

# ANNUAL REPORT

---

**Birmingham LINK**

**31<sup>st</sup> March 2010**

*Please contact us to request this information in community languages, audio, large print, MOON or Braille*

# Contents

---

	Page
Section 1: Foreword	3
Section 2: Better Together	4
Section 3: Why Our Work Is Needed	11
Section 4: What You Told Us	14
Section 5: What We Did	17
Section 6: What We Achieved	43
Section 7: Income and Expenditure	52
Section 8: Next Steps	53
Section 9: Acknowledgements	57
Section 10: Appendices:	
• Appendix 1: Birmingham LINK Membership Figures	58
• Appendix 2: List of Events Undertaken during April 2009 - March 2010	59
• Appendix 3: Evaluation from a LINK Event	62
• Appendix 4: References	72

## Foreword

---

As your local involvement network, our purpose is to empower and enable full participation from the community in discussions on health and social care to promote change. This change should take into account the opinion and needs of members of the public and the fact that people should have equal access to services.

In order to achieve this objective, we are building relationships with key stakeholders, for instance Care Quality Commission, Be Birmingham, Birmingham City Council, the NHS, Adults and Communities, among others. Moreover, we have engaged with groups and individuals across the city and have now revisited our engagement plan to reach even more people, especially groups that we are yet to have an impact on, like those living with disabilities, the homeless and the Lesbian, Gay, Bisexual and Transgender (LGBT) community.

In this annual report, you will find out about some of our main initiatives in the city, projects we completed and are developing, our key achievements and lastly how much we spent to support these activities.

It is our view that the people of Birmingham should be entitled to full participation in the decision making process in commissioning and health and social care provision. To support this philosophy, we have developed a strategic pan-Birmingham workplan to concentrate in three key areas of health and social care in 2010-2011 (this pan-Birmingham LINK plan being in addition to the various Action Groups prioritised workplans):

- **PCT merger consultation**
- **Getting LINK members involved in Dignity in Care**
- **Improving access to psychological therapies**



***Rita Bayley***  
***Vice-Chair - Birmingham LINK***



***Pat Thomas***  
***Vice-Chair - Birmingham LINK***

## Better Together

---

Birmingham LINK has a diverse membership of individuals and group / organisation representatives.

Our Core Group elections took place in September 2009 and 25 people were duly elected to serve as the Core Group. During the past year the following Action Groups have been started and are at different stages of their development.

Some Action Groups have produced reports on subjects such as Advocacy in Mental Health Services, availability of activities for young persons and patient and staff surveys at Heartlands Hospital.

The LINK is developing relationships with various influential bodies such as the Joint Strategic Needs Assessment Board, the Birmingham Health and Wellbeing Partnership and the Health and Adults Overview and Scrutiny Committee.

The other Action Groups within the LINK are also developing workplans for each of their areas and are actively building up membership of their groups.

## LINK Core Group (as at 31<sup>st</sup> March 2010)

---

### *Chair*

- Nick Hay

### *Joint Vice-Chairs*

- Rita Bayley
- Pat Thomas

### *Members*

- Barry Abell
- Charles Alldrick
- John Barnes
- Mark Bent
- Nick Flint
- Elsie Gayle
- Brian Hanson
- Norman Howell MBE
- Hardeep Kaur
- Steph Keeble
- Ruth Leech
- Salma Lokat
- Jean Lucas
- Peter Mayer
- Rajinder Rattu
- Jean Rookes
- Peter Rookes
- Maisie Saunders
- Manjit Singh
- Michael Tye
- Shazad Zaman

## Contact Details

---

### **Birmingham LINK**

C/o Gateway Family Services Community Interest Company  
Radclyffe House, 66-68 Hagley Road, Birmingham B16 8PF

**Freephone:** 08006 525 278

**Email:** [info@birminghamlink.org](mailto:info@birminghamlink.org)

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

### **Host Organisation**

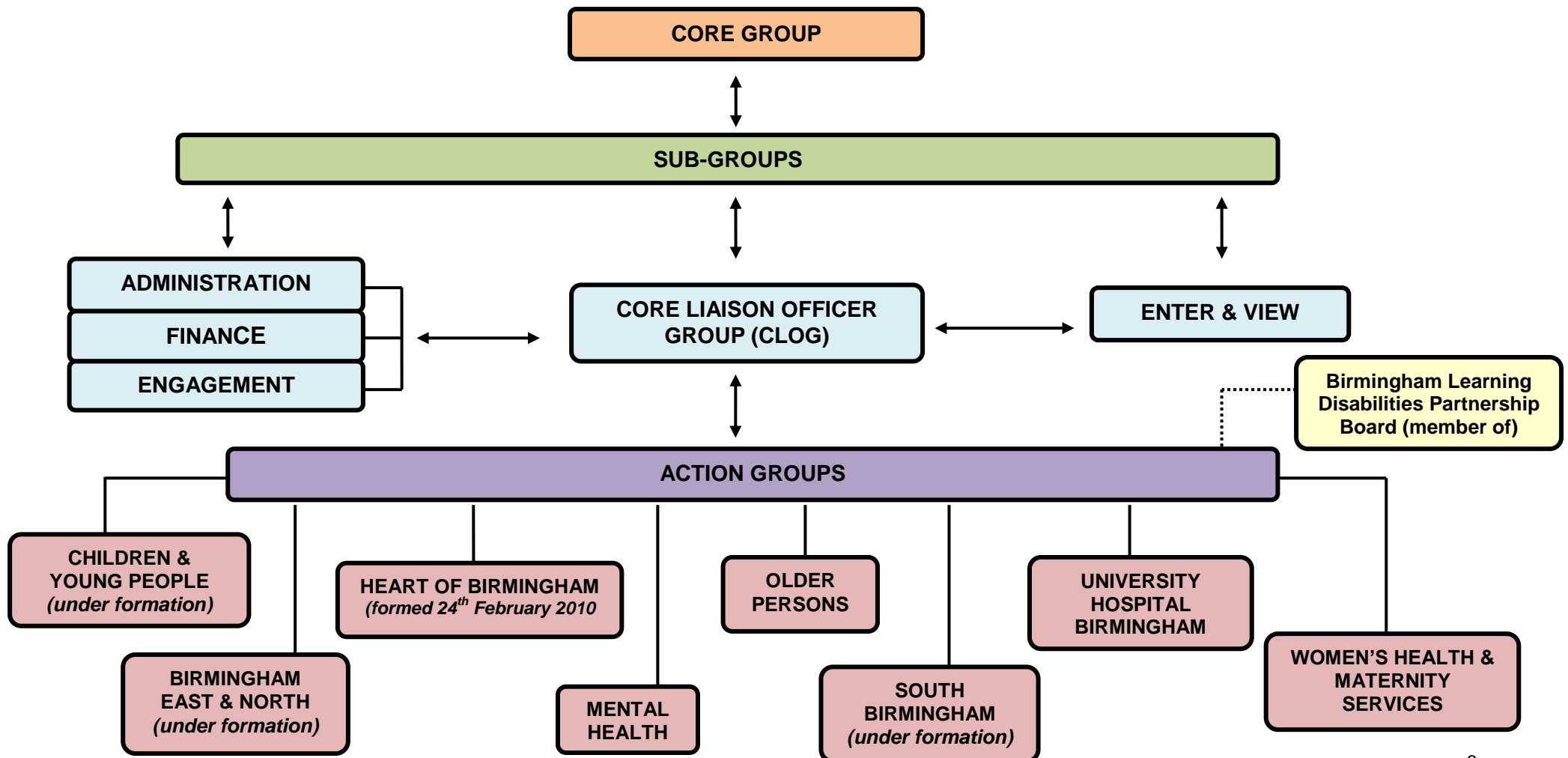
Gateway Family Services Community Interest Company  
Radclyffe House, 66-68 Hagley Road, Birmingham B16 8PF

**Telephone:** 0121 772 8525

**Email:** [info@gatewayfs.org](mailto:info@gatewayfs.org)

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

# Our Structure



# Structure and Decision Making Process

---

All Core Group members are expected to participate in at least one Action Group although there is no restriction on them participating in more if they want to. Permanent and short term groups will be established as needed. Each Action Group will have a representative from the Core Group.

## *LINK Structure*

The structure includes:

- The Core Group
- Functional Sub-Groups of the Core Group (permanent)
- Task and Finish Groups (short term groups)
- Action Groups (speciality groups) – the Core Group has one of its members as a Core Liaison Officer (CLO) to each Action Group.

Permanent groups, temporary groups and Action Groups will review their terms of reference with the Core Group annually. Action Groups can establish short term Task and Finish Groups.

## *Permanent Functional Groups are:*

- The Core Liaison Officers Group (CLOG) that consists of the CLOs and Host Facilitators and acts as a conduit between the Core Group and the Action Groups providing a summary report for each Core Group meeting .
- The Administration and Finance Sub-Groups include operations and operational policy, performance management and conduct, general administration and finance. This group also includes Governance, strategy, performance evaluation and developing standards.
- Engagement includes external relations with citizens, mapping, communications, publicity and training. This group also provides reports to the Core Group.
- Enter & View Group will oversee Enter & View visits, organisation and policy.



### *Action Groups*

Action Groups exist, or will be established, to meet the evidenced needs and priorities of the public, and will function within the agreed framework, reporting through the CLOG on a regular basis. The groups are required to meet agreed standards in line with Core Group vision and values while demonstrating viability in their areas. Action Groups will include existing LINK members, members of the public, who may become LINK members and interested professionals and representatives from Health and Social Care authorities who may be interested in the Action Group topic, or be invited to provide insight for the group.

Action Groups are required to have a workplan to identify their areas of activity, which is shared through the CLOG to avoid duplication of effort, and inform the Core Group of the range of activities taking place under its umbrella.

### *Membership*

The LINK membership figures broken down into constituencies, can be found under Appendix 1

## Enter and View

---

The Local Government & Public Involvement in Health Act 2007<sup>i</sup> invested the power and requirement of Enter and View to LINKs.

To 'Enter and View' premises delivering health and social care where appropriate, also forms part of our mission statement.

Another important objective and local performance indicator of the Birmingham LINK is to “increase the percentage of people who feel that they can influence decisions in their local area” (National Indicator 4)<sup>ii</sup>.

It is important for the LINK to have as wide a representation of the people of Birmingham as practicably possible involved in all of its activities. So whilst there were a number of LINK members who had very relevant previous experience of undertaking visits, and even inspections, especially of Health Service delivery locations, it was felt that a Birmingham LINK, Enter and View Training Session should also encourage LINK associates and members with relatively less experience to attend in full confidence.

The Birmingham LINK appointed LINK’s Academy to design a day of training, to give adequate background knowledge and confidence, to people becoming involved in this field for the first time, as well as the specific requirements to perform Enter and View visits.

The first group of nine qualified and CRB-checked “Enter and View Officers” were in place by January 2010.

Throughout 2009 a Department of Health Enter and View Protocol<sup>iii</sup> had been undergoing an evolutionary and consultative circulation process around the three PCTs, the City Council’s Adults and Communities Directorate and the many Foundation Health Trusts that operate within Birmingham, to ensure that by the time “Enter and View Officers” were in place. The final piece of the preparation was confirmed again in January 2010 when enhanced insurance cover was secured to cover members individually.

A draft tool has now been produced by the Enter and View Group which forms a standard framework for both viewing and reporting. Guidelines have also been drafted and approved by the Enter and View Group to ensure quality and adherence to Enter and View standards and protocols.



Birmingham LINK is aware of inequalities in health. As such a programme of planned visits will be arranged and focusing on GP surgeries across the 10 constituencies in the city, together with a visit to a Social Care Provider in South Birmingham. The GP programme of visits is being prompted by responses to a long running LINK survey to identify priorities, access to GP surgeries and appointments.

Additional potential “Enter and View Officers” have come forward from the membership, to train and qualify in late July 2010. This will increase the capacity closer to that required to cover a City the size of Birmingham, and accommodate requests for Enter and View visits when they arise.

The current authorised “Enter and View Officers” for Birmingham LINK are:

- John Barnes
- Nick Flint
- Brian Hanson
- Norman Howell MBE
- Ruth Leech
- Maisie Saunders
- Pat Thomas

## Why Our Work Is Needed

---

Since the start of Birmingham LINK in 2008 and its launch in March 2009, we have been actively engaging with communities and organisations across Birmingham. Through the use of participatory appraisal techniques (later explained in this report), participation in open days, community events, involvement with groups, responses to consultations and liaison with representatives of the NHS, Adults and Communities and Local Government, we have demonstrated our willingness to make a positive impact in health and social care.

It is by having a presence where people go, either face-to-face or through the use of traditional media and online tools, that we have had the opportunity to listen to what they had to tell us. This has been paramount in the development of our action plans and projects, examples of which can be found later on in this report.

Our work is needed because there are inequalities in access to health and social care in Birmingham, the city – for instance – has one of the highest rates of infant mortality in the country. The standards of care vary depending on which area people live in, their background and the services that they have access to. A particular service in one area, such as podiatry may be seen as an example to follow, whilst in another area within the City the service may not even exist. For this reason, there has to be an independent body capable of gathering views and information about both the services that exist and where they don't exist. The LINK should take no sides but it must make sure that all opinions and information gathered are known. This will help the LINK's credibility as both a true representative of the people of Birmingham and a negotiator for positive change on behalf of the people of Birmingham. By working alongside the people, the NHS and Adults and Communities in an impartial way, Birmingham LINK can be entrusted to be the catalyst for change in the city.

It is important that the LINK is immediately thought of as an essential organisation to consult with by the key decision makers in the commissioning and provision of Health and Social Care Services within the City. So the credibility of the LINK is again vital to ensure that this happens and can be insisted upon by the LINK. That credibility in this case is particularly centred on the LINK being able to show that it is active both across the City and also engages with groups, communities and individuals who are "hard to reach/consult".

Among those important decision makers that have a "Duty to Consult" and we would therefore expect to be consulting the LINK are:

### **Birmingham Health and Wellbeing Partnership / Standards of Engagement**

Birmingham LINK has been taking part in the Standards for Engagement group which is run by the Birmingham Health and Wellbeing Partnership (BHWP). We have been represented by Birmingham LINK members and by a member of the host team. The group has also consisted of engagement leads from Birmingham City Council, and the three PCTs.

The purpose of this group has been to ensure a high standard of engagement across the city, while avoiding any unnecessary duplication of consultations. Participating in this group has also allowed the LINK to exchange ideas based on best practice, and to strengthen ties with other public engagement based bodies. While only two formal meetings have taken place, progress has been good and will continue into 2010-2011.

The LINK will also be collaborating with BHWP by producing and publishing a Carers Survey. The survey will run until October 2010 and will focus on the personalisation of social care.

### **Joint Strategic Needs Assessment**

The Joint Strategic Needs Assessment (JSNA) looks at the current needs of local communities and helps health and social care organisations to plan support and services for the future. Under the Local Government and Public Involvement in Health Act (2007), Birmingham's NHS Primary Care Trusts (PCTs) and Birmingham City Council must produce a JSNA of the health and care needs of local people. This assessment covers the work these organisations do together and work that is closely linked.

How will the JSNA influence local services in Birmingham?

- Information from the JSNA will help local planners to decide how money should be spent in the future. The views and experiences of local people will also influence how priorities are set.
- The BHWP will bring together the people responsible for arranging health and care services, with local service user representatives, to discuss the information collated about local communities and how to provide the best support in the future.
- The Birmingham LINK has secured a place on the board of the JSNA. This is an excellent opportunity for the LINK to represent its members views and make a real difference to health and social care in the city.



### **Birmingham City Council**

Birmingham City Council are responsible primarily through their Adults and Communities Directorate, for commissioning Social Services that are applicable to LINK involvement (i.e. not children's social care) across the city. Direct requests for contributions to consultations from the Council are received sometimes, but the LINK proactively monitors the Be-Heard website where all Council departments are expected to enter their consultations.

### **Primary Care Trusts**

Primary Care Trusts (PCTs), of which Birmingham has three, are responsible for the commissioning of services, sometimes within their own geographical area of jurisdiction and sometimes as the lead PCT for "pan-Birmingham" services in a specialty. It is intended that the PCTs register all their consultations on the Be Heard website too<sup>iv</sup>, but to date this is not happening. The LINK therefore has to rely on requesting information on consultations, as relatively few are referred directly to the LINK.

There are plans to amalgamate the three PCTs into one for the whole of Birmingham, and the LINK is pushing hard to be involved from the start, to safeguard the particular interests and concerns that exist within each of the three individual PCTs, should there be an amalgamation to one PCT.

## What You Told Us

---

In the past year the University of Glamorgan was commissioned by Birmingham City Council, the Local Strategic Partnership, Be Birmingham and health service partners to carry out some research, which has provided a valuable insight into what people want from the Birmingham LINK<sup>V</sup>. Focus groups were carried out with LINK members and wider groups. The research had a particular focus on how to become most effective in influencing the commissioners of health and social care in the city.

People were asked to describe how they would know the LINK was successful. A summary of responses follows:

People wanted:

- New faces – fully participating
- New communities – ones which are often forgotten
- New information – new levels of understanding
- New thinking – independent minded solutions
- Broad – membership – representative and engaged
- Reliable – in presentation and knowledge
- Constructive – solution focussed
- Co-ordinated – efficient
- Good feedback – positive feeling about the Birmingham LINK
- Aligned with timetables – knowing what's coming next!
- Big issues tackled – a focus on serious problems
- Savvy – using levers effectively

The report was presented to a wide audience, including LINK members, Health and Social Care Commissioners, Cabinet Members and Councillors. As a collective group they agreed the following:

- Make seeking the views of seldom-heard groups a priority
- Establish a rigorous process of evidence gathering and analysis
- Review / map existing engagement mechanisms and establish Birmingham LINK's relationship with each of these
- Establish who are health and social care commissioners, identifying their remits and priorities
- Establish agreement for joint working with commissioners
- Engage effectively with people with learning disability

- Agree a framework for communication with commissioners (with a fast track, where necessary)
- Establish a framework for communication with local health and care interest groups and networks
- Establish a strategy for bridging fault lines between health and social care, and commissioners and providers
- Identify/or act as, an independent arbiter to improve performance in local delayed discharges
- Use information from previous engagements and seek to collaborate as much as possible
- Generate new thinking about 'added value'
- Raise awareness about the LINK, particularly with frontline staff in health and care organisations

*Using this information to take the Birmingham LINK forward, a planning day with LINK members is organised for May 2010 with these specific aims:*

- To build on the lessons learned from growing the LINK up to 31<sup>st</sup> March 2010
- To respond to the recent report from University of Glamorgan on "How the LINK can add value to patient Engagement"
- To reinforce the need for Birmingham LINK to unite behind a core number of priorities
- To succession plan for post March 2011



## *Community Involvement*

Overall, Birmingham LINK took part in 71 events in this period (see Appendix 2), thanks to the support from our volunteers and organisations that have welcomed us to promote LINK to their service users. For a period of transition, with the LINK taking shape at the same time as it was expected to deliver results, this is an impressive figure. It shows that we have committed members who are doing their part to make this venture a big success. Not only have they embarked on a journey with us because they believe that we can make it happen, they have also helped us in:

- Recruiting new members during events
- Spreading the word at community related events
- Mapping issues affecting the public through our surveys and questionnaires

Through a range of community consultations and participatory events we have been able to gain the views of people who are seldom heard. In particular we have heard from Muslim males aged between the ages of 11 and 19, they told us that they are concerned about the lack of activities for them, how they often feel unsafe when out in public places – they would like to combat negative stereotyping and work in partnership with the West Midlands Police, schools and ward support officers.

We also spoke to mental health service users who told us that they are concerned about lack of provision, poor advocacy services for people over 65, lack of benefits and welfare advice and poor co-ordination between commissioners and service users. These findings were sent to the relevant bodies.

We worked with Ashram Housing Association on a “Men’s Health Event” that was held on 14<sup>th</sup> July 2009. The aim of the event was to promote health and wellbeing together with collecting the views of the local community around health services within the Birmingham area. An evaluation report based on the responses received on the day was produced (see Appendices 3 and 4)

Lastly, we intend to carry on with this work as part of our community engagement plan, strengthening links with communities across the city.

## What We Did

---

Without the support from our membership, we would not have been able to address so many issues. We are proud of what we have achieved so far and are positive that in the future, we will be able to report on a lot more successes, as workplans come to fruition and we group and become even more representative of the people of Birmingham.

In the following sections you will read about the work that the Birmingham LINK has carried out this year. It has been a very busy year for the Birmingham LINK but these are a few selected highlights:

1. The activities of several of our Action Groups:
  - Heart of Birmingham
  - Mental Health
  - Older Persons Action Group.
  - University Hospital of Birmingham
  - Women's Health and Maternity
2. The **Heartlands Hospital** report<sup>vi</sup>. Thanks to several days of surveying by our members we were able to identify a hospital where a significant number of care issues existed and staff morale was low. LINK representative have since met with Heartlands senior staff to discuss what appropriate action needs to be taken.
3. The **Alum Rock Youth Project**<sup>vii</sup>. Through the use of the innovative technique of "participatory appraisal" this report was able to highlight a real lack of youth facilities in the Alum Rock area of the city.
4. **Report on Advocacy services**<sup>viii</sup> in Birmingham for people with mental health issues. Birmingham LINK identified gaps in service provisions for over 65s and a lack of a welfare and debt service, which we brought to the attention of the responsible bodies.

## Mental Health Action Group (MHAG)

Co-Chair - Paul Brian Tovey

### *Overview*

The Mental Health Action Group (MHAG) has concentrated on monitoring areas of services and changes of services where it is our role to safeguard patient-rights of consultation and quality of their experience. 2009 saw the formations of the Birmingham LINK framework and 2010 is seeing the action that we undertake to succeed in its broad aims.

The position of monitoring in mental health is dynamically reviewable and is always continuous in some sense because mental health services have been inside a fluid area of policy change for some years.

Our key duty though is to try to improve the quality of patient experience and this means for instance we check the policy roll outs of availability of talking type therapy for those who feel they need that. This particular area of monitoring has become a Birmingham LINK Priority - which means all other Action Groups on the LINK chose to make sure that talking therapy quality and availability is more fully monitored and checked as one of the overall three Birmingham LINK priorities.

We have also positioned serious attention with Commissioners and with previous political input on Independent Mental Health Advocacy supply and followed that up to help create it for qualifying patients detained under the 1983 Mental Health Act<sup>ix</sup>.

We check that patients are getting what they need and we are following that up from examining the new (Tier 1 and 2) Community Personality Disorder Service now employed in Birmingham for people with a damaging history of trauma and sexual abuse, to monitoring whether a newly proposed Serious Mental Illness primary care service pilot proposed by PCT Commissioners, will meet the needs and consultation rights, of SMI patients in parts of Birmingham.

We will be helping to distribute a "Sensitive Practice Guide" for clinicians, like dentists, doctors and midwives and those who see patients who are permanently affected by childhood post traumatic child abuse and still have issues about the triggering proximity of others - who may be experienced as "intrusive". This work is already being distributed and its origins lie with the Wolverhampton Sexual Abuse Forum and the MHAG has helped reproduce and re-format the 2006 booklet in black and white printable adobe format form.

Our role on the MHAG is to be critical and fair on behalf of patients and the public as well as to press for the means to be well informed to be effective in that role. We will always press to be successful in that regard and we do use both informal linkage to services and the Freedom of Information Act<sup>x</sup> to achieve necessary levels of information.

In a changing health scene we are aware that patient and public involvement is evolving and adjusting to financial pressures, and our goal is to check that patients remain safe, well informed, and their rights if we are in doubt about them, form our sharply concerned questions. We are aware that patients in mental health do not enjoy legal rights of "Patient Choice" and we will try to bring that to attention in various ways in the future to government and others, because it is overlooked, socially stigmatizing, and potentially discriminatory.

We are aware the coalition government may mean new changes to health monitoring styles but feel certain that central to any new arrangements will be checking the quality of the patient experience. We will try to dovetail that value into any new arrangements to ensure a real sense of continuity of monitoring aims and good practice are preserved.

### *Plans for the future*

- The group will serve as the lead on the development of one of the main LINK priorities; Improving Access to Psychological Therapies (IAPT).
- Members have also identified a specific pilot project as an area where they will monitor and input their own experiences into the process.
- The group will continue its work on advocacy through further distribution of the report written by group members and by discussion with the relevant providers.
- The group is keen to establish the levels of provision for service user meetings around the area to ensure the support mechanisms are available to as many patients as possible.

*Priorities for the Mental Health Action Group*



## Older Persons Action Group (OPAG)

Chair – Norman Howell MBE

### *Overview*

The OPAG Action Group members have gained momentum with active members undertaking engagement activities to promote the Action Group.

To celebrate the 'Older Persons Day' an event in partnership with Ghulab Ashram Housing Association was held at their extra care housing scheme. The residential provides social activities based on residents' cultural and religious needs in particular interest to many of their Asian elders residents.

LINK was present with an information stall with several LINK members supporting the event and undertook a presentation to inform the residents of OPAG activities and information on how to become involved.

OPAG members currently sit on the following committees:

- **Later Life Agenda** -The aims of the committee are to plan services taking into account the ageing population. This covers all of the West Midlands and includes a variety of services, these include: health, social care, transport, education, work & pensions.
- **City Sheltered Housing Liaison Board** -This committee consists of a mixture of service users and staff of BCC housing associations. The aim is to ensure that service users/tenants are able to influence the delivery of services. The represent thousands of service users.
- **Older Persons Housing Collaborative** -The OPHC consists of managers of Housing Associations. They collectively work with thousands of service users. They would like a member of the host to sit on the committee.
- **Older Persons Joint Commissioning Group.**
- **Older Persons Reference Groups (OPRG) and Birmingham Advisory Council of Older Peoples Services (BACOP).**
- **Birmingham Search Team (a community watchdog)**
- **Birmingham DISC (Dementia Information & Support for Carers)**

The members have been representing wider groups in concerns being raised and have sent letters out to the cabinet member of Sports and Leisure regarding the 'Gym 4 Free scheme' and the omission of activities suitable for older people.

Correspondence has also been sent to Birmingham City Council to provide confirmation for the continuation of '1234' number. This is a signposting service for older people in the city. Some members were concerned due to budget cuts being made by the Council that this frontline service may be affected.

Members of LINK are involved in the setting up of the nail trimming service (see Podiatry report)<sup>xi</sup>.

Group members have built on their engagement strategy with visits to housing schemes to identify and share good practice with the view of engaging a wider older person audience in OPAG activities.

They undertook a full day site visit to Waterloo Housing Association who have housing schemes including Aston, Shard End and Hodge Hill. The day consisted of the members being shown around the scheme by the manager, asking questions around service delivery. As a result of the visits the action group will be holding forthcoming OPAG meetings at the schemes and invite residents to participate at the meetings.

The group are hoping to continue with further engagement activities and are in the process of confirming site visits with Ashram Housing Association.

### *Older Persons Survey*

OPAG members have compiled a survey aimed at the access and the availability of local activities for older persons across the city. The survey will remain open until 1<sup>st</sup> October 2010.

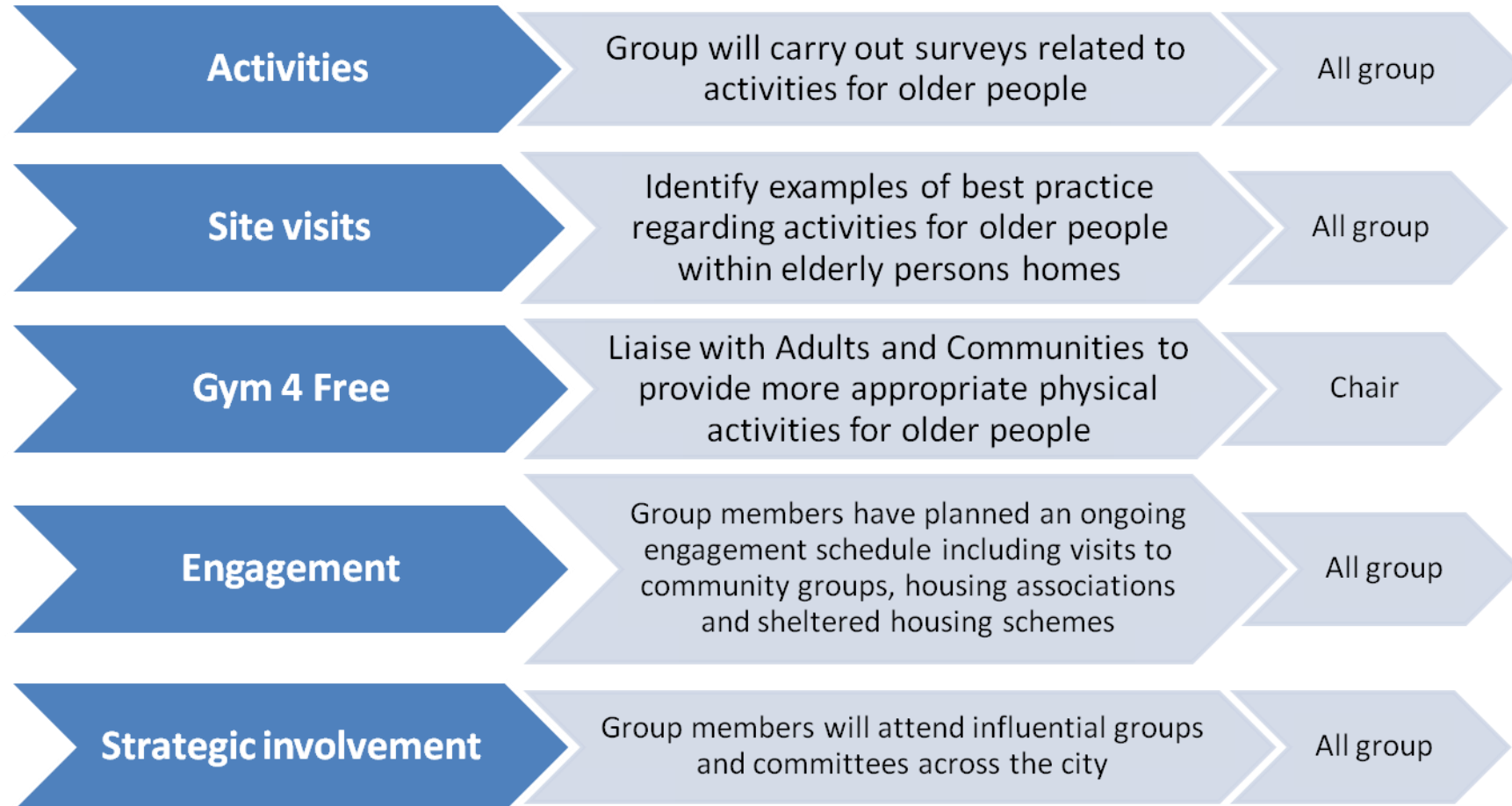
The survey will be distributed to GPs, Health Centres, Libraries, Neighbourhood Offices and various site visits undertaken by the OPAG members.

Birmingham City Council is also undertaking a similar survey targeting only their own service users. The Council's lead has agreed to share the report with the group.

### *Future Plans*

- Members to visit a variety of Older Person Housing Schemes and Sheltered Accommodation in order to engage with wider groups
- Source community venues to engage with diverse communities
- Continue to represent the OPAG on various committees and identify partnership working to support OPAG action plan
- Members will distribute the OPAG survey and make it accessible to wider audiences

*Priorities for the Older Persons Action Group*



## University Hospitals Birmingham (UHB) Action Group

Chair – Rob Rijckborst

### *Overview*

The University Hospitals Birmingham (UHB) NHS Foundation Trust will run the new Queen Elizabeth Hospital Birmingham, which will replace the existing Queen Elizabeth and Selly Oak hospitals, when it opens its doors in June 2010.

The Trust employs approximately 6,900 staff and provides adult services to more than 500,000 patients every year

The Trust is a regional centre for cancer, trauma, burns and plastics, and has the largest organ transplantation programme in Europe.

The hospitals are also the primary treatment centres for injured military personnel

The group has been well attended by an active and enthusiastic group of individuals and other organisational representatives. The group has been active over the past twelve months:

- The group presented a report to the Health Care Commission which covered issues that were looked into up to September 2008, which included Deep Clean, Palliative Care, Diuretic Care.
- The group have been in communication with the Chief Executive regarding Ambulance Service and as a result two members held meetings with the head of the West Midlands Ambulance Services to discuss their concerns.
- One member of the group was invited to take part in the commissioning of non-emergency patient transport services which involved that member in the preparation of the contract for non-emergency patient transport services, including being on the interview panel and selection of the new provider. This assisted the new providers with how they could improve the existing service and not just meet the targets.
- With the imminent opening of the new hospital group members have also taken part in the selection of the catering providers by attending tasting sessions at the hospital.

- Group members have also taken part in the testing of the new hospital signage which is being placed around the new hospital site for its' opening in June 2010.
- Members have also submitted a statement for the Trust's Quality Accounts.
- Two members of the group have been very proactive in the support for a multi-faith facility at the new hospital which has been agreed to.
- Two members are also Patient Council members and have acted as a conduit between the two groups in order to facilitate collaborative working.
- Two members of the group at the request of the Chief Executive of the Royal Orthopedic Hospital Foundation Trust attended a meeting with herself and the Director of Nursing. This meeting went well and the structure of working with LINK in the future was discussed. A member of the Action Group has been invited to talk to the Patients Council to discuss this further.
- UHB submitted a statement as part of the registration process with Care Quality Commission.

### *Plans for the future*

- The group has a very strong focus in the future on the Dignity in Care campaign with one member about having undertaken a "Train the Trainer" course with a view of holding workshops for other interested LINK members.
- Group members will start work on the area of spiritual care provision to patients with a particular focus on nurse training in this area.
- The group will look to further enhance their network of contacts by actively meeting and engaging with other patient support groups that are based at the hospital.
- Members will also focus on the quarterly complaints records compiled by the Trust to identify any common issues which can be added to their workplan.

### *Events with Care Quality at University Hospitals Birmingham*

Most importantly, the building of the new Hospital was the most absorbing issue in last year's events. By 25<sup>th</sup> June 2010, all patients from Selly Oak Hospital had moved to the new building in a massive midnight operation. A&E has been fully operational since midnight on 16<sup>th</sup> June 2010 which is a great achievement and deserves the highest praise.

Two group members have consistently over recent years contributed to the 'Models of Care' group at UHB, where quality of care issues were reviewed for the new Hospital. Signage and food provision were important issues and also the pathway of patients from arrival to completion of their consultation with a Doctor. Patients do not want to be concerned with secondary issues. Car parking for patients and visitors and the provision of parking for the disabled were high on the agenda. Helicopter issues were discussed and also the department of A&E.

The two group members were invited to visit the site at an early stage because talking about something is completely different from seeing the real thing.

We visited the 'old' Hospital on a Sunday to see the impact of the very costly Deep Clean Operation. On this occasion it was being carried out in the cardiac intensive care unit, where literally everything possible got removed and cleansed thoroughly. We learned that, contrary to one year earlier, members of staff in general have adopted the need for this expensive operation and recognized that it will only be sustainable when they co-operate wherever possible. This means that hand washing must be seen as a necessity and any other contribution in any form must be considered. It works well; with the rate of 'contaminated' reports going down dramatically. Reports on staff abusers have gone down dramatically as well!

Patient transport issues were issued at the Renal Department with dialysis patients experiencing long waiting times. For haemodialysis patients who dialyse three times a week, this was particularly difficult.

The West Midlands Ambulance Service Trust proposed a trial system involving the use of mobile phones to notify patients regarding their transport, the UHB Action group will be monitoring the implementation and progress of this system.

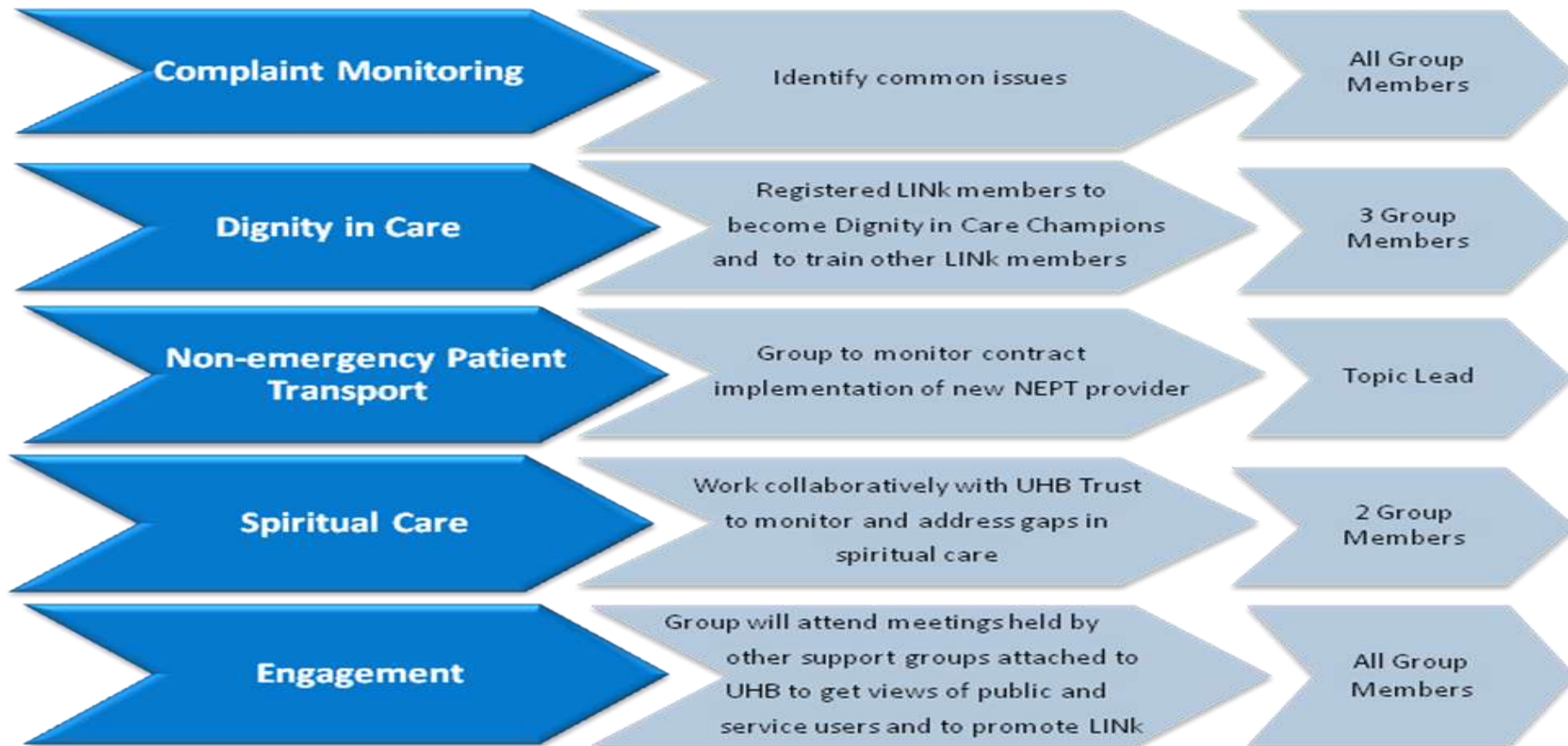
Two group members regularly attend the BARMA (Birmingham Arthritis and Musculoskeletal Alliance Group). Problems concerning rheumatoid arthritis are discussed and looked at by members of UHB staff who attend. These LINK members attended the National Rheumatoid Arthritis AGM in London in 2009 to air concerns on medication and the wellbeing of our patients. As a result, in July a London delegation will visit Birmingham to discuss problems and concerns about this group of patients. One of the LINK members will again attend and participate in the AGM of the Rheumatoid Society, which will be held in Leeds this year.

South Birmingham PCT (SBPCT) and UHB have a very close relationship. Attending SBPCT meetings by four LINK members on a monthly basis is necessary because a lot of problems concerning U.H.B can be discussed at SBPCT HQ, and vice versa. SBPCT started an initiative on falls-prevention, a scheme in which we are fully participating and even playing a vital role. We liaise with and have succeeded in effectively broadening the number of participating parties. We have hopefully reduced the number of avoidable accidents and consequently reduced unnecessary work for UHB.

A group member was invited to spend 30 minutes attending a food-appraisal survey in the Cancer Unit reception area. Food could be criticised on anything whatsoever, but the patients present were generally quite happy with what was on offer! A further visit by LINK's members on food issues is in the pipeline because delivery of food in the new Hospital will be completely different from the past.

The work of LINK members in UHB Action Group would never have been possible without the contribution of UHB Trust senior staff. An appropriate 'thank you' needs to be mentioned! Without their help we would have achieved nothing.

*Priorities for the University Hospitals Birmingham Action Group*



## Women's Health & Maternity (WH&M) Action Group

Chair – Elsie Gayle

Deputy Chair – Gurjit Kaur

### *Overview*

The Women's Health and Maternity Group was formed in May 2009 and is chaired by Elsie Gayle, an Independent Midwife in Balsall Heath and Deputy Chair, Gurjit Kaur, a Community Development Worker based in Heart of Birmingham.

During the initial WH&M meeting members expressed concerns on lack of awareness around Post Natal Depression (PND) as this was the personal experience of some of those attending the meeting. It was apparent listening to the individuals the similarities in each case and common concerns were being identified as:

- Individuals not aware of PND symptoms as it was not discussed in Ante-Natal classes
- GP / Health Visitors lack of awareness around PND
- Unable to access information on support services for BME groups with PND, was this a gap in service delivery?

In support of the concerns raised the WH&M members have been undertaking work around:

- Mapping PND services being provided in the city
- Attending PND support groups and speaking with service users and leads to identify common trends and gaps in service delivery
- Accessing research on previous studies on PND

In addition to the work being carried out above the WH&M members have supported the following:

- Maternity Services Review
- Birmingham saw a restructure of present maternity service delivery at Solihull Hospital, City Hospital and Sandwell General. The WH&M members were informed about various consultations taking place in the city and information was distributed for members to go along and have their say.
- The WH&M will continue to monitor and review the changes and consultations over the coming months.

## *WH&M Successes*

### **WH&M's "International Women's Day" Event – 9th March 2010**

To coincide with International Women's Day on 9<sup>th</sup> March 2010, the WH&M Action Group held a local event in the Bordesley Green area of the city.

The day was a great success with over 100 attendees of which over half expressed an interest to become part of the Action Group and signed up to be members.



### *Plans for the future*

- Liaise with Acacia Family Support Services to support the PND focus groups
- Deputy Chair to continue attendance and represent the WH&M action group on the Birmingham Health & Wellbeing Partnership & West Midlands Prenatal Steering Group
- Continue to attend the Maternity Service Liaison Committee - Women's Hospital
- The WH&M engagement strategy – The Chair will take part in local community radio stations. With the view of promoting the WH&M Action Group and raising awareness of the work currently being undertaken.

The group with the support of Chair will be arranging to hold several focus groups in Birmingham with past and present service users speaking about their experience of accessing PND support. The members feel this may support the need for a PND service directory to be made available to women as a one stop information booklet containing:

- What is PND? with symptoms/signs
- Organisation contact details
- Local support groups
- Case studies

### ***Maternity Services Review***

Birmingham saw a restructure of present maternity service delivery at Solihull Hospital, City Hospital and Sandwell General. Group members were informed about various consultations taking place in the city and information was distributed for members to go along and have their say.

The group will continue to monitor and review the changes and consultations over the coming months.

### ***Heartlands Hospital Maternity Ward Visit***

WH&M members plan to visit Heartlands Maternity Unit in June 2010 to speak to patients and staff on the ward to identify and share good practice of care being delivered and discuss any common concerns being raised by the patients or staff members. The visit is the first of two visits with the aim of providing a written report to HEFT board with our findings and recommendations. The members hope to continue with the patient engagement activity through further visits to maternity units in Birmingham.

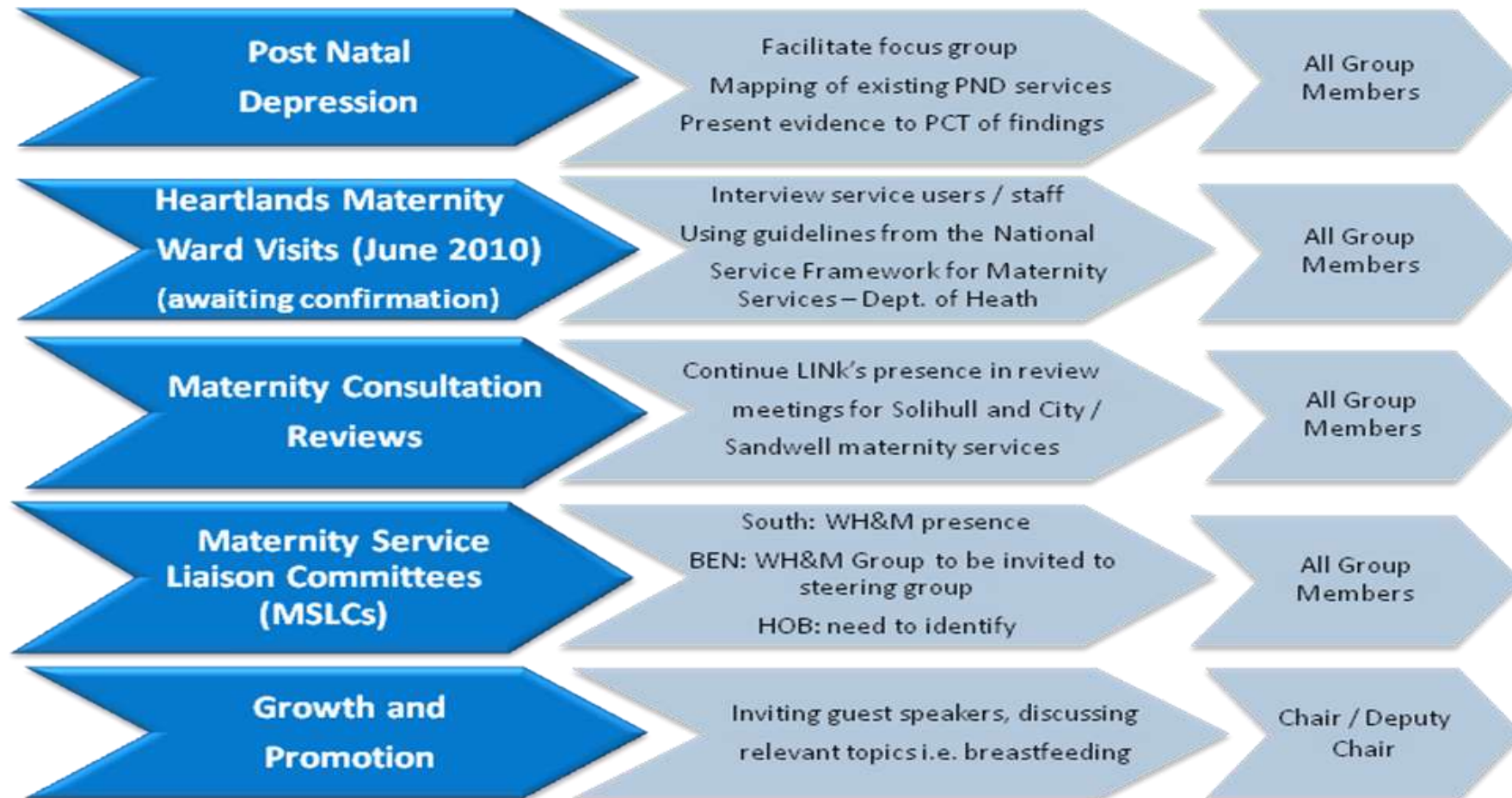
### ***Maternity Service Liaison Committee (MSLC)***

NHS Birmingham East & North (BEN) and Solihull NHS Trust have invited the Chair of the WH&M group to support the planning, structuring and implementation of BEN MSLC and are in the early stages for this. A workshop around will take place in early June 2010.

The WH&M Chair continues to sit on the MSLC for Birmingham Women's Hospital.

The group has a very challenging year ahead for them, with the proposed merger of the three PCTs and maternity services review.

*Priorities for the Women's Health & Maternity Services Action Group*



## Action Groups Under Development

### *Birmingham East and North (BEN) Action Group*

This group plans to form in June with four existing LINK members indicating their commitment to developing a workplan to include the current PCT merger proposal, upcoming GP Out of Hours Service consultation and developing BEN Action Group awareness.

### *Children & Young People Action Group*

This group has seen some activity during the year including setting up a Young Persons Forum in collaboration with the Birmingham Children's Hospital. A group of children and young people took part in a forum theatre day to explore how they could be part of the patient experience feedback processes at the hospital. In addition some of the forum members interviewed for a Lead Consultant in Adolescent Medicine.

This group will aim to develop a relationship over the coming year with the Children & Young People Participation Team at Birmingham City Council.

### *South Birmingham Action Group*

Core Group members in South Birmingham have been actively involved with both South Birmingham PCT and South Birmingham Community Health Trust (SBCHFT) through the Public involvement action groups. The members have also submitted statements for Quality Accounts for SBCHFT.

Eight core group members have been involved in these monthly meetings and the majority of the meetings are chaired by LINK Core Group members

The group will continue to develop its relationship with South Birmingham Community Health Foundation Trust which provides community and specialist NHS services within South Birmingham and beyond. This organisation is the health services provider arm within South Birmingham PCT and is in the process of separating from the commissioning arm.

# Training

---

## Training held during 2009 - 2010

### **Chairing, Minute-Taking & “Effective” Meeting Skills**

- Date: February 2010
- Trainer: Linda Cressey, Communique
- Delegates: 9 LINK members
- Course Outline: the importance, skills and role of the chairperson, why meetings fail, having a realistic agenda, why meetings fail, managing conflict in meetings and how to write ‘effective’ minutes
- Quotes: “Thank you very much for a very informative course - it was a lovely day.” “Very useful, so glad I was able to attend”

### **Community Engagement Workshops**

- Date: January 2010
- Trainer: LINK Host Facilitators
- Delegates: 14 LINK members
- Course Aims: confidence and assertiveness building; working with people; effective communications; knowing the professional boundaries; conflict management; identifying good and bad practice and LINK ‘product’ knowledge.

### **Core Group Induction**

- Date: September 2009
- Trainer: Pauline Owen, LINKs Academy
- Delegates: 15 LINK Core Group members
- Course Aims: role and responsibilities; differing expectations; working together effectively with others; identifying who are our key stakeholders.

### **Developing Assertiveness & Self-Esteem**

- Date: February 2010
- Trainer: Linda Cressey, Communique
- Delegates: 8 LINK members
- Course Aims: taking a step-by-step approach to understanding everything there is to know about how to become more assertive.
- Quote: “Many thanks for a stimulating and informative day, well done!”

### **Disability Discrimination Act (DDA) & Disability Equality Duty (DED)**

- Date: February 2010
- Trainer: Mark Gray, Mark Gray & Associates
- Delegates: 10 LINK members
- Course Aims: to gain an basic overview of the DDA and DED and its implications for statutory services together with the social implications of various types of disability relating to accessing public services.

### **Enter & View**

- Date: 16<sup>th</sup> November 2009
- Trainer: Pauline Owen, LINKs Academy
- Delegates: 11 LINK members (including the Enter and View Officers)
- Course Aims: exploring Enter and View - its expectations, aims, principles, process and code of conduct. Basic interview techniques, boundaries and confidentiality

### **Participatory Appraisal (PA) Training**

- Date: July and August 2009
- Trainer: LINK Host Facilitators
- Delegates: 18 over the two sessions
- Course Aims: to deliver empowered participants, better relationships, reliable and valid mapping of local knowledge, priorities and action as well as being a good tool to make decisions with.
- Quotes: “Excellent! - learnt new ways of engaging people into discussion and getting their views”. “I really enjoyed this kind of training - a mix of fun and work.”

### **Speak Easy - Level 1**

- Date: February 2010
- Trainer: Linda Cressey, Communique
- Delegates: 7 LINK members
- Course Aims: to develop public speaking / presentation skills - specially designed for those with very little, or no experience of public speaking or giving presentations.
- Quotes: “Thank you very much, I’m looking forward to the next course!” “It was brilliant.”

### **Understanding the NHS and Local Government**

- Date: October 2009
- Trainer: Pauline Owen, LINKs Academy
- Delegates: 12 LINK members
- Course Aims: introducing the NHS/Local Authorities and private providers; understanding respective roles, responsibilities and accountabilities; building strategic relationships with key groups.

### **Working Together as an Effective Committee**

- Date: November 2009
- Trainer: Pauline Owen, LINKs Academy
- Delegates: 9 LINK members
- Course Aims: what skills are required, what governance is needed; common values and beliefs; behaviours to make the best of your time

### **Training sessions being planned for 2010 - 2011**

- Community Engagement Workshops
- Dignity in Care
- Enter & View
- Participatory Appraisal Training
- PR & Media Skills
- Report Writing

# Consultations

---

Birmingham LINK has been very active in encouraging its members to participate in consultations and express their opinions. Being involved in consultations is an important way for LINK members to have real influence over health and social care in the city.

This year Birmingham LINK has established working relationships with the Public Participation and Involvement (PPI) managers of each PCT. This has enabled us to provide our feedback directly to decision makers, and allowed our members to have their say on issues they might have otherwise been unaware of. So far this year Birmingham LINK members have had their say on consultations such as:

- Mental Health Accommodation Care and Support
- Sandwell and West Birmingham, future of Maternity Services
- Solihull and East Birmingham, future of Maternity Services
- Dental Services future within Birmingham East and North
- Dental Services future within Birmingham South
- Main House proposed closure
- GP Out of Hours Services within Birmingham East and North, and Birmingham & Solihull Mental Health Foundation Trust
- Children's Heart Surgery at the Children's Hospital
- Carers Support Consultation in Birmingham East and North
- Birmingham Compact Refresh with Birmingham Be Heard

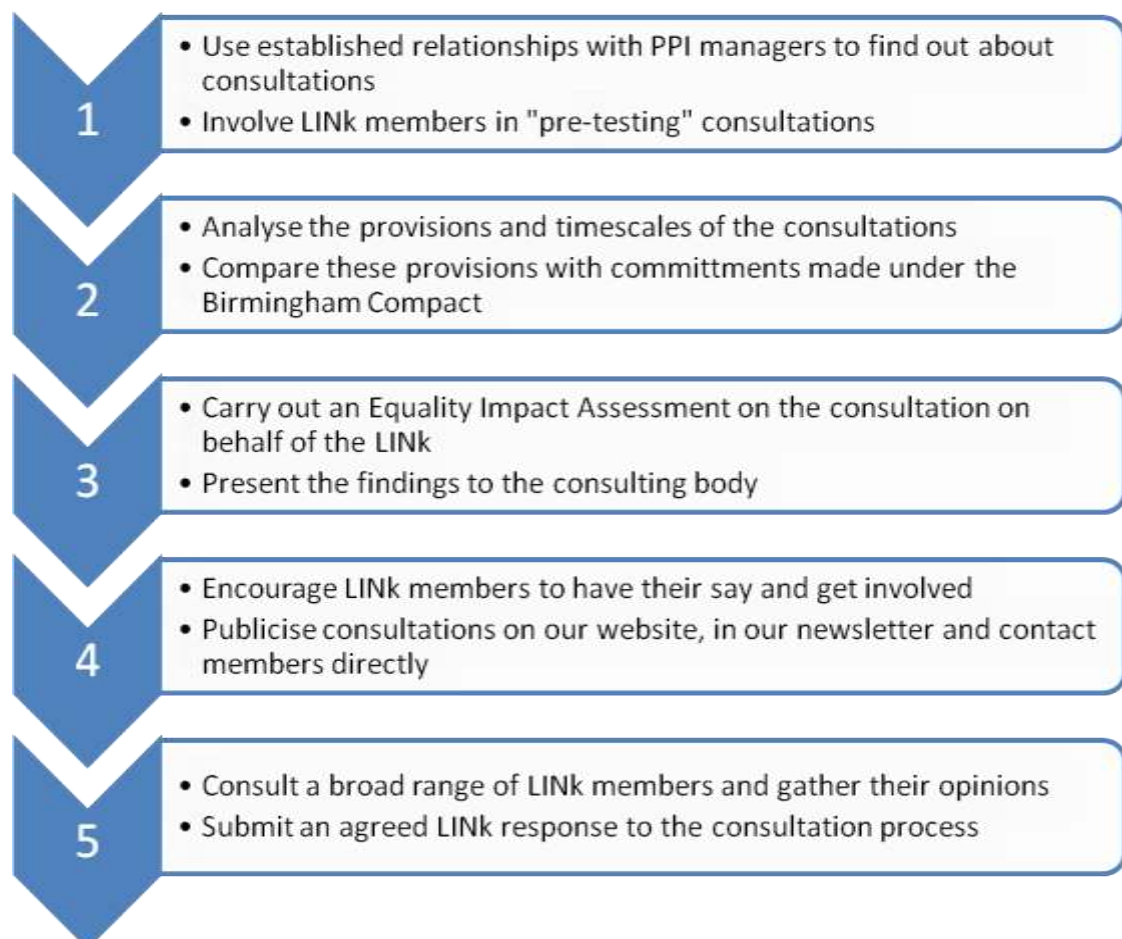
We are also ensuring that health and social care institutions meet their obligations to consult as widely as possible. The Birmingham Strategic Partnership and the Voluntary and Community Sector have agreed to a framework called the Birmingham Compact<sup>xii</sup>. This is a document that compels all signatories to run consultations to mutually agreed standards. Where we see that this has not been adhered to, we will seek full explanations.

The LINK is also going to hold health and social care organisations to account by carrying out Equality Impact Assessments. By assessing each consultation we intend to identify any potential impact resulting from the consultation that may have been unforeseen. It is essential that people are not excluded from the consultation process and we aim to aid consulting bodies in ensuring that this does not happen.

### *Plans for the future*

During 2010-2011, the Birmingham LINK intends to become even more involved in the consultation process, ensuring that all members have a chance to make a real difference to health and social care in the city.

With this in mind a five stage process has been developed in order to ensure that health and social care bodies that wish to consult the public meet their obligations under the Birmingham Compact. We want all service users to have a genuine say over the services they use. We hope that enforcing this process will allow this to happen.



# Quality Accounts

---

## *Introduction*

Quality Accounts is a way for the NHS to report publicly on the quality of its healthcare in terms of safety, effectiveness and experience.

The purpose of Quality Accounts is:

- To enable provider organisations to focus on quality improvement as a core function
- To enable the public to hold providers to account for the quality of NHS healthcare services they provide
- To enable patients and their carers to make better informed choices

Quality Accounts must contain information that is:

- Trustworthy and a fair picture
- Meaningful and relevant
- Allow for comparisons to be made
- Easy to access and understand

It is a statutory requirement on the NHS to produce annual Quality Accounts (ending 31<sup>st</sup> March) and there is the obligation on them to provide a draft of the Quality Accounts to the local LINKs by 30<sup>th</sup> April each year.

To date, Birmingham LINK has responded to the following Trusts with regard to their Quality Accounts for 2009/2010:

### *South Birmingham Community Health Trust*

We saw the significant reduction in waiting times in the Dental Hospital as a remarkable achievement and we have shown an interest in working alongside the Trust on their plan for new premises.

### *University Hospitals Birmingham*

Members of the UHB Action Group have been involved with the Trust throughout the year and received timely information. LINK acknowledges that the UHB has been open about areas of weaknesses and that it incorporated this information in the Accounts. One of our members takes part in the Trust's Care Quality Group and for this reason had some level of involvement in the production of the document.

### ***Royal Orthopaedic Hospital***

We met with the Chief Executive and the Director of Nursing in March 2010 to establish how the Trust can work with us from now on, in view that we intend to have a more direct relationship with the Royal Orthopaedic Hospital.

### ***Birmingham Children's Hospital***

Our members acknowledged the Trust's efforts to address the concerns highlighted in the Care Quality Commission report as well as feedback from patients, carers and staff alike. In our view, the new services that have been implemented are fundamental to the delivery of patient care, the quality of the patients experience as well as the clinical outcome.

### ***Dental Hospital***

The report reflected the continuing improvement and updating of the services offered within the Dental Hospital. Taking into account that it is a Teaching Hospital and also a research centre, it is a remarkable achievement waiting times have come down and that standards are maintained at a very high level. We look forward to working with the Dental Hospital in progressing their plans for new premises.

# Community Engagement

---

Birmingham LINK members have embraced a community engagement plan that focuses on targeting the hard to reach, which include those in full-time employment, younger people and BME communities. The LINK should represent as many people as possible in Birmingham and therefore it aims to target the people we have more difficulties in recruiting by using channels that they use and feel comfortable with.

We empowered members with tools and techniques of engagement for them to work more effectively with their communities. One of the tools we used to address this issue was forum theatre (January 2010). At first, members were asked to observe live actors' performances and were later asked about the behaviour of each character and how they would deal with their behaviours if challenged. They were also prompted to come up with tailored answers to address the needs or issues each character brought forward and some even volunteered to role play as part of the exercise. As a result, members started to realise that their approach to engagement needs to take into account the circumstances and the people that they are dealing with. They were also made aware that they should be as knowledgeable about LINKs as possible. So far, the feedback on this workshop has been very positive and LINK plans to run more of these in the near future.

## *Birmingham LINK Website*

We set up our first website - [www.birminghamlink.org](http://www.birminghamlink.org) - just before the public launch of Birmingham LINK in March 2009. At the time the focus was to promote Birmingham LINK more than anything else. It has been brought to our attention that members wanted the site to do a lot more than what had been planned originally because they believed that it should support LINK's vision more broadly and offer visitors multiple ways to engage and support us in our efforts to make a positive impact in health and social care.

## *Formation of Engagement Sub-Group*

Following on from our community engagement training, we ascertained that the creation of an Engagement Sub-Group would enable LINK to:

- Develop the engagement work plan
- Discuss and agree on marketing and communications campaigns

The group held its first meeting in early March 2010 and has since agreed on a number of priorities, some of which are described under *Next Steps*. Within the period covered in this report, the group has reviewed some of Birmingham LINK's main literature and agreed on an editorial team to manage Connect, our newsletter. The group is also responsible for Birmingham LINK's marketing budget.

### ***Participatory Appraisal Training***

Through the use of Participatory Appraisal (PA) training, we have engaged widely in the community, as it is demonstrated in the case study about the Alum Rock Youth Project which can be found further on in this report.

PA is a method for research and learning which originated in the developing world and is now becoming a popular approach in communities in the UK. It is an approach that places equal value on the knowledge and experience of local people and their ability to come up with solutions. PA uses visual tools to stimulate discussion, reflection and analysis. Two PA sessions were carried out at the ARYP.

*\*See appendix for full list of events*

## What We Achieved

---

We at Birmingham LINK have been actively engaging with communities and stakeholders in the period covered in this Annual Report. One of the main outcomes of our work was the conducting of a survey at Heartlands Hospital that raised some points of concern from staff and patients alike. Heartlands has acknowledged our findings and welcomed our suggestions. We will be working in partnership with the hospital to make sure that the issues will be investigated so that improvements can be made. It is important to emphasise that there was positive feedback as well as negative. However, our focus on issues and concerns reflects our ethos, which is to make a positive impact in health and social care in Birmingham. LINK plans to use the lessons learned in this project to assess services in other hospitals across the city.

Our use of participatory appraisal techniques, to give people the confidence to have a say on health and social care, has been a tremendous success. In fact, local involvement networks in other parts of the country have approached us for training and guidance on the matter. This demonstrates that participatory appraisal can break barriers where communities may feel intimidated by other mechanisms for engagement. We are planning to train people to use another type of methodology (Voice). This will enable us to use elements of both tools when dealing with groups of people who would struggle to have a say through more conventional methods, like the use of PowerPoint presentations, forms and questionnaires.

We held our first forum for young people at Birmingham Children's Hospital, using another innovative approach to engagement (forum theatre) and through that we enabled children to express their views on health and social care. The main achievement in this exercise was the fact that the hospital is now using some of the children who attended the event to support them in the recruitment of staff. This is in line with our main objective, which is to empower people in Birmingham so that the health and social care agenda can be based upon what their real needs are.

## CASE STUDY 1: HEARTLANDS HOSPITAL

### *OVERVIEW*

In August 2009, over a period of two days, the Birmingham LINK carried out surveys gathering the opinions of 195 visitors, patients and staff of the Heartlands Hospital. Later in the year we were contacted by two concerned citizens of Birmingham both of whom wanted to raise their concerns about the level of care that a family member had received at Heartlands Hospital. As a result it was decided that the LINK, with the full co-operation of the Heart of England Foundation Trust (HEFT), would carry out additional, and more detailed, surveys in order to discover the true extent of the problems at Heartlands.

The LINK team visited Heartlands Hospital on three separate occasions in mid-January, varying the time of attendance and their location. The three days of availability were publicised around the hospital for two weeks prior to the LINK team visit. The purpose of this visit was to gather information from patients, carers / relatives and staff and not pursue any agenda or opinion that Birmingham LINK members may have held.

Two separate surveys were carried out, one aimed at service users experience and the other aimed at staff. 80 patients and 52 members of staff completed the survey and the collated results from the surveys, along with the two detailed pieces of anecdotal evidence from relatives of patients provided the content of a report, which was presented to (HEFT) and the Care Quality Commission (CQC), ahead of the CQC's Health Service Provider Licensing "evidence" deadline of 31<sup>st</sup> January.

The survey results helped to paint the picture of a hospital where a number of serious care issues need to be addressed, and a hospital where a significant number of staff feel stressed and unable to carry out their jobs effectively.

The Birmingham LINK was of the view that the combination of the survey findings and these pieces of evidence merited yet more specific and searching questions being asked. Two dates in March were agreed with HEFT to carry out further surveys to cover both Outpatients and Maternity services.

Following the presentation of the Birmingham LINK Heartlands Interim Report to both the Care Quality Commission (CQC) and HEFT at the end of January 2010, the HEFT senior management invited the LINK to meet with them. The intended objective being to understand the findings of the report and to establish if there is any way for the independent LINK to monitor, and if possible contribute to the Trust improving the services it provides to the people of Birmingham. That meeting took place on the 22<sup>nd</sup> March 2010.

The LINK members met and heard presentations from:

- Head of Patient Experience
- Chief Nurse
- Director of Human Resources
- The Chief Executive

At the end of March, the CQC only allowed HEFT to be registered with conditions, requiring the Trust to make improvements over staff shortages and patient safety, areas which the Trust itself had identified as requiring improvement, and which featured as prominent concerns arising out of the LINK surveys and report too.

A series of follow-up actions were agreed by all parties present, summarised under the following headings:

#### ***SKILL MIX AND STAFFING LEVELS***

- HEFT will invite LINK members to attend the Induction training course
- HEFT will advise LINK of the Stress Management training and provision, included in Induction, ongoing awareness, occupational health provision and external phone referral service
- HEFT to provide LINK with details of the Level 4 training programme to provide support for the Registered Nurses
- HEFT to work on it plans to achieve the correct skill mix

#### ***EDUCATION***

- HEFT to advise on what Leadership programmes are currently offered
- HEFT to share the Annual and Alternate Year mandatory training matrix
- HEFT to work on how attendance at courses is monitored and staff absences caught up
- Records of how the training is checked and recorded to be embedded in the individuals areas of work

### ***CLINICAL MANAGEMENT/SUPERVISION***

- HEFT to advise of staffing policy in regard to adequate senior support available to staff nurses, who may not have the experience to deal with challenging situations.
- HEFT to invite LINK in to understand and assess the “Tough Book” system from patient interview, through result monitoring, to remedial actions.
- HEFT will demonstrate how Policies and Procedures are available to all staff and how staff are regularly briefed, on new or changed policies and procedures.
- HEFT to confirm the introduction of a prominent “Kiosk” where anyone can go in and confidentially record a comment/suggestion.

### ***POSTSCRIPT***

These actions were finally confirmed by the HEFT management in a formal meeting in June, in which a number of potential ongoing roles for the Birmingham LINK were also agreed to be explored. These will be subject to agreement by a Birmingham LINK, HEFT Action Group, which will arise from this activity.

## **CASE STUDY 2: ALUM ROCK YOUTH PROJECT**

### ***OVERVIEW***

Contact was firstly made with the Alum Rock Youth Project (ARYP) in June 2009. The project supports 120 Muslim males who are between 11 – 19 years of age. An ongoing process of consultation was carried out using a technique called Participatory Appraisal was used over two sessions. After this period of consultation a group of young people were supported to design and carry out their own surveys.

### ***FINDINGS***

The main concerns expressed by the young people who attend the ARYP were around the lack of activities/facilities in the area and the impact that this has on the rest of the community. The main findings from both PA and the survey are that there are not enough local activities or facilities, which is a particular problem because the young people commented on feeling unsafe when visiting areas in specific postcodes. Their local park was considered as unsafe due to anti-social behaviour such as gangs and drug use.

The young people felt that the impact of a shortage of activities was an increase in antisocial behaviour, increased negative stereotypes of young people and an increase in criminal activity. Suggestions for overcoming some of these concerns were the introduction of a leisure centre, creating a more 'user friendly' park and more partnership working between local organisations (e.g. ward support officers, the police and schools).

### ***ACHIEVEMENT***

The finalised report is being distributed to the Councillors local to Alum Rock for their information and the local authority, with a LINK offer to re-engage with this community, and arrange for councillors and local authority representatives to hear for themselves and discuss directly with the group members, their concerns and wishes.

If we are successful in getting this group to be able to have its say directly to the decision makers, we will have opened up the opportunity to approach them on any number of relevant issues where their rarely heard opinions can be accessed directly.

## **CASE STUDY 3: ADVOCACY SERVICES IN BIRMINGHAM FOR PEOPLE WITH MENTAL HEALTH ISSUES**

### ***OVERVIEW***

In June 2009, one of our members volunteered to undertake a mapping exercise of advocacy services for people with mental health issues in Birmingham. This was carried out for the Birmingham LINK Mental Health Action Group. This report was completed in December 2009.

The report findings were presented as:

- **Providing** an overview of the arrangements in Birmingham for each type of advocacy.
- **Concerns** with the advocacy arrangements for inpatients in the Children & Adolescent Mental Health Service and the Learning Disability Services.
- **Summary** of the advocacy arrangements in the independent sector, that is, registered establishments which can take patients detained under the Mental Health Act 1983.

### ***ISSUES OF CONCERN***

Four issues of concern were identified from this mapping exercise:

1. The lack of a statutory service for some qualifying patients in Birmingham despite the best efforts of the various mental health act managers. The fact that it is not available to all as an issue of serious concern was raised to, and discussions are ongoing with, the Care Quality Commission.
2. There appears to be age discrimination in the commissioning in the general advocacy sector - there does not seem to be any general advocacy services commissioned by the PCTs for people over 65.
3. An apparent lack of co-ordination / communication between commissioners in this area of service provision.
4. The lack of a welfare rights and debt service to all service users. This seems to be the result of a historical configuration of services. Our opinion is that this should be a service available to all service users of BSMHFT and it ought to be jointly commissioned.



The report has been sent to and acknowledged by:

- Chairman - Health Overview & Scrutiny Committee
- Director of Strategic Delivery - Birmingham & Solihull Mental Health Foundation Trust
- LINK Project Manager - Birmingham City Council
- Strategic Director - Adults & Communities Directorate, Birmingham City Council
- Cabinet Member for Adults & Communities - Birmingham City Council

### ***ACHIEVEMENT***

With this report, Birmingham LINK identified gaps in service provisions for over 65s and a lack of a welfare and debt service, which we brought to the attention of the responsible bodies.

## **CASE STUDY 4: WARD END ASIAN ELDERS ASSOCIATION**

### ***OVERVIEW***

Ward End Asian Elders Association is a community hub based in Washwood Heath, Birmingham. The group is made of local residents and is majority attended by local Pakistani men aged 60 and over.

As part of promoting Birmingham LINK, LINK representatives were invited to meet with the group to raise awareness of LINK activities and inform the group of how they can get involved.

### ***FINDINGS***

It was apparent at the initial meeting common concerns were being raised by the group around dissatisfaction with local GP services.

The following main themes were identified as causes:

- Appointment System/Opening Times
- Conduct of receptionists
- Referral Systems
- GP relationships/consultations
- Complaints system

*(Further information of methodology used to identify concerns raised by this group can be obtained from Birmingham LINK requesting **Participatory Appraisal – Ward End Asian Elders Report**)*

A further 3 workshops were carried out with the group using the Participatory Appraisal tools to identify the direct causes of the main themes stated above

### ***AN AGREED ACTION PLAN***

The Ward End Asian Elders Association was in agreement that they would like more information on the Patient Advice and Liaison Service (PALS) as some of the concerns being raised were individual cases of dissatisfaction around their GP and Hospital care.

In regards to the concerns raised around GP services the group felt they would like to bring this to the attention of the NHS Birmingham East and North (BEN) Contracts and Commissioning Team, who oversee performance management for GP services.

### ***OUTCOME***

A representative from PALS came and met with the group and gave a presentation. The group was informed of the services PALS provides and how those services can be accessed, and also informed the group that support is available in several South Asian community languages. This was warmly welcomed by the group, as some members identified communication as a barrier for not being aware in accessing services.

The NHS BEN team were approached and were very co-operative, welcoming a meeting with the group.

At the meeting an interpreter was made available to support participation in the meeting for non- English speaking members and provided them an opportunity to have their say.

### ***CONCLUSION***

The meeting between both parties was positive and raised awareness on both sides.

For the Ward End Asian Elder members it provided an insight for the group to understand some terms of the contract shared between the GP and NHS commissioners, under which the GP is performance managed (appointments, patient registration, out of hours service being key contract performance indicators).

NHS BEN also highlighted the importance of registering concerns/complaints with PALS, in order to support Commissioners in taking up issues with GP practices.

From the BEN team we received very positive feedback, as they referred to this event as a rare opportunity to have face to face contact with service users and receive views on services commissioned under NHS BEN.

### ***FUTURE PLANS***

Ward End Asian Elders Association members have elected to be part of the Older Person Action Group (OPAG). The OPAG members will be meeting at the Ward End Asian Elders Association in June 2010 to continue working relations and develop together the OPAG action plan.

# Income and Expenditure

---

Income	£	LINK Directed Expenditure	Actual £
2008/2009 Budget C/F	136,848	Office Base	20,000
2009/2010 Allocated Budget	446,543	Stationery	6,639
<b>2009/2010 Total Budget</b>	<b>583,391</b>	Insurance	706
		Telephone	2,541
		Printing & Postage	9,577
		IT Infrastructure	5,404
		CRB Checks	345
		Recruitment	3,207
		Events & Promotion	87,389
		Literature	7,945
		Website Design & Maintenance	16,685
		Storage	797
		Volunteers Expenses	5,268
		Venue Hire	19,027
		Core Group Election	2,997
		Training	28,583
		<b>LINK Directed Total Spend</b>	<b>217,110</b>
		<b>Host Costs</b>	
		Support Staff Salaries	183,039
		Travel Expenses	1,995
		Management Charge	90,000
		<b>Total Spend - 2009/2010</b>	<b>492,144</b>
		<b>C/fwd to 2010/2011 Budget</b>	<b>91,247</b>
<b>2010/2011 Allocated Budget</b>	<b>449,907</b>		
<b>Total budget available up to 31<sup>st</sup> March 2011</b>	<b>541,154</b>		

## Next Steps

---

### Planning Day

The LINK planning day will take place at The Centennial Centre in May 2010. The aim will be to produce an action plan for Birmingham LINK based on:

- The lessons learned from growing the LINK up to 31 March 2010
- The recent report from Glamorgan University on “How the LINK can add value to patient Engagement”
- The need for Birmingham LINK to unite behind a core number of priorities
- Succession planning post April 2011

This will be an all day event and will be designed to allow LINK members to set three key priorities for LINK to champion across the city. The day will be open to all active Action Group members and we hope that as many people will be able to attend as possible.

This day should not be seen as a challenge to the authority of the Action Groups or the Core Group. It is paramount to the credibility of the LINK that we can visibly demonstrate tangible results during 2010-11. This will be the purpose of setting LINK wide priorities during the planning day.

It is hoped the planning day will produce some positive results for the LINK and allow us to move forward together while achieving some visible success.

### *Expanding Our Reach*

Although we have engaged with many people and groups, as described above, we have decided that it is time to widen the participation of Birmingham citizens and this is why we have embraced an engagement plan that we believe will reach those in the community who are yet to learn about us and how important our work is. Part of this engagement exercise will include partnership with councillors, as we have developed a pack that will allow them to have a more direct relationship with LINK. They will share concerns that are brought to their attention in surgeries through a very simple mechanism: a postcard-sized form that can be forwarded to us free of charge. This will also be used as a mechanism to engage with MPs and other community representatives.

### ***Lesbian, Gay, Bisexual and Transgender (LGBT) Community***

Birmingham has a thriving LGBT community, with people coming from across the country and even from overseas every year to celebrate Gay Pride. The gay village is a popular place and in general the city centre has a very gay friendly atmosphere. The LGBT Forum have reported that there are many health and social care issues that are specific to this community and that LGBT life covers a lot more than celebrating Pride and being in the gay scene. For instance, the older generation are potential targets for homophobic bullying once they are forced to leave their homes because of an illness or disability. Bullying of this kind, although less common than some decades ago, often affects the younger generation too, which can severely affect their confidence and even result in them dropping out of school altogether.

With this in mind, Birmingham LINK intends to establish a strong relationship with representatives of the community to have inside knowledge of the issues affecting them and to help them improve their specific health and social care needs.

### ***Learning Disabilities***

The health and social care needs of people with learning disabilities is an issue that Birmingham LINK plans to explore further in the future. We have already taken part in events and discussions on this topic but we feel that more work needs to be carried out so that we can have a positive impact in service delivery catering for the needs of people having any type of learning disability. One LINK representative is on the Birmingham Learning Disabilities Partnership Board.

### ***Homelessness***

There is a perceived stigma about homelessness, with few people understanding the reasons why people do not have a place to live. This stigma can result in homeless people not being supported because some in society will put the blame on homeless people themselves. We at Birmingham LINK plan to work in partnership with organisations supporting homeless people and make use of our statutory powers to enable their voices to be heard, so that their health and social care needs are taken into account during the commissioning and provision of services.

### ***Dignity in Care***

In addition, the Dignity in Care initiative has been chosen as one of the key priorities for the LINK. Seven members have undertaken “Train the Trainer” training in this subject and their knowledge will be cascaded to LINK members. The principles of this programme will be incorporated into the Enter and View strategy.

Finally, we would not have achieved so much without the support of our members, who worked hard on behalf of the people in Birmingham for LINK to have a positive impact in health and social care. There were, and remain so, a number of challenges in our path, such as gaining the public's acceptance of the LINK. Nonetheless, our determination to make Birmingham LINK succeed has reaped some benefits. We engaged with communities more, developed our membership to become proactive citizens and champions of our cause, built strong relationships with representatives of the NHS, Local Government and Adults and Communities, and are starting to have a positive impact in the way services are commissioned and delivered.

### *Development of the Birmingham LINK Website*

In view of the suggestions made by members with regard to the current website, it was decided that the site should be redeveloped to include Web 2.0 technology (which offers more opportunity for people to interact with the site), such as RSS, Facebook, Twitter, Flickr and Vimeo.

- RSS feeds: Technology that enables websites to list news items or any other type of web content based on specific topics. For example, this will add relevant articles on mental health directly onto our Mental Health Action Group page.
- Facebook: One of the most popular social networking sites. People use it to keep in touch with friends, work colleagues and to follow their favourite bands, artists or organisations. Birmingham LINK will have a Facebook page that will link to the website.
- Twitter: Another social networking site but this time people can only share short messages. It has become popular among the younger generation and organisations use it to update their followers, strengthening brand awareness. We intend to reach a broader audience, especially among younger people, by using Twitter as well as Facebook.
- Flickr: A digital photo album used by the public and organisations alike. Through Flickr, we will have a central location for all the imagery that we use on the site. This will make the update of the site a lot simpler than using more traditional methods.
- Vimeo: This is a digital video album. We will use this portal in the same way we use Flickr, but archiving video content only.

With this in mind, not only will visitors to the site have access to information about the LINK but also content on health and social care from stakeholders and the media. It is hoped that this will increase site visits and allow us to engage in conversations with the type of people who traditionally do not have time for face-to-face interactions.

### ***Social Media Surgeries***

We are investing in technology to engage with people in Birmingham but we would also like to give people with fewer IT skills the opportunity to have a say about health and social care online if they so wish. This is the reason why we are planning to roll out social media surgeries throughout the city. We will be taking the experts to those who would like to learn more about Web 2.0, which should enable them to learn how to use technology to empower their communities. In exchange, we would like to use information from their blogs or websites to divulge the needs of their communities in our revamped website and in other media channels that we may decide to use.

### ***Community Radio Stations***

Rather than utilising commercial stations, our members agreed that community radio was a more appropriate arena for LINK to both raise awareness of our cause and to hear from people's views about health and social care. LINK has already approached a local station in an area of Birmingham with a very strong BME presence and expects to roll out a campaign, first with this station and then exploring other stations with a community ethos. This will be an opportunity to spread the word about LINK, to recruit new members and to develop some of our members who have an interest in media in general.

### ***Community Engagement Workshops***

Birmingham LINK encourages support from its members and are keen to help volunteers develop their skills in engaging with the communities we represent.

We have organised a number of interactive workshops that focussed on providing the tools needed to represent LINK with confidence at meetings and events.

We expect to continue with these workshops in the future helping new members become part of the LINKs team.

### ***Other Methods***

Last but not least, we do make use of a wide range of marketing tools to engage with people, such as Connect (our members' newsletter), posters, flyers, adverts, etc. These are very important tools but one should not underestimate the effectiveness of word of mouth. By preparing members to promote LINK effectively and by delivering results, we will be better placed to promote our cause, which will result in a positive impact in health and social care delivery in Birmingham.

# Acknowledgements

---

As can be seen from this report, a great deal has been achieved in the year since the official launch of the Birmingham LINK on 31<sup>st</sup> March 2009.

These achievements would not have been possible, if committed LINK members had not given their time, skills and enthusiasm. It would be wrong to mention any individuals or groups by name as one of the principles of the LINK initiative is that people can be involved as much as they have time for and are comfortable with.

So thanks on behalf of Birmingham to all those who have done anything, from filling in a questionnaire, attending a community event, offering a suggestion for improvement to the LINK, or being part of an Action Group or any of the groups along the way.

This year has been both rewarding and at times challenging, there have been barriers to overcome and as with any new initiative, a fair share of teething problems. However, we are proud of our achievements and are looking forward to another productive year.

There are many varied activities already underway and if you have not been in touch with the Birmingham LINK yet, please do so, Have Your Say, and if you have time, help us to Make it Happen. We would value your contributions.

## **Birmingham LINK**

C/o Gateway Family Services Community Interest Company  
Radclyffe House  
66-68 Hagley Road  
Birmingham  
B16 8PF

**Freephone:** 08006 525 278

**Email:** [info@birminghamlink.org](mailto:info@birminghamlink.org)

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

## Appendix 1: Birmingham LINK Membership Figures

Constituency	Edgbaston	Erdington	Hall Green	Hodge Hill	Ladywood	Northfield	Perry Barr	Selly Oak	Sutton Coldfield	Yardley	Out of Area / Unknown	Total
<b>Total members</b>	95	79	100	64	216	57	153	16	54	101	599	1534
<b>Gender breakdown</b>												
Male	32	22	25	16	60	14	39	2	13	37	160	420
Female	59	50	67	32	146	37	97	12	40	52	388	980
Unknown	4	7	8	16	10	6	17	2	1	12	51	134
<b>Gender totals</b>	95	79	100	64	216	57	153	16	54	101	599	1534
<b>Ethnicity breakdown</b>												
Asian or Asian British	9	15	24	21	89	4	46	0	5	14	185	412
Black or Black British	7	9	4	8	28	0	27	0	1	4	63	151
Mixed	1	4	3	3	8	2	6	0	0	3	28	58
Other	40	27	6	12	55	6	31	7	14	19	14	231
White	38	24	39	20	36	30	43	9	34	61	170	504
Unknown	0	0	24	0	0	15	0	0	0	0	139	178
<b>Ethnicity totals</b>	95	79	100	64	216	57	153	16	54	101	599	1534
<b>Age breakdown</b>												
0 - 17	0	3	4	4	17	0	3	0	7	1	30	69
18 - 25	8	11	12	7	17	6	21	0	5	15	73	175
26 - 49	26	27	27	29	99	13	61	4	8	42	244	580
50 - 64	19	10	17	7	26	11	19	3	9	14	84	219
65+	11	4	13	6	11	6	21	1	11	8	38	130
Unknown	31	24	27	11	46	21	28	8	14	21	130	361
<b>Age totals</b>	95	79	100	64	216	57	153	16	54	101	599	1534
<b>Representative</b>												
Individual	85	72	90	61	200	51	149	12	54	95	537	1406
Group/Organisation	10	7	10	3	16	6	4	4	0	6	62	128
<b>Representative totals</b>	95	79	100	64	216	57	153	16	54	101	599	1534

## Appendix 2: List of Events Undertaken during April 2009 to March 2010

21/04/2009	Birmingham LINK Information Session	Promotions
26/04/2009	Vaisaki Mela - Handsworth Park	Promotions / Networking
11/05/2009	Erdington Neighbourhood Office	Promotions
12/05/2009	Birmingham LINK Information Session	Promotions
12/05/2009	Community Engagement - Chinese Community Centre	Promotions/ Networking
13/05/2009	Birmingham LINK Information Session	Promotions
18/05/2009	Presentation at Accocks Green Neighbourhood Office	Promotions / Networking
19/05/2009	Skills for Life Bus - Aston	Promotions
19/05/2009	Waitrose, Harborne	Promotions
20/05/2009	Skills for Life Bus - Aston	Promotions
20/05/2009	City College	Promotions
22/05/2009	Community Engagement Conference - Somalian Community	Promotions
22/05/2009	Cottesbrooke Infant School - Health Week	Promotions
22/05/2009	The Mall - Sutton Coldfield	Promotions
23/05/2009	Handsworth Community Fire Station	Promotions
24/05/2009	Race 4 Life - NEC Arena	Promotions / Networking
28/05/2009	PD Ref Group & Search Team Open Meeting	Promotion / Networking
01/06/2009	Presentation at Sparkbrook Neighbourhood Office	Promotions / Networking
02/06/2009	Skills for Life Bus - Aston	Promotions
10/06/2009	Presentation to Hodge Hill Ward Committee	Presentation
12/06/2009	Schools Festival	Promotions
16/06/2009	Adults and Communities Conference	Promotions / Networking

17/06/2009	Third Class Services for People with Learning Disabilities	Promotions
17/06/2009	Diabetes & Health Awareness Day - Desi Nawab Centre, Washwood Heath	Promotions/Networking
22/06/2009	Community Engagement Week - Mashriq Challenge Resource Centre	Promtions / Networking
26/06/2009	Community Engagement Week - Mashriq Challenge Resource Centre	Promotions /Networking
28/06/2009	Aston Pride Family Festival @ Villa Park, Aston	Promotions/Networking
01/07/2009	Parent's Morning at The International School	Promotions
06/07/2009	Workshop - Alum Rock Youth Project	workshop
11/07/2009	Stockfield's Residents Association Event	Promotions
14/07/2009	Men's health event - Nechells	Promotions / Networking
19/07/2009	EID Mela - Kings Heath Park	Promotions / Networking
19/07/2009	"The Big Lunch" Community Engagement - Ward End Park (covering Shard End, HodgeHill, Washwood Heath)	Promotions/Networking
20/07/2009	Workshop - Alum Rock Youth Project	workshop
26/07/2009	Sheldon Countryside Festival	Promotions / Networking
03/08/2009	Guajarati Community Health Event - Sparkbrook	Promotions / Networking
08/08/2009	Young Persons Day - City Centre	promotions/networking
17/08/2009	Heartlands Hospital	Promotions
19/08/2009	Heartlands Hospital	Promotions
20/08/2009	Workshop - Ward End Asian Elders Association	Workshop
22/08/2009	Handsworth Community Fire Station	Promotions
22/08/2009	First Class Youth Network - Handsworth	Promotions
28/08/2009	Cultural Awareness Day	Promotions
29/08/2009	"Birmingham LINK Family Fun Day"	Promotion / Networking / Consultation
03/09/2009	Soho Patient Network Meeting	Promotions
07/09/2009	One Stop Patient Network Meeting	Promotions
10/09/2009	Perinatal Peer Support - Highgate	AG workshop / promotions

13/10/2009	Presentation to the LGBT Forum	Presentation
13/10/2009	Influencing Local Designs - Workshop for BME Women - Birmingham City Centre	Workshop
16/10/2009	Presentation at Mother & Toddler Group - Brambles Sure Start Centre, Kingstanding	Presentation
22/10/2009	Presentation at Ward End Library - Washwood Heath Road	Promotions
26/10/2009	Workshop - Womens Health & Maternity Group - Moseley	Workshop
31/10/2009	Newton Community Event	Promtions / Networking
03/11/2009	Hall Green Constituency Older Persons Forum	Promotions
11/11/2009	Hodge Hill Ward Committee	Presentation
19/11/2009	BACOP Annual Conference	Promotions
01/12/2009	Women's Networking Hub Workshops	Promotions
03/12/2009	Carers Rights Day & Eid 2009 - Alum Rock	Promotions
17/12/2009	South Birmingham PCT Personal Health Forum	Promotions
20/01/2010	WRAP Open Day	Promotions
09/02/2010	Amina Open Women's Day	Promotions
06/03/2010	Women's Embracing Diversity	Promotions
26/03/2010	"Dying Matters" Event	Promotions
27/03/2010	UHB Engagement Event	Promotions

## Appendix 3: Evaluation from a LINK Event



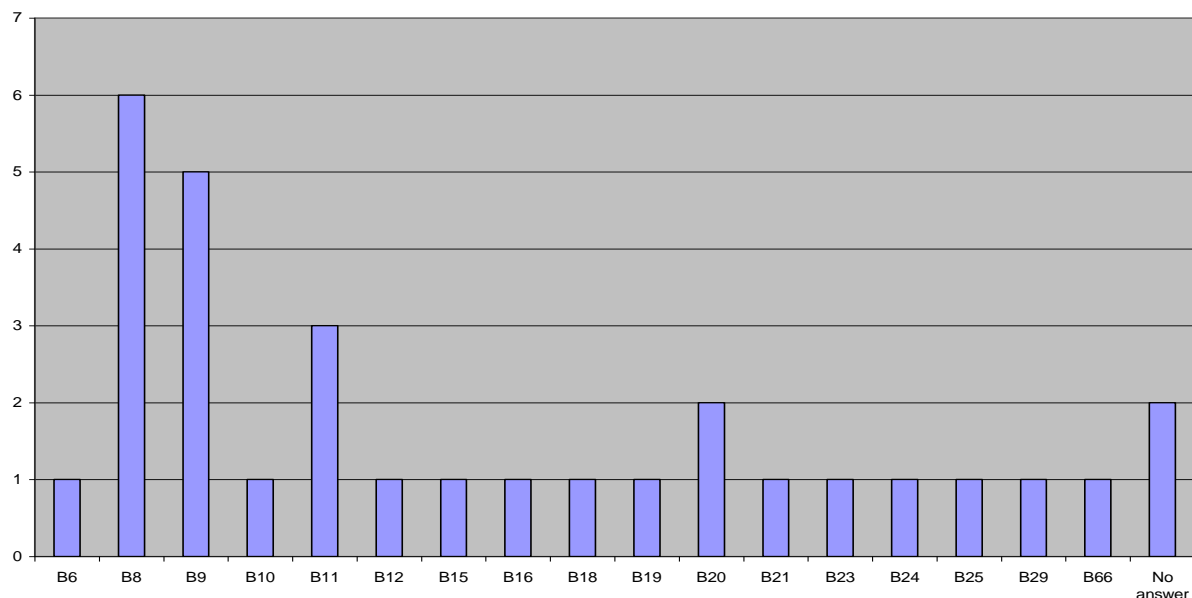
### MEN'S HEALTH EVENT – 14<sup>TH</sup> JULY 2009 EVALUATION REPORT



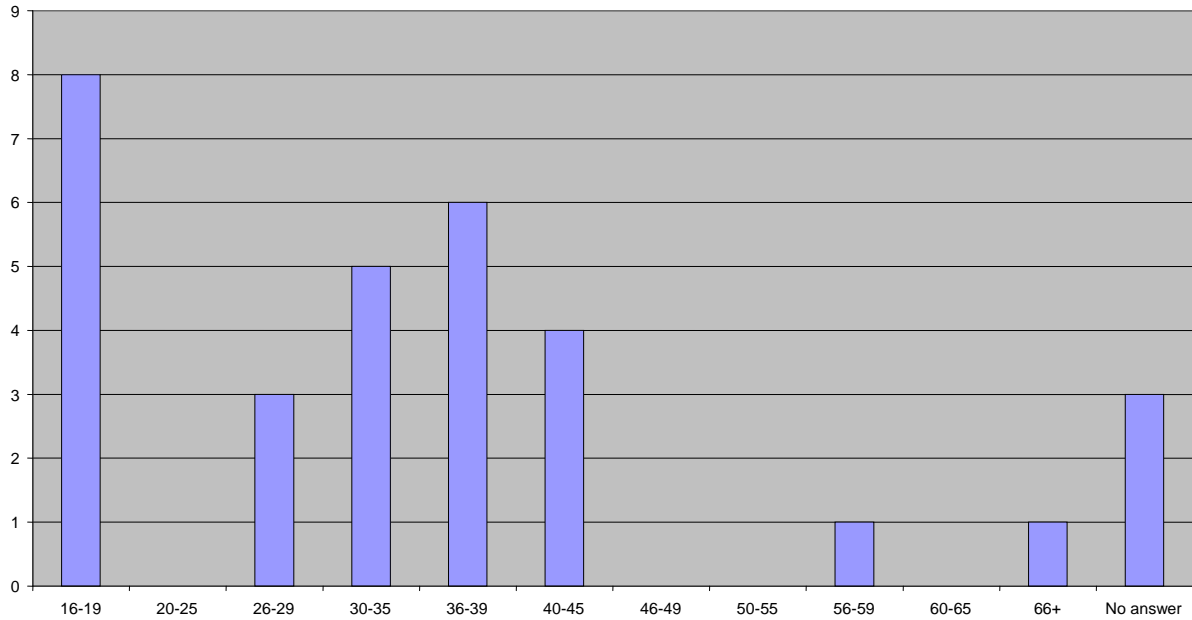
This event was funded by Birmingham LINK and Ashram Housing. The aim of the questionnaire used on the day was to collect information around health services within Birmingham. With the data collected, we aim to highlight men's experience of health services. A total of 31 questionnaires were completed on the day.

#### SECTION 1. GENERAL INFORMATION

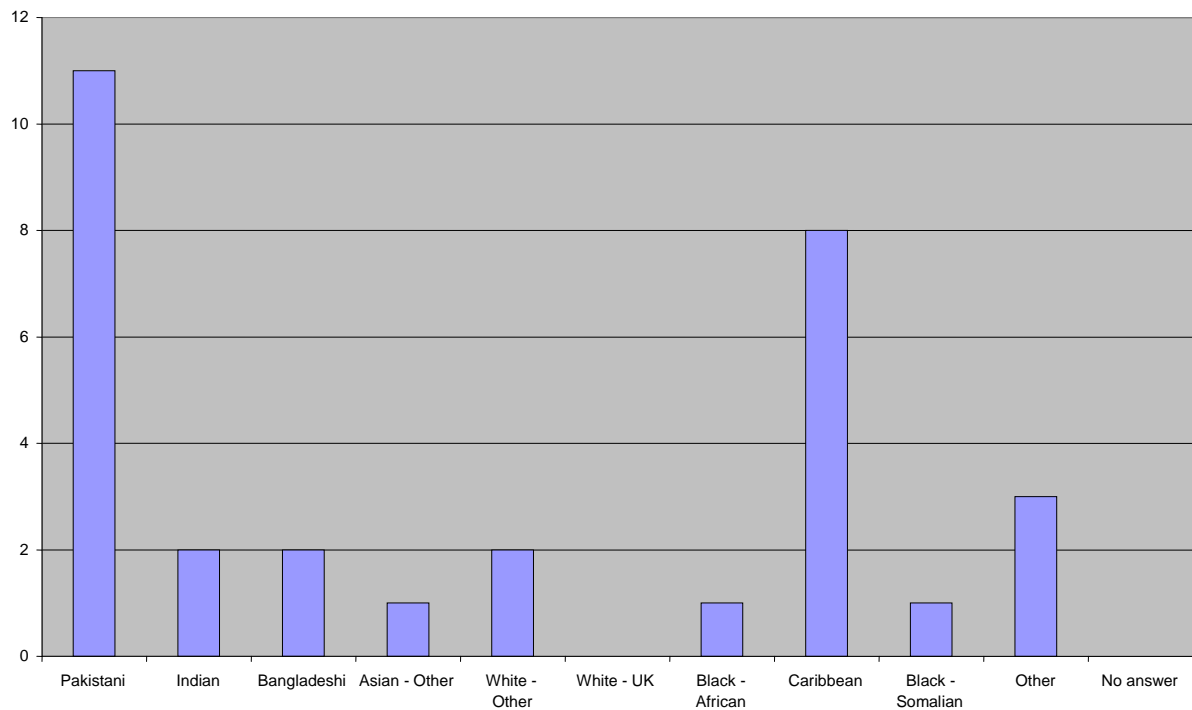
##### Q1a. What postcode are do you live in?



**Q1b. What is your age?**

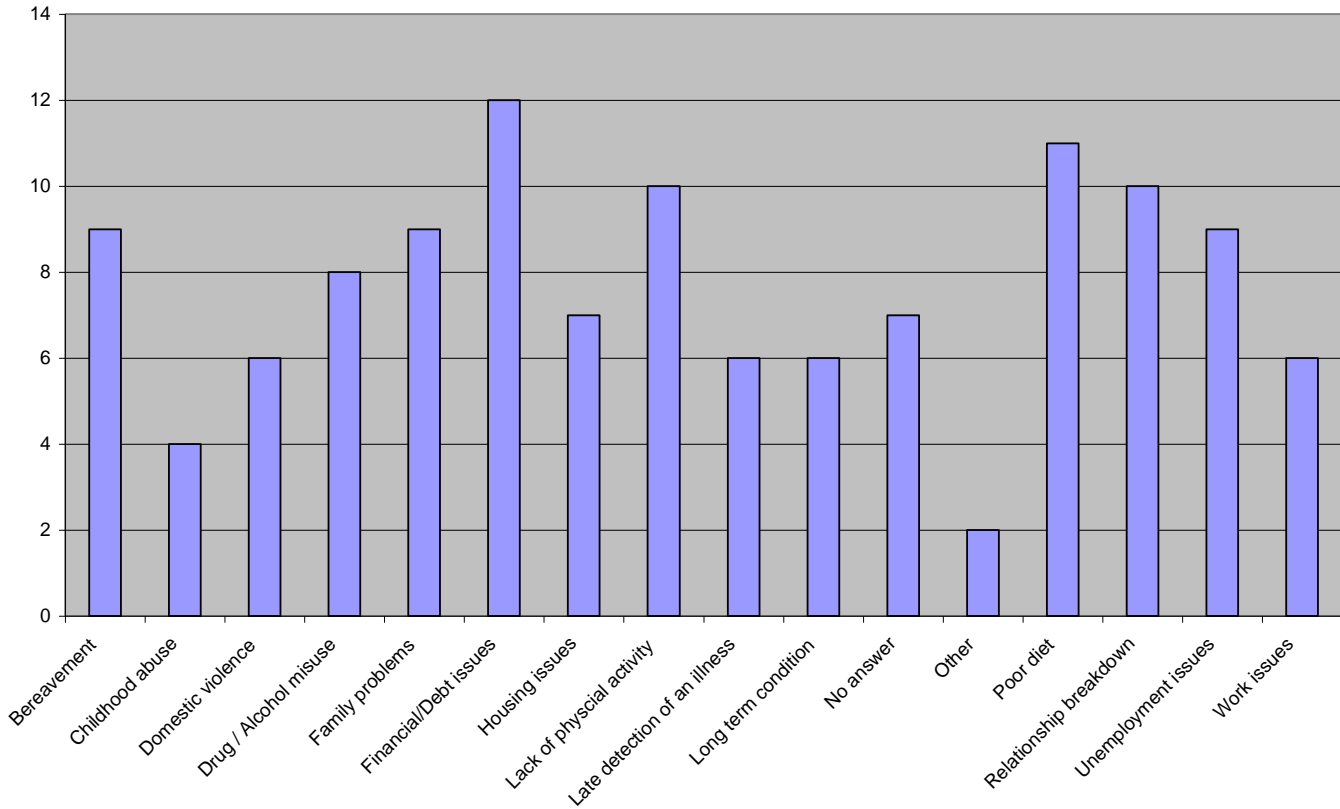


**Q1c. What is your ethnicity?**

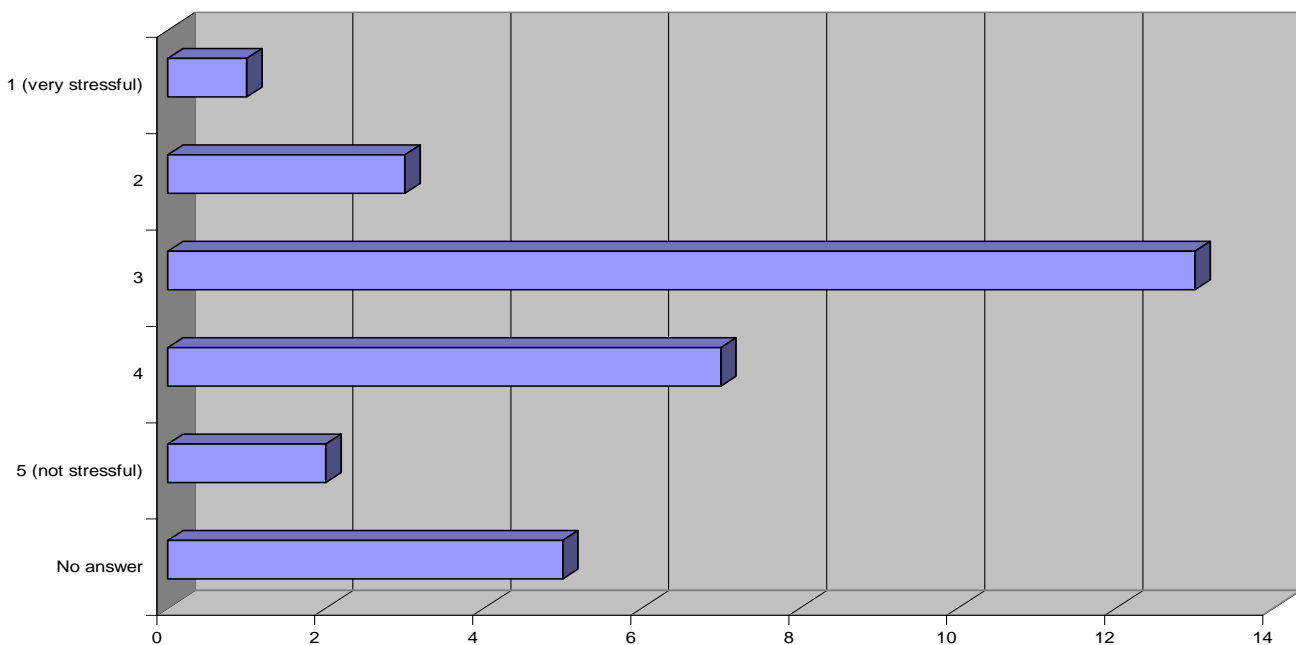


**SECTION 2. YOUR HEALTH**

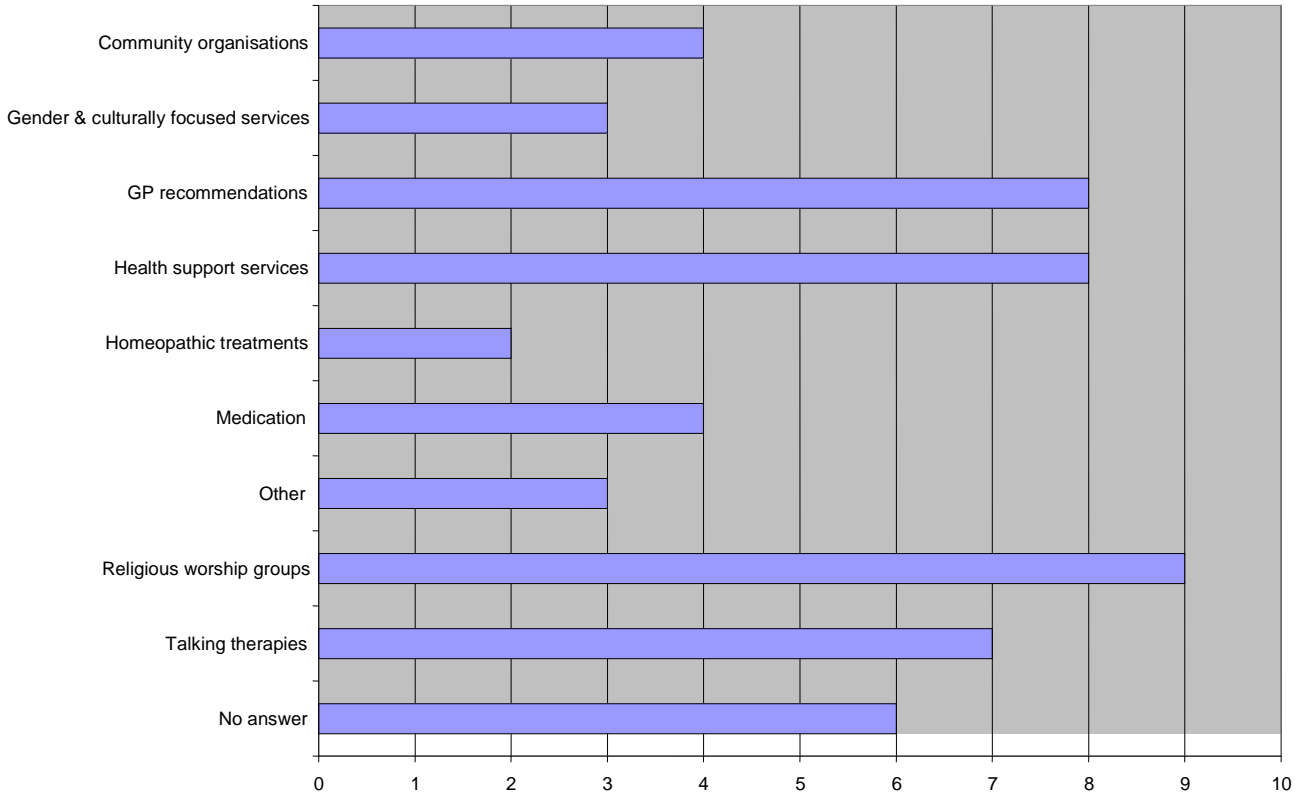
**Q2a.** What do you believe to be the contributing factor/s to you becoming unwell?



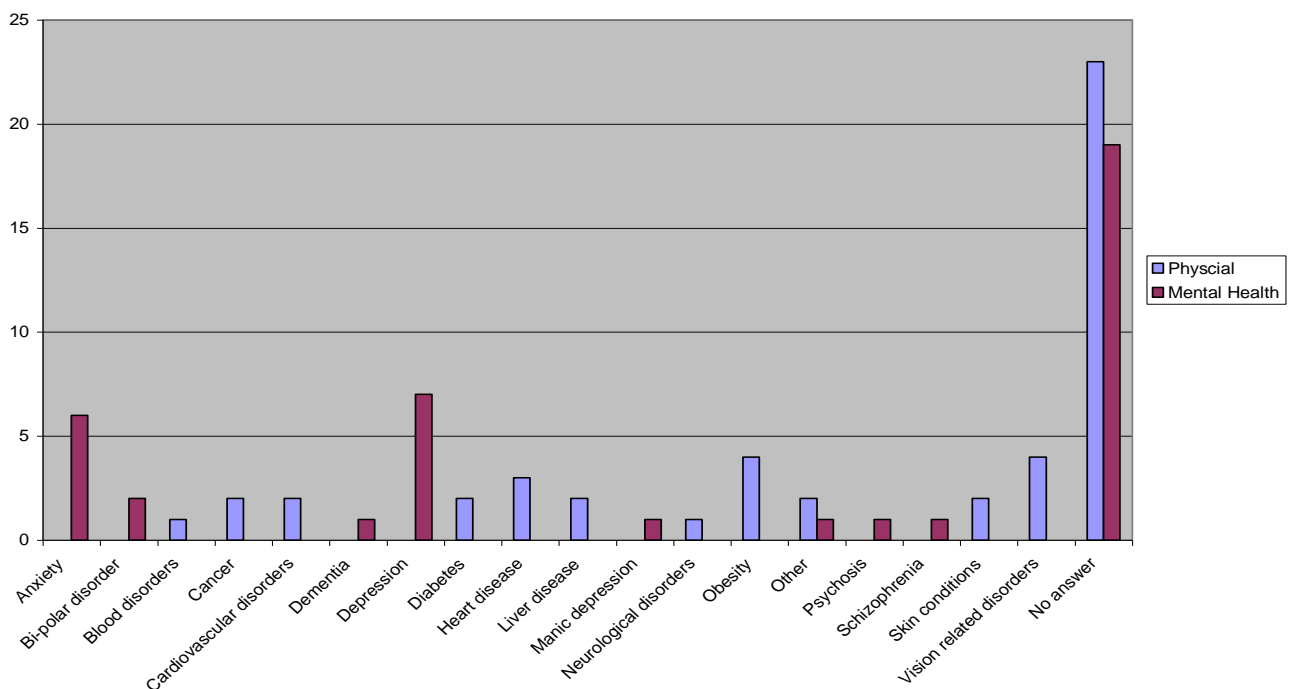
**Q2b.** How stressful do you find your daily life?



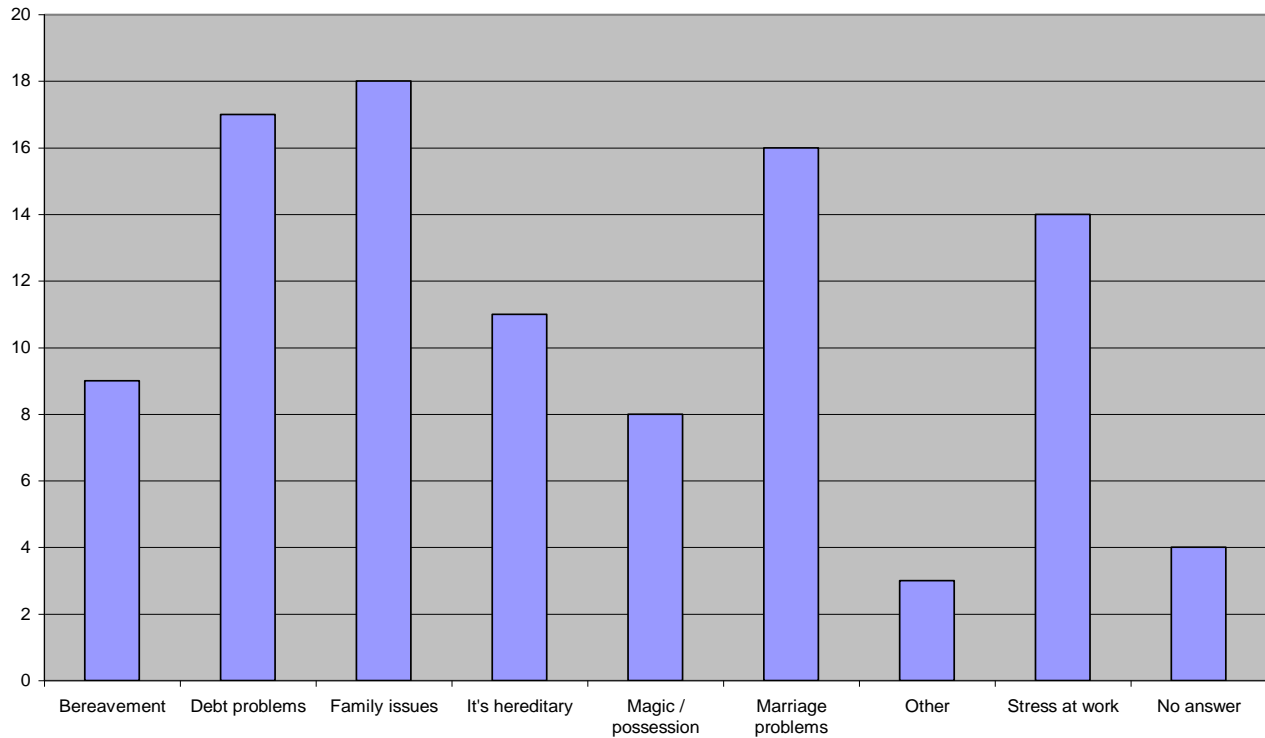
**Q2c.** What methods / services would you choose for yourself in order to maintain wellbeing?



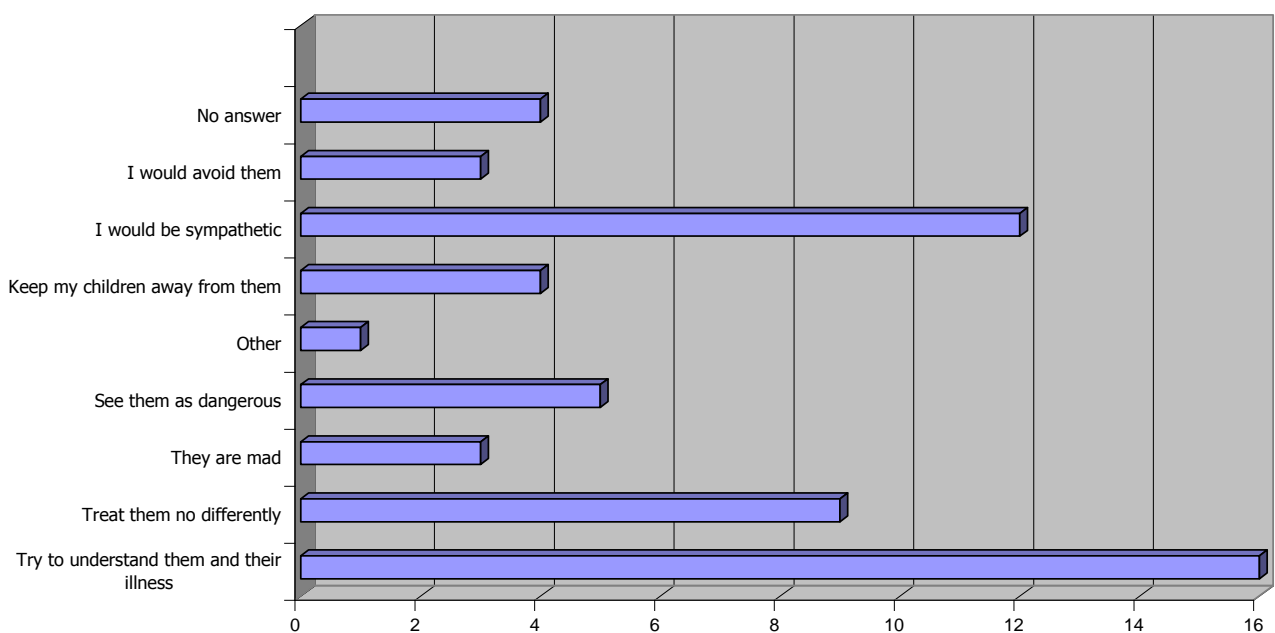
**Q2d.** Have you suffered from any of these physical and/or mental health conditions? If so, were you given enough information to understand your condition and informed of support services you may be able to access for further support?



**Q2e.** Why do you think people suffer from mental illness?

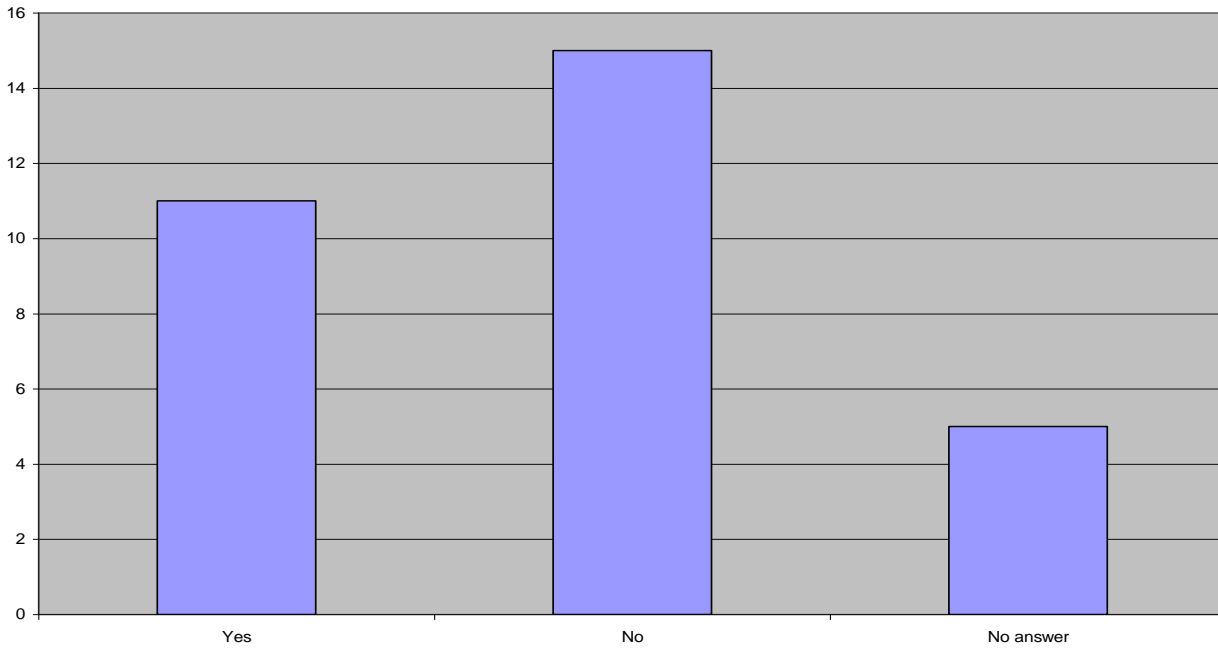


**Q2f.** If you meet someone who you knew to have a mental illness, what would your view be about them?

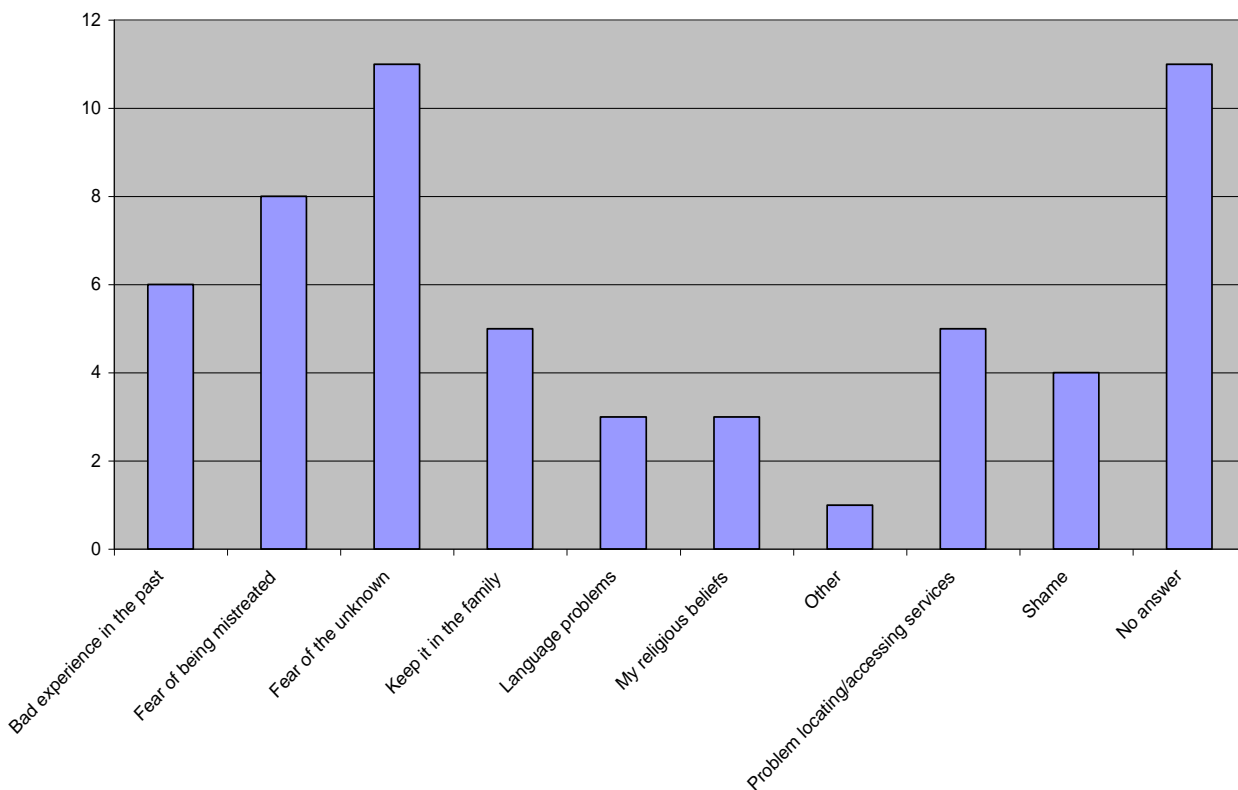


**SECTION 3**

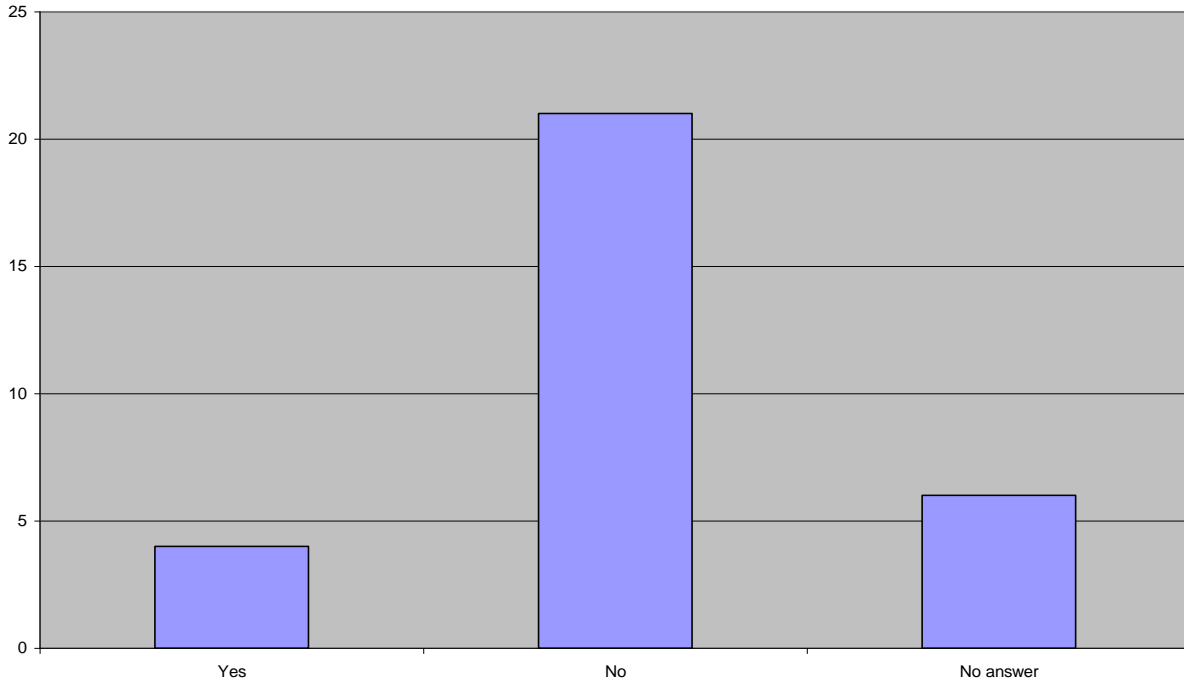
**Q3a.** Are you aware of what community health care services are available to you in your area?



**Q3b.** What would stop you from engaging with health services?



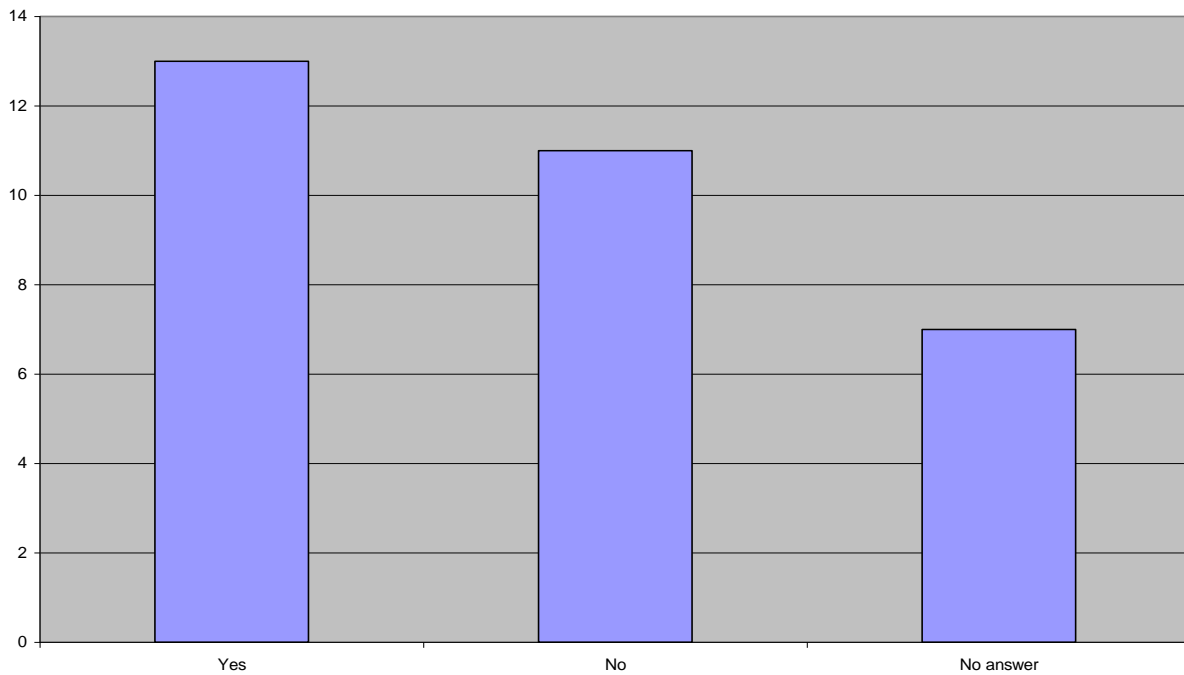
**Q3c.** Do you attend any support or activity groups in your area?



If yes, what type of activity or group do you attend and where do you go to?

- Aston Sports Club – “coach and play”
- Black Men Support Group at ACMC

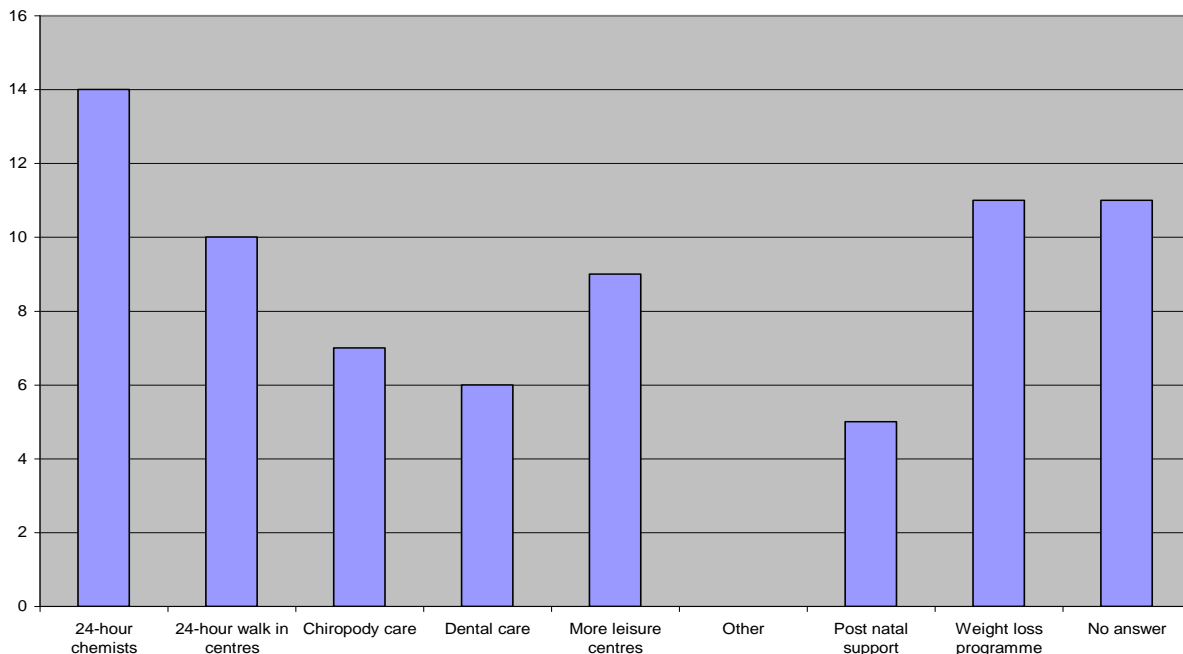
**Q3d.** Is it important for staff working in health services to be culturally aware of your needs?



If yes, why?

- GP – diabetes / blood pressure tests
- GP told me just too loose weight!
- Gym / football team
- More understanding (x2)
- So they know how to address the difference communities patients come from
- To be able to plan in advance to cater for my specific needs
- To better diagnose
- To make you feel happy and safe

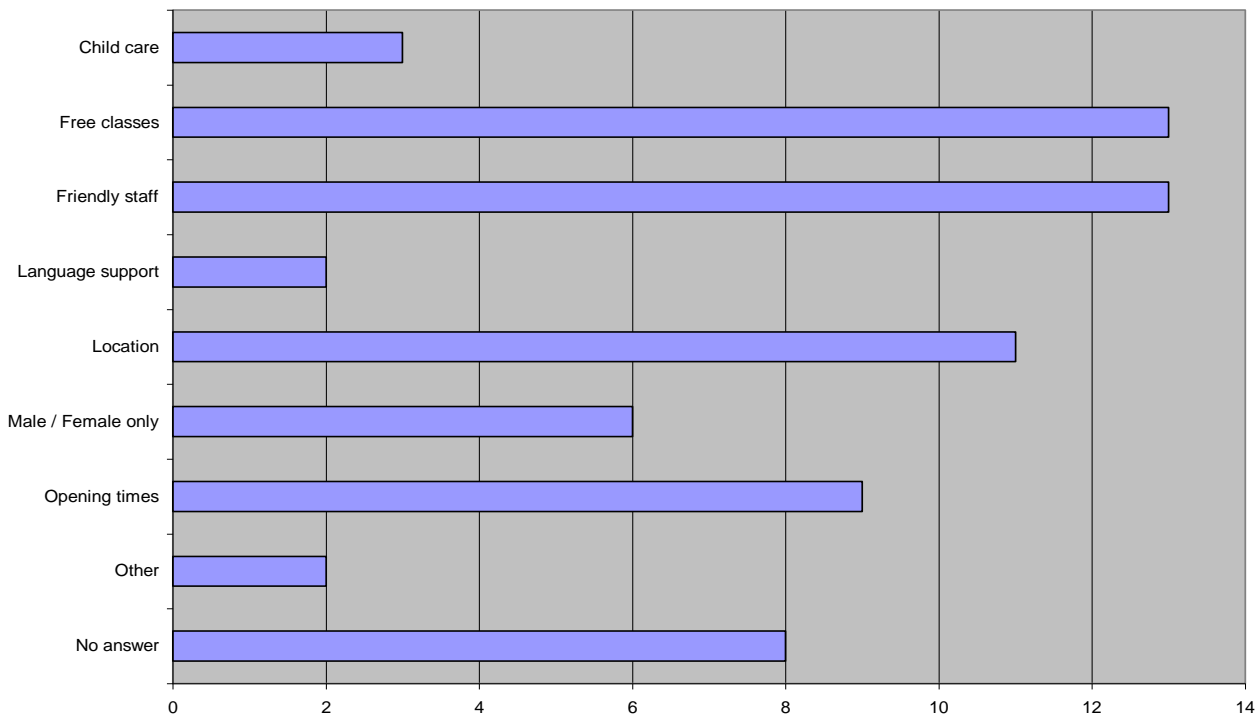
**Q3e. What type of health services and activities would you like to see in this area?**



**Q3f. What was the last health service (e.g. GP, health visitor or nurse) did you accessed and what was your experience?**

- Dentist – excellent
- GP – very encouraging
- GP – was fine / good / very good (x4)
- GP was very good – empathises without being patronising
- Had a long wait for the doctor
- Local A&E with someone who took an overdose
- The GP for the flu about 3 months ago – got given pills
- Was the GP about a year ago
- Went to the GP – the service I received wasn't the best

**Q3g. What would attract you to access a health service?**



**Q3h. Could anything have been changed to further improve the service you received and if so what do you suggest?**

- Follow up service
- Opening hours
- No, generally quite pleasant
- I get on with my GP
- No, because I've had enough help
- Get better trained staff at receptions and get them to be more sensitive to patient's needs
- Mental health service – GP doesn't question consultants – hence misdiagnosis for nearly 30 years
- More alternative venues
- More awareness of people's needs

## Men's Health Day – Tuesday 14<sup>th</sup> July 2009

*“Thank you so much for the invitation to the Men's Health Day yesterday. Great to meet your team and enjoyed the experience. The quiz was a great idea to put across a serious message to the audience in a comic way (not heavy) – the quiz master, was ace! Venue was the right size and the opportunity to use Health Exchange was a bonus.”*

**Tony Ekers, Birmingham LINK member Received by email – 15<sup>th</sup> July 2009**



---

## Appendix 4: References

---

- <sup>i</sup> The Local Government and Public Involvement in Health Act 2007, [http://www.opsi.gov.uk/acts/acts2007/ukpga\\_20070028\\_en\\_21#pt14](http://www.opsi.gov.uk/acts/acts2007/ukpga_20070028_en_21#pt14)
- <sup>ii</sup> The Birmingham Local Area Agreement 2008-2011, <http://www.bebirmingham.org.uk/uploads/Refreshed%202008%20-%202011%20LAA.pdf>
- <sup>iii</sup> Department of Health Code of Conduct for LINK Enter and View services [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_087287.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087287.pdf)
- <sup>iv</sup> <https://www.birminghambeheard.org.uk/>
- <sup>v</sup> “How the LINK can add value to public engagement – Report of a study for the Birmingham Local Involvement Network and its statutory partners”, January 2010, Welsh Institute for health and social care.
- <sup>vi</sup> “Heartland Hospital *Birmingham LINK Report*, February 2010, Birmingham LINK
- <sup>vii</sup> “Young People’s Views of Alum Rock”, Alum Rock Youth Project, Meanaz Akhtar and Natalie Lynch, March 2010
- <sup>viii</sup> “Advocacy in Birmingham for People with Mental Health Issues”, Alex Davies for the Birmingham LINK Mental Health Action Group, January 2010
- <sup>ix</sup> 1983 Mental Health Act  
<http://www.cgc.org.uk/guidanceforprofessionals/mentalhealth/workingwithpeoplewhoserightsarerestricted/mentalhealthact1983.cfm>
- <sup>x</sup> 2000 Freedom of Information Act  
[http://www.opsi.gov.uk/acts/acts2000/ukpga\\_20000036\\_en\\_1](http://www.opsi.gov.uk/acts/acts2000/ukpga_20000036_en_1)
- <sup>xi</sup> Information Pack on Podiatry Services within Birmingham PCTs, Supplied by Norman Howell MBE for the Birmingham LINK Core Liaison Officers Group, March 2010
- <sup>xii</sup> The Birmingham Compact, 2004