

Someone like you!



Annual Report (1 April 2010 - 31 March 2011)

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Someone like me.....Someone like you!

Welcome to the K&C LINK Annual Report 2010-11

I am delighted to introduce the Annual Report of Kensington and Chelsea LINK for 2010/11.

This has been a successful year in which K&C LINK has grown in membership to over 700 individuals and organisations with a representative management committee and active sub-groups for older people, mental health, cancer and disability. K&C LINK has become established as a patient and service user voice able to influence local health and social care services and achieve results for local people. In order to address health inequalities we have paid particular attention during the year to the needs of easily ignored groups and have produced reports and recommendations on homelessness and domestic violence. LINK has helped young carers to identify their needs and trained cancer screening ambassadors who encourage women from diverse communities to come forward for screening. The dignity champions have visited 3 local residential homes to gather the views of residents and assess standards of dignity, privacy and respect, and the recommendations from these assessments have been accepted and are now being implemented. At a time of great change LINK has been involved in evaluating new services such as the Red Cross project following hospital discharge and existing services under threat such as the mental health befriending scheme. LINK has ensured that personal budget holders were involved in the development of the scheme and is now evaluating their experience. During the year LINK members have been trained to take part in the procurement of new services such as the pharmacy at St Charles, the Memory service and the Earls Court Health Centre. So this has been a busy year and the Annual Report will give you more detail on all this and much more!

The coming year is one of transition from LINK to Healthwatch. We look forward to setting the foundations for new responsibilities in health information and advocacy and to strengthening existing work in monitoring standards and contributing to commissioning. At the same time LINK and the subgroups will continue existing projects and will also concentrate on developing patient groups in GPs surgeries and supporting patient and public involvement in the new GP commissioning consortia. We look forward to working closely with Inner NW London NHS and the Kensington and Chelsea Commissioning consortium. We would like to thank 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 for their support in the past year. I would also like to thank the staff of Hestia for all their hard work during the year and finally but not least to thank all the members and volunteers without whom none of this would be possible.

Christine Vigers

Chair



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. This K&C LINK Annual Report 2010-11 provides the reader with a snapshot of our achievements over the last financial year. As you will see, it also serves as an excellent example of how the local community can engage when empowered to do so.

To truly empower the local community, it is essential that we are representative of the borough we serve. We collate information on diversity from willing participants and target our outreach to encourage take-up from under-represented communities. Current research shows we are broadly in line with the borough population:

K&C LINK (750 members)	Royal Borough (158, 919 residents)¹
57% of us are female	52%
3% of us are Black or Black British: Caribbean	2.6%
12% of us are Muslim	8.2%
13% of us have a disability	13.6%
35% of us represent a community group or organisation	
More than half of us have an interest in social care	
More than half of us have an interest in health services	
56% of us are on email	

We are as diverse as the borough we represent but we share a common goal to improve health and social care services for someone like you!

¹ Total membership of K&C LINK as of 31/03/2011 and total population of RBKC as per Census 2001

We need someone like you!

K&C LINK is run by the local community for the local community. We rely on your opinion, thoughts and skill to continuously develop and improve. Do contact K&C LINK now to find out more about our work and how you can get involved. You decide how, when and on what you contribute.

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

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Email: rbkclink@hestia.org

Or find out more about us online via:

Website: www.rbkclink.org

Be-friend us on Facebook: <http://www.facebook.com/RBKCLINK>

Tweet us on Twitter: <http://twitter.com/RBKCLINK>

We asked one of our members Mimi why she got involved:

'K&C LINK has given me an opportunity to contribute and to be heard; in identifying my/community needs as well as in service provision.



- I love the way that K&C LINK are aware of the usual groups that often get left out during consultations and the lengths to which they are willing to go to ensure those groups are included as much as possible.
- I also enjoy the respect that the K&C LINK staff give their volunteers and how inclusive they are, putting their ethos into practice.

• What interested me most was the level of freedom and support members have to look into services or issues that concern residents.

How do you see the LINK in 2011?

- In our current economic climate, it is important to focus on resources. The LINK is a source of patient and public experts providers should consult when designing, developing and delivering services.
- The LINK is also a source of inspectors that monitor providers from a user perspective and thus ensure quality of service provision.
- In my opinion, K&C LINK is also seen as the bridge between the council, service providers and the residents of the borough and thus is a valuable contributor in promoting community cohesion.'

2) Contact details of Hestia, the Host organisation

Local Involvement Networks are supported by a Host organisation that help 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 to March 2011 was supported by three staff members:

LINK Co-ordinator: Ms Paula Murphy

Development Officer (p/t): Mr Chris Conn

Administrator: Ms Simone Hall



Paula



Chris



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 remits 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: **Ms Carla Julien**

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 healthy 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...

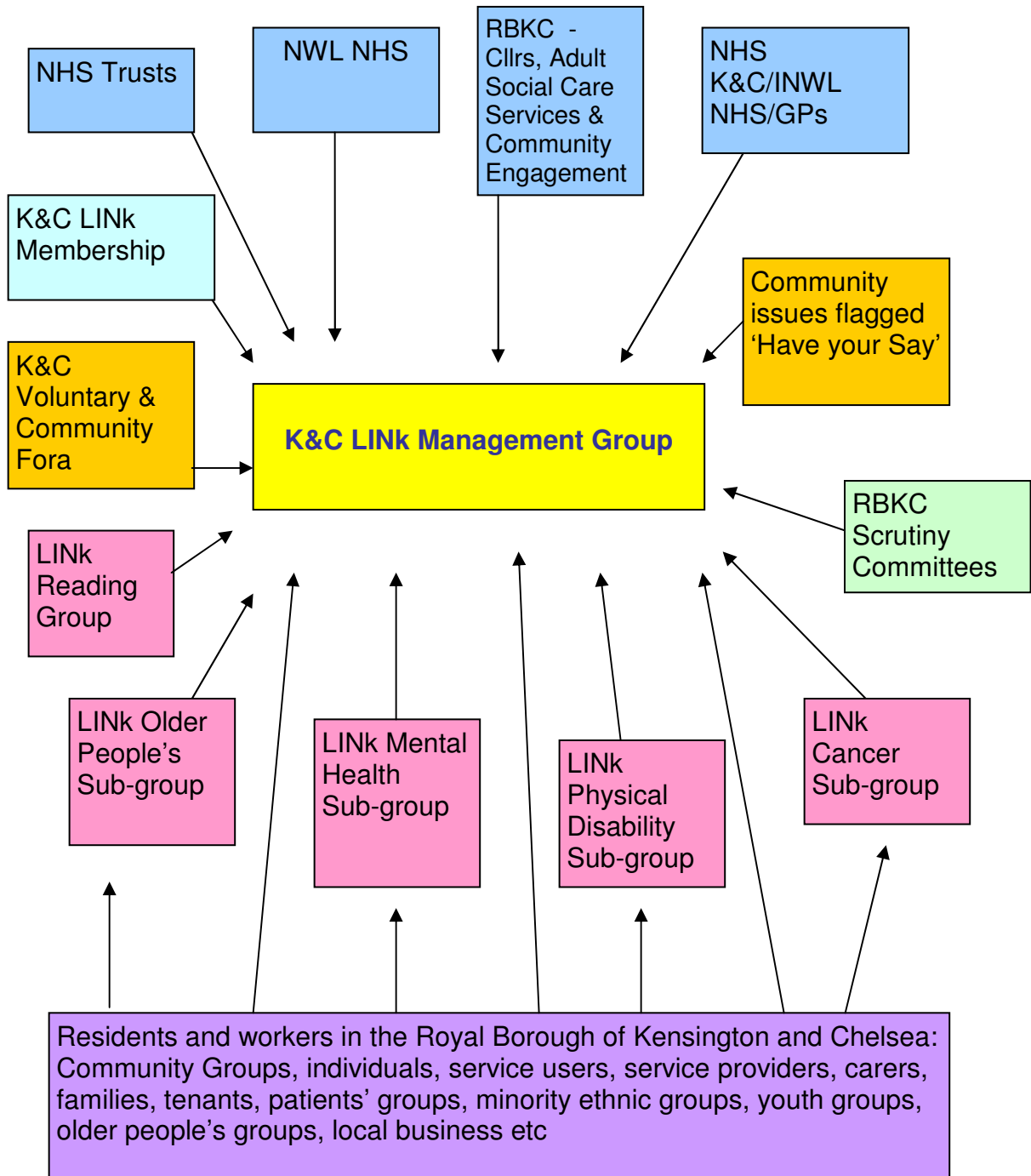
Working with the K&C LINK can help you to draw attention to some of the health inequalities and neglected issues in our borough. Contact us now to help the community speak with a stronger local voice.

'Government on its own cannot fix every problem. We are all in this together. We need to draw on the skills and expertise of people across the country as we respond to the social, political and economic challenges Britain faces.'

Prime Minister David Cameron, 2010

The Structure of Kensington and Chelsea LINK

Kensington and Chelsea Local Involvement Network has developed based on local priorities and the interests of our members. 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 generously volunteer their time to commit to the running of the K&C LINK. The Management Group meets bi-monthly and decides on the actions of the LINK in response to issues raised at public and strategic meetings. The 2010/11 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 Vigers:** Age Concern (LINK Chair & Older People's Sub-group Chair)
Margaret Cairns Irvén: Individual (LINK Vice-Chair & Disability Sub-group Chair)
Abdul Towolawi: Individual (LINK Vice-Chair & Older People's Sub-group Vice-Chair)
Mary Gardiner: Kensington & Chelsea Social Council
Robin Tuck: Individual (Mental Health Sub-group Co-Chair)
Suresh Gupta: Kensal Community Association
Patricia Gani: Individual (Personal Budgets Lead)
Rita Contreras Cruz: Kensington & Chelsea Forum for Older Residents
Reneta Guniska: Individual (Young Parents & Carers)
Dahabo Guled: Dadihye Somali Development Organisation (BME)

We also co-opted a further six people to address priorities or gaps in knowledge/expertise:

- Rowena Smith:** The Advocacy Project
Gaenor Holland Williams: Individual (Older People)
Isis Amlak: BME Health Forum
Annie Redmile: Individual (Communications)
Tera Younger: Individual (Commissioning)
Navin Hassan-Soudey: Individual (Young Parents)

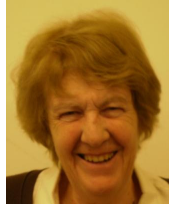
The work of the Management Group is underpinned by the LINK governance document known as the 'Constitution.' This document includes information on decision-making, elections, our core values, our Code of Conduct and our commitment to equality. (<http://www.rbkclink.org/2009/10/29/kc-link-constitution/>)

All our members are asked to abide by a code of conduct based on our values and principles (see Appendix C)

Kensington and Chelsea LINK Management Group



Abdul Towolawi



Christine Vigars



Margaret Cairns-Irven



Rita Contreras Cruz



Isis Amlak



Suresh Gupta



Mary Gardiner



Dahabo Guled



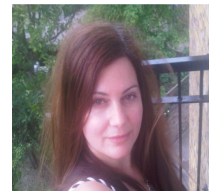
Patricia Gani



Annie Redmile



Robin Tuck



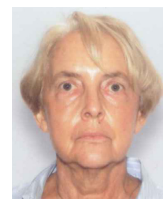
Reneta Guniska



Navin Hassan-Soudey



Gaenor Holland-Williams

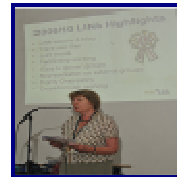


Tera Younger

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 a major focus has been the work of the dignity champions. Chelsea and Westminster hospital accepted the recommendations of the report on older people's nutrition and a LINK member has joined a working group to implement these. Dignity champions visited Ellesmere and Thamesbrook residential homes and made recommendations for improvement to Adult Social care. Older peoples' champions also supported the mental health sub-group in a visit to Beatrice Place with a report to CNWL. Recently a visit has also been completed to Alan Morkill residential home. Funding has been secured from RBKC adult social care for the extension of this programme and a further group of dignity champions are now in training.

The subgroup also completed research on the views of self funders and their knowledge of the services provided by Adult Social Care. The group also participated in the Steering Group of the Red Cross 'Next Step' project for older people older people discharged from Chelsea and Westminster hospital. The K&C LINK also evaluated the experiences of the pilot participants for the project group. This report recorded high levels of satisfaction and the results were forwarded to commissioners.

Members of the older peoples' subgroup have represented LINK at partnership boards and steering groups. These include the Older Peoples' Partnership Board, the dementia strategy steering group and the co-production group on day opportunities. A LINK member took part in the procurement process for the new memory service.

Following discussion at the sub-group, LINK made a response to the consultation on the proposed closure of EPICS (Elderly Persons Integrated Care Service). The subgroup also participated in the consultation by Imperial College Healthcare on the proposed re-organisation of orthopaedic surgery.

Throughout the year the subgroup has hosted presentations on a variety of health and social care topics of importance to older people. These include: the provision of NHS dentistry, the end of life strategy, advanced directives under the Mental Capacity Act, the dementia strategy, the day opportunities review, Age Concern information services and discharge planning at Imperial College Healthcare. The group also acts as a forum for the exchange of information, issues and views.

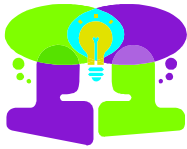
In the coming year we are pleased that LINK will be working more closely in partnership with the Forum for Older Residents. This will enable us to reach out to a wider representation of older people and strengthen the voice of older people in the planning and commissioning of services. Priorities for the year ahead are:

- Dignity Champions
- Discharge planning
- LINK contribution to the commissioning of older peoples' services

For more information on this sub-group, please contact Chris Conn chris.conn@hestia.org or ph: 020 8968 7049



K&C LINK Dignity Champions



Case Study: Dignity Champions ‘Nothing About Us, Without Us’

Local people identified dignity as a priority for improving care services in the borough. K&C LINK Older People’s Sub-group felt peer research would be an effective way of assessing the experiences of service users locally. They recruited people to act as ‘Dignity Champions’ and in 2009, set-up a project called ‘Nothing About Us, Without Us’ to emphasise the importance of dignity and person centred care in the Royal Borough.

What did K&C LINK do?

1. The British public voted this project second out of the total 234 ideas that were submitted to the Bright Ideas Grant competition run by the DoH.
2. The LINK creatively use our members as peer researchers and our “enter and view” statutory powers to assess the quality of service standards in local health and social care services.
3. The LINK has trained nine local residents in phase one of the project.
4. The K&C LINK has developed a ‘support circle’ for our Dignity Champions to ensure they can share their thoughts and can share their experiences in a friendly environment.
5. The Champions have recently completed dementia awareness training to ensure they can engage effectively with residents and patients.

What outcomes are being achieved? (Nutrition)

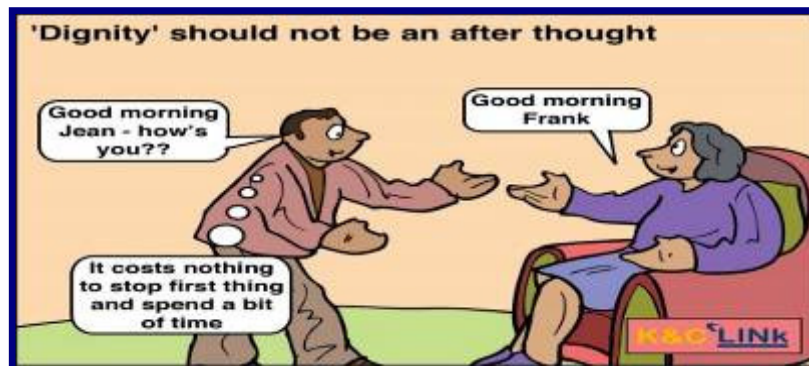
- ◆ **Dignity Champions carried out eight assessments with over eighty patients on ‘protected meal times’ in Chelsea and Westminster Hospital in June and wrote a report including twelve recommendations for improvement**
- ◆ **The Hospital responded by establishing a multi-disciplinary task-group (inc. a LINK Dignity Champion) to create and implement an action plan to implement all twelve of our actions**
- ◆ **The Trust also held a ‘Good Nutrition Awareness Week’ in partnership with the LINK to raise awareness amongst staff and in-ward sessions promoting the use of blue trays to patients and staff alike**
- ◆ **The LINK is continuing to monitor developments on site and will carry out a follow-up inspection in 2011**
- ◆ **The LINK Dignity Champions will look at nutrition as part of their assessment for dignity in adult social care services next.**

Outcomes for Safeguarding:

- ◆ Dignity Champions carried out eight assessments in three local residential homes with over seventy residents in 2010/11.
- ◆ Following interviews, peer research and observation on site the Champions issued reports and made recommendations for Ellesmere and Thamesbrook Residential Care Homes.
- ◆ Both Care Homes have now fully acted and replied to our recommendations.
- ◆ The Champions successfully applied to the Royal Borough of Kensington and Chelsea for a small grant to further promote and fund their activities to continue assessing adult social care services in 2011/2.
- ◆ The Dignity Champions have a representative on the RBKC Community Engagement, Communication and Prevention Sub-committee
- ◆ A K&C Dignity Champion is on a RBKC Sub-group planning a safeguarding event for the community next year.

In addition to the achievements above, this project:

1. Was highlighted by Mr Paul Burstow, Minister for Care Services as an example of best practice.
2. Nominated for an Adult Social Care Award by Ms Jean Daintith, Executive Director of Housing, Health & Adult Social Care (& Dignity Lead for London), Royal Borough of Kensington and Chelsea.
3. Adopted by the Mental Health Sub-group and seven local service users have now been trained as Dignity Champions. They are due to assess their first CNWL service in January 2011.
4. Has been presented to a number of other LINKs as a best practice example and is being replicated elsewhere.
5. Our Chair, Ms Christine Vigars is a Dignity Champion and is well placed to bring any issues of concern to Scrutiny Committee via her LINK updates should the need ever arise.



Physical Disability – Chairs: Margaret/Patricia

The Physical Disability group is open to anyone who has an interest in disability related health and social care services. Our core objective is to provide a voice for disabled people and their carers and to ensure the best possible medical treatment and social care for physically disabled people in K&C.

We must all be aware that the economic situation is leading to changes in both funding and disability benefits and in the availability of medical treatment and social care. Plans to retest those claiming sickness and disability benefits and to migrate claimants to Personal Independence Payments are causing disquiet.

As stress can worsen some conditions the group has responded with a series of presentations on health conditions already known to be prevalent in K&C, including Diabetes, Arthritis, Stroke and related Cerebrovascular conditions. These were very well received and have increased members' knowledge of both the conditions and the services available to those affected by them.

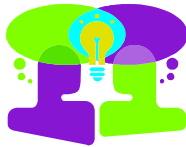


A major focus during the year has been research into the extent to which physically disabled people have Access to GP Services in the borough. A questionnaire has been produced and distributed widely. Preliminary results indicate a much higher level of satisfaction than that indicated by research carried out in 2007 (by the PPIF and ADKC).

Our Sub-group Chair signing up to RBKC Resident Reviewers

However, there major health inequalities still persist and intend to follow up with a patient experience review of the accessibility of services in 4 or 5 practices in every postcode in the Borough. Further to the considerable investment by the PCT in local dentistry services in the last three years, the sub-group also intends to look at Changes in Access to Dentistry in 2011/2. We would hope that this research would help support patient choice locally.

For more information on this sub-group, please contact Ijeoma Igwume at Ijeoma.igwume@hestia.org or ph: 020 8968 7049



Case Study: Personal Budgets

Personalisation and Personal 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). In the past year, Following the public event in November 2009 and January 2010, K&C LINK continues to be involved in supporting existing and potential users in a number of ways.

What outcomes are being achieved?

1. At the end of March, a K&C LINK working group met with RBKC to provide service user input on the latest draft of the **Personal Budgets Self Assessment Questionnaire and Support Plan**.
2. 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 to the LINK.
3. K&C LINK has also sign-posted to and worked with the existing **Personal Budgets User Group**, facilitated by ADKC, which is a peer support and action group for all PB holders.
4. K&C LINK elected a **Management Group representative** with specific expertise and knowledge of Personal Budgets.
5. The LINK service users and the Host have been actively involved in the **Personal Budget Process Review**.
6. The K&C LINK Reading Group has provided comments to improve the **accessibility of a number of guides and forms** for Personal Budget holders.
7. K&C LINK is currently completing **cross-borough peer research** on the user experience of approximately 50 PB holders in partnership with the H&F LINK. This report will be available in July 2011.
8. K&C LINK also contributed cross-borough on the preparatory stages of the **Personal Health Budget** pilot in West London.



Mental Health – Chairs: Robin/Ivan

Large changes are under way in three parts of mental health services for this borough. They are firstly the services provided by Central North West London NHS Foundation Trust (CNWL) mainly based at St. Charles Hospital, secondly Adult Social Care provided within RBKC, and thirdly services provided by the voluntary and community sector. On top of these comes the personalisation agenda allowing service users to buy in services from their personal budgets. Also the design of all these services will be shifting from the 'Medical Model' to the 'Recovery Model.'

K&C LINK Mental Health sub-group members are influencing these changes in various ways. For example, through our work with the 'People First' user group we are focusing on the experience of actual and potential personal budget holders. Mental Health sub-group members conducted a survey with 89 local service users and produced a report for RBKC on why people do/do not use day services and what kind of services people would like to use if they have a personal budget. This document was considered to be 'most welcome' and 'useful' by commissioners.

This report also informs our work on the personalisation reference group where we engaged with commissioners on the design of the service specification for the delivery of local community-based mental health services.

The sub-group has also engaged on the development and monitoring of our mental health service provider CNWL NHS Foundation Trust. Our members were involved in the Patient Environment Action Team (PEAT) assessments of mental health services in St Charles and 1 Beatrice Place. We also contributed to the CNWL consultation on 'changes to mental health inpatient and community services' and visited the Kershaw Ward and the (then) proposed new facilities in St Charles. Further, our trained Mental Health Dignity Champions carried out an 'enter and view' assessment of '3 Beatrice Place,' the Older Adults Continuing Care Home, and submitted the report with 12 recommendations to CNWL for comment.

The sub-group also highlighted the need to review the CNWL crisis cards following complaints from service users. Members attended workshops and drafted a revised and standardised crisis card so that service users across CNWL could clearly access support in an emergency 24/7.

More broadly the group has worked in partnership with other LINKs across North West London to influence CNWL's Quality Account and service re-configuration.

To address the barriers faced by 'easy to ignore groups' in accessing services, members conducted peer research and produced reports on the barriers faced by homeless people and survivors of domestic violence with plans to involve other 'hard to reach' groups in 2011/2.

The Sub-group also helped to raise awareness generally in the borough by inviting a series of influential guest speakers to address our mental health group meetings on Section 117 of the Mental Health Act, 'Fit for Work,' Localised Mental Health Services including psychological therapies and the changes to day services in K&C.

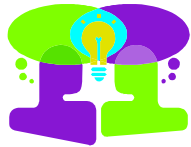
With so much change in progress, it is not surprising that a lot of people are somewhat anxious about local service delivery going forward.

It is essential that in the coming year, we continue to influence and shape the personalisation agenda. In 2011/2, the Mental Health Sub-group will primarily focus on developing 'Service User Led Standards' to influence the quality standards of delivery across the borough.

For more information on this sub-group, please contact Juliet Hammond at Juliet.hammond@hestia.org or ph: 020 8968 7049



Ivan Moore (K&C LINK) and Chris Bumstead (CNWL) discuss service re-configuration



Case Study: Befriending Scheme

Current day services are going through a process of change – often referred to as a reconfiguration or modernisation. This is taking place under what is known as the personalisation agenda which hopes to transform the way in which care is delivered. This will further enable people to take care of their own support and lives, giving service users control and choice in regard to services they receive.

As part of this process, day and outreach services in the borough are facing significant changes to the way they currently operate. One suggestion discussed at the Health, Environmental Health and Adult Social Care Scrutiny Committee in late November was to close the borough's Befriending Scheme.

This caused concern amongst K&C LINK and the mental health membership sub-group decided to carry out a small research piece with 15 service users on their experience of and outcomes achieved from the service

What did K&C LINK do?

1. In early December 2010, trained community researchers from our sub-group designed a questionnaire for use face-to-face and over the phone to assess the outcomes of the RBKC Befriending Scheme.
2. The Mental Health Sub-group members met with 15 of the 26 service users to assess their experiences of the scheme.
3. Although not the primary aim of the research, we also spoke to two befrienders to understand their experiences also
4. The LINK then wrote a report with findings in seven key areas
5. Based on the overwhelmingly positive feedback received, the LINK concluded that the scheme had a considerable preventative value and transferable learning for the proposed service re-design.
6. The LINK noted the current economic climate but felt that the scheme should bear a 'proportionate burden of the cuts.'

What outcomes are being achieved?

7. **The commissioners responded to our report and the RBKC Befriending Scheme is now included in the service re-design specification and will be part of the tender in the summer of 2011.**
8. **The K&C LINK continues to work in partnership with the scheme to promote befriending locally and strategically on our sub-group.**



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. During the year a major focus of the sub-group has been on raising awareness on cancers and on developing key strategic relationships locally. The group has:

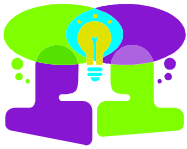
- ◆ Engaged on cancer service user engagement locally
- ◆ Submitted a response to the NHS London cancer pathway consultation
- ◆ Responded to the Royal Marsden Quality Accounts 2009/10 and 2010/11
- ◆ Engaged with West London Breast Cancer Screening Service, the local 'breast buddy' scheme, lymphoedema and the 'choose and book' system
- ◆ Raised awareness of ovarian and bowel cancer locally.

The group also received an excellent talk from Mr Mark Davies, author of 'Saving My Arse' which ended in a social evening where the group could further learn from the experiences of this inspirational speaker.

Due to concerns over low take-up rates of screening locally, the Cancer Sub-group held focus groups with BME women locally to explore barriers to screening. From this research, we developed 'Screening Ambassadors.'

For more information on this sub-group, please contact Ijeoma Igwume at Ijeoma.igwume@hestia.org or ph: 020 8968 7049





Case Study: Cancer Screening Ambassadors

The K&C LINK Cancer Sub-group identified the early take-up of screening as a priority for action in 2010-11. The early take-up of breast and cervical screening amongst local women was emphasised due to the comparatively low rates e.g. the West of London Breast Screening Service currently has the 2nd lowest uptake rate of any provider in the country and the lowest uptake based on first invitation to screen.

Local research, via focus groups with BME communities in K&C, confirmed that take-up rates especially in immigrant communities were significantly lower than the national average and that information and communication were barriers to access.

What did K&C LINK do?

1. International research has demonstrated the effectiveness of peer education in local gathering places and of tailored information on the uptake of cervical and cancer screening. We developed a training programme in partnership with our friends and colleagues in Hammersmith and Fulham LINK to recruit local residents to train as cancer screening ambassadors for their own communities.
2. The role of the Screening Ambassador involves:
 - Outreach:** working with groups in the local community on the importance of cancer awareness
 - Information:** to provide information to local people on cancer awareness and to report back on barriers to screening
 - Signposting:** to be able to signpost interested women/men to further support e.g. NHS K&C, GP's and the LINK 'Breast Buddy' Service.
3. We recruited twelve women from diverse communities across the boroughs and they all completed their training in March 2011.
4. This project has been recognised as an excellent example of community engagement by Macmillan Cancer Support. We would like to thank Macmillan for their ongoing support in the development of this project throughout 2010/11.

What outcomes are being achieved?

5. The Ambassadors have carried out five sessions to date with evaluation showing they have positively influenced 44 women to take-up screening.



K&C LINK Reading Group – Jeannie

The aim of this group to allow local people read through selected information from 'Adult Social Care' and local health providers 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 now meets bi-monthly and has recently broadened its focus to include residents from Hammersmith & Fulham also.

Documents reviewed in 2010/11 include:

1. **The ASC Contributions booklet**
2. **The Imperial Patient Consent Application**
3. **The Royal Brompton & Harefield Membership Application**
4. **The RBKC Parking Permit Application**
5. **The Personalisation Employment Guide**
6. **The RBKC People First website**
7. **The RBKC Customer Service Standards**
8. **THE CLCH Rehabilitation Questionnaires x 3**
9. **The Royal Brompton Patient Satisfaction Questionnaire**
10. **The RBKC Self-Directed Support Leaflet**

Feedback from commissioners includes:

'was extremely useful'

'very happy
with the result'

'I made quite a few major revisions to the document.... and felt the information was considerably improved.'

Our partners

The Kensington and Chelsea Local Involvement Network is delighted to have forged strong working relationships with key stakeholders in local health and social care service delivery. The contract to enable the LINK (via the Host) is chaired by the **RBKC Community Engagement Team**. The contract steering group includes NHS K&C (now INWL NHS), RBKC Adult Social Care, an appointed LINK representative and the Host. The LINK is delighted to have been able to support the Community Engagement Team with the Census 2011, the Gold Standard Awards and the review of the voluntary organisations fora over the last year.

We would also like to acknowledge the very helpful support and commitment of RBKC Adult Social Care Services in 2010/11. Quarterly meetings with the Executive Director of Housing, Health & Adult Social Care, support for our Dignity Champions, Reading Group and our partnership working on older people's and mental health issues has been invaluable.

We also actively work with the six NHS Trusts operating within our borough, this includes:

Central London Community Healthcare: their application for NHS Trust status, nutrition, the Red Cross Discharge pilot and patient feedback mechanisms

Central North West London NHS Foundation Trust: Dignity Champions, Crisis Cards, Service Re-configuration, Borough Wide Mental Health events and Service User Led Standards

Chelsea and Westminster NHS Foundation Trust: the Membership Sub-committee, the Council of Governors, the Quality Sub-committee, Dignity Champions, Nutrition Steering Group, patient safety and Pharmacy

Imperial College Healthcare NHS Trust: the reconfiguration of orthopaedic and arterial surgery, PPI strategy, hospital discharge policy, user involvement policies for patients with learning disabilities and carers

The Royal Brompton & Harefield NHS Foundation Trust: joint working with our cancer sub-group, PEAT assessments, saving the paediatric cardiac unit and patient outreach.

The Royal Marsden NHS Foundation Trust: joint working with our cancer sub-group, quality and patient involvement

In addition the LINK has worked actively with all six Trusts in the latter part of 2010/11 on the drafting of their Quality Accounts. Please see <http://www.rbkclink.org/2011/04/15/quality-accounts-201011/> for further information.

The LINK also continues to work hard to ensure it represents the views of the voluntary and community sector in Kensington and Chelsea. Half of our elected management group members come from the sector as does 35% of our total membership. We continue to hold events in partnership with organisations, support local initiatives and share communication wherever possible. This includes active membership of the Voluntary Organisations Fora structure, the

management of the BME Health Forum, the Community Equalities and Inclusivity Partnership and in 2011/2 the Kensington and Chelsea Partnership (Local Area Agreement).

The LINK would like to acknowledge the excellent working relationship it has had with **NHS K&C** over 2010/11. A lot of our friends and colleagues have now moved on to new and exciting opportunities but their hard work and dedication in supporting our LINK has been invaluable in creating our strong foundations.

We look forward to continued working with our new colleagues in the **INWL NHS** Sub-cluster and the Kensington and Chelsea GP Commissioning Consortium in 2011/2.

In recent months, the North West London Chairs have formed a patient advisory group for **NWL NHS** to advise on engagement on sub-regional commissioning. In 2011/2, the K&C LINK will also have a representative on their Commissioning Executive Committee.

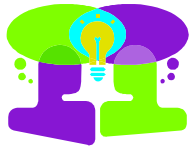
We are in ongoing contact with our local Compliance Manager from the **Care Quality Commission** forwarding reports of K&C assessments and strategically via the LINK Advisory Group.

The Kensington and Chelsea LINK Chair, Ms Christine Vigars also presents a LINK report at each **Health, Environment Health and Adult Social Care Scrutiny Committee**. She updates our local Councillors on our outputs and achievements and contributes to the agenda as appropriate. For example, earlier this year K&C LINK carried out research on the information needs of 'self-funders' for the Committee. We also draw the committee's attention to issues of concern to local residents such as the closure of the hydrotherapy pool at Chelsea and Westminster Hospital or the proposed closure of children's paediatric services at the Royal Brompton.

With the Health and Social Care Bill outlining significant reforms for the sector we look forward to developing a stronger partnership with our new GP and clinical commissioning colleagues.



Staff from RBKC and NHS K&C at the K&C LINK AGM/Health Fair



Case Study: Seven examples of K&C LINK influencing health service delivery

K&C LINK developed a strong partnership with our friends in NHS K&C. We are now actively engaging in the design and development of new health services on a regular basis e.g. the two new Centres' for Health and Wellbeing – polysystems in the borough. K&C LINK has been actively involved since the consultative stages for both centre's in Earl's Court and in St Charles.

How is K&C LINK achieving outcomes in local health services?

1. K&C LINK members influenced the feasibility study to commission a high quality **community transport service** for the St Charles Centre. The LINK membership feedback was incorporated in to the feasibility study report and 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 engaged with the procurement process for the **St Charles' Pharmacy**. LINK feedback contributed to the development of the service specification to ensure the pharmacy is based on local need. LINK members were also involved in the procurement process setting questions for potential bidders, scoring applications and meeting with the successful bidder to ensure that the service provider understood local need.
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.
5. Three LINK members are currently assessing the tenders with NHSK&C for the management of the **Earl's Court Health and Well-being Centre** in relation to 'social value' and 'patient and public involvement.'
6. One LINK member is currently being trained so that she will be in a position to assess the tenders for the **'Memory Service'** (dementia) in January 2011.

7. K&C LINK issues a joint response to 'Increasing Democratic Legitimacy in Health' (see: [http://www.rbkclink.org/wp-content/uploads/2010/08/KC LINK and NHSKC joint submission to Increasing Democratic Legitimacy in Health.pdf](http://www.rbkclink.org/wp-content/uploads/2010/08/KC_LINK_and_NHSKC_joint_submission_to_Increasing_Democratic_Legitimacy_in_Health.pdf))
8. K&C LINK has developed a **tri-borough procurement panel** of trained local residents with the support of NHSK&C. These individuals are now aware of the commissioning cycle and are available to assist in the selection of health and social care services in Hammersmith & Fulham, Kensington and Chelsea and Westminster. This will assist the LINK evolve from a role of participating in to influencing the commissioning cycle as Local HealthWatch.
9. In 2011/2, the K&C LINK is developing a **framework of support for Patient Reference Groups** for practices in the K&C GP Commissioning Consortium.
10. K&C LINK sat on the steering group for the Red Cross '**Next Steps**' **discharge pilot** for older people from Chelsea & Westminster Hospital. On behalf of the stakeholders, we assessed the experience of pilot participants. Our report found the experience was incredibly positive for all involved. **Our review directly contributed to the continuation of the service and to the possibility of it being extended to other residents and sites is currently being explored.**

Young People

Kensington and Chelsea Local Involvement Network (K&C LINK) takes proactive steps to ensure we are representative of the community we serve. In addition to projects managed by our sub-groups and our 'easy to ignore' focus (homeless people and survivors of domestic violence), we developed our work plan to specifically target under-represented groups e.g. young people (now at approx 9% of membership) and members of BME Communities (now approx 22% of members).

In addition to a video developed, filmed and edited by our younger members on their priorities for health and social care (see: <http://www.rbkclink.org/our-work/young-people/>) we worked with young carers to give visibility to their need for respite.





Case Study: 'In Our Space'

What did K&C LINK do?

K&C LINK worked in partnership with our member organisation 'Family Action' to give visibility to the needs of young people with caring responsibilities/Young Carers (YC) locally. The most recent census in 2001, identified 303 carers under the age of 18 in the borough (1.12% of the under 18 population). As young carers are largely hidden and do not always identify with the term this figure is likely to be an under-estimation. The national average is 1.6% of the population. In line with the publication of Kensington and Chelsea's first Young Carers' Strategy, K&C LINK held a brainstorming session with young people with caring responsibilities to identify:

- ◆ Their health and social care priorities and
- ◆ How they would like to tell other people (including funders) about their priorities

During the session, the Family Action Young Carers Group decided to reflect on their needs for respite through a photo-narrative project they called 'In Our Space'. Being able to access respite has a positive impact on the Young Carer's physical and mental health. For many of the youngsters, funded respite activities are their only time away from home and school.

The young people decided to take photo images (either by phone, or digital camera) of a space that means something to them. These images were then used in a focus group to create discussion and narrative to capture their experiences. The images were worked up into a high quality 'story board' with either words or a voice over to explain them.

The resulting media product was showcased at the LINK AGM in June and will also be disseminated through the LINK Facebook site to create awareness of their needs.

What worked?

- ◆ Within two months K&C LINK supported the group to develop the photo narrative and showcase this at our AGM and via our web presence.
- ◆ The young people reported very high levels of satisfaction with the project in terms of the ability to steer the learning and outcomes.
- ◆ We successfully raised the awareness of LINK members and our strategic partners about the young carers needs for respite.
- ◆ Some of the pictures feature friends, demonstrating how these young people relish the time they are able to spend with their peers.
- ◆ The images show creativity and highlight passions and interests like music, photography, art and literature and they highlight the importance of diverse

youth services in the borough, where young carers can mix with other young people in a safe space, away from their responsibilities at home.

What outcomes were achieved?

1. The young people shortlisted six photos for inclusion in the final storyboard and wrote the accompanying narrative for the AGM display
2. The discussions prompted by these photographs have helped the Young Carers Group to create their summer activity program, which includes a young carers BBQ that is open to friends and family and group exercise activities in Hyde Park
3. Further to one member's interpretation, he is now in contact with Golborne Youth Centre, which runs a Youth Arts Music Academy
4. The LINK member who volunteered to co-ordinate this project has since benefited from her experience as she is now employed full time as a youth worker working with 'hard to reach' groups
5. The NHS K&C kindly agreed to donate £1,000.00 of photography equipment to the Young Carers Group so they can continue with their creative & innovative work
6. K&C LINK continues to raise the visibility of the respite needs of young carers within the community and with stakeholders
7. The National Children's Bureau has highlighted our project twice as a good practice case study of engaging with young people



Photos taking by the young carers showing their priorities for respite



E-engagement

The K&C LINK is conscious that traditional methods of engagement e.g. meetings, focus groups and formal research reports will act as a barrier for some members of our community. Further to our successful project 'Looking at LINKs' funded by the London Civic Forum in 2009/10, we have continued to develop our virtual community. We have developed a new website at rbkclink.org attracting hundreds of visitors a month and a popular RSS feed to ensure we are as accessible as possible to the local population. You can watch the RBKCLINK videos on our YouTube channel: <http://www.youtube.com/user/TheRBKCLINK> Don't forget you can now join the 500 people who have be-friended us on Facebook or be one of the 240 people who tweet us on Twitter.



Information provision

In 2010/11, we have provided health promotion literature and information on engagement directly to hundreds of local residents:

Topics included:

- Stroke Awareness
- Dementia Awareness
- Diabetes Awareness
- Cardiovascular and cancer pathways
- End of Life Care
- Health White Paper
- CNWL Service Pathways
- Provisions of the Mental Health Act
- Age Equality
- Cardiology after-care
- Hospital discharge
- Nutrition
- Safeguarding
- Health & Social Care Bill 2011

Venues included:

- Voluntary Organisations Fora
- Chelsea & Westminster Hospital
- The Royal Borough newspaper
- The Royal Brompton & Harefield
- Allom & Barlow Community Fair
- Gold Standards Awards (RTAs)
- Kensington Town Hall
- K&C Forum for Older Residents
- GP Practices
- World's End Community Centre
- SMART
- PepperPot Day Centre
- The BME Health Forum
- The Somali Forum

We also ran eleven free training courses to empower the local community to get involved and have their say!



Dr Sweeney addresses LINK members at our Health White Paper Event

We have also provided information to service providers via our authorised representatives on:

1. The Older People's Partnership Board
2. The Dementia Steering Group
3. The Earl's Court Consultative Committee
4. The BME Health Forum Management Group
5. The NHS K&C Board and the QSE Working Group
6. The Voluntary Organisations Fora
7. The Health, Environmental Health and Adult Social Care Scrutiny Committee
8. The Personalisation Service User Board
9. The Community, Equality and Inclusivity Partnership
10. The Carers Forum
11. The Nutrition Steering Group
12. The Quality Accounts Working Groups (x 2)
13. The NWL LINK Chairs Group
14. Next Steps – Red Cross Discharge Pilot Steering Group
15. Learning Disability Health Sub-group
16. CQC LINK Advisory Group

Submissions include:

- ◆ Response to the Health white paper
- ◆ Response to Increasing Democratic Legitimacy in Health
- ◆ Response to the Safe and Sustainable Consultation
- ◆ Response to NHS London on Cancer and Stroke Pathways
- ◆ Application for Local HealthWatch Pathfinder Status



Evolving - The Future of K&C LINK?

As many of you will be aware, the Health and Social Care Bill proposes the evolution of Local Involvement Networks into Local HealthWatch.

'The establishment of HealthWatch in 2012, to be the champion of patients, people using services, carers and the wider public means that at both a national and local level, all people have the chance to have their say and know that it will count.' (DH, 2012)

To prepare for this transition, in 2011/12 K&C LINK will:

- ◆ Continue to build and strengthen to ensure an effective change management process and transition to the HealthWatch model building on the successes to date of the K&C LINK and on our local context
- ◆ Recognise our current position of strength, our high levels of satisfaction, our stability, our ability to influence and our sustainable foundation
- ◆ Prepare for our proposed additional functions in relation to access to information and patient advocacy by mapping local service delivery
- ◆ Establish a local steering group of stakeholders to plan for patient and public engagement in the new health and social care landscape
- ◆ Work with our GP and clinical commissioning colleagues on the development of a local engagement strategy
- ◆ Develop Patient Reference Groups (PRGs) to support patients to get involved in shaping services delivery at their practice and local commissioning
- ◆ Continue to support localism and the Big Society – K&C LINK is an excellent example being a community empowerment model with over 750 volunteers and having created numerous pathways to employment
- ◆ Support the integration of health and social care. K&C LINK can help ensure priorities reflect local need, help deliver the user perspective of joined-up health and social care services and deliver key health promotion messages. Research shows that early intervention and prevention can lead to significant cost efficiencies.
- ◆ Co-production on community engagement e.g. The K&C LINK has also encouraged community engagement on other K&C related projects that

impact on well-being. During 2010, we have actively supported The Somali Forum, the Volunteer Centre, KCSC and the Forum for Older Residents. We want to continue to do this and recognise the benefits of taking a holistic view of well-being should resources allow in 2011.

- ◆ Cross-borough working (Tri-borough and sub-region) – K&C LINK is very proactive in working cross-borough with regular hosts and Chairs meetings with all LINKs in our sub-region as well as developing a blog for the benefit of all London LINKs. In line with the local authority tri-borough proposals, we have built strong working relations with our neighbouring LINKs in Westminster and Hammersmith & Fulham. We propose building on our current knowledge and commonalities in 2011/2.
- ◆ HealthWatch and the CQC – K&C LINK is well-placed to influence the development of Healthwatch England in 2011/12.
- ◆ **LINK priorities for 2011/2 also include:** Access to Dentistry, Dignity Champion Inspections, Hospital Discharge Processes, Screening Ambassadors, Patient Reference Groups, Training, Quality Accounts and piloting Local HealthWatch.

‘If implemented correctly health engagement can help towards efficiency savings whilst at the same time making the public and patients more empowered in their health decisions...

The Government is committed to strong patient and public involvement and engagement because it is essential in creating positive health behaviours and outcomes.’

Lord Howe, Health Minister and co-chair of the All-Party Parliamentary Group on primary care and public health (December 2010)



Our Finances

Income in 2010-11	Stg£
Amount allocated to the local authority by the Department of Health	143,000
Amount of funding received by the host from the local authority	143,000
Amount of funding received by the LINK from the host	15,252
Amount of funding carried over from previous year	10,065 (Host: 6,907 LINK: 3,158)
Other income (for LINK)	17,800
Total budget for 2010-11	170,865

Spending in 2010-11	Stg£
Total spend by host organisation	129,133
Total spend by LINK (inc other income)	20,603

Carry forward to 2011-12	Stg£
Total c/f by Host	5,522
Total c/f by LINK	15,607

1. 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
2. Figures are to the nearest whole number
3. All unspent income for LINK activities will be carried over into 2011-12 for use by the Kensington and Chelsea LINK.

Acknowledgements

Finally, we could not have achieved so much in 2010/11 without the incredible support, commitment and energy of our membership, the local health and social care sector, our management team and our Host team. Thank you all!

If you share our passion, please do get in touch!

Contact: rbkclink@hestia.org or ph: 020 8968 7049

Appendix A – Glossary

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/2009/10/29/kc-link-constitution/>

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

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/whatisscrutiny.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.dh.gov.uk/en/Healthcare/Qualityandproductivity/Makingqualityhappen/qualityaccounts/index.htm>

Appendix B - K&C LINK Reporting for the DH

Membership

Total number of LINK members as of 31/03/2011	750
Total number of informed participants as of 31/03/2011	1300
Total number of occasional participants as of 31/03/2011	300
Total number of active participants as of 31/03/2011	70
Total number of representatives as of 31/03/2011 (all active)	263
Total number of LINK members as of 31/03/2011 with an interest in social care	377
Total number of LINK members with an interest in older age	198
Total number of LINK members with an interest in disability	170
Total number of LINK members with an interest in mental health	181
Total number of LINK members with an interest in cancer	103

Requests for Information in 2010-11

How many requests for information were made by your LINK?	117
Of these, how many of the requests for information were answered within 20 working days?	110
How many related to social care?	42

Enter and View in 2010-11

How many enter and view visits did your LINK make?	15
How many enter and view visits related to health care?	9 Chelsea and Westminster, 3 Beatrice Pl.
How many enter and view visits related to social care?	6 Ellesmere, Thamesbrook
How many enter and view visits were announced?	15
How many enter and view visits were unannounced?	0

Reports and Recommendations in 2010-11

How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	111 recommendations
How many of these reports and/or	100%

recommendations have been acknowledged in the required timescale?	
Of the reports and/or recommendations acknowledged, how many have led, or are leading to, service review?	92
Of the reports and/or recommendations that led to service review, how many have led to service change?	88
How many reports/recommendations related to health services?	44
How many reports/recommendations related to social care?	67

Referrals to OSCs in 2010-11

How many referrals were made by your LINK to an Overview & Scrutiny Committee (OSC)?	2 – Assistance was sought to prevent the closure of the Paediatric Cardiac Unit in The Royal Brompton and the hydro-therapy pool in Chelsea and Westminster
How many of these referrals did the OSC acknowledge?	2
How many of these referrals led to service change?	1-2 – The Committee received a presentation on the ‘Safe and Sustainable’ consultation proposing the closure at the next meeting and continues to monitor the situation. The hydrotherapy pool in Chelsea and Westminster Hospital has now been re-opened.

Appendix C - K&C LINK Authorised Representatives

All our members are asked to abide by a code of conduct based on our values and principles. 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

Appendix C - Circulation of the K&C LINK Annual Report

The 2010/11 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/INWL NHS
5. Relevant NHS Trusts and NWL NHS
6. Health, Environmental Health and Adult Social Care Scrutiny Committee
7. The Cabinet Member for Civic Society
8. Family and Children's Services
9. The RBKC Executive Director for Housing, Health and Adult Social Care
10. Director of Public Health, INWL NHS
11. RBKC Community Engagement Manager
12. Borough Director, NHS K&C/INWL NHS
13. The K&C GP Commissioning Consortium

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.

Appendix D - The Values of Kensington and Chelsea Local Involvement Network

The K&C LINK Constitution outlines the importance we place on ensuring our members embody the values and principles of our network and activities. All members are asked to be:

- 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.

- 1) **Selflessness**
- 2) **Integrity**
- 3) **Objectivity**
- 4) **Accountability**
- 5) **Openness**
- 6) **Honesty**
- 7) **Leadership**



**Kensington and Chelsea Local Involvement Network
Annual Report 2010/11**

Thank you!