list-style-type: none"> Organisational 	102, representing 68 organisations	36 organisations
Members with a Social Care interest	105	Not recorded
Number of active members involved in Management Boards, sub-groups, representing the LINK externally etc.	22	14

Members of Richmond LINK are those people and organisations that have completed a membership form.

Individual members are eligible to vote in Richmond LINK's annual Steering Committee elections, and also to stand for election. Individuals take part in Richmond LINK on their own behalf rather than on behalf of any organisation to which they belong.

Organisational members are not eligible to stand for election or to vote in Richmond LINK's annual Steering Committee elections. However, employees and trustees of local organisations are encouraged to become LINK members in their own right. Organisational members engage their networks in Richmond LINK, greatly increasing the portion of the community we are able to reach.

With the introduction of a new recording method in April 2009 we were able to view the individual functions of our organisational members separately, and so both this figure and the number of separate organisations are shown for the current reporting period.

Affiliates are people and organisations with which we regularly communicate in the same way as we do with full members but who have not joined Richmond LINK. Affiliates were not recorded before April 1st 2009.

Affiliates	As at 31/03/2010
Affiliated individuals	90
Affiliated organisations	109 people representing 90 organisations

Membership breakdown

The following statistics relate to Individual Members only.

Age

Range	LINK Membership	Projected Richmond Population ¹
<16	0.0%	19.2%
16-24	1.3%	10.1%
25-34	5.9%	15.0%
35-44	9.8%	18.1%
45-54	16.3%	14.1%
55-64	21.6%	10.9%
65-74	19.6%	6.5%
75 & Over	15.7%	4.1%
Not disclosed	9.8%	N/A

Statistics from the LBRuT Joint Strategic Needs Assessment show that 17% of the population aged over 65, 42% of those aged 85-89 and 67% of the over 90's access some form of social care. Richmond LINK accepts that the higher percentage of older people amongst our membership is likely to be reflective of the population most concerned with care services.

Richmond LINK has agreed to look at focused ways of targeting younger people with various needs, including special health needs, young carers, children attending special needs schools, and young people of transition age accessing services for the first time on their own or as adults.

The Engagement Committee has agreed that this is an area of priority for the coming year and has developed a strategy that includes working closely with the Local Authority and other local organisations. This strategy is included as Appendix 2.

Gender

Gender	LINK Membership	Estimated Borough Average ²
Male	26.3%	48.8%
Female	64.1%	51.2%
Not disclosed	9.6%	0%

Men traditionally engage less with health and social care; however, Richmond LINK is keen to work to improve the engagement of men through targeted future engagement activity focused on reaching out to men.

¹ Taken from Joint Strategic Needs Assessment, based on data from 2001 census

² Taken from Joint Strategic Needs Assessment, based on data from 2001 census

Ethnicity/Race

	LINK Membership	Estimated Borough Average
White (British, European or other)	66.7%	88.5%
Black/ Black British	0.7%	2.1%
Asian/ Asian British	15.6%	5.7%
Chinese	0.0%	0.7%
Other	2.6%	3.0%
Not disclosed	14.4%	0.0%

Richmond LINK has been very successful in engaging the minority ethnic communities within Richmond, having targeted this group as a traditionally under-represented group.

With relatively small local ethnic minority populations, it is difficult to target engagement as there are few local services catering for these groups. The Joint Strategic Needs Assessment notes that many people from black and minority ethnic groups access services from surrounding boroughs, with some travelling some distance for this.

Richmond LINK will maintain its strong commitment to ensuring access to members from diverse ethnic backgrounds over the coming year.

Faith/Religion

Richmond LINK did not measure religious diversity during the reporting period because benchmarking activities with key local stakeholders showed that this information was not routinely collected.

As this information has not been collected previously by Richmond LINK it was felt that doing so from this point on would provide skewed data.

It is understood that 66% of the local population indicated belonging to the Christian faith, 2% Muslim and 1.5% Hindu with 19.5% indicating no faith (based on 2001 census).

Richmond LINK aims to be a religiously neutral organisation and where possible aims to use non-denominational venues for meetings.

Sexuality

Richmond LINK has not collected data on the sexuality of our members over the reporting period as benchmarking activities indicated that key local stakeholders did not routinely collect this data.

However, we have promoted LINK through the local Lesbian, Gay, Bisexual and Transgender (LGBT) Forum to the LGBT community. Through targeting our engagement in this way, this community's views are now represented on our Steering Committee.

Ability/ Disability

Disability status	LINK members
Learning disability	0%
Long term condition	13.1%
Mental health condition	2.6%
Physical impairment	12.4%
Sensory impairment	3.3%
Other	2.0%
Not disclosed	16.3%
No disability	50.3%

The categories used by Richmond LINK do not match closely enough with data available to allow for valid comparison with the local population.

As a self reported measure we can see that there are high levels of non-disclosed disability.

It is believed that mental health conditions are under-reported rather than under represented within our membership, as extensive activity has taken place to reach people with experience of mental health need.

Richmond LINK does not currently monitor the number of carers within its membership but we know that many of our members have caring responsibilities for someone with a disability.

Richmond LINK will do more to ensure that people with experience of mental illness and people from the learning disability communities are actively engaged in our work over the coming year and appropriately represented within our membership.

Participation & Profile Raising

Participants: participants are defined as those people who have contact with LINK but *do not* become members.

Total Participants	As at 31/03/2010	As at 31/03/2009
	1534	444

Richmond LINK has used a variety of engagement methods to encourage participation from the community. Our opportunities for participation have been passed on to our membership during the year in many ways, including:

- newsletters, which each circulate to 1300+ people (year total= 4,500)
- 6 press releases and 2 colour adverts printed in local papers (readership of over 50,000)
- website, visited last year by over 1400 people and up to 200 separate people visiting the site per month by the end of the year
- extensive use of publicity across the borough, with displays on Community TV, posters in local community centres, businesses and main transport hubs

Richmond LINK chose not to collect the demographic details of participants as it was felt this might create a barrier to participation for some people.

How have people participated?

Over the past year we have:

- ensured a strong LINK presence at 12 major community events where our talks, presentations and information packs reached 864 people
- undertaken outreach to under-represented sections of the community reaching over 140 people
- spoken to 230 local organisations through our work, to raise awareness of Richmond LINK and help them inform their membership about us
- targeted participation at under-represented groups; see page 15: Methods of Engagement
- held four successful high profile public events attended by over 300 people and stakeholders

Public Meetings held by Richmond LINK April 1st 2009 to March 31st 2010

Public Meeting	Date	Attendance	Venue	Outcomes
Self Directed Support (SDS)	30/6/2009	62	Twickenham	The community shaped the aims of LINK's SDS project
The Future of Social Care Funding – followed by 1 st LINK AGM	11/11/2009	81	East Twickenham	Informed the community about the Green Paper and allowed an opportunity for attendees to feed in to the consultation
Question Time	25/2/2010	65	Richmond	Community informed LINK and local sitting and prospective MPs about their health and social care needs and concerns and asked how party policy would impact on the future of local services.
Question Time	15/3/2010	101	Teddington	

Engagement

Engagement: Engagement is defined as views received and also how those views were sought.

TOTAL FIGURES FOR ENGAGEMENT

Number of people who were engaged (i.e. views were sought and received) by Richmond LINK	As at 31/03/2010	As at 31/03/2009
	441	200
Those views relating to social care	252	-

The above table shows how many people fed their views into Richmond LINK. No distinction was made in 2008-2009 for the number of individuals giving their views on social care as opposed to health care in year one as this was not a requirement of reporting for that year.

The actual number of separate issues raised was lower than the number of views collected because many recurring themes emerged. These themes have led - or will soon lead - to LINK activity.

Whilst we are not able to provide an accurate account of the demographics of all those engaged by Richmond LINK we believe that we have engaged a diverse section of the community. Below is a summary of the communities targeted by our engagement activity.

Methods of Engagement

Under-represented community groups targeted by Engagement activity: April 1st 2009 - March 31st 2010	
BME Groups	6
Mental Health Groups	5
Social Care and Carers	7
Health	3
Carers of People with Learning Disabilities	1
Long-term Conditions	1
Older people	2
Women's Groups	2
Voluntary Sector groups	6
Total under-represented communities engaged	33

The type of Engagement activity described in the table above includes outreach to community groups and attendance at community events where LINK has presented or run an information stall.

As the table above shows, Richmond LINK has worked extensively with a wide range of community groups over the past year. Many under-represented groups of people have been engaged and their views have shaped the work of Richmond LINK.

When people contact Richmond LINK we enquire where they heard about us. Below is a table showing where our members first heard about Richmond LINK:

Where members first heard about Richmond LINK	
Outreach Session	23.60%
Referral from an organisation	17.00%
Community event or open day	15.60%
Word of mouth	13.70%
Local press	5.70%
Another organisation's website	2.80%
Internet or website	2.80%
Poster advertising event	2.80%
Publicity in library	1.90%
Publicity in a care setting	1.40%
Community TV	0.50%
Total	100%

Whilst there is a clear relationship between promoting Richmond LINK and recruiting members, the most effective way to promote LINK and the most effective way to gather feedback are not the same.

The table below shows where people contacting us with issues had heard about LINK:

Where people engaging first heard about Richmond LINK	
LINK run Public Event	34%
Comment from an existing member	26%
Outreach	23%
Referred by voluntary organisation	5%
Internet	4%
Questionnaire	3%
Library	2%
Newsletter	2%
Website	2%
Patient Advice and Liaison Service	1%
Total	100%

It is interesting to note that much feedback comes from our existing members who contact us about recent experiences or concerns, or talk to us directly about issues they were not comfortable discussing at outreach sessions.

The feedback gathered to date that has had the most impact on Richmond LINK's work and priorities has come through outreach to existing community groups, and through our existing members or members of the community contacting the LINK office, either as issues arise or in response to items in our publications.

Outcomes of Engagement

Our members also make contact regularly with Richmond LINK in response to newsletter articles or offering their own experience. This gives people the opportunity to raise issues in confidence and in a private and convenient way. Members contact the Host by email, post, and telephone and also in person by visiting the centrally located office, or sometimes through a combination of these. The major benefit of this range of engagement is the accessibility it provides to all those in contact with Richmond LINK.

Outreach has been the most effective form of engagement. Outreach is where a member of the Host team, perhaps with a member of the Steering Committee, attends an existing community group to promote Richmond LINK and holds an open and relatively unstructured discussion about experiences of care. It allows information to be gathered from a relatively large group of people with similar interests.

One of the main advantages of this approach is that it allows for feedback to be examined and clarified whilst it is being collected, so the information presented to Richmond LINK is as clear as possible. The feedback from this sort of engagement has provided the evidence for Richmond LINK to begin projects including those relating to Patient Transport Services, Podiatry, Specialist Nursing and the Compassionate Care Audit (for more information see Section "Impacts: What has Richmond LINK Achieved?").

Public meetings have allowed a large number of people to feed in to Richmond LINK. The feedback these have generated has been of most use to Richmond LINK where this relates to an existing piece of work. Perhaps the best example of this is in developing the aim and focus of the Self Directed Support (SDS) Project as a result of the experiences of those people attending our June 30th SDS Event.

Richmond LINK held two Question Time-style public meetings where members of the community were able to raise issues directly to local leaders. These were excellent events, bringing new members to Richmond LINK, raising our awareness and giving the community a direct and powerful voice heard by local sitting and prospective MPs. It also presented the public with an opportunity to influence the work programme of Richmond LINK.

Public meetings have the benefit of allowing anyone with an interest to attend and have their say, through open comments and questions sections, through feedback forms or by speaking directly to members of Richmond LINK and its Host during informal networking sessions.

In addition we have successfully used questionnaires to gather specific information from the community to support projects and to feed into the Care Quality Commission's annual profiling of both health and social care providers.

How many people feel satisfied that they are able to influence services through Richmond LINK?

The timing of guidance being released did not allow us to collect this information explicitly.

The work of Richmond LINK and the outcomes it has achieved are based on the views of the community. We consider that because of this, those passing information to Richmond LINK have cause to believe that it is an effective way of influencing current and future service provision.

Richmond LINK operates a complaints policy and records numbers of negative comments. We received no complaints during the reporting period or during the previous reporting period.

We received only 1 negative comment from a member of the community during this period and none in the previous year.

The negative comment related to an individual requesting support in relation to an existing complaint against a local hospital and it was judged that this support could not be provided. The individual was offered support with contacting the relevant Patient Advice and Liaison Service and Independent Complaints Advisory Service, as well as the opportunity to provide details to be fed into LINK's future work. This support was declined. A written explanation was sent to the individual by the Host explaining that LINK was not able to support individual complaints in this way. Richmond LINK feels this response was appropriate and sufficient and we have not received any further correspondence from that individual in relation to their concern.

Richmond LINK's Activity

Training and developing capacity

Members of the Steering Committee of Richmond LINK have undertaken a wide range of training and information session to improve their capacity and ability in their challenging and demanding roles.

The range of training undertaken includes attending formal, externally-run courses, training provided internally by the Host, and meetings with senior figures from relevant local, regional and national organisations.

In-house training

- Orientation for new Steering Committee members
- Facilitated development session leading to the current LINK structure
- Enter and View training
- Introduction to Health and Social Care jointly run by Richmond LINK, London Borough of Richmond upon Thames and NHS Richmond for members of the public interested in becoming more engaged.

Training attended by LINK decision makers/authorised representatives

- Workshop on Social Care System run by London LINKs
- London LINKs workshop on commissioning by PCTs
- Health Care for London polysystems masterclass
- Surrey LINK training events

Information sessions/ meeting key stakeholders

- Background paper on local NHS structure
- Discussed the 'The national evaluation of the Individual Budgets' pilot programme' on individual budgets (SDS) with Dr. Jose-Luiz Fernandez (Deputy Director and Senior Research Fellow, Personal Social Services Research Unit, London School of Economics) a senior figure in the evaluation.
- Invited and met with the Chair of the Care Quality Commission
- Met Local Area Manager of Care Quality Commission
- Met with the Chief Executive of NHS Richmond
- Attended meetings with London LINKs arranged by Regional Patient and Public Involvement Lead
- Met with Chairs and lead members of South West London LINKs and Hounslow LINK.

This extensive programme of ongoing development allows Steering Committee members from Richmond LINK to engage with their duties and with key local organisations effectively and at the highest level.

Future training is being planned to ensure more of our members are able to be actively involved in Richmond LINK's work.

Relationship Building/ Stakeholder Involvement

Richmond LINK has been actively involved in building significant relationships with many local, regional and national structures and bodies.

This work is key to Richmond LINK's success, ensuring that we are well informed about developments affecting local commissioners and providers and supplying us with a direct route to influence service provision and commissioning practice.

Local

Richmond LINK has developed extensive representation at a senior level at NHS Richmond including Board membership and representation on committees covering quality, governance, patient involvement, user and carers; London Borough of Richmond upon Thames (LBRuT); LBRuT Health, Housing and Community Services Overview and Scrutiny Committee; and West Middlesex University Hospital.

We have been involved in the early development work of the alliance between Hounslow and Richmond to provide community health services. This has been through stakeholder involvement, providing counsel on engagement, and participation in the stakeholder panel for the appointment of the Chief Executive.

We have had direct contact with the Local Strategic Partnership (LSP) through pre-existing shared membership of some of its committees but are taking forward a more formal approach to the LSP in recognition of the benefit Richmond LINK can add in this area. Richmond LINK has developed a relationship as a partner of the LSP and its Health and Social Care-related Boards, and we anticipate that this will lead to seats on these Boards for LINK representatives in the coming year.

Richmond LINK has no acute hospitals within its area of operation. This creates challenges to our involvement with hospitals and requires close working with our neighbouring LINKs in Hounslow and Kingston where the main local hospitals that treat our residents are located.

The Chair of Richmond LINK will, early in the new financial year, begin regular joint meetings with the Chief Executive of Kingston Hospital and Chair of Kingston LINK. This will provide a better connection with Kingston Hospital that allows both LINKs to coordinate their work.

Richmond LINK has engaged with West Middlesex Hospital and as a result is jointly involved in activity with them on the Compassionate Care in Nursing Audit. We have also developed our relationship with Hounslow LINK who are based in the area in which the hospital is located. One of our Steering Committee members sits on the equivalent Hounslow LINK committee.

Sector

Representation of Steering Committee members within the South West London region is extensive. Work in this area has included representation at:

- South West London Mental Health Services Review Board
- membership via SWL LINK representative on the SWL Joint PCTs Board
- Specialist Commissioning Teams
- Membership of the SWL Healthcare Patient & Public Advisory Group

Through our interest in West Middlesex Hospital we have pursued involvement at a North West London level.

All LINK Chairs in South West London meet to discuss sector wide issues and arrangements are in place for regular briefings with the sector Chair and Chief Executive.

London

Richmond LINK has worked closely with Healthcare for London (HfL), and two members of the Steering Committee are selected members of the HfL Patient and Public Advisory Group (PPAG). Through this involvement, Richmond LINK has contributed to the development of the London-wide Stroke and Major Trauma Consultation and the published Healthcare for London Cancer Review Case for Change and the further work on the model of care, providing the patient and carer perspective. High-level representation has also been provided to the London NHS Clinical Leaders Group by a Steering Committee member who is the HfL PPAG representative.

In other capacities at a cross-London level, Richmond LINK has been involved with the London Ambulance Service through its Patients' Forum.

Richmond LINK contributed to raising awareness and understanding of LINKs at a London-wide level through its jointly run workshop with Kingston LINK - "Working with your local LINK" - at ATTEND's London Regional Conference.

As an active part of the wider LINK community Richmond LINK has been involved in LINK Chairs and members meetings at this level.

National

Richmond LINK has engaged at a national level with the Care Quality Commission (CQC) and with Parliament during the reporting period. The Steering Committee met with the Chair of the CQC to discuss the development of the organisation and the roles of LINKs in relation to the CQC.

In addition members of Richmond LINK have presented on our behalf on what constitutes a successful LINK to the All Party Parliamentary Group on Patient Involvement.

Further details of Richmond LINK's involvement can be found in Appendix 3

What Richmond LINK did?

Summary of Activity

Requests for Information

Requests for information	Response received within 20 days?	Total
Total	19	24
Relating to Social Care	6	6

Enter and View Visits

Number of Enter and View Visits	3
Number of Enter and View Visits related to Health Care	3
Number of Enter and View Visits related to Social care	0
Number of announced Enter and View Visits	3
Number of unannounced Enter and View Visits	0

Reports and Recommendations

Number of Reports and Recommendations made to Commissioners of Health or Adult Social care	2
Number acknowledged in the correct timescale	2
Number that have led/are leading to a service review	1
Number relating to Health	1
Number relating to Social Care	1

Referrals to Overview and Scrutiny Committees (OSC)

How many referrals were made to OSC	1
How many referrals did OSC acknowledge	1
How many referrals led to a service change	1

Richmond LINK's activity is based on evidence and its reports are based on robust research, including requests for information and enter and view visits. The Impacts section adds detail to the above figures and shows the successes that we have achieved through the activity completed to date.

Over the coming months we will complete a number of projects that will allow us to make further reports and recommendations that we hope will lead to service change. The later section "What is Richmond LINK doing now?" outlines the work we are currently undertaking. This work has all begun in the current reporting period and is based on information collected over the past year, and much of it will be completed by the end of Richmond LINK's second full 12-month period.

Other activity

A large amount of Richmond LINK activity does not fit neatly into any of the boxes on page 24 but has had, and increasingly will have, a huge benefit for local people.

In addition to extensive work developing relationships with local, regional and national organisations (see earlier section "Richmond LINK's Activity" and Appendix 3), Richmond LINK is able to use these relationships to ensure it is involved in developments from an early stage. This allows us powerful influence on service improvement through being a part of the design/review process, through ongoing discussion and input.

We have been involved directly in consultations and in promoting such opportunities to the community. Other work has seen LINK involved in appointments of senior local figures and in the selection procedures for local services. Full details of Richmond LINK's extensive involvement with local stakeholders are included in Appendix 3; some of the highlights appear below and on page 26:

Consultations

Local

- NHS Richmond End of Life Strategy
- London Borough of Richmond upon Thames Ageing Well Strategy
- Review of strategies for Adult Mental Health Services and Older People's Mental Health Services

Sector

- South West London and Healthcare for London Stroke and Major Trauma Consultation

National

- Paying for Care consultation
- Care Quality Commissions Annual Reports
- Department of Health Quality Accounts Consultation

Involvement in Appointments and Tenders

Local

- Appointment of provider for GP led service at Teddington Memorial Hospital
- Host Organisation for Hounslow Richmond Community Healthcare
- Chief Executive of Hounslow Richmond Community Healthcare
- Joint NHS Richmond/ London Borough of Richmond upon Thames (LBRuT) Director of Public Health
- Communications and Administration Coordinator for Richmond LINK at Richmond Council for Voluntary Service (Host organisation).

Feeding into development of external organisations Policy/ programmes

Local

- NHS Richmond's Commissioning Strategy Priorities
 - NHS Richmond Communications Strategy
 - NHS Richmond's Engagement/ Involvement Strategy
 - NHS Richmond's Polysystem planning
 - Hounslow and Richmond Community Healthcare – Community Engagement Programme
 - Hounslow and Richmond Community Healthcare – Communication Strategy
 - Medication and discharge from hospital
 - London Borough of Richmond upon Thames (LBRuT) Adult Care Strategy
 - LBRuT response to Paying for Care Green Paper
 - Joint NHS Richmond/ LBRuT Adults Mental Health Strategy
 - Joint NHS Richmond/ LBRuT Older Peoples Mental Health Strategy
 - Joint NHS Richmond/ LBRuT Mental Health Service Redesign
 - West Middlesex Hospital Patient Experience Committee
-

Sector

- SWL NHS Richmond/Council– Mental Health Services redesign
 - South West London Strategic Service Review
-

London

- London Stroke and Trauma Services Consultation – involvement in development of consultation materials
 - Review of London's Cancer Services
-

National

- Care Quality Commission, registration and enforcement
- Care Quality Commission Annual Reports
- Kings Fund led research into Quality Accounts.

Impacts: What has Richmond LINK already achieved?

Mental Health Service Strategies for Health and Social Care

Richmond LINK represented LINKs from across the sector on the South West London Acute Adult Mental Health Strategic Planning Board. The role of this Board was to review inpatient Mental Health services across this part of London. On behalf of the people of Richmond and of South West London, Richmond LINK called for a greater level of engagement with the public through this process and recommended that engagement take place at a local level.

This call for engagement was followed up by Richmond LINK locally who, in partnership with leading local organisations, drew up a list of important points for discussion and consideration in the review of services. Richmond LINK met with NHS Richmond and London Borough of Richmond upon Thames (LBRuT) to discuss these points and heard that they would be addressed through a full programme of consultation and engagement around new mental health strategies for adults and for older people.

Richmond LINK fed into the development of the strategies based on the information gathered from the previous year's engagement, and we also commented on the consultation.

Many of Richmond LINK's recommendations were incorporated in the final strategies. Of particular importance were commitments to:

- hold future engagement on any changes to services resulting from implementation of the strategy
- ensure specialist services are provided for people with dementia
- ensure that service quality is at the heart of service changes
- ensure that community services are enhanced as funding for inpatient places decreases.

Richmond LINK is now working with NHS Richmond and South West London and St Georges Mental Health Trust to ensure that these commitments are observed in currently proposed and future service changes.

Outcome: Through the involvement of Richmond LINK in service reviews and strategy development, local services have been protected, community voices have been heard and robust engagement - ahead of any future service change throughout the implementation - has been ensured.

Diabetes - Referral to local Overview and Scrutiny Committee (OSC)

Richmond LINK received requests from its members to ensure that the implementation of services for people with diabetes would be reviewed in line with the national service framework. Richmond LINK's Chair reported this need to the London Borough of Richmond upon Thames Health, Housing and Social Care OSC and recommended that a review of Diabetes Services be added to their annual work plan. This was reported verbally to the Chair of the OSC and later discussed and agreed at the full Committee.

Outcome: As a result of this recommendation the OSC included the review of Diabetes in their work plan.

West Middlesex University Hospital – Compassionate Care Audit

Richmond LINK received feedback from the community about the quality of nursing care at a local hospital and met with senior managers there to discuss the situation. To assess the current standard and quality of practice it was agreed that an audit of compassionate care would be undertaken in partnership.

Outcome: A comprehensive questionnaire was developed jointly and will be administered by volunteers and staff between July and October 2010. In addition to the questionnaire, LINK's Enter and View Representatives will undertake independently a series of observations to gauge the culture of care on the elderly wards.

The partnership approach used here ensures that the results of the study will be meaningful to the hospital, will lead to improved care for local people and will address the needs the community has expressed to us. Once evaluated this approach may be discussed with other providers of care for our residents.

Self Directed Support (SDS)

Richmond LINK received feedback relating to difficulties surrounding Self Directed Support (also known as personal budgets) for social care. Initially this feedback included positive and negative experiences relating to a wide range of issues spanning the efficacy of SDS, the development of a marketplace to allow choice and provide services and to the systems of assessment and resource allocation.

To gain a clearer understanding of the experiences of the community and identify where we could have an impact for the local community, Richmond LINK held a public meeting involving around 60 stakeholders in summer 2009.

Based on the evidence gathered from the public meeting, as well as our understanding of ongoing work and further investigation in this area along with discussions with colleagues at LBRuT, the assessment process was identified as an area that LINK should investigate further.

Work was initiated in 2009/2010, and will continue through much of this year, to investigate and improve the assessment process. Through working in partnership with LBRuT a survey has been developed that will analyse the experiences of up to 200 people undertaking assessments between May and August 2010 to help us understand the difficulties people experience at this key point of the process.

Outcome: This project is allowing us to make recommendations that will improve the experience of people going through the SDS Self Assessment Questionnaire. Its practical benefits will potentially be wide ranging, ultimately improving the outcome of the assessments that determine the levels of support being provided and thereby ensuring more people receive the appropriate level of care. This may also be helpful if and when personal budgets for health care are introduced.

Voices into Action

Richmond LINK responded to the Care Quality Commission's request to supply commentary on the performance of local services as described in their document "Voices into Action".

The evidence received through engagement over the past year was reviewed and surveys were launched specifically to gather information from our members for us to include in our response.

Outcome: The final response to this took account of feedback received and gave a voice to around 120 members of the community who had commented on the relevant services including comments from groups supporting people of black and minority ethnicities, people with long-term conditions and people in areas of relative disadvantage. These people would not normally have come into contact with the Care Quality Commission but were facilitated to provide feedback by Richmond LINK.

Patients at St John's Hospital – a continuing care facility

Throughout the year Richmond LINK encouraged and advised the carers of patients at St John's Hospital, Twickenham to ensure that they were able to participate effectively in the PCT specification setting and selection of a private sector continuing care provider to replace the mental health trust.

This activity followed a letter from an individual carer expressing concerns over the process and the difficulties it presented carers with in having a say.

Outcome: As a result of LINK involvement, carers were fully engaged in this process and report an increased level of satisfaction. All former patients have now been relocated in what we understand to be satisfactory alternative facilities.

Impacts: Looking forward

Current projects

Richmond LINK is currently undertaking a number of projects, the roots of which lie firmly in the current reporting period. All of the engagement that generated the need for a project - and much of the scoping and development work - was completed between April 1st 2009 and March 31st 2010 and Richmond LINK expects to see outcomes arising later in 2010.

Through further engagement next year we hope to extend our understanding of community need.

Changes to local services

Richmond LINK is aware that our work will need to take account of the changes likely to arise from the White Paper due later in the next financial year and the spending review thereafter.

Once there is clarity around plans for commissioning, local hospitals, care out of hospital and even the way NHS budgets are managed, Richmond LINK is poised to facilitate the community voice and provide opportunities for engagement.

Richmond LINK will remain independent but accepts the importance of the role it can play as a valuable and effective pathway for local government and NHS and the community to communicate and engage with each other.

Podiatry

Richmond LINK was made aware of concerns about podiatry services during outreach sessions to under-represented groups of people. The concerns centred around two issues

1. Lack of access to a nail cutting service for people unable to care for their own toenails but not eligible for NHS funded care
2. Booking systems and waiting times for those people who are eligible for podiatry.

Initial investigation showed that the commissioners and providers were not aware of the concerns being raised in the community. The relevant Patient Advice and Liaison Service (PALS) organisation had received no comments about the service, whilst the commissioning organisation felt provision of podiatry was good.

With mounting concern about podiatry being voiced by the community Richmond LINK has begun an investigation to establish if podiatry services in Richmond fit the needs of the community and we will make recommendations to ensure any current unmet need can be met in the future.

This project aims to establish what the cost of current podiatry provision is to the NHS locally in terms of - for example - increased falls and infections.

We will then use this to advise on what the costs and benefits of an alternative model of care would be.

Specialist Nursing

This issue arose through outreach to groups supporting people with long-term neurological conditions. It has been suggested by these groups that care provided in areas where specialist nurses operate provides better outcomes for patients and reduces costs by reducing visits to GPs and consultants.

Richmond LINK will investigate this issue by collecting evidence and testimonies of patients. This will then be reported to NHS Richmond along with any appropriate recommendations about the costs and benefits of providing care under this model.

Patient Transport Services

Following concerns from a diverse range of community groups and comments from our membership, a theme emerged showing large differences in the quality of Patient Transport Services (PTS) and a similar variation in patient satisfaction. We have gathered significant numbers of views on this issue and are aware of the factors important to people using this service and the number of people who, whilst eligible, choose not to use PTS.

Richmond LINK has further investigated this by requesting information from, and meeting with commissioners and providers. A project team will review the contracts under which these services are provided making recommendations for improving the way PTS is commissioned and strengthening the way the contracts are managed. The outcome of this work will be improved value for money and better ability to manage the contract for commissioners, and improved service and satisfaction for people using the service.

Quality Accounts

Richmond LINK has reviewed the draft Quality Accounts (QAs) of three local acute hospital trusts (Kingston, West Middlesex and St George's) and one mental health trust (SWL & St George's Mental Health Trust). Feedback on improving the documents was provided during May 2010 and the QAs were amended as a result including the addition of new priorities for improving quality of care.

Commentary on the accuracy of the account or the quality of the services described has been submitted to three trusts and the final version of the QA for the fourth trust is awaited.

GP Out of Hours Provision

Following reports in national press that Richmond was the area of the country with the lowest satisfaction levels for out of hours GP services Richmond LINK has begun an investigation into this area. NHS Richmond is responding to this issue too and we aim to work with them as a partnership

to understand why satisfaction is low and to make recommendations to improve GP Out of Hours service provision.

Proposed changes to mental health services

Having heard of a proposed reduction of beds in a mental health facility, Richmond LINK has arranged a meeting with the Service Director of the mental health trust and the lead commissioner from NHS Richmond. Richmond LINK will ensure that full engagement is undertaken and work to ensure that any service change occurs with adequate alternative service provision and does not result in a reduction in the quality or availability of care for local people

Review of Psychotherapy Services

Concerns have been raised around a recent rapid increase in the length of waiting lists for these services. Shortly after the end of the reporting period Richmond LINK submitted a number of questions as Freedom of Information Requests to NHS Richmond and awaits a response.

Richmond LINK's involvement will aim to help NHS Richmond to understand the cause of the increase in waiting times and take action to manage the existing contract, thereby reducing these resulting delays and returning the service to an acceptable level of provision.

Care closer to home

Richmond LINK has been heavily involved in local plans to implement polysystems, or care closer to home, feeding community views into the development of the strategy for this. Through our involvement in this work we have ensured that NHS Richmond's Polysystem Planning Group gives full consideration in their plans to the needs of people in parts of the borough with restricted access to transport and to existing services.

With expected changes to the plans for the NHS as a result of the White Paper we are unsure how this work will develop but will be closely involved in future developments.

Richmond LINK will support the related NHS Richmond community engagement activities planned to take place over June 2010 by acting as an independent observer and by promoting the events. This engagement will provide NHS Richmond with intelligence on the choices people make about points of access to the health system (e.g. GP, A&E, urgent care centres) and provide an understanding of what factors influence these choices.

Children's Speech and Language Therapy

Richmond LINK's Chair is a co-opted member of the NHS Richmond Board and regularly raises issues heard from the community. One such issue is that of the availability of Children's Speech and Language Therapy services. Concerns about this were raised as a result of outreach activities, and these which have been fed back to the Board and we are monitoring the provision as a consequence.

Appendices

1. Committee Member Roles
 - a. General
 - b. Chair
 - c. Treasurer
2. Richmond LINKs Engagement Strategy
3. Richmond LINK Involvement with Stakeholders

Appendix 1a: Committee Member Role

Richmond upon Thames LINK

Steering Committee Member Role

Duties:

1. To ensure that Richmond LINK complies with its policies and procedures and acts in pursuit of its aims and objectives.
2. To ensure Richmond LINK acts in the interests of the community based on evidence of need.
3. To ensure Richmond LINK represents the views of the diverse community in producing reports or recommendations.
4. To contribute actively to the Committee's role in giving firm strategic direction to the LINK, setting overall policy, defining goals and setting targets and evaluating performance against agreed targets.
5. To support the decisions of the committee
6. To safeguard the good name and values of Richmond LINK and adhere to the Code of Conduct and Committee Member Agreement.
7. To monitor the finances of Richmond LINK.
8. To comply with all legislation and ensure good practice is employed in all aspects of Richmond LINK's work.
9. To represent Richmond LINK as determined by the Committee.
10. Using any specific skills, knowledge or experience they have to help the Committee reach sound decisions.

Personal Qualities:

1. Commitment to Richmond LINK and its purpose.
2. Willingness to devote the necessary time and effort.
3. Strategic vision.
4. Good, independent judgement.
5. Ability to think creatively.
6. Willingness to speak their mind.
7. Ability to work effectively as a member of a team.

Appendix 1b: Chairperson Role

Richmond upon Thames LINK

Steering Committee Chairperson Role

Duties:

1. Setting agendas and agreeing minutes for Committee meetings with support from the Host.
2. Chairing and facilitating Committee meetings.
3. Monitoring the implementation of decisions taken at meetings.
4. With the authorisation of the Committee, representing the Richmond LINK.
5. Bringing impartiality and objectivity to decision-making.
6. Undertake any roles required by Richmond LINKs policies.
7. Liaise with the Host team on a regular basis and be the lead contact between the LINK Steering Committee and the Host
8. Through liaison with LINK Officers undertake any urgent action that cannot wait until the next Committee Meeting.
9. Coordinate Richmond LINK's involvement with the Local Authorities contract monitoring of the Host.
10. Ensure a LINK AGM takes place and the agenda and documentation circulated with due notice to the LINK membership; ensure the publication of an annual report.

Personal Qualities:

1. Understanding and acceptance of the legal duties, of a Local Involvement Network.
2. Ability to work effectively as a member of a team.
3. Leadership skills.
4. Experience of committee work and desirably chairing a committee.
5. Tact and diplomacy.
6. Good communication and interpersonal skills.
7. Impartiality, fairness and the ability to maintain confidentiality where appropriate.

Eligibility:

LINK officers are elected from and by the membership of the LINK Steering Committee

Appendix 1c: Treasurer Role

Richmond upon Thames LINK

Treasurer Role

Purpose:

To take an overview of LINK activity and associated expenditure and advise the Steering Committee on the financial implications of its decisions.

Duties:

1. Liaise with the Host about finances relating to the LINK.
2. Take an overview of LINKs commitments and available finances.
3. Advise the Steering Committee and its associated sub-groups on the financial implications of their activities and decisions.
4. Provide a review to the Steering Committee of how effectively it makes the best use of available resources.
5. To ensure all decisions on expenditure are in line with LINKs aims.
6. Speak about LINK finances as requested at LINK meetings (e.g. AGM).

Personal qualities:

1. Experience of providing advice on or managing budgets
2. Willingness to be contacted by Host or LINK officers on an *ad hoc* basis
3. Ability to ensure decisions are taken by the Committee and followed up

Other:

The Host organisation is the responsible accounting organisation for all funds received to undertake LINK work and so final decisions on expenditure rest with the Host. With this in mind the Host will aim to support the Treasurer in fulfilment of the role in the spirit of partnership.

Eligibility:

LINK officers are elected from and by the membership of the LINK Steering Committee

Appendix 2: Engagement Strategy

Responding to the activities of the Themed Groups:		
This covers all of the issues referred to the themed groups, the projects that the groups undertake, and all the work of the Themed Groups' working groups.		
Examples of differing levels of participation	• Telling	Newsletter articles about themed group projects
	• Asking	Questionnaires relating to projects
	• Involving in Decisions	Working groups discuss plans with LINK members and act on the feedback they receive
	• Working with	LINK members are included at all levels of a project including its development and design, implementation and reporting.
Possible tools & measures to ensure implementation and adherence	Engagement Champion	A member of Engagement Committee who sits on a Themed Group and advises on Engagement issues. They would ensure that Engagement was being considered at all levels (as appropriate) and on all projects. A Role Description would be required, and the host would run training sessions.
	Project Plan	Project plan templates to include Engagement as part of core project requirements and activity planning. Projects would then be assessed – and seek approval - in terms of their adherence to the LINK Engagement Policy/Strategy.
	Project Report	Project reports to include a section reporting on Engagement activities undertaken and the outcomes of this work.

Appendix 2: Engagement Strategy

Collecting and Reviewing Issues from LINK Members and the Community

This covers all the issues and LINK activities that arise either within our membership or in the wider community that do not form part of the activities of a Themed Group. This would include the following:

- a. Issues/activities that are **new and pending referral** to a Themed Group;
- b. Issues/activities that are **still being scoped by the Engagement Committee** prior to referral;
- c. Issues/activities that **fall outside of the remit of the Themed Groups** and are undertaken by the Steering Committee or other LINK body;
- d. Issues/activities that **arise elsewhere** e.g. in local or national media.

Examples of differing levels of participation	• Telling	Statements such as ‘We are interested in hearing about your experiences on any health and social care issue’.
	• Asking	Making active requests for experiences and opinions on any health and social care issue, or actively asking for other issues that are not currently being considered by a LINK Themed group.
	• Involving in Decisions	Using partners and members to gather issues and experiences
	• Working with and acting together	LINK members sit on the Engagement Committee and are involved in decisions about which issues are viewed as important
Possible tools & measures to ensure implementation and adherence	Standing item on website / in publications	Develop a standard statement/request that should be placed on all key LINK publications and literature.
	Engagement working group	Engagement committee/working group to continue actively seeking and reviewing issues from the community
	Press/media monitoring	Host to review press/local community publications/relevant organisational publications for issues arising in community

Appendix 2: Engagement Strategy

Increasing Membership and Raising Profile		
This covers the LINK's marketing, promotional and recruitment activities.		
Examples of differing levels of participation	<ul style="list-style-type: none"> • Telling 	Outreach & giving out leaflets Telling people about what LINK membership is
	<ul style="list-style-type: none"> • Asking 	Asking for personal information Actively recruiting new members Actively seeking issues from the community
	<ul style="list-style-type: none"> • Involving in Decisions 	Asking members to review the effectiveness of our marketing, promotion and recruitment activities
	<ul style="list-style-type: none"> • Working with and acting together 	Using partners to help us recruit and promote the LINK
Possible tools & measures to ensure implementation and adherence	Communications Programme	Easily accessible communications plan or framework, including descriptions of key LINK publications and media (bulletins, newsletters, steering committee briefings, website) and relevant deadlines. This will ensure that our own media are fully utilised for engagement
	Partnerships with key organisations	Develop partnerships with key organisations and individuals (e.g. Richmond AID, Community Development workers) and Strategic Leads (orgs representing and supporting a sector of voluntary orgs associated with a specific beneficiary or activity) to access new networks and publications.
	Outreach activity plan	LINK Host team to plan and lead outreach work and to support committee members in outreach and engagement activities; Ensure attendance at community events etc.

Appendix 2: Engagement Strategy

LINK Internal Business		
This covers all the issues and LINK activities that arise as part of our core internal business, for example elections, policies, procedures etc.		
Examples of differing levels of participation	<ul style="list-style-type: none"> • Telling 	Section on what's going on (Inside LINK) in newsletter Election notices Advertising Steering Committee meeting dates
	<ul style="list-style-type: none"> • Asking 	Web page explaining how to attend Steering Committee meetings Feedback forms for public meetings
	<ul style="list-style-type: none"> • Involving in Decisions 	Asking people to nominate candidates Asking for feedback on our procedures, questionnaires
	<ul style="list-style-type: none"> • Working with and acting together 	Voting Involving LINK members in development and review of our procedures
Possible tools & measures to ensure implementation and adherence	Standing item on website / in publications	Inside LINK to become a standing item in the LINK newsletter and on the website with details of how to participate in LINK internal business.
	Feedback forms	Feedback forms to be developed and utilised both at key opportunities and on a regular basis
	Best practice guidelines	Host to prepare a set of best practice guidelines for use when developing a new policy, procedure or publication to ensure that appropriate engagement takes place (for example, with the new membership leaflet or website we could involve user groups and individual members to ensure that we've got it 'right')

Appendix 3: Involvement with Stakeholders

NHS Richmond

NHS Richmond Board	BG	
<p>Description: The role of NHS Richmond's Board is to ensure the PCT delivers high quality healthcare to the borough and continues to improve the healthcare provision for Richmond Upon Thames. A major role of the Board is to oversee the PCT's performance by monitoring how it does its daily business.</p> <p>Key strategic developments/aspects of relationship:</p> <ul style="list-style-type: none"> • LINK Chair attends the Board as an observer but with full speaking rights • LINK representative appointed to Selection Committee for recruitment of Director of Public Health – the LINK preferred candidate was chosen • Clinical Quality Framework 		
Quality Monitoring Group	KS CM	
<p>Description: the QMG will scrutinise engagement activity in line with current scrutiny of PALs and complaints to ensure best practice and to highlight areas for further action</p> <p>Key strategic developments/aspects of relationship:</p>		
Integrated Governance Committee	TS	
Description:		
Clinical Effectiveness and Audit Committee	CM	
Description:		
Community Health Services governance board		
Description:		
Quarterly Scrutiny Group	CM & KS	
<p>Description: To scrutinise ad hoc Pals reports and complaints to consider if they are dealt with properly by the PCT and to raise awareness of trends and /or further action that the PCT should take</p>		
Community Involvement Group	MD. PM	
<p>Description: Multi agency group coordinating and facilitating local involvement in health care</p>		
Estates Strategy Committee	MS	
Description:		
Readers Group	PH	
<p>Description: Provides feedback on the quality and appropriateness of written material.</p>		
Mental Health Service Redesign Group	MD	
Description:		
Pandemic Flu Monitoring Group	TG	
<p>Description: Coordinates the local response to pandemic influenza across all sectors.</p>		
Quality Monitoring Group	CM	
Polysystem Planning Group	KS, RMcl	

Appendix 3: Involvement with Stakeholders

West Middlesex University Hospital

Patient Environment Action Team	JM	Lay assessor
Description: Annual Inspection Team with specific focus on environment issues including food, privacy & dignity. Key strategic developments/aspects of relationship: <ul style="list-style-type: none"> I have approved 'red tray' and protected meal times; Had input on decision of single sex toilet facilities, e.g. bays, slide notice on doors to allow alteration for predominant sex in bays 		
Patient Experience Committee	JM	
Description: The essence of meeting is two-way communications – to hospital management, patients, public and into the meeting and other committees <ul style="list-style-type: none"> Report on patients' problems, bring to hospital management all interrelated problems, e.g. patient transport, seats in the atrium, disabled parking Have spoken to press & TV on issues that arise e.g. re. Appointment system change & PEAT improved results Atrium stalls: - changes of contract and details relating to space, hygiene matters, over-crowding the support groups' stalls, resulting in contract changes – alternate days for stalls and support groups; hygiene containers addressed, size usage so not to obscure information The floor signage for O/P clinics – a result of my 'C's 		

London Borough of Richmond upon Thames

Meeting	Member
Health, Housing & Social Care Overview & Scrutiny committee	MC, BG, PPS (attend)
Children's Overview & Scrutiny committee	BG (attend)
Users and carers group	MMcN
Description: Coordinates the involvement of users and carers in the Local Strategic Partnership	
Adult Joint Commissioning Group	MMcN
Safeguarding Adults Information & Communications Sub-Group	PD
Older persons Day and Respite services review	
"Ageing well in Richmond" Strategy Board	

Sector/London/Region

Meeting	Member
SW London PCTs and SWL Mental Health Trust Adult Mental Health Services Review Board	RMcI
South & South West London and North West London Cardiac & Stroke networks	JM
SW London Healthcare Patient & Public Advisory Group (PPAG)	BG
Healthcare for London PPAG	BG + MM