

Kensington and Chelsea Local Involvement Network



Annual Report

01 April 2009 - 31 March 2010

'Empowering local people to share their views on how health and social care provision can be improved in the borough'

K&C LINK Member (Membership Survey 2009/10)

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Welcome to the K&C LINK Annual Report 2009-10

I am delighted to introduce the annual report of Kensington and Chelsea LINK for 2009/10.

During the year we have established the organisation and increased our membership to 500. The LINK website and the blog have proved a very successful way to reach a wide audience. Priorities for work have been identified through sub group meetings, web feedback and 'have your say' postcards. Jointly, with other local organisations, we have organised well attended consultation events and responded to national proposals on 'Shaping the Future of Care Together' and on Age Equality. Locally we have worked with other organisations to influence the development of the personalisation agenda and provide a voice for personal budget holders. We have reached out to 'easy to ignore' groups to gather their views of health care needs; an example is work with Somali women on barriers to take up of cancer screening. We have received Department of Health funding to pioneer a programme of dignity champions who will conduct peer to peer research on dignity, respect and privacy in residential and home care for older people. A further example of consumer research has been a questionnaire to users of mental health day care services, which will feed into the commissioning of future services.

In order to carry out this work we have worked closely with statutory and voluntary organisations throughout the year. We are grateful for the support of the Councillors and officers of the Royal Borough of Kensington and Chelsea and to the Chair and Board members and staff of NHS Kensington and Chelsea. We have valued close working relationships with Kensington and Chelsea Social Council and with local voluntary organisations. None of the work would have been possible without the time, commitment and enthusiasm of our members and volunteers and I would like to say a big thank you to all of them!

Our priorities for next year include further work on personalisation including joint work with Hammersmith and Fulham LINK; a customer satisfaction survey on access to GPs and how easy it is to register with or change GPs; further work on the development of polysystems at Earls Court and St Charles; the development of the dignity champions' programme and its extension to other groups receiving care. We will also be responding to plans for restructuring services from Health Care for London and continuing with work on identifying the health and social care needs of easy to ignore groups. In all this work we are responding to the views of our members and seeking to address neglected issues and health inequalities.

Kensington and Chelsea LINK wishes to be in contact with as many residents and voluntary and community organisations as possible. We would be delighted to hear your views about any health or social care issue. If you would like to know more please contact us on ph: **020 8968 6771**. We would be very pleased to hear from you.

Christine Vigars, Chair of K&C LINK

Introduction to the Kensington and Chelsea Local Involvement Network:

Kensington and Chelsea LINK is an independent network for members of the local community who share a passion for improving health and social care services. LINKs have been granted powers outlined in the Local Government and Public Involvement in Health Act, 2007 to:

- Enter and View services
- Request information or make recommendations to commissioners and providers of services and receive a reply within twenty days
- Refer issues of concern to relevant health and social care scrutiny committees.

The LINK works with you to take action, investigate community concerns and find solutions.

Who can join K&C LINK?

Anyone including carers, service users, community leaders, patient representatives, everyone's view matters!

Groups can also join – charities, faith groups, residents' associations, youth councils, black and minority ethnic organisations, business federations and voluntary organisations.

Anyone who wants to make sure that the needs of their community are listened to.

Contact K&C LINK to find out more about our work and ways to be involved:

Name: Kensington and Chelsea Local Involvement Network (K&C LINK)

Address: Unit 25, Shaftesbury Centre,
85 Barlby Road
London
W10 6BN

Phone: 020 8968 6771

Mobile: 07967 225015

Fax: 020 8968 8984

Email: rbkclink@hestia.org

Or check us out online via:

Website: www.rbkclink.org

Facebook: <http://www.facebook.com/RBKCLINK>

Twitter: <http://twitter.com/RBKCLINK>

2) Contact details of Hestia, the Host organisation

Local Involvement Networks are supported by a Host organisation that helps the LINK develop and report back on local needs and concerns to service providers and commissioners.

The LINK in Kensington & Chelsea is 'hosted' by Hestia and is supported by the three staff members:

LINK Co-ordinator: Ms Paula Murphy

Development Officer: Ms Ragnhild Stadheim

Administrator: Ms Simone Hall



Paula



Ragnhild



Simone

Their role as Host staff is to:

1. Make sure the LINK is reaching everyone in the borough
2. Make sure the LINK acts within the remit of the law
3. Act as a custodian of the underpinning values and principles of the LINK
4. Advise the LINK Management Committee and Sub-groups based on its role as an 'honest broker'
5. To ensure full representation and that the LINK is acting in the interests of its members and the wider community
6. Facilitate public and steering group meetings
7. Write reports on the activities and findings of the LINK
8. Advertise and raise awareness of the LINK
9. Act as custodians of the LINK finances in consultation with the Management Group
10. Advise the LINK of relevant changes in policy and procedure in Health and Social Care
11. Facilitate the dissemination of outcomes, good practice, learning and evaluation.

Hestia Head Office can be contacted via:

Name: **Hestia**

Contact:

Mr Francis Kaikumba

Address: 3rd Floor, Sovereign Court
15 - 21 Staines Road
Hounslow
TW3 3HR

Ph: 020 8538 2940

Web: www.hestia.org



Background to Kensington and Chelsea Local Involvement Network

With an estimated population of 178,600, Kensington and Chelsea is the most densely populated borough in the country, packed into just under five square miles of land. It is primarily residential but is an internationally recognised shopping destination, hosts world renowned arts and cultural facilities, and boasts some of London's most visited parks and outdoor spaces. It is also a borough of extremes with some of the wealthiest neighbourhoods in the country as well as some of the most deprived.

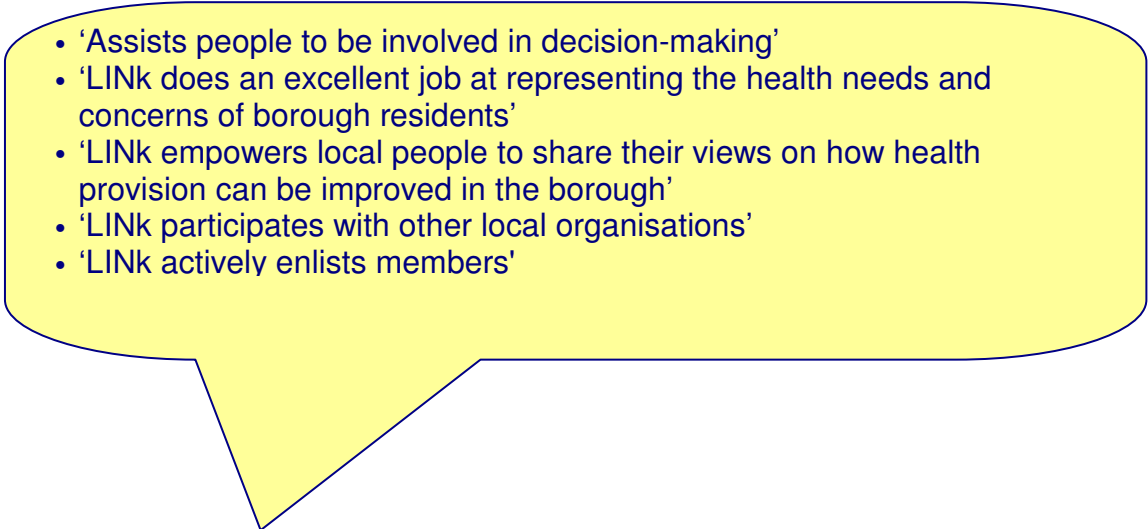
(The Future of Our Community, KCP Community Strategy 2008-2018)

On average, men and women in K&C enjoy good health, however considerable health inequalities exist:

- Many areas of North Kensington fall in to the least health 20% in London
- People in the northernmost wards have a life expectancy of more than ten years less than those in the healthiest wards
- Poor health amongst social housing tenants is reported as three times higher than amongst people who own their own homes
- Black ethnic groups report the highest rates of poor health and illness

And the gap is growing...

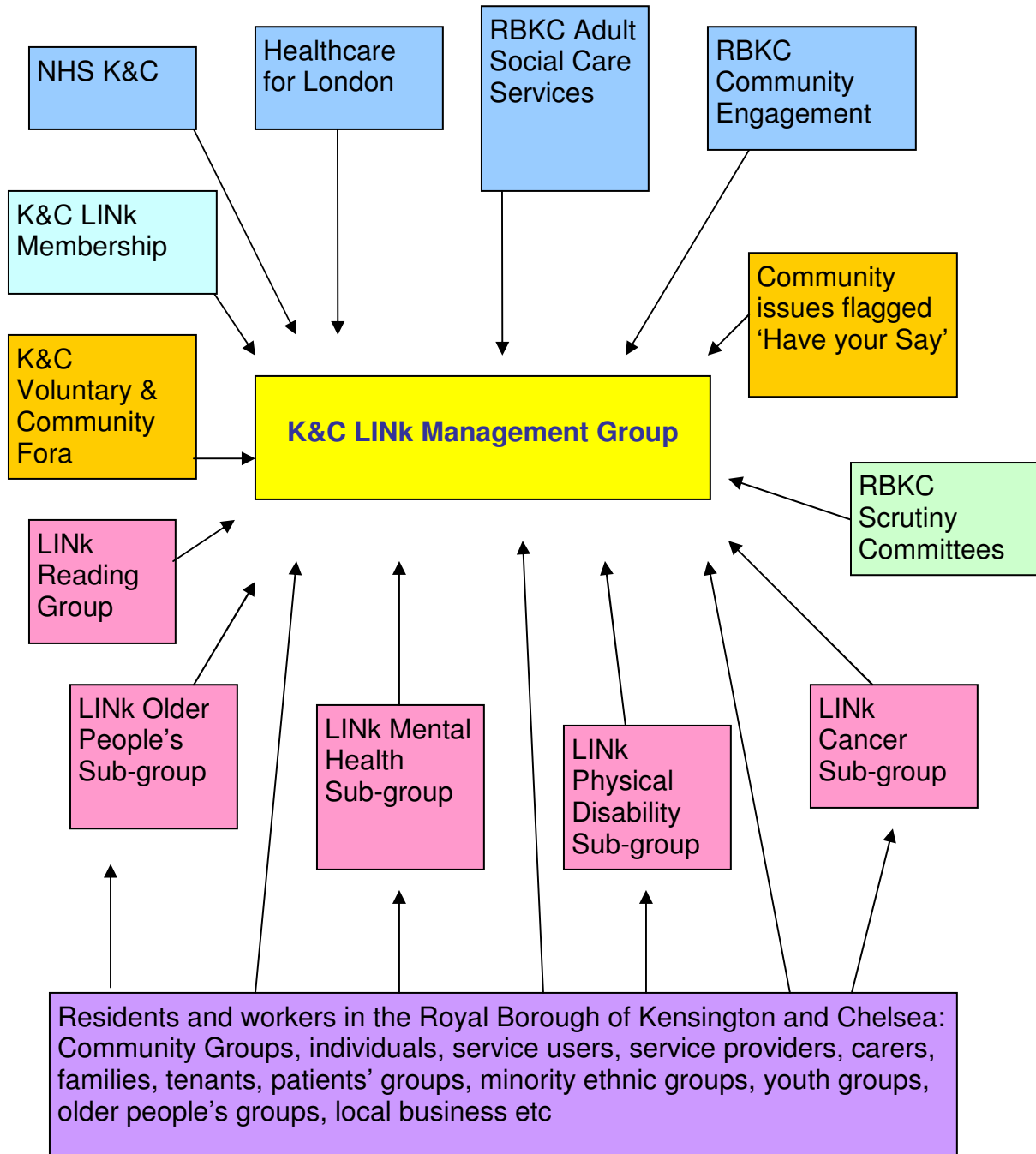
Working with the K&C LINK can help you to draw attention to some of the health inequalities and neglected issues in the borough. Contact us now to help the community speak with a stronger local voice.

- 
- 'Assists people to be involved in decision-making'
 - 'LINK does an excellent job at representing the health needs and concerns of borough residents'
 - 'LINK empowers local people to share their views on how health provision can be improved in the borough'
 - 'LINK participates with other local organisations'
 - 'LINK actively enlists members'

Responses in K&C LINK Membership Survey 2009/10

The Structure of Kensington and Chelsea LINK

Kensington and Chelsea Local Involvement Network has developed based on local priorities and members areas of interest. We now have a core structure based around a Management Group and four sub-groups that allows it to operate as follows:



Kensington and Chelsea LINK Management Group

The LINK Management Group is an elected body made up of local people, each representing different backgrounds who volunteer their time to commit to the running of the K&C LINK. The Management Group meets monthly and decides on the actions of the LINK in response to issues raised at public and strategic meetings. The 2009/10 K&C LINK Management Group membership draws on the rich diversity of experience of five voluntary sector representatives and five individuals from the borough. They are:

Christine Vigars: Age Concern (LINK Chair & Older People's Sub-group Chair)
Margaret Cairns Irven: Individual (LINK Vice-Chair & Disability Sub-group Chair)
Anthony Sykes: Individual (Cancer Sub-group Chair)
Robin Tuck: Individual (Mental Health Sub-group Co-Chair)
Mary Gardiner: Kensington & Chelsea Social Council
Abdul Towolawi: Individual
Suresh Gupta: Kensal Community Association
Patricia Gani: Individual
Zakia Chentouf: Al Hasaniya
Digby Howard: Individual

The work of the Management Group is underpinned by the LINK governance document known as the 'Constitution.' This document includes information on decision-making, elections, our core values, our Code of Conduct and our commitment to equality. Copies are available from the K&C LINK website or on request from the LINK office.

The K&C LINK Constitution ensures the LINK is able to fulfil its remit and protect itself as an independent network of participants.

In June 2010, there will be an election to fill any vacancies on the 2010/11 LINK Management Group.

Kensington and Chelsea LINK Sub-groups

The Kensington and Chelsea LINK has listened to what local members have to say about the services they use and developed in response to local needs and areas of focus. So far the following sub-groups have developed based on issues raised by the local community:

- Older People
- Physical Disability
- Mental Health
- Cancer

Older People – Chairs: Christine/Abdul

This group aims to provide a voice for older people and a means of influencing the provision of health and social care in Kensington and Chelsea, so as to ensure high standards of care and services appropriate to older peoples' needs. During the year LINK, jointly with the Older Residents Forum, organised a consultation event on Age Equality. This was attended by over 100 people and resulted in a number of recommendations for action to the Department of Health, RBKC Social Services and NHS Kensington and Chelsea.

LINK has obtained funding from the Department of Health to train older people as Dignity Champions to conduct peer to peer research on standards of respect, privacy and dignity in local health and social care services. The subgroup identified two issues for initial work:

- The use of blue trays for patients who need help with feeding in hospital
- The prevention of elder abuse.

Nine members have now completed initial training as dignity champions. They are now completing an audit of protected mealtimes in Chelsea and Westminster Hospital. We have also identified two residential care providers to work with initially on residents' experience of care and awareness of who to approach with any concerns.

Priorities for next year are:

- Continued work on nutrition and extension into the community
- Further work by dignity champions on dignity in both residential care and homecare
- Engagement in the implementation of the dementia strategy.

The group seeks to reach out to older residents in the Borough through links with voluntary organisations and residents' forums and through local publicity and events and informal contacts. We are looking for the widest possible participation from older people themselves and those who work with them or care for them.

'As the Dignity Champion in London I am very pleased to see and contribute to the work the LINK is doing to raise awareness of dignity and develop a group of dignity champions who are local service users. I am sure this will make a significant difference to the quality of services locally. I am particularly keen to see the way in which the voice of service users is being heard and recognised in developing services and together putting users at the heart of service delivery, and making sure it's dignified. The priorities chosen – nutrition and safeguarding – are high profile areas that we want to see continually improving.'

Ms Jean Daintith, Executive Director, RBKC Housing, Health and Adult Social Care



Physical Disability – Chairs: Margaret/Patricia

The disability group is open to anyone who has an interest in disability related health and social care services. Our core objective is to get the best possible medical treatment and social care for physically disabled people in K&C.

We must all be aware that the economic situation will lead to changes in funding, benefits and in the availability of medical treatment and social care. The Group has already responded to the plans put forward in the former governments (then) Green Paper “Shaping the Future of Care Together” by holding a meeting at which our members were able to hear a presentation on this and to put their own questions to a Mr. Ian Winter, the Deputy Regional Director – Social Care & Partnerships, London. There have been other presentations on matters of general interest, including personalisation and the ‘Stepping Stones Volunteering Project.’

We are working on a customer satisfaction survey, including research into the difficulties in registering with a GP and changing GP which have been frequently reported in North Kensington and the Earl’s Court area.



Demonstrating Impact Nationally

Disability Case Study – ‘Shaping the Future of Care Together’

Background:

The views on the Green Paper proposals were gathered from three local public consultations where LINK members were invited to listen to key presenters from the Department of Health and the NHS and ask questions for clarification or give comment. The LINK report was formulated from overall contributions at those events.

The three events were:

1. The K&C LINK Physical Disabilities Sub-group Meeting, October 6th 2009

2. The K&C LINK Green Paper Open Public Meeting, October 14th 2009
3. Kensington & Chelsea Forum for Older People – Open meeting (in partnership with K&C LINK), October 30th 2009

Eighty-seven people attended these events and provided their views on the proposals. The LINK report set out the views that have been recorded by participants and key LINK partners in response to the proposals set out in the Green Paper *'Shaping the Future of Care Together'*.

Benefits & Outcomes included:

- Flexibility of model allowed different communities to get involved – the issue was originally addressed via the Disability Sub-group but became a cross-cutting issue of interest to the LINK and local community.
- The analysis of the community feedback received led to recommendations for service delivery across six themes:
 1. The proposed National Care Service
 2. Timing
 3. Funding Options
 4. Disability
 5. Carers
 6. Older People
- A report highlighting the varying views and preferred options of local residents was submitted to the Department of Health as part of their national consultation.
- LINK members had an enhanced awareness of an issue that was very topical during the election process and feedback was very positive
- Recommendations made to commissioners and providers
- Feedback to attendees on findings and recommendations
- Related projects on 'Changes to Charges for Adult Social Care' and 'Personalisation' were promoted to and engaged with by a great diversity our membership.



Mental Health – Chairs: Robin/Ivan

The LINK Mental Health Sub-group aims to provide a voice and a support structure for service users, family members, carers and stakeholders as a means of enhancing the provision of mental health service delivery locally.

The group meets every three months and over the course of 2009/10 has consulted on the availability of complementary therapies locally and on 'New Horizons', the mental health strategy. The group also helped organise World Mental Health Day 2009 celebrations in the borough.

The group also engaged with 87 service users in the local community to assess their experiences of day centres, awareness of personalisation and interest in complementary therapies in the borough. This significant report will help provide invaluable insight on the wants and needs of service users and help influence commissioning locally.

We are working on engaging 'easy to ignore' groups where there tends to be a higher incidence of mental health need and on training peer researchers and user-led service standards.

**Cancer – Chairs: Anthony/Verite**

This group aims to support local cancer survivors, patients and interested parties in shaping and influencing the provision of cancer care locally. The group has supported the Skin Cancer Campaign and developed close working relationships with key stakeholders in the area. One of the members has started to 'blog' based on her experiences locally and will feed in to the Quality Account for the Royal Marsden Hospital Foundation Trust.

The group has commenced outreach work with women from BME communities to help local health services understand and address the barriers to breast and cervical screening. Focus groups have already been held with Somali and Moroccan women and this work will be ongoing throughout 2010.

K&C LINK also has a Reading Group

The aim of this group to allow local people read through selected information from 'Adult Social Care' to make sure it is clear and easy to understand. By meeting as a group, we can consider the information in a supportive environment and ask questions of the author and make suggestions for improvement. The author provides us with an update of how we influenced service delivery as soon as the revisions have been made.

This group meets monthly and has recently broadened its focus to include health related documentation as well as RBKC Adult Social Care information.



Demonstrating Impact Locally

Reading Group - A Case Study

Name of Activity: Review of Adult Social Care Customer Service Standard leaflet

Background: The Adult Social Care Customer Service Standards leaflet describes what residents can expect from a number of the core Adult Social Care services when they have contact with the Council.

The K&C LINK Reading Group reviewed the leaflet and gave feedback aimed at helping improve it.

How did K&C LINK influence the service?

The revisions to the Customer Service Standard leaflet are still being made. However, many of the suggestions and recommendations of the group are being taken into account in the design of the new leaflet. The suggestions and revisions that were made are helping RBKC to improve the document by:

- Giving clearer explanations of what things mean and avoiding jargon
- Having a clearer layout for the document that guides people through and helps them to know what each section is about
- Giving additional information where appropriate which the group members thought would be helpful
- Explaining how the standards will be used to improve services.

Priorities for these sub-groups were identified via outreach, contributions from sub-group members, information gathered through the Joint Strategic Needs

Assessment (JSNA), community referrals and ongoing communication with relevant stakeholders. The ability to influence service delivery, resources available and impact on the community are key factors considered by the Management Group when approving projects for action. We are also working on a number of cross-cutting issues including Polysystems, Cardiology and Personalisation.



Demonstrating Impact Locally

Personalisation – A Case Study

Background:

Personalisation and Personal Budgets (formerly known as Individual Budgets) have been one of the main priorities of K&C LINK in 2009/2010.

Many of our members had been expressing a number of concerns around Personal Budgets (PBs). During the pilot of the scheme, users had been encouraged to use their PBs creatively, addressing not just immediate care needs, but also social inclusion and dreams and aspirations. They were also assured that financial monitoring would be 'light touch'. The whole of the PB process was meant to be 'outcomes based' for the user.

Users felt that there was a lack of transparency in the process, that there were still no clear guidelines given as to how PBs could be used and how, and when, expenditure would be monitored. When financial monitoring forms were sent out, the forms were not appropriate for PBs, they were not offered in different formats (according to the user's individual needs) and a very tight deadline was given. New users were encouraged, by default, to accept a prepayment card and, it was hoped, all users would eventually go on to it. In short, 'Freedom of Choice and Control' was again being taken away from the users. In the past year, K&C LINK has been involved with supporting existing and potential users in a number of ways.

How did K&C LINK influence the service?

A Personal Budget Surgery was held in November 2009 and LINK members were able to put forward their concerns to, and have some of their questions answered by the RBKC Personalisation Team. A report was submitted to the team following the event and a full response received addressing each concern.

At the January Disability Sub Group the subject of prepayment cards was introduced by RBKC, followed by a Q&A session.

At the end of March a working group met with Mark Ward to discuss the latest version of the Personal Budgets Self Assessment Questionnaire and Support Plan to garner input from users for further improvements.

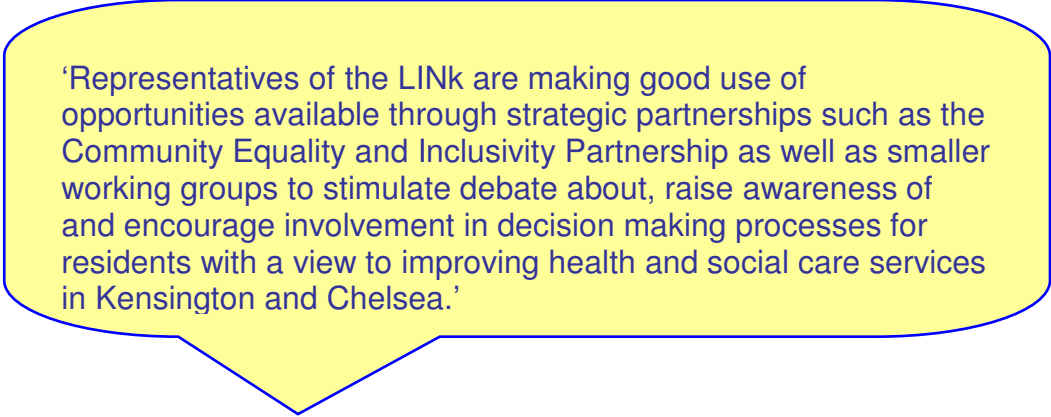
The Royal Borough of Kensington and Chelsea set up a new forum: Service User Board for People First - for users of adult social care services who are current or potential PB holders - and K&C LINK have 3 authorised representatives who attend meetings every 6 to 8 weeks at the Town Hall and report back. Initial results of user involvement appear encouraging: an Action Plan following feedback from meetings in March and April has been distributed to users.

K&C LINK has also sign-posted to and cooperated with the existing Personal Budgets User Group, facilitated by ADKC, which is a peer support and action group for all PB users.

Following comments that different Councils have a more or less person centred approach; K&C LINK is planning to conduct peer research on the user experience in partnership with the H&F LINK.

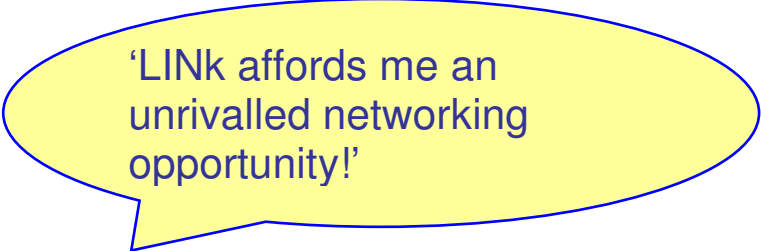
Feedback from local people about the influence they feel the LINK has had in bringing about this specific change:

‘Personal Budget users now feel that their voices are being heard and that they are receiving the support they had been seeking. It is hoped that Council/user cooperation will go from strength to strength and K&C LINK will continue to support this ongoing conversation.’



‘Representatives of the LINK are making good use of opportunities available through strategic partnerships such as the Community Equality and Inclusivity Partnership as well as smaller working groups to stimulate debate about, raise awareness of and encourage involvement in decision making processes for residents with a view to improving health and social care services in Kensington and Chelsea.’

Monsur Khan, Deputy Community Engagement Manager, RBKC



‘LINK affords me an unrivalled networking opportunity!’

LINK Member in conversation with Host

The Values of Kensington and Chelsea Local Involvement Network

As the K&C LINK Constitution outlines, we will strive to reflect in our activities the following values and principles:

- 1.1 Community based – a local perspective that includes everyone.
- 1.2 Committed – to engage with local people and services to help make a difference, even through difficulty.
- 1.3 Values difference and individuality – what works for one individual or group of people may not work for others.
- 1.4 Non judgmental – the ability to impartially point out what is working and what needs improving.
- 1.5 Representative – representing our members and people who have spoken with us fairly and without personal agendas.
- 1.6 Caring – about the people receiving or needing Health and Social Care Services in the borough, as well as the people providing them.
- 1.7 Works in partnership with existing groups, organisations and networks to achieve objectives.
- 1.8 Ensures all the Kensington and Chelsea LINK activities take account of the legal requirements and principles of equality and human rights.
- 1.9 Visionary thinking - looking at the wider picture. Suggesting what can be done to improve services and what is working well.

In addition to a Code of Conduct and Ground Rules all members are asked to abide by 'The Seven Principles of Public Life (**Nolan Principles**). Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

2.1 **Selflessness**

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

2.2 Integrity

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

2.3 Objectivity

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

2.4 Accountability

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

2.5 Openness

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

2.6 Honesty

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

2.7 Leadership

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



K&C LINK Authorised Representatives

All our members are asked to abide by a code of conduct. However, members who wish to represent the K&C LINK externally are asked to undergo further training and become 'authorised representatives'.

To date, the following K&C LINK members have completed their training:

'Authorised Representative' training:

- Christine Vigars
- Robin Tuck
- Mary Gardiner
- Mimi Nunez Trejos
- Ivan Moore
- Gaenor Holland-Williams
- Abdul Towolawi
- Patricia Gani
- Margaret Cairns-Irven

'Enter and View' training:

- ▶ Gaenor Holland-Williams
- ▶ Christine Vigars
- ▶ Mimi Nunez Trejos
- ▶ Patricia Gani
- ▶ Giulia James
- ▶ Verite Reilly Collins
- ▶ Ivan Moore
- ▶ Reneta Charles
- ▶ Phil Whelan

K&C LINK Membership

2009/10 K&C LINK Strategic Goal 1:

K&C LINK aims to be representative of the Royal Borough profile

Total number of K&C LINK members as of 31/03/2010	500
Total number of K&C LINK members as of 31/03/2009	243
Total number of K&C LINK members as of 31/03/2010 of who have a social care interest	242
Number of active LINK members involved in Management Boards, sub groups, representing the LINK externally etc	
K&C LINK Management Group	10
K&C LINK Sub-groups: Older People	153
Mental Health	135
Physical Disability	87
Cancer	76
LINK representatives:	21
Total number of participants as of 31/03/09 (people who had contact with the LINK but did not become active members)	114
Total number of participants as of 31/03/10 (people who had contact with the LINK but did not become active members)	234

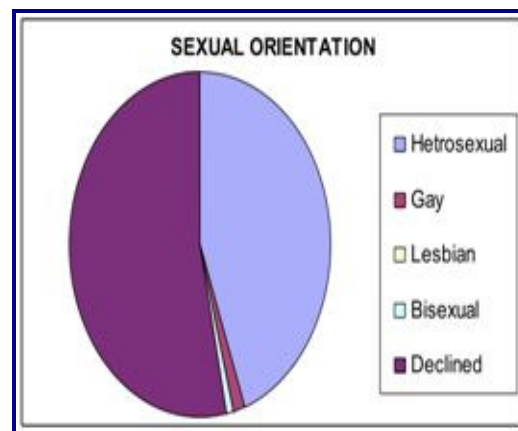
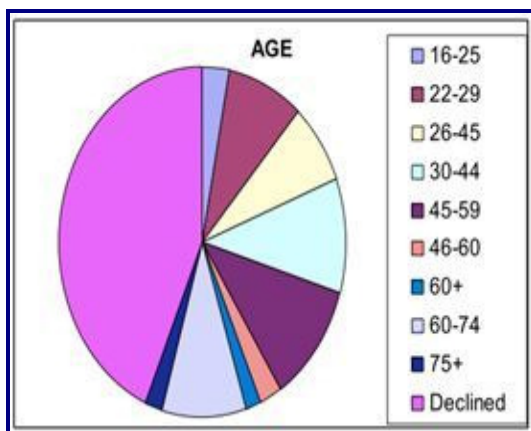
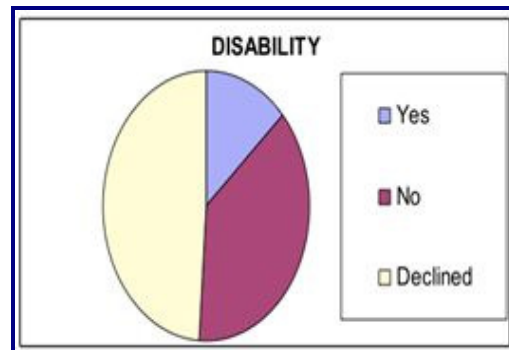
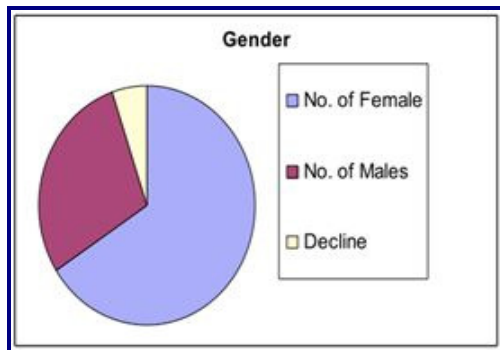
The Diversity of K&C LINK membership

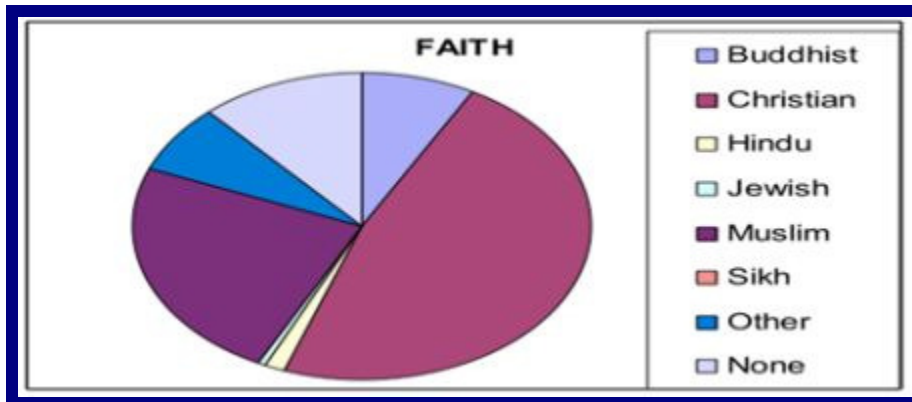
(Source: Towards an Inclusive Kensington & Chelsea, RBKC)

Kensington and Chelsea is one of the most culturally and ethnically diverse parts of London. Some of the key characteristics of the local population are:

- Women live five years longer on average than men
- The average age of a person living in Kensington and Chelsea is 37 years
- 13.6% of people living in K&C have a long term illness or disability
- The 2001 census recorded 522 co-habiting same sex couples
- Three quarters of the borough population has some form of religious affiliation
- 21% of residents belong to a Black and Minority Ethnic (BME Group)

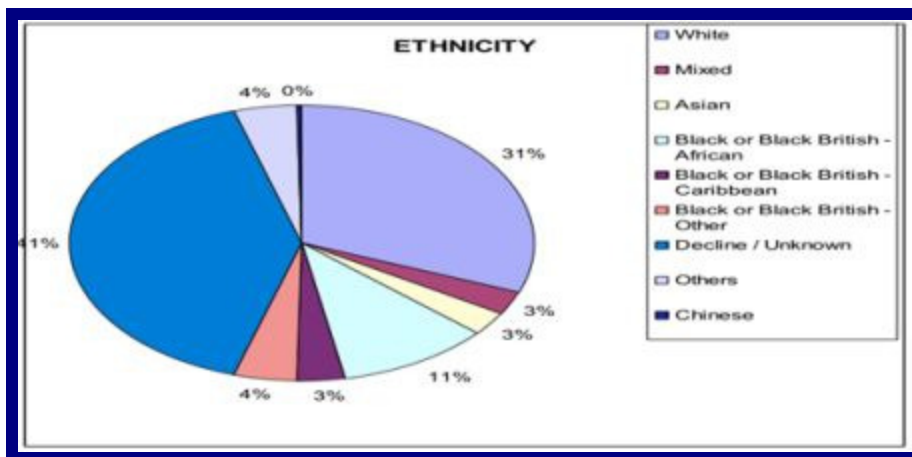
K&C LINK actively aims to ensure our membership is as representative of the local population as possible and underpinned our Strategic Plan 2009/10. All new members are asked to 'self-define' on joining the LINK. But, it should be noted that we do not enforce this and members can opt out of this section. Please see a breakdown of membership across six equality grounds below.





According to the 2001 Census, after Christianity, Islam has the largest proportion of followers amongst residents in the borough. Kensington and Chelsea is ranked third out of all local authorities in England and Wales for the proportion of the population that is Buddhist (1.3%).

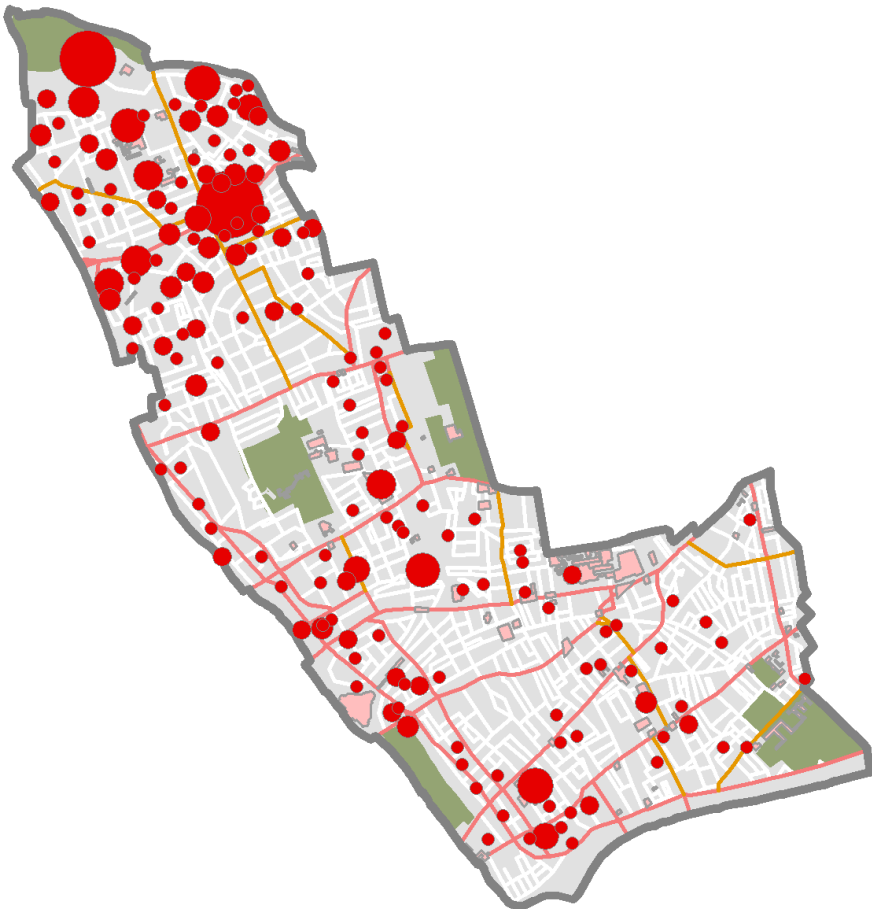
The K&C LINK membership is reflective of this profile with Christianity as the largest faith group, followed by Muslims at 12.5%. We also report a significant number of Buddhist members at 4.2%



Amongst our membership who declared their ethnicity we have:

- 31% from a White British/Irish/Other White background compared to 53.3% in K&C (Census 2001)
- 11% of our members declared a Black or Black British – African background compared with 3.85 in the 2001 Census
- 3% of our members declared an Asian background compared to 4.9% in Census 2001.

LINK Membership in Kensington and Chelsea



People by output area

- Total
- 1
 - 5
 - 10

Public Engagement

How many people were engaged (sought and received a response during 2009-10)?	910
How many related to social care?	51%
How many people were from under-represented or seldom heard groups? K&C LINK does not track this information at engagement events as we do not feel it is necessary and can be off-putting for current/potential members. The LINK has specifically targeted 'easy to ignore' groups and made significant efforts to ensure we are reflective of our community as can be seen by our membership profile. This includes work with BME communities, young people and homeless people.	n/a K&C LINK do not wish to track this information
What have been the top three most effective ways your LINK has used to engage local people that have yielded the most feedback?	1) Meetings 2)'Have Your Say' feedback 3)Outreach stalls
How many people engaging felt satisfied that they were able to influence health and social care services through LINK? (a further 11% declined to comment - members for less than 6 months)	85%
What have been the top three most successful engagement activities to reach under-represented groups that have generated significant feedback?	1) Peer research 2) Direct outreach 3) Partnership working on projects of common interest



Involvement with stakeholders

'The Kensington and Chelsea LINK is a key partner in the Community Equality and Inclusivity Partnership, a new strategic partnership bringing together the public, private and third sectors to deliver the community, equality and inclusivity ambitions in the borough's community strategy.

LINK members are playing an invaluable role in supporting work to promote effective community engagement across partners, encourage more local people to become involved in decision-making, and piloting innovative approaches to put Kensington and Chelsea at the forefront of community engagement good practice.'

Stephen Morgan, RBKC Community Engagement Manager

The Local Government Act 2000 introduced a requirement for each local authority to develop a **Local Strategic Partnership (LSP)** that brings together the public, private, business, voluntary and community sectors to identify the top priorities for the local community and to work with local people to address them. In the Royal Borough, this Partnership is known as the Kensington and Chelsea Partnership.

The Local Area Agreement is a set of targets which show how the Partnership is delivering its priorities in the local area. In Kensington and Chelsea, the **Local Area Agreement** is 'Delivering for Our Community.' The K&C LINK is mindful of the priorities contained therein when setting our work plan for the year, especially aims 15-18 focusing on Health and Social Care and the Joint Strategic Needs Assessment (JSNA).

The K&C LINK engages with the development and monitoring of these processes via active representation on the **Community, Equality and Inclusivity Partnership (CEIP)** and the **Voluntary Organisations Forum (VOF)** and sub-group structure. For example, the LINK is currently involved in the planning of the VOF review scheduled for summer 2010.

The Host and Chair continue to meet with the **RBKC Community Engagement Team** on a regular basis. The K&C LINK membership has also engaged with on other Council priorities including the Census 2011, the Single Equality Scheme and the Gold Standard Award for Residents' and Tenants' Associations. In addition to the health related LINK priorities already outlined in this document, the K&C LINK has also provided insight and guidance to the **NHS K&C, Healthcare for London** and **Central London Community Healthcare** on a variety of topics including community engagement, World Class Commissioning, the NHS Constitution, Cardiology and Dentistry.

RBKC Scrutiny Committees

RBKC and K&C LINK have developed a joint protocol with the Health, Adult Social Care and Children and Families Scrutiny Committees in the Royal Borough of Kensington and Chelsea. This protocol includes:

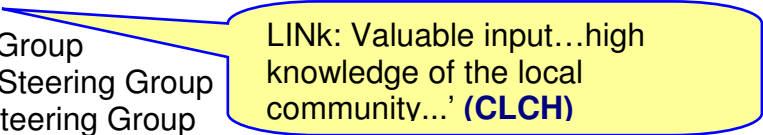
- A LINK report tabled to the quarterly Health Scrutiny Committee meetings
- A LINK member providing a verbal update at each Scrutiny Committee meeting
- An agreement to share work plan priorities
- A process for making referrals

The LINK Host also attends the Joint Three Boroughs Meeting of Health Overview & Scrutiny Chairmen from Kensington and Chelsea, Hammersmith & Fulham and Westminster on a regular basis.

Statutory Sector

K&C LINK continues to enhance our strong working relationship with our strategic partners in the Royal Borough of Kensington and Chelsea and NHS Kensington and Chelsea. The LINK Host and the LINK Chair formally meet with the community engagement representatives from both organisations and a representative from RBKC Adult Social Care on a regular basis as part of our contract monitoring arrangements. The Host and LINK membership are in ongoing communication with commissioners in relation to local priorities on a weekly basis. By influencing service commissioners and providers, the LINK has ensured community representation on the following service development groups:

- Nutrition Steering Group
- Older People's Strategy Group
- Earl's Court Polysystem Steering Group
- St Charles Polysystem Steering Group
- Community Engagement, Communication and Prevention Subcommittee
- Red Cross 'Next Steps' Hospital Discharge Pilot
- Personalisation User Board
- Quality Accounts Steering Group, Imperial College Healthcare Trust
- Effective Patient & Community Representative National Institute of Health Research (NIHR CLAHRC)
- NHS K&C Board Meetings
- Community, Equality & Inclusivity Partnership



LINK: Valuable input...high knowledge of the local community...' (CLCH)

K&C LINK has also approved a joint working protocol with Central & North West London Mental Health Trust (CNWLMHT) and invites the relevant commissioners and providers to every LINK sub-group meeting. Opportunities for joint-working to date have included:

- LINK participation in the PEAT Assessments
- Joint working on World Mental Health Day 2009 (& 2010)
- Planned patient satisfaction assessments.

The K&C LINK is currently preparing to contribute to the CNWLMHT and the Chelsea & Westminster, Royal Marsden and Royal Brompton Hospital

Foundation Trusts Quality Accounts (QAs). As noted above, we are actively involved in the drafting of the Imperial College Healthcare Trust QAs.

'K&C LINK has quickly established itself as an effective voice for K&C residents on major NHSKC projects including the development of health and well-being centres at St Charles and Earl's Court. As the NHS continues to evolve, this vibrant community voice will become increasingly important as we advocate for and invest in services that meet local health needs.'

Dr Melanie Smith, Director of Public Health, NHS K&C



Demonstrating Impact Locally

Polysystems – A Case Study

Background:

There are going to be two new Centres' for Health and Wellbeing – polysystems in the borough. K&C LINK has sat on the consultative groups for both centres in Earl's Court and in St Charles.

What changes were made to the proposed services?

As per feedback from NHS K&C:

1. K&C LINK members influenced the feasibility study to commission a high quality community transport service for the St Charles Centre. As a result the LINK membership feedback was incorporated in to the feasibility study report. The report recommended a service should be commissioned to meet the needs of local residents
2. A LINK member sits on the Earl's Court Consultative Group with local residents, Councillors, voluntary sector representatives and NHS K&C and RBKC staff. LINK have engaged in ongoing dialogue and made suggestions on this centre planned to open in late 2010/early 2011. Our representative has also made suggestions about how we can engage the wider community in the developments.
3. K&C LINK is partaking in the procurement process for the St Charles' Pharmacy planned as part of the polysystems. LINK feedback has contributed to the development of the service specification to ensure the pharmacy is based on local need. LINK members are also involved in the

- procurement process to ensure that a suitable service provider is appointed.
4. LINK also promoted an online survey to gather feedback from local residents about current local pharmacy provision as well as thoughts on the new service.

Community and Voluntary Sector Organisations

K&C LINK is keen to operate as a 'network of networks' and build on the strength and vibrancy of the community and voluntary sector locally. To maximise partnership working and minimise duplication, we provide regular updates on and collate evidence for our activities via the Voluntary Organisation Fora, the BME Health Forum and via 'advertorials' in local publications e.g. the Kensington & Chelsea Social Council, Age Concern, Action Disability Kensington & Chelsea and Well London newsletters. The Chief Executive of the Kensington and Chelsea Social Council (local community and voluntary sector association) is also an active member on our LINK Management Group.

K&C LINK has close ties to a diverse range of user led organisations in the borough including local BME, carer, disability, older and mental health groups. The views of all these organisations have been highlighted at our Management Group during 2009/10 through elected representatives or through sub-group/project activities.



Demonstrating Impact Locally & Nationally

Age Equality – A Case Study

Background

The K&C LINK in partnership with the K&C Forum for Older Residents held a consultation event on February 10th, 2010 in Kensington Town Hall to consider the requirements of the Equality Bill. We invited guests from the Royal Borough of Kensington & Chelsea (RBKC), NHS K&C and the Department of Health so we could understand how the proposed legislation would affect the provision of services and the exercise of public functions in the borough.

The event was fully booked two weeks in advance, with 106 people in attendance. Local older people provided their views on the Bill and the proposed response of health and social care services locally. A report was produced outlining the views expressed by participants in response to the proposals set out in the Department of Health consultation 'Age Equality in Health and Social Care.'

Findings and Recommendations

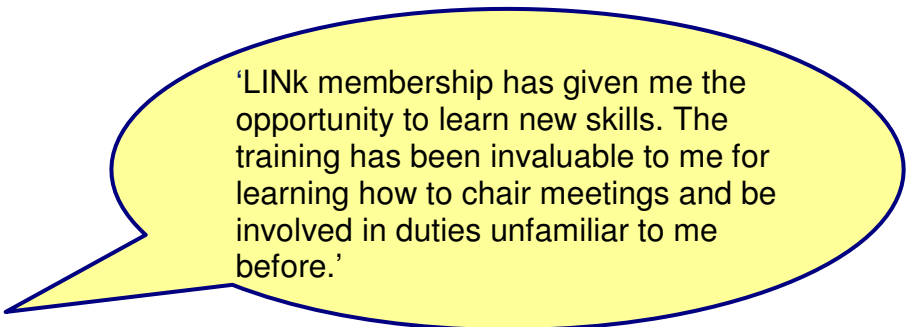
1. A full report outlining views and recommendation on the (then) Equality Bill, the provision of age equality in health and social care was formulated from overall contributions at the event and from the ten focus groups held after the presentations. The full report is available on rbkclink.org or from the LINK office.
2. A sample of the findings includes:
3. Members made a number of recommendations to Mr Peter Molyneux, the Chair of K&C including the need to remove age limitations on the 'health checks' available in the borough.
4. The identified need for enhanced support for carers, inter-generational engagement and holistic service delivery suggests joint working between the NHS K&C and RBKC needs to increase to achieve the aims of the Bill.
5. Personal Budgets were cited as a practical, empowering approach that should help tackle discrimination and 'help older people get respect,' and 'treat older people as individuals.'
6. It was suggested again that RBKC should be considering how local people can help monitor and report on the implementation of 'age equality' in the borough.

Outputs/outcomes:

- The report fed in to the DH consultation on the Age Equality Bill (now Act)
- The report was forwarded to relevant commissioners to influence the Older People's Strategy and Redesign Process
- The report underpinned the K&C LINK response to the RBKC Single Equality Scheme
- Discussions are now underway to involve interested members in the monitoring of the Single Equality Scheme.



Training



'LINK membership has given me the opportunity to learn new skills. The training has been invaluable to me for learning how to chair meetings and be involved in duties unfamiliar to me before.'

The K&C LINK has a comprehensive Training & Development Plan for the 2010 calendar year. This plan is based on the identified training needs of members and reflects local priorities. Courses include:

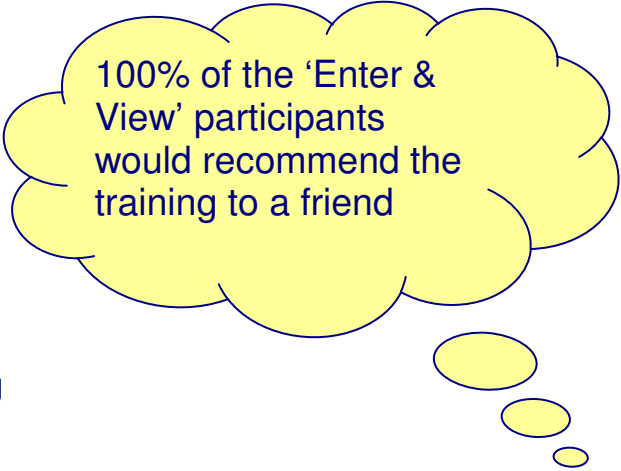
- 1) Induction – Welcome to K&C LINK
- 2) Election Information Seminars
- 3) Roles & responsibilities of an authorised LINK representative
- 4) Task Group training (to support sub-group project working)
- 5) Context of NHS and Social Care Services in K&C
- 6) Local Authority Scrutiny Committees and the LINK
- 7) Influencing Decision Making
- 8) Enter & View
- 9) Quality Accounts
- 10) Recognising and rewarding people for their involvement
- 11) Presentation skills and public speaking
- 12) Community Engagement Tools
- 13) Introduction to blogging

The courses outlined above are run by a variety of trainers including members, Host staff, external trainers and local partners. All courses are underpinned by equality and diversity and are available to all. The 2010 'Training & Development Plan' is kindly funded by the NHS K&C and is contract monitored through the monthly service information updates and meetings with the Contract Steering Group

Number of Training Events attended by K&C LINK members in 2009-10:

Following the 2009 training needs analysis, eleven training courses were attended by K&C LINK members in the 2009-10 financial year, these were:

- 1) Induction to the LINK
- 2) Overview of Health and Social Care
- 3) Media Training
- 4) Chairing Meetings Successfully
- 5) Strategic Planning 'Away Day' for the LINK
- 6) Influencing Decision Making
- 7) Authorise LINK representatives
- 8) Enter and View
- 9) Introduction to Dignity in Care
- 10) Safeguarding
- 11) Introduction to blogging.



100% of the 'Enter & View' participants would recommend the training to a friend

Number of LINK members attending training

Ten K&C LINK members attended the training sessions on average

Number of K&C LINK members trained in 'Enter and View':

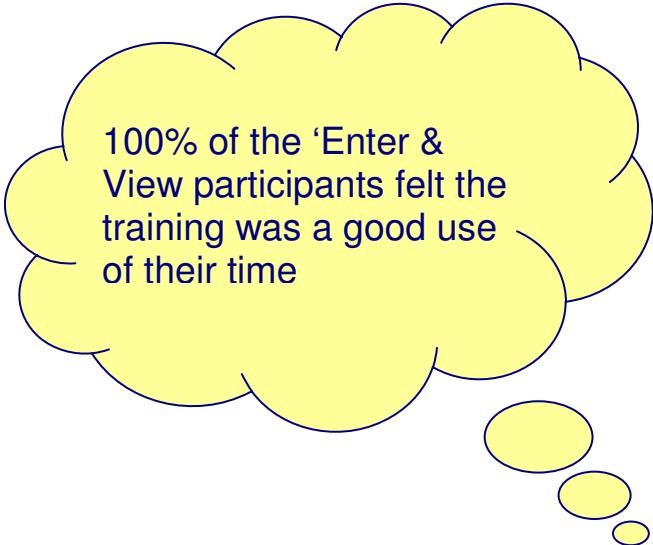
10

Nature of 'Enter & View' training provided:

Training was purchased in from an external training provider and hosted in partnership with our friends in Brent and Hammersmith & Fulham LINKs. The courses were informative and interactive and a great opportunity for networking.

The course outline included:

- The Legal Framework
- The Role of the Visiting LINK team
- Practical Exercises
- When to do a Visit
- Case Studies & Discussion



100% of the 'Enter & View' participants felt the training was a good use of their time

What We Did

Summary of Activity

Requests for Information

How many requests for information were made by your LINK during 2009-10?	98
Of these, how many of the requests for information were answered within 20 working days?	84
How many related to social care?	42

Enter and View

How many enter and view visits did your LINK make?	1
How many enter and view visits related to health care? (A number planned and carried out since March 2010)	1
How many enter and view visits related to social care? (A number planned since March 2010)	0
How many enter and view visits were announced?	1
How many enter and view visits were unannounced? (No requirement in K&C to date)	0



Reports and Recommendations

How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	61
How many of these reports and/or recommendations have been acknowledged in the required timescale?	95%
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	90%
Of the reports and/or recommendations that led to service review, how many have led to service change?	80%+
How many of these reports/recommendations related to health services?	29
How many of these reports/recommendations related to social care services?	32

Referrals to OSCs

How many referrals were made by your LINK to an Overview & Scrutiny Committee (OSC)? (LINK projects/priorities brought to their attention)	21
How many of these referrals did the OSC acknowledge?	All
How many of these referrals led to service change?	Ongoing

K&C LINK and the CQC

The K&C LINK is in ongoing communication with our Local Area Manager from the CQC. We proactively contacted him last October to raise awareness amongst our membership of the role of the CQC and how K&C LINK could contribute to their priorities. We have kept the CQC up to date with our inspection schedule and any appropriate findings. We will also be sending our responses to the five Quality Accounts reviewed to the CQC for their information.

K&C LINK and national and local consultations

As you will have noted from the case studies earlier in this document, K&C LINK is keen to keep up to date and influence local and national consultations in line with our identified priorities.

In 2009/10, we have formally responded to:

1. The Green Paper: Shaping the Future of Care Together
2. The Equality Bill – specifically the age equality provisions for health and social care,
3. The Mayor’s consultation on ‘Home Care for Older Londoners’
4. Changes to Charging for RBKC Adult Social Care Services

5. Polysystems – through the Earl’s Court and St Charles engagement processes
6. The Personalisation Agenda - through a surgery event, report, ongoing communication and representation on the User Board
7. West London Pilot – through the provision of guidance and assistance with drafting the letters for pilot participants and the identification of possible participants
8. Skin Cancer Campaign – through supporting the campaign to ban coin operated sub-beds and access to services for children under 18
9. Quality Accounts – through the Imperial CHT working group and responding to a further four Trusts in the borough.

K&C LINK and the development of LINKs related policies

As LINKs are still a relatively new community structure (entering their third year), we are keen to ensure we have the processes and supports in place to continuously improve and learn from good practice elsewhere. Examples of our work in this area in 2009/10 include:

- 1)** Kensington and Chelsea Local Involvement Network is pleased to have the opportunity to comment on the relevant Trusts Quality Accounts this year. We look forward to engaging more strategically with the Trusts in 2010/11 on the production of next years QAs and are planning this process now. Once the final comments have been provided to all five Trusts, we will circulate a summary report to interested members, the CQC and the Scrutiny Committee.
- 2)** K&C LINK continues to engage with Healthcare for London and the North West London Commissioning Partnership (NWLCP) on their plans for health services in the region. Activities to date include a joint workshop for LINKs, facilitation of a focus group, attendance and support of the North West London Chairs and Hosts meetings, ongoing communication with relevant staff members and written correspondence for clarity around the planned engagement process to be rolled out by the NWLCP.
- 3)** A Central North West London Mental Health Trust (CNWLMHT) joint-working protocol has been approved by K&C LINK and is in the process of being agreed by other relevant LINKs.
- 4)** Hosts meeting for NW London – as outlined above the Host meets with their counterparts from the NW London LINKs to discuss priorities, areas of joint concern and the sharing of good practice.
- 5)** Chairs meetings for NW London – similarly, our Chair attends meetings with the other Chairs of LINKs from North West London to discuss issues of regional concern.
- 6)** As one of four Hestia hosted LINKs in West London, the Hosts meet regularly to pursue opportunities for joint-working, forward planning and best practice
- 7)** K&C LINK also avails of the opportunity to work jointly with our neighbouring boroughs in Westminster and Hammersmith and Fulham to look at joint working on shared services and areas of demographic interest with the support of the Joint Borough Health Scrutiny Chairmen.



Demonstrating Impact Locally & Regionally

Looking at LINKs – A Case Study

Background:

Kensington & Chelsea Local Involvement Network (K&C LINK) successfully applied to the London Civic Forum to deliver the ‘Looking at LINKs’ project, commencing on the 19th of October, 2009. This exciting project afforded K&C LINK the opportunity to track our experiences as a Local Involvement Network through an online discussion forum.

Outputs/Outcomes:

Phase 1: Set-up

The K&C LINK re-launched www.rbkclink.org in early October 2009 to ensure the site was compatible with ‘web 2.0’ technologies, user-friendly and served the needs of the local community. Upon notification of our success with this application, we also took the time to re-establish our Facebook page www.facebook.com/rbkclink and to create a Twitter account www.twitter.com/rbkclink.

Phase 2: Promotion, Capacity Building and Initial Blogging

Promotion included:

- The printing and distribution of 500 flyers at LINK and health and social care related meetings & events (The flyer was designed by London Civic Forum)
- The promotion of the blog within Hestia to service users and to the three other Hestia LINKs in London
- The updating of staff email signatures to advertise the blog facility
- Notifications on our Facebook and Twitter pages to advertise ‘Looking at LINKs’
- A letter and eBulletin to all LINK members informing them of the opportunity to e-engage
- Regular LINK updates by our Chair on the ‘blog’ to the Royal Borough of Kensington & Chelsea Health Scrutiny Committee
- Three capacity building workshops for interested LINK and community members, including training by the Head of Blogging from The Guardian.

Phase 3: Engaging wider networks

In addition to the promotion and capacity building highlighted under phase 2, we also targeted relevant networks outside of the K&C LINK to promote the ‘Looking at LINKs’ project, this included:

- An email to all K&C LINK members and hard copy notification informing them of the project and inviting them to contribute
- An email to all LINKs in London and the Department of Health LINK contacts to inform them of the project, the opportunity to get involved and the planned opportunities on capacity building.

- A follow-up invite to Croydon, Hammersmith & Fulham, Brent, Ealing, Islington and Westminster LINKs to 'guest blog'
- A 'guest blog' by Westminster LINK in late January 2010
- Commissioned our web developer to carry-out a search engine optimisation (SEO) project for the site
- K&C LINK blog was submitted to web and local directories
- We launched a Facebook and Google advertising 'click' campaign
- We have started advertising LINK and health & social care related opportunities on the blog where appropriate.

Phase 4: Summary of the key issues

As members find the project beneficial and really enjoy tracking our progress we will continue with promotion, capacity building and engagement throughout 2010.

From November 4th, 2009 to March 31st we have produced 22 blog posts. Due to the number of posts and to aid 'searchability,' we have started to classify the posts under the following categories:

- Cancer
- Disability
- Mental Health
- NHS
- Older People
- Social Care
- The LINK

Monthly traffic/usage of the 'Looking at LINKs' area to 25 March 2010 is:

1. November: 350 page impressions
2. December: 155 page impressions
3. January: 101 page impressions
4. February: 241 page impressions
5. March: 243 page impressions

Some key takeaways from the 'Looking at LINKs' metrics are:

1. The blog is the most visited 'area' of the site outside the home page
2. Blog traffic made up 16.6% of the total traffic to the K&C LINK website
3. Time spent on a blog post page is 43% higher than the average page on the K&C LINK website
4. Blog posts also feature on our home page and can be read there but this is not included in the above metrics as it would skew the data

Our Finances

Summary

£

Finance

Amount allocated to the local authority by the Department of Health	142,000.00
Amount of funding received by the host from the local authority	133,080.00 (Host + LINK)
Amount of funding received by the LINK from the host	8,076.00
Amount of funding carried over from previous year	19,256.00 (inc 7,076 for LINK)
Other income ('Looking at LINKs'):	2,000.00
Total budget for 2009/2010	154,336.00
Total spend by host organisation	133,129.00
Total spend by LINK	13,994.00 (inc 'Looking at LINKs' spend)

Kensington & Chelsea LINK Financial Summary (1st April 2009 to 31st March 2010)

<u>K&C LINK</u>	Allocation: (£)	Expended: (£)	Variance: (£)
Communication and Engagement:			
Publicity material			
Advertising			
Entertainment (music & catering)			
Incentives			
Website			
Translation/Interpretation / BSL/Audio/Braille			
Crèche Service			
Survey			
Sub-Total	1,752.00	3,926.00	-2,174.00
Expenses for LINK participants			
Travel			
Subsistence			
Carer costs			
Child care			
Payments			
Sub-Total	1,728.00	1,133.00	595.00
Training for LINK Participants			
Sub-Total	1,596.00	2,817.00	-1,221.00
Venue for activities			
Sub-Total	3,000.00	4,118.00	-1,118.00
Total Allocation	8,076.00		
Amount Expended		11,994.00	
Deficit on the disbursed grant			-3,918.00
2008/9 C/Forward	7,076.00		
Total c/f to 2010/11			3,158.00

Notes:

- This summary was extracted from Kensington and Chelsea LINK year end Management Accounts which are in the process of being externally audited at the date of publication
- Figures are to the nearest whole number
- All unspent income for LINK activities will be carried over into 2010-11 for use by the Kensington and Chelsea LINK.
- Figures above do not include income/spend on 'Looking at LINKs'

HOST for the Kensington & Chelsea LINK Financial Summary (1st April 2009 to 31st March 2010)

<u>Host</u>	<u>Allocation:</u> (£)	<u>Expended:</u> (£)	<u>Variance:</u> (£)
Staff costs:			
Salaries, Employers NI, Pensions Agency and Staff Travels			
Sub -Total	95,436.00	92,705.00*	2,731.00
Administration Costs			
Office Costs: Office costs, Office Rental Phone and Post, Sundry Costs, Depreciation & IT Consumables.			
Sub-Total	13,284.00	12,404.00	880.00
Building/Household Costs			
Council Tax, Portable Appliance Testing Cleaning Material			
Sub-Total	996.00	552.00	444.00
Recharged Cost			
Management Charges Insurance Charge Recruitment Charge Training Charge			
Sub –total	27,468.00	27,468.00	0.00
Grant Allocation:	125,004.00		
2008/9 c/f amount:	12,180.00		
Total allocation:	137,184.00		
Amount Expended:		133,129.00	
Overall surplus:			4,055.00

Notes:

*Senior manager salary cost within the service group is not included.

▪This summary was extracted from Kensington and Chelsea LINK year end Management Accounts which are in the process of being externally audited at the date of publication

▪Figures are to the nearest whole number


Looking Ahead to 2010-11

Through the LINK membership survey, our outreach work and our sub-groups, we have identified the following priorities for the coming year:

- Dignity Champions – project to be extended to other services
- Access to GP's
- Cancer support work
- Early take-up of screening
- Dementia
- Patient/service user satisfaction with mental health services
- Section 117 of the Mental Health Act
- Personalisation – social care and health
- Healthcare for London
- Quality Accounts

At the time of publication, we are also finalising priorities for young people and 'easy to ignore' groups in the borough.

If you have a desire to influence health and social care services in Kensington and Chelsea, please do get in touch and support us to work together to change things for the better for our communities.

A yellow speech bubble with a dark blue outline, containing text about the top three priorities for 2010/11.

Top three priorities for 2010/11 identified in the K&C LINK Membership Survey:

- Training & Development (50%)
- Dignity Champions
- Mental Health Champions - Service Standards

Thank you!

Finally, none of the significant progress outlined in this report would have been possible without the huge reserves of energy and commitment from the LINK Management Group, the 580+ participants and the Host team. If you share our passion, please do get in touch!

Appendix 1: Glossary of terms

Constitution (K&C LINK):

The work of the Management Group is underpinned by the LINK governance document known as the 'Constitution.' This document includes information on decision-making, elections, our core values, our Code of Conduct and our commitment to equality.

Please see:

http://www.rbkclink.org/images/stories/Kensington_Chelsea_LINK_Constitution.pdf

Kensington & Chelsea Partnership:

The Kensington and Chelsea Partnership was set up in 2002 to bring together local public organisations such as the Council, the Police and NHS Kensington and Chelsea, to work alongside the voluntary sector, business and community groups. It aims to join-up services within the borough, plan locally for the long-term, and improve quality of life in the borough, especially in more deprived neighbourhoods. Please see: <http://www.rbkc.gov.uk/kcpartnership/general/>

Personalisation:

Personalisation is a social care approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings."

Please see:

http://www.rbkc.gov.uk/systempages/search.aspx?sb_q=personalisation

Polysystems:

A polysystem describes a more joined up way of working for all kinds of health and community care professionals and a smoother pathway to good health for patients.

Please see: http://www.110design.co.uk/mailchimp/nhs_insight.html

Scrutiny Committees:

The Council has five Scrutiny Committees (SCs) which hold Cabinet Members to account and challenge their decisions when necessary.

Please see:

<http://www.rbkc.gov.uk/councilanddemocracy/howwemakedecisions/scrutiny.aspx>

Quality Accounts:

Quality Accounts are reports to the public on the quality of care NHS Services provide – looking at safety, experience and outcomes.

Please see:

<http://www.ic.nhs.uk/webfiles/Work%20with%20us/consultations/CQI/Annex%203%20Quality%20Accounts%20Brief.pdf>

Appendix 2 – Circulation of the K&C LINK Annual Report 2009/10

The 2009/10 K&C LINK Annual Report will be available to the public and uploaded to the LINK website www.rbkclink.org

Copies will also be made available via:

- Local libraries
- K&C LINK Sub-group meetings
- K&C LINK Management Group
- K&C LINK events and
- The K&C LINK office for all members/public upon request

A copy will also be sent to:

1. The Secretary of State for Health
2. The Care Quality Commission
3. The Royal Borough of Kensington and Chelsea
4. NHS Kensington and Chelsea
5. Relevant Strategic Health Authorities
6. Health Scrutiny Committee
7. Housing, Environmental Health and Adult Social Care Scrutiny Committee
8. Family and Children's Services
9. The RBKC Executive Director for Housing, Health and Adult Social Care
10. The Chair, Kensington and Chelsea PCT
11. The RBKC Community Engagement Manager

Requests for the Annual Report in alternative formats:

This report was produced in line with the template and guidance provided by the Department of Health. We recognise that this document is not as user-friendly as it could be due to mandatory monitoring requirements. Should you wish to receive further clarification or this document in an alternate format e.g. audio, Braille, plain English, please forward your request to the K&C LINK Host team at rbkclink@hestia.org or ph: 020 8968 7049.