Annual Report
1 April 2008 – 31 March 2009
1.0 Introduction

Enfield Local Involvement Network (LINk) was set up to help bring about better health and social care for the people of Enfield. It is an independent network of local people and groups established by law to work together to improve local health and social care services provided by the National Health Service or local authority social services. In accordance with the law, the LINk has a support organisation (Community Investors), known as the ‘host’, contracted by the local authority but independent of it. The host organisation helps the LINk to develop and carry out its work and encourages more people to take part. The host works with the LINk to prepare the Annual Report.

The Government introduced Local Involvement Networks (LINks) under the Local Government and Public Involvement in Health Act 2007, which came into force on 1st April 2008. LINks replaced Patient and Public Involvement Forums (PPIFs) which ended on 31st March 2008. In many areas, including Enfield, hosts had not been appointed by that date and interim arrangements were put in place for a few months.

Under Section 221(2) of the Act, LINk activities are:

(a) Promoting, and supporting, involvement in the commissioning, provision and scrutiny of local care services;

(b) enabling people to monitor and review the commissioning and provision of local care services;

(c) obtaining people’s views about their needs for, and their experiences of, local care services; and

(d) making these views known, and (making) reports and recommendations about how local care services could or ought to be improved, to those responsible for commissioning, providing, managing or scrutinising these services.

The legal framework for LINks includes other Regulations and Directions, which guide the ways in which these activities are carried out and reported.
Among other requirements, every LINk must publish its decision-making procedures and produce an annual report (covered by Directions on Matters to be Addressed in Local Involvement Network Annual Reports 2008).

2.0 Name, address and contact details of Enfield LINk

**Administration**

<table>
<thead>
<tr>
<th>Resource Centre</th>
<th>Lancaster Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Factory Lane</td>
<td>53 Lancaster Road</td>
</tr>
<tr>
<td>London</td>
<td>Enfield</td>
</tr>
<tr>
<td>N17 9FL</td>
<td>EN2 0BU</td>
</tr>
<tr>
<td>Tel: 020 8885 1900</td>
<td>Email: <a href="mailto:enfieldlink@cidagroup.org">enfieldlink@cidagroup.org</a></td>
</tr>
</tbody>
</table>

3.0 Name, Address and contact details of the Host organisation

Community Investors Development Agency

<table>
<thead>
<tr>
<th>Resource Centre</th>
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</thead>
<tbody>
<tr>
<td>2 Factory Lane</td>
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</tr>
</tbody>
</table>

4.0 Names of the authorised representatives

LINks are required to nominate ‘authorised representatives’ who (after Criminal Records Bureau checks) can carry out visits. The following served as authorised representatives in 2008-09.

- Michael Essex-Lopresti
- Dinkar Gadre
- John Lynch
- Lucy Harrison
- Tony Helman
- Tony Kingsnorth
- John Lynch
- Maggie Paddon-Smith
- Tony Helman
- Lynda Rogers

5.0 Names of people making relevant decisions
The following were involved in making decisions about how the LINk conducted its activities (under Section 221 of the Local Government and Public Involvement in Health Act).

- Joyce Aslan
- Dinkar Gadre
- Lucy Harrison
- Michael Essex-Lopresti
- Michael Pells
- Harry Plumb

6.0 **Amount received by the Host from the Local Authority during 2008/09 (if known)**

**Summary of resources expended in the period 1 Jul 08-31 Mar 09**

During the year, for the areas of work done, 3.5 staff equivalent were actively responsible for the development, establishment and support of the LINk. Activities covered ranged from start-up to technical support, consulting the community, publicity, outreach, membership and other services, including compliance and custodial services. Total staff costs in the period amounted to £88,014.

A total of £13,491 of resources was expended in the period for enabling LINks activities (including provision for other LINks activities); office admin £7,268 and general overheads including office facilities £12,734.

Total spend in the period: £121,507. Amount agreed with local authority for other LINks activities to be rolled over to 09/10: £4,225

7.0 **Interim arrangements: 1 April – 30 June 2008**

In the interim period, an interim steering group was formed made up of former members of patient and public involvement (PPI) forums. This was supported by Community Investors, which was appointed as interim host. Four meetings were convened, two of which were held jointly with Haringey interim steering group (since some major health providers cover both boroughs) and a range of other meetings supported.
A table of ‘legacy’ issues from PPI forums was compiled and developments monitored, an initial up-to-date mapping exercise of groups and health and social care managers was carried out, an interim decision-making procedure and communications strategy were established and the first e-bulletin was produced and widely circulated. An interim visits team was established.

8.0 Development and delivery phase: 1 July 2008 – 31 March 2009

Community Investors was appointed as Host in mid-2008, enabling longer-term arrangements for LINk activities to be developed from 1 July 2008.

8.1 Summary of activities undertaken by Enfield LINk

Enfield LINk undertook a range of activities to enable and strengthen local people’s involvement in health and social care, as specified in S.221 (2) of the Local Government and Patient & Public Involvement Act 2007. Key activities of Enfield LINk in the period included:

- **Annual Healthcheck Declarations**: Enfield LINK worked in conjunction with Enfield Health Scrutiny and participated in an event to view the various Trusts’ presentations and to make recommendations with regard to the annual submissions from Enfield Trusts to the Healthcare Commission. Preparation for this event took place in year ending March 2009. Final outcome of this will be published in October 2009.

- **Decision-making**: In accordance with the LGPIH Act 2007 and the Local Involvement Network Regulations Statutory Instrument 528 of 2008, the Host and the LINk Steering Group and participants worked to develop a Governance (decision-making) Structure and a Code of Conduct. These were widely circulated to local people, groups, all the relevant Health and Social Care bodies, and the Strategic Health Authority (NHS London) and published at a launch held on 4 December 2008. Copies are available from the Host office.

- **Requests for information**: In February 2009, the LINk made its first formal request for information to the relevant Health and Social Care bodies with regard to the LINk’s need for planning information to enable its decision-making and effective participation. (See below at 10.0 Requests for Information)

8.2 Summary of how local people’s views were made known to those responsible for commissioning, providing, managing or scrutinising health and social care
In the first year, considerable work was done to inform commissioners and providers of care services, regulatory bodies and Overview and Scrutiny of the existence and role of the LINk, and to develop constructive working relationships and exchange information. The LINk was invited to send representatives to observe a number of boards, committees and working parties, and invited senior managers from statutory bodies to its launch and public meetings to give talks and presentations, on topics including Healthcare Commission and Joint Strategic Needs Assessment.

8.3 Summary of impact of these activities on care services

At this early stage, it is difficult to assess the impact. However, over the coming year, attempts will be made to do so, using a variety of sources and techniques, including feedback from participants and wider stakeholders.

9.0 Establishing the LINk and promoting involvement

Some members of the interim steering group volunteered to continue to work with the host to recruit more participants, promote, and coordinate LINk activities until the new arrangements were fully in place.

From 1 July 2008 to 31 March 2009, nine meetings of the Steering Group were held, as well as the formal launch of the LINk. Activities undertaken by the LINk working with the host included awareness-raising, promotion and outreach, mapping and monitoring of health and social care issues, a public launch and development of LINk governance documents and a membership pack, network development and information requests. Attendance at other people’s meetings plus ‘Introduction to LINks’ sessions and visits to groups who had expressed interest and other stakeholders all contributed to establishing the LINk and promoting involvement.

9.1 Awareness-raising, promotion and outreach

Throughout the year, LINk Steering Group members, LINk participants and host were actively engaged in various ways in promoting the LINk and encouraging participation amongst Enfield’s diverse population. The table below gives an account of some of these.

An information and involvement pack was developed and circulated, and an initial launch in July (in partnership with the Council) was used to introduce the LINk to local individuals and groups. Participants were recruited, e-bulletins produced (available by post to those not on email), and the media informed through news releases and advertisements, as well as articles for specific publications.
LINk participants as well as host staff have been active in promoting awareness of, and involvement in, the LINk. Outreach visits were conducted and other events held or meetings attended by LINk Steering Group, LINk participants or Host staff to introduce the LINk, to encourage participation and identify issues of concern or ideas for service improvement, and to help to inform the LINk’s work plan. An indication of the range of diverse activities, groups and communities involved is given in the table below.

<table>
<thead>
<tr>
<th>Date of meeting/event</th>
<th>Who with</th>
<th>Purpose</th>
<th>Outcome and/or follow-up Actions who by &amp; when</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 July/ Council led launch</td>
<td>Council, members of the public, LINk participants</td>
<td>Introduction of the LINk &amp; Community Investors as the Host organisation to the people of Enfield</td>
<td>LINk &amp; Host formally introduced to people of Enfield</td>
</tr>
<tr>
<td>23 July/AGM</td>
<td>Enfield MIND</td>
<td>To promote LINks</td>
<td>Increased awareness of LINks</td>
</tr>
<tr>
<td>21 August</td>
<td>Somali Community group</td>
<td>To raise awareness of LINks</td>
<td>Issues raised about mental health and care programme, including access issues and lack of funding to support these projects.</td>
</tr>
<tr>
<td>30 August</td>
<td>Turkish and Greek tea party organized by Enfield Mental Health Users</td>
<td>To raise awareness of LINks</td>
<td>2 people showed interest, one of them registered interest.</td>
</tr>
<tr>
<td>4 September</td>
<td>Enfield Mental Health Users (EMU) – Drop in session</td>
<td>To raise awareness and discuss LINks.</td>
<td>Mental health issues in Enfield raised. More outreach opportunities in mental health opened for us.</td>
</tr>
<tr>
<td>10 September/ Meeting</td>
<td>Oliver Treacy, Director of Enfield and Acting Director of Operations</td>
<td>To discuss working relationship with the Barnet, Enfield &amp; Haringey MH Trust</td>
<td>LINk was offered use of a room in the Day Hospital to talk with in/out patients.</td>
</tr>
<tr>
<td>10 September/ AGM</td>
<td>Enfield Lesbian, Gay, Bisexual and Trans (LGBT) Network</td>
<td>To promote LINks</td>
<td>Increased the awareness of LINks</td>
</tr>
<tr>
<td>12 September/ Meeting</td>
<td>Ilhan Basharan, Enfield Council; Comprehensive Engagement Strategy working</td>
<td>To discuss community engagement in Enfield</td>
<td>LINk participant to be a part of future meetings.</td>
</tr>
<tr>
<td>Date</td>
<td>Group/Meeting</td>
<td>Objectives</td>
<td>Notes</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>17 September</td>
<td>Asian Welfare group</td>
<td>To explain LINks</td>
<td>Issues raised about difficulty in getting chiropody appointments, long queues for blood testing and patient transportation (long waits).</td>
</tr>
<tr>
<td>2 October/Meeting</td>
<td>Enfield Disability Action</td>
<td>To raise awareness and discuss LINks</td>
<td>Possibility of space in Community House for LINk drop in sessions</td>
</tr>
<tr>
<td>10 October/World mental health day</td>
<td>Enfield Mental health user group, other local mental health groups</td>
<td>To network and raise awareness about the Enfield LINK</td>
<td>Established contact with Enfield mental health carers, Enfield clubhouse, Mind in Enfield</td>
</tr>
<tr>
<td>15 October/Over 50’s Beat the flu</td>
<td>Over 50’s Forum</td>
<td>To promote LINks</td>
<td>Increased awareness of LINks</td>
</tr>
<tr>
<td>23 October/Meeting</td>
<td>Local theatre group</td>
<td>To promote LINks</td>
<td>Increased awareness of LINks</td>
</tr>
<tr>
<td>24 October/Meeting</td>
<td>Local Alcohol Forum</td>
<td>To raise awareness and discuss LINks</td>
<td>Interest shown in becoming involved further with LINks. One of the most important, of things that are not available in the Borough, is long-term after-care, a place where people can learn to live life without alcohol.</td>
</tr>
<tr>
<td>28 October/Meeting</td>
<td>Enfield residents group</td>
<td>To raise awareness of LINks</td>
<td>Participant recruited to steering group</td>
</tr>
<tr>
<td>4 November/Meeting</td>
<td>Local deaf group</td>
<td>To raise awareness of LINks</td>
<td>Raised awareness of LINks. Issues raised about access to communication such as interpreters, which can hinder access to GPs and other care services, as well as advertising support for the project.</td>
</tr>
<tr>
<td>6 November/Drop in session</td>
<td>Deaf project</td>
<td>To observe how to communicate effectively with deaf people</td>
<td>Information gained about communication with deaf people.</td>
</tr>
<tr>
<td>13 November/Energy efficiency community event</td>
<td>Enfield residents &amp; other local groups and statutory bodies</td>
<td>To advertise the Enfield LINK launch and promote LINks.</td>
<td>Invited residents to the Enfield LINK launch by distribution of flyers and raised awareness of the LINK</td>
</tr>
<tr>
<td>17 November/Introduction to LINks’ session</td>
<td>Enfield LINK participants</td>
<td>To explain how the LINK came about, its powers and how people can be involved.</td>
<td>Improved understanding about the LINK and its functions. Invited to advertise LINk launch at Alzheimer’s carers drop in session.</td>
</tr>
<tr>
<td>21 November/Carers group for</td>
<td>To advertise</td>
<td>Increased the awareness of LINks</td>
<td></td>
</tr>
<tr>
<td>Event Date</td>
<td>Location</td>
<td>Activity Description</td>
<td>Awareness Impact</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Drop in session</td>
<td>people with Alzheimer’s</td>
<td>Enfield LINk launch and raise awareness of LINks generally.</td>
<td>LINK. Issues raised about having treatment nearer to home in Enfield, about the social services carers, some of whom are not skilled in specialised care for people with Alzheimers. It was suggested that carers that understand the illness should be sent to take care of patients. It was also suggested that Social services should plan their services in advance and be proactive in foreseeing what would be needed instead of waiting for something to occur i.e. ‘playing catch up’</td>
</tr>
<tr>
<td>2 December/Area Forum</td>
<td>Bowes, Southgate and Southgate Green</td>
<td>To raise awareness of the LINK</td>
<td>Distributed leaflets and information about the LINK. Increased LINK awareness</td>
</tr>
<tr>
<td>11 December/Area Forum</td>
<td>Edmonton Green, Haselbury, Upper Edmonton</td>
<td>To raise awareness of the LINK</td>
<td>Distributed leaflets and information about the LINK. Increased LINK awareness</td>
</tr>
<tr>
<td>22 January 2009/Area Forum</td>
<td>Bush Hill Park, Winchmore Hill</td>
<td>To raise awareness of the LINK</td>
<td>Distributed leaflets and information about the LINK.</td>
</tr>
<tr>
<td>26 January 2009/event</td>
<td>Enfield NHS healthcare, inequalities &amp; fairness – What’s in it for me event</td>
<td>Networking – LINK participants were in various workshop groups such as learning disability, gender and older people</td>
<td>Increased the awareness of LINKs by networking.</td>
</tr>
<tr>
<td>25 February 2009/meeting</td>
<td>Enfield Mental Health carers</td>
<td>To explain how the LINK came about, its powers and how they can be involved.</td>
<td>Increased the awareness of LINKs</td>
</tr>
<tr>
<td>26 February 2009/drop in session</td>
<td>EDA- The deaf project</td>
<td>To explain how the LINK came about, its powers and how they can be involved.</td>
<td>The group gave information about access to GPs, hospitals e.g. receptionists not aware of deaf people. There is a lack of communication between them and their GP because of no interpreter, inadequate funding for interpreters. Possibility of LINK arranging a meeting on this discussed.</td>
</tr>
<tr>
<td>27 February 2009/event</td>
<td>Enfield Community Empowerment Network Health</td>
<td>Partnership working with ECEN by facilitating</td>
<td>Raised awareness of the LINK; consequently more people expressed interest.</td>
</tr>
<tr>
<td>conference</td>
<td>working groups (Host), networking with other groups (LINk).</td>
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<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 March 2009/Introduction to LINks session</td>
<td>Introduction to LINks session to Autistic society To explain how the LINk came about, its powers and how they can be involved. Raised awareness of the LINk and the Autistic society has decided to join the LINk.</td>
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</tbody>
</table>

**Enfield LINk Promotional Material produced/in progress**

- Information and Involvement Pack
- LINk Pens
- Banner stand (for December Launch and general promotion)
- Banner (used at the 16 July Launch)
- ‘LINking in Enfield’ sheet
- E-Bulletins (bi-monthly)
- Expression of Interest Form
- Membership Pack (printed)(includes A5 Guide to involvement in Enfield LINk)
- A5 Outreach leaflet(in progress)

### 9.2 Mapping and monitoring health and social care

Local people and groups were invited to complete ‘expression of interest’ forms, which were used to analyse their areas of concern, preferred level of involvement, and location within the borough and diversity profile. The host produced briefings on various aspects of health and social care, and circulated information to the Steering Group and participants on key local and national developments by e-bulletin or other methods. Research support was also provided by the host to enable the LINk to pursue health and social care concerns more effectively.

### 9.3 Governance of the LINk

As mentioned above, Steering Group members worked with the host to develop a Structure and Code of Conduct, including details of membership requirements. Enfield LINk activities will be coordinated by a Board elected by individual and group members. The elected LINk Board will take over from the Steering Group at the AGM. These governance documents were officially launched at a well-attended meeting in December 2008, at which speakers from various partner agencies welcomed the LINk. A membership pack and guide to involvement was developed and widely circulated, including as part of the election process.

### 9.4 Working with commissioners and providers

Commissioners and providers were formally notified that the LINk had been set up, and were sent copies of the Structure and Code of Conduct. Informal discussions with commissioners and NHS providers were also held.
on how the LINk might assist in strengthening involvement locally, and some work was done jointly on raising awareness among social care providers under contract to the local authority.

### 9.5 Network development and partnership

LINk representatives or host staff attended a range of meetings and other events, and engaged in correspondence with various local networks and coordinating bodies. In addition to those in the table above, these included the Joint Strategic Needs Assessment steering group, Enfield Strategic Partnership and Enfield Community Empowerment Network.

The LINk liaised with the Healthcare Commission (which merged with the Commission for Social Care Inspection and Mental Health Act Commission on 1 April 2009 to form the Care Quality Commission), and the lead inspector for Enfield attended a Steering Group meeting to discuss arrangements for the annual health check, which includes comments on how local NHS trusts have performed. Presentations were made on LINk development and joint working arrangements to the Enfield Overview and Scrutiny Committee, and the LINk worked closely with Scrutiny on input to the annual health check.

Connections have also been developed with those engaged in LINk activities elsewhere, for instance through the London Development Centre LINks Chairs’ network.

### 10.0 Requests for Information

- **Number of requests for information by Enfield LINk to services providers and independent providers**
  - Five

- **Summary of matters those requests concerned**
  - Organisational issues of Barnet, Enfield and Haringey Mental Health NHS Trust
  - User and public involvement in the Three Borough Mental Health Strategy
  - Concern at long delay in availability in Enfield of Early Intervention in Psychosis (EIP) services
  - Prescribing for the over 75s and age discrimination
  - Planned or proposed service changes by statutory health and social care bodies

- **Summary of list to whom those requests were made**
- Barnet, Enfield and Haringey Mental Health Trust and Enfield Primary Care Trust (NHS Enfield)
- Enfield PCT (2 occasions)
- Enfield Council, Enfield PCT, Barnet, Enfield and Haringey Mental Health NHS Trust, Barnet and Chase Farm Hospitals NHS Trust, North Middlesex University Hospital NHS Trust, NHS London (concerning planned or proposed service changes)

**Summary report on the responses received from each provider to whom the request was made**

- Three borough issue still outstanding, to be monitored by Enfield LINk for year 2009-10
- Early Intervention in Psychosis service opened up and became available. Funding is for one year. LINk to continue to monitor.
- Prescribing for the 75s was a legacy issue from the PPI forum. This resulted in a complaint being taken up and pursued by the Ombudsman after the initial response from the PCT was unsatisfactory. The PCT then sent a letter to GPs indicating that older people seeking prescriptions should not be treated less favourably than others in the community. The LINk was satisfied with the outcome.
- Information on service planning and LINk involvement therein continues to be monitored

**Summary report on information request responses received within statutory 20 working days and those received after statutory 20 working days**

- Most responses received within 20 working days. On two occasions, responses from Enfield NHS received after 20 working days.

**11.0 Reports to Overview Scrutiny Committee (OSC)**

With regard to:

- Number of referrals made
- Matters those referrals concerned
- Acknowledgements received within 20 days and more than 20 working days
• Updates received from overview and scrutiny in respect of matters referred
• Summary actions taken by overview and scrutiny in respect of the referrals

No formal submissions were made to Enfield Health Scrutiny Panel as no services have been investigated, nor have any responses to information requests been received that have required Scrutiny’s attention.

12.0 Summary of reports and recommendations made in the period

No investigations were undertaken or reports or recommendations made under Regulation 5 of Part 2 of Local Involvement Networks Regulations, Statutory Instrument 528 of 2008, which covers the duties of service providers to respond to LINk reports and recommendations. This was because of the lack of availability of appropriate indemnity cover (other than employers and public liability) for Authorised Representatives visiting premises providing health and social care, an issue of national concern which the host and LINk have been working to resolve.

12.1 Summary of action taken in respect of the reports and recommendations made

No action was required (see above).

13.0 Summary of inspection reports

With regard to:

• premises entered and viewed by LINk authorised persons;
• number of times those premises were entered and viewed

No premises were entered (see above). Entry and viewing of health and social care premises are covered by Regulation 3 of the Local Involvement Networks (Duty of Services-providers to Allow Entry) Regulations, Statutory Instrument 915 of 2008, and Directions about the Arrangements to be made by Relevant Bodies in respect of Local Involvement Networks 2008.

14.0 Chair’s report

2009 must be remembered as the year ‘when everything changed again’. Out went PPI Forums and in came LINks. What does this mean to Enfield residents? Not very much unless a programme is introduced that will ensure that Enfield residents are aware of the existence of LINks and
especially what part they – the public – have to play in order to ensure that LINks can be productive. Being productive will result in many things, eg, NHS and Social Care services will be improved, needs of patients will be satisfied, public transport access will be improved, patients will be more satisfied and job satisfaction will be improved for all personnel concerned. These benefits are not too much to ask for! In fact, they should be regarded as ‘the norm’ and further improvements should be sought continuously. Participation in LINks, either by Voluntary Sector Groups or individuals, is the only way that steps can be taken to effect change and improve services.

From an NHS perspective, the only certainty at this time is that ‘change’ is inevitable and the challenge for Enfield LINk is to influence wherever improvement is needed and/or to ensure that needed services are provided. With the introduction of pan-London systems and procedures, National targets and affecting European legislation the degree of ‘change’ is expected to be immense in the next 10 years. Accepting that changes in technology drive organizational changes, Enfield residents need to have an understanding of the main ‘drivers’ for change and what the resulting benefits are for the general public.

Primary Care Trusts (PCT’) at this time co-exist at the borough level but it is expected that the numbers of PCTs will be reduced. Sector-level PCTs may be introduced. For Enfield, this would mean that they would be combined with Barnet, Haringey, Camden and Islington – thus forming the North London Sector PCT. In recent months we have seen how the responsibilities of Enfield PCT have been changed to reflect the fact that the organisation units responsible for ‘providing’ services throughout the borough have now been separated from the PCT. The ‘Provider’ Division is now a separate entity, and the remaining elements of Enfield PCT (now renamed Enfield NHS) will have primary responsibility for Commissioning services. Commissioning is the function of purchasing services for patients from the various hospitals (Acute Trusts). At present all commissioning of hospital services is managed on a 5-borough basis. Furthermore, the commissioning function is strongly influenced by the World Class Commissioning programme adopted by the NHS in 2009.

From a Social Care perspective, LINks will for the first time be part of the monitoring mechanism in order to ensure that Enfield residents are receiving a high quality service. Similar to NHS patients, residents receiving Social Care services can now rely upon Enfield LINk to represent them. Similar to having visiting rights for hospitals, LINks have now the authority to visit care homes and other establishments providing Social Care services. This is a new aspect for patient groups and it does create a training need for the LINk personnel concerned.
LINks also have responsibility for areas of the private sector that provide services, which are funded by the NHS or Local Authority Social Services. Additionally, any service provided within ‘Primary Care’, eg dentistry and ophthalmology, is also part of the LINks scope of responsibility.

In exercising, all of its responsibilities Enfield LINks will work closely with all local NHS entities and the Local Authority – as well as other organisations such as the Local Authority Health Scrutiny Panel, the Care Quality Commission and NHS London. LINks are responsible to the Secretary of State for Health.

In the coming months, much effort will be expended in many different areas by LINks members. One predominant aspect will of course be in the area of ‘planning’. Producing a Work-plan will be given priority; however, plans can only be solidified when resources are known. Enfield LINk is open to all local people and groups. At the same time - needless to mention – we need personnel and organisations to become members, to help run the LINk. You can obtain information from the Enfield LINks ‘Host’ Support Group who are called Community Investors - CIDA for short. Their contact details are outlined above. Join Enfield LINks and help to ‘make a difference’.

John Lynch
Acting Chair of Enfield LINk Steering Group, July 2008-27th May 2009

Bodies this report will be sent to:

Secretary of State for Health; Care Quality Commission; NHS London (Strategic Health authority); Enfield Council; Enfield Primary Care Trust; Barnet and Chase Farm NHS Trust; North Middlesex University Hospital NHS Trust; Barnet, Enfield & Haringey Mental Health Trust

Copies of this report can be obtained from Enfield LINk Host Office, Community Investors Development Agency, Resource Centre, 2 Factory Lane, London N17 9FL
Tel: 0208 885 1900 email:enfieldlink@cidagroup.org