



# **BIRMINGHAM LINK**

**1<sup>st</sup> October 2008 to 31<sup>st</sup> March 2009**

*Developing health and social care services around you*

## **CONTENTS**

1.	Introduction	Pages 3 – 5
2.	Why our work is needed	Pages 6 – 8
3.	What you told us	Pages 9 – 11
4.	What we did	Pages 12 – 13
5.	Income and expenditure	Pages 14 – 15
6.	Next steps	Pages 16 - 17
7.	Thanks	Page 18

## **APPENDIX**

A.	Transition Arrangements	Pages 19 – 25
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## **1. Introduction**

The Birmingham LINK's contract to be "Hosted" by Gateway Family Services (GFS) commenced on 1<sup>st</sup> October 2008, prior to which, and since the demise of the Patient and Public Involvement Forums (PPI) at 31<sup>st</sup> March 2008, it had been facilitated by the Black Country Housing Association (BCHA). During the BCHA period of hosting and the period from 1<sup>st</sup> October until the first Core Group election in February 2009, the status of the LINK was "in transition".

The decision making group during this period of transition was called the "Getting Going Group" (GGG), which at most of the monthly meetings numbered 15 to 20 people, the majority being former members of many of the previously existing PPI Forums within Birmingham. This group was added to by new individuals engaged by the Hosts activities on behalf of the LINK, in promoting the LINKs declared objective of representing the wider population of the City and tackling Social Care Services, in addition to the natural 'Health dominance' within the transition group.

In January 2009 there was a requirement to progress from the self appointed group of volunteers that was the GGG, to have an elected Core Group.

Some progress had been made during the first three months of GFS hosting the LINK, in terms of engaging with communities throughout Birmingham, and beginning to identify areas of concern and interest, to which people wanted to align themselves and encourage them to become involved with the Birmingham LINK. However it was still too early to be able to claim that an election to produce a Core Group, representative of the diverse population of Birmingham, was possible. The GGG therefore decided to hold an election to appoint an Interim Core Group, to satisfy the requirement to have an elected body, but also to allow time for the LINK's promotion and 'recruitment' to gather pace and start to achieve greater diversity and representation of the City's various interests and communities.

The decision was made to elect an Interim Core Group to run through from March, until a second election could be held for a 'full term' from that more numerous and diverse roll of participants, to hopefully be achieved by July 2009. That Interim Core Group at the time of publishing this report is still in existence, and the new election process is due to commence on July 10<sup>th</sup> and will culminate in a new and more representative Core Group in early September 2009.

## **Birmingham LINK**

### **February 2009 Election for an Interim LINK Core Group To be effective until July 2009**

## **FEBRUARY 2009 INTERIM ELECTION RESULTS**

### **INDIVIDUAL REPRESENTATIVES:**

- JOHN BARNES
- NICHOLAS FLINT
- RUTH HUNT
- JEAN LUCAS
- TOM McLOUGHLIN-YIP
- CHRISTINE NICHOLLS
- ROB RIJCKBORST
- GERRY ROBINSON
- JEAN ROOKES
- MAISIE SAUNDERS
- SHAZAD ZAMAN

### **INDIVIDUALS REPRESENTING A GROUP OR ORGANISATION:**

- CHARLES ALLDRICK (*Birmingham Centre for Independent Living*)
- BARRY CLEWER (*Birmingham Advisory Council of Older People*)
- KWAMINA CREPPY (*Perry Barr Senior Citizen's Forum*)
- NORMAN HOWELL (*Older People's Reference Group*)
- SHAZIA HUSSAIN (*Birmingham & District Deaf Children's Society*)
- PETER ROOKES (*Birmingham Council of Faiths*)
- PAT THOMAS (*Birmingham Carer's Association*)

This Interim Core Group was elected from the existing 134 registered participants on the Birmingham LINK database as at February 2009, and certain eligibility criteria that will be applied in the July election, such as residency in Birmingham for candidates standing as individuals, were waived in the interests of retaining well motivated individuals who had helped evolve the LINK to that point, and in the absence of any great number of alternative candidates at that time.

Three Interim Core Group members have resigned for personal reasons since the election.

The number of registered participants in the Birmingham LINK at 31<sup>st</sup> March 2009 was 158; this date was also the date of the Official Launch of the Birmingham LINK.

As the July commencement date approaches for the full term Core Group election, the number of registered participants has risen to over 900 and may have topped 1000 by 10<sup>th</sup> July. More importantly these new participants are as a result of extensive community engagement activities throughout April, May and June. Thus a more diverse and representative electorate is available for nominations and votes to arise from.

Contact details for the Birmingham LINK and Core Group members are;

Birmingham LINK  
C/o Gateway Family Services CIC  
Radclyffe House  
66-68 Hagley Road  
Birmingham  
B16 8PF

EMAIL: [birminghamlink@gatewayfs.org](mailto:birminghamlink@gatewayfs.org)  
FREEPHONE: 08006 525278

## **2. Why our work is needed**

The Birmingham LINK has within its monitoring and commenting remit;

Three Primary Care Trusts (PCTs); NHS South Birmingham (being one of the largest PCTs in the country); Heart of Birmingham Teaching PCT and NHS Birmingham East & North.

Birmingham City Council is the largest Local Authority in Europe with one of the largest adult social services departments in the country.

Four Health Trusts operate 'cross border' into neighbouring LINKs jurisdiction. Heart of England Foundation Trust; Sandwell & West Birmingham Hospitals Trust; Birmingham & Solihull Mental Health Foundation Trust and West Midlands Ambulance Service Foundation Trust:

The other Acute, Hospital and Specialist Foundation Trusts in the City provide services to local, regional and national requirements. These Trusts include University Hospitals Birmingham Foundation Trust; Birmingham Children's Hospital Foundation Trust; Birmingham Women's Foundation Trust and the Royal Orthopaedic Hospital Foundation Trust. In addition there are hundreds of organisations providing adult social services across the City.

The opportunities for miscommunications and variation in availability and standards of service across the City between Health organisations and the Social Care provider/commissioner, and comparisons between PCTs respectively, are many.

Similarly there are many community groups, focus groups, user groups, third sector organisations representing 'the same client group', opinions may therefore be diluted (or strengthened) in terms of each individual group's ability to lobby or claim a significant size sample of the population.

Many of these groups are dependent on service providers for their existence either in terms of being facilitated or funded by the organisation on which they are supposed to be able to comment and challenge on both commissioning and service delivery.

This of course is one of the challenges within existing communities and systems that the LINK is being charged to overcome. To become the network of networks, to combine disparate voices, to identify and evidence both the urgent and ongoing priorities of the City's population.

To achieve that, the LINK has to become credible and trusted very quickly, and that is against a back drop of Service providers that are used to having PPIs or User Groups under their wing and to a significant degree dependent upon them for their continued existence. So there is a resistance from some User Groups because they fear that a strong LINK voice and presence, may threaten the localised or specialist User Group's existence and justification for funding by the local service provider.

Similarly some of the Service providers and Commissioners maybe nervous of embracing or encouraging the LINK initiative as it is clearly independent and not beholden for its existence to any one, apart from the people of the City. Just so long as the LINK strives to continuously improve its diversity and representation, and actively seeks to identify, field and take up the priority issues identified to it by a good sample of the population.

The degree to which individual Trusts and areas within the Local Authority have engaged with the Birmingham LINK has varied. Some Trusts and Local Authority departments have contacted the LINK and facilitated excellent communication channels and shared involvement.

The credibility factor, with regard to the longevity or permanence of a Birmingham LINK is we believe a real issue in the potential development of the LINK concept, and one beyond the individual LINK's control. For those Trusts and areas of the local authority that have not been proactive in terms of opening up lines of communication with the LINK or who have just not included the LINK in consultation processes since they are aware that they should have been, one might assume, either that they fear the contribution of an independent voice of the City's population and/or they are 'anticipating' that the three years funding for LINKs across the UK will not be extended. With the later start date for the Birmingham LINK of 1<sup>st</sup> October 2008, the first six months of those three years had already passed as has the first year at the date being reported to here.

The slower than anticipated take off of the LINK initiative being experienced across the country, plus in Birmingham, the task of establishing a LINK structure from scratch at 1<sup>st</sup> October 2008, that would be capable of accommodating a significant number of citizens, and keying into the various service commissioners and providers, has meant that it took until 31<sup>st</sup> March 2009, to get the LINK started and ready for its launch to the general public.

At the time of publishing this report, we will be 15 months into the 36 months of guaranteed LINK funding.

The Birmingham LINK, and one presumes other LINK's nationwide, need the public backing of Government, to force the initial and ongoing involvement of the slow to engage elements of the local authority and health Trusts. This would also enhance community engagement as it would give an answer for the LINK that it does not have at present, to the comment and question...

"We have seen it all before, another new initiative asking for our opinions and involvement, from which we hear nothing back, that will change nothing and will not even be here in a couple of years time. What makes the LINK different?" A point made to LINK representatives at a number of neighbourhood presentations and workshops.

Beyond the LINK's independent status and funding, whilst we have it, until we can say there is a guarantee that the LINK will be in existence beyond 21 months from the date of publication of this report, there is no satisfactory answer and thus the growth and effectiveness of the LINK is compromised.

### **3. What you told us**

In order to attract as many interested people from the population of Birmingham as possible, the LINK decided to offer the opportunity to become involved in 'thematic' Action Groups. This also aided the identification of specific existing 'groups' and by November 2008 an Interim Action Group structure had evolved (see following page).

This structure has further evolved since the end of the year being reported to 31<sup>st</sup> March 2009 and with the exception of the University Hospital Birmingham Group, the Groups below the top two lines of the structure no longer meet (refer to the two interim structure – as at 31<sup>st</sup> March 2009 and 30<sup>th</sup> June 2009).

The activity is now within the 'top line' thematic groups, whilst workshops and engagement events within the different communities and neighbourhoods of the City ensure both the geographical and cultural diversity of the Birmingham LINK feed the current information and priorities through to the Thematic Groups and the Core Group itself.

Real progress has been made following the Launch event of the 31<sup>st</sup> March 2009 at Villa Park and the series of events throughout the City that has been continuous and is still ongoing at the time of going to print.

Each of the Action Groups have now identified through their membership, priority areas for a work plan which when combined with topics raised directly with the Core Group, which tend to be current and emerging issues, will go to form the Birmingham LINK work plan.

It is clear from the guidelines for writing an Annual Report, published in October 2008, that it had been hoped that LINKs would be further advanced than they are nationally by this reporting period. However, it must be appreciated that LINKs such as that in Birmingham who only had their Host appointed in October 2008 (half way through the first year), can have made limited progress by the end of March 2009.

Three months on from March 2009, the picture is much better and we are seeing the start of requests for information and the raising of issues with both the Health and Social Care Services.

## INTERIM STRUCTURE FOR THE BIRMINGHAM LINK (as at 31<sup>st</sup> March 2009)

<b>Birmingham LINK Core Group (18) Voting Members)</b>							
	<b>GROUP 1</b>	<b>GROUP 2</b>	<b>GROUP 3</b>	<b>GROUP 4</b>	<b>GROUP 5</b>	<b>GROUP 6</b>	<b>GROUP 7</b>
<b>Expected Key Areas to be Priority from Consultation</b>	<b>Children &amp; Young People Services</b>	<b>Older People</b>	<b>Learning Disabilities</b>	<b>Mental Health</b>	<b>Long Term Conditions</b>	<b>Sensory Impairment</b>	<b>Women's Health &amp; Maternity</b>
<b>Local Issues including Social Care and GPs</b>	<b>North &amp; East Birmingham</b>		<b>South Birmingham</b>		<b>Central &amp; West Birmingham</b>		
<b>Transition Groups that will evolve into Workplan Priority Area Groups</b>	<b>University Hospital Birmingham</b>	<b>Heart of England Foundation Trust</b>	<b>City Sandwell</b>		<b>Royal Orthopaedic Hospital</b>	<b>Engagement</b>	
<b>Cross-City / Cross-boundary Issues</b>	<b>West Midlands Ambulance Trust</b>						

**INTERIM STRUCTURE FOR THE BIRMINGHAM LINK  
 (as at 30<sup>th</sup> June 2009)**

<b>Birmingham LINK Core Group</b>							
	<b>GROUP 1</b>	<b>GROUP 2</b>	<b>GROUP 3</b>	<b>GROUP 4</b>	<b>GROUP 5</b>	<b>GROUP 6</b>	<b>GROUP 7</b>
<b>Expected Key Areas to be Priority from Consultation</b>	<b>Children &amp; Young People</b>	<b>Older People</b>	<b>Learning Disabilities</b>	<b>Mental Health</b>	<b>Long Term Conditions</b>	<b>Physical Disability &amp; Sensory Impairment</b>	<b>Women's Health &amp; Maternity</b>
	<b>GROUP 8</b>		<b>GROUP 9</b>		<b>GROUP 10</b>		<b>GROUP 11</b>
<b>Local Issues including Social Care and GPs</b>	<b>Central &amp; West Birmingham</b>		<b>East &amp; North Birmingham</b>		<b>South Birmingham</b>		<b>University Hospital Birmingham</b>

#### **4. What we did**

The six months to 31<sup>st</sup> March 2009 from 1<sup>st</sup> October 2008 were necessarily spent setting up a LINK organisation that is fit for purpose and with the capacity to accommodate a potentially very large, diverse and involved membership.

All policy and governance matters have been addressed and published.

- Introduction
- Child Protection
- Complaints
- Confidentiality & Information Sharing
- Data Protection
- Elected Members Declaration
- Equal Opportunities
- Grievance
- Health & Safety
- Protection of Vulnerable Adults
- Working Group Declaration

It was clear to the Getting Going Group and the Interim Core Group after them, that there was no greater priority than achieving participation in the LINK from as diverse and representative a group of Birmingham people as possible. Those with previous PPI and Community Health Council experience cautioned that it had always proved difficult to achieve this, and in fact it had not previously been achieved.

The LINK members insisted on an Engagement Group being part of the LINK Action Groups structure, as they did not feel that the thematic and geographical based groups would achieve diversity and representation.

To date the engagement group has had to meet just once, back in November 2008, since when the community development work carried out by the Host's Facilitators has ensured strong involvement from Black and Minority Ethnic (BME) Groups especially. Similarly a number of social groups who had felt that there is no obvious place for them within the LINK structure, or that they are underrepresented, have become involved throughout each of the Working Groups and it is to be further hoped that they will seek and some be able to achieve election to this summer's Core Group (Social Groups including Carers, Lesbian/Gay/Bisexual, Deaf, etc.).

The fundamental requirement of the LINK is to be as representative of the City's whole population as possible, and the agenda of the LINK has to be set by the consensus and priorities of that population. Therefore the process of constant engagement, consultation and the monitoring of the diversity of those involved is essential.

The LINK therefore has processes and data to ensure that this "mix" is maintained, which in turn inform the community involvement and marketing activity undertaken by the Host on its behalf.



From the earliest approaches made to various community and user organisations, it was clear that the LINK would have to be a viable organisation, before those people would trust "another new initiative".

The slower than anticipated pick up of the Birmingham LINK, as mentioned previously, has been the experience of LINKs nationwide. Comparisons with other LINKs nationwide, that started six months earlier than Birmingham, show that some are not as 'advanced' in many ways, as Birmingham in their development. Most crucially the numbers and diversity of people involved is a comparison that favours Birmingham, and gives the mandate intended and necessary to operate as a LINK.

The under spend totally reflects the delay to anticipated activities such as the launch and the Events and Promotional activity following on from that. These occurred during April, May and June and with the LINK 'Brand' established, radio and bus advertising will further reinforce the message in late June and beyond.

So the carry forward was just that, a carry forward reflecting the Birmingham LINK being about three months behind where at the time of tender it had been expected to be.

## 6. Next steps

The Birmingham LINK has set up a strong base from which to develop its work over the year April 2009 to March 2010.

- Each of the Themed Action/Work Groups are identifying their own priorities and work plans, and are in themselves each required to constantly monitor their participant profiles to ensure that there is a balanced input to their work, as representative as possible of the City's diversity.
- The community engagement events run by the Host organisation on behalf of the LINK, range from workshops on a single topic, to engaging with a specific 'hard to reach' group on its own if required, to attending general community events with the chance to meet families etc. There are generally three to four of these such events each week, providing vital participation and information to both the themed Action Groups and the LINK Core Group.
- The LINK also receives direct approaches from members of the public on a number of events or concerns, usually topical, which it can then take up directly itself or refer to an Action/Work group, if expertise and common interest exists within, and/or time allows.
- Effective communication channels between the Birmingham LINK and the various Health and Social Care Service providers and commissioners are being forged, and the acceptance that they have to involve and listen to the LINK as an independent voice of the people of Birmingham is improving.
- The July to September election programme, for a new and full term LINK Core Group will provide a body of people more representative of the City of Birmingham than has previously been available, which is crucial to the credibility, effectiveness and future of the LINK.
- When this Core group is elected, the LINK members who are to become "Enter and View" officials can be established and such visits when indicated as beneficial can commence.

The LINK is made up of the people of Birmingham, its representatives are elected from within and it has the power to raise concerns, ask questions of authorities and in return require responses and answers within 20 working days.

The LINK also has the right to refer to the City's Overview & Scrutiny Committees, issues of which it becomes aware, that it thinks best referred straight to that Committee or that the LINK feels are still unsatisfactorily answered from its own work plans and approaches to authority.

The LINK can refer directly to the Care Quality Commission which is the national regulatory body for all Health and Social Service providers.

## **7. Thanks**

As can be seen from both the Transitional Arrangements report and this Birmingham LINK report a great deal of effort has been poured into the evolution of the Birmingham LINK to date.

Many individuals, organisations, 'critical friends' and Health and Social care professionals have contributed to what has been put in place for the population of Birmingham to use. It would be wrong to mention any individuals or groups by name as another one of the principles of the LINK initiative is that people can be as involved 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 LINK survey form, to attending a community workshop, to offering a suggestion for improvement on getting the LINK going, to being part of an Action Group or any of the Groups along the way.

The way to look now is, Forward, as directed by the City's own by-word, if you are not in touch with the Birmingham LINK yet, please do so, have Your Say and help us to Make it Happen, to whatever degree that you can.

Contact details for the Birmingham LINK and Core Group members are;

Birmingham LINK  
C/o Gateway Family Services CIC  
Radclyffe House  
66-68 Hagley Road  
Birmingham  
B16 8PF

EMAIL: [birminghamlink@gatewayfs.org](mailto:birminghamlink@gatewayfs.org)  
FREEPHONE: 08006 525278

# Appendix A: Transitional Arrangements

## February 2008 – LINK Pre-Transition Consultation Event

A consultation event was held in February 2008, facilitated by Birmingham Voluntary Sector Council (BVSC) to which a number of individuals and representatives from community organisations across the City were invited. Delegates were asked to discuss what they thought the Birmingham LINK should look like, what sort of work it should do, what transition was needed and it also gave delegated the opportunity to state any concerns they had regarding the forthcoming LINK.

## 1<sup>st</sup> April 2008 – 30<sup>th</sup> September 2008

In Birmingham it was deemed necessary that the procurement for the LINK Host contract should include the full EU tender process and so there was a need to put transitional arrangements until the LINK Host was in place.

A decision was made for the former PPI Forum Support Agency in Birmingham, Black Country Housing Group, to support a series of LINK Transition Forums, based upon the former PPI memberships and any other participants who had expressed an interest in taking part in the transitional arrangements. In addition, a Steering Group was created comprising a single representative from each of the Transitional Forums. In this way, the work programmes of the former PPI Forums were passed on to their successor groups, which allowed work to continue to progress in the transition.

The primary aims of the transitional arrangements were to:

- Establish and maintain a widely recognised, publicised and easily accessible route for patients and the public to connect with the transitional LINK arrangements.
- Retain members of the former PPI arrangements.
- Support the transition from PPI Forums to the LINK – general awareness raising and guidance.
- Raise awareness of social care structures and processes in Birmingham.
- Create a report on the successes and weaknesses of the former PPI arrangements so that lessons could be learnt by the LINK.
- Develop closure reports for each of the transitional forums including details of the work conducted and any ongoing work items for the LINK to consider adopting.

The below table details the activity in the transitional period including any requests for information and the responses received

<b>Transition Network</b>	<b>Activity</b>	<b>Requests Made</b>	<b>Response Received</b>
Birmingham East & North (BEN) LINK Transition Network	Monitoring the changes to BEN CAMHS provision	N/A	N/A
	Reviewing In-patient service of the Cystic Fibrosis Trust following redesign	N/A	N/A
Birmingham Children's LINK Transition Network	Parent Accommodation – transition from Edward House to the Thistle Hotel, Birmingham	Letter to Birmingham Children's Hospital & Edward's Trust	Yes
	Visit to Birmingham Children's Hospital	Visits to 4 departments; letter written to Trust following members' recommendations	Yes, and action taken on recommendations
Birmingham Mental Health and Learning Disabilities LINK Transition Network	Measuring how well the outcomes agreed in the "Commissioning Strategy for Mental health Services for Adults aged 18-64 2006-2011" have been met	Letter and reminders sent	No
	Monitoring the implication of the smoking ban in Birmingham and Solihull Mental Health Trust's inpatient units	Letter sent	Yes
	Monitoring the implication of the mobile phone ban at the Queen Elizabeth Hospital	Letter sent	Yes
	Researching what provisions are made for patients with Dyslexia	Letters sent to all 3 PCTs	Yes

<b>Transition Network</b>	<b>Activity</b>	<b>Requests Made</b>	<b>Response Received</b>
Birmingham LINK Transition Steering Group	Work Programme development; mapping transition activity; researching LINK Early Adopters; proposing structures for Birmingham LINK	N/A	N/A
Birmingham Women's LINK Transition Network	Investigating how many free treatments IVF patients receive at the Women's Hospital	Letter sent	Yes
	Assessment of antenatal waiting times	Letter sent	Yes
Heart of England Foundation Trust LINK Transition Network	Initiated an investigation into the possibility of patients carrying or wearing identification of any medical condition they have	N/A	N/A
	Initiated an investigation into the transition from acute care to the community	N/A	N/A
Royal Orthopaedic Hospital LINK Transition Network	Work programme development	N/A	N/A
South Birmingham LINK Transition Network	Work programme development	N/A	N/A
University Hospital Birmingham LINK Transition Network	Investigation into the usage of animal insulin	N/A	N/A
	Visit to the new mental health hospital	N/A	N/A
	Close working arrangements with the University Hospital Birmingham Trust	N/A	Regular Trust attendance at meetings

## **Birmingham LINK Research Project**

A literature review was carried out to see if there is any existing research that could help inform the LINK in its development. It was found that there are gaps in the available research on involvement with regards to large populations, commissioning and decision making and that information on how service users or the wider public have been involved in the commissioning cycle was rare or non-existent.

Given the health trusts' obligations under Sections 17A and 24A of the NHS Act 2006<sup>1</sup>; that the Care Quality Commission has stated its intention to draw on the views of LINKs in forming an opinion about local services; and that the views of local people will also form an important strand of the new Comprehensive Area Assessment from 2009, public influence on commissioning, and increasingly decommissioning, health and social care services is something that will be on the rise.

Noting the gap in available research, with regards to public influence on commissioning and strategic decision making, and the fact that a key area of the LINK's work would be in this area, it was decided that a research study be commissioned to inform the practice of the Birmingham LINK and the commissioning bodies for health and social care in Birmingham.

Scope was identified within the funding received from the Department of Health to undertake this research, in addition, the Heart of Birmingham PCT has contributed some funds towards this research and, NHS Birmingham East & North has pledged some funds.

As the Birmingham LINK is, as are LINKs nationally, still in its very early and formative stages it is hoped that a 6-month research contract will mean that any learning and recommendations can be taken on board as soon as possible and start to inform and improve the LINK's development.

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<sup>1</sup> Sections 17A and 24A of the NHS Act 2006 provides that Strategic Health Authorities and Primary Care Trusts must prepare reports about consultations they have carried out, or propose to carry out, before making commissioning decisions, and on the influence that the results of consultation have on commissioning decisions.

The purpose of this research is to explore the connections and accountabilities between the LINK and other patient and public involvement activities and the people who make decisions and commission (and de-commission) services. The research will answer the following questions:

- What would make commissioners take notice of the LINK/other consultative bodies and change practice?
- What expectations do commissioners have of consultees?
- What are the boundaries of the commissioning cycle in terms of patient and public involvement?
- What are the decision making processes and at what point should public views be identified and considered?
- When and how in these processes can influence be exercised, what form should input take and how should it be organised?
- What impact does political decision making have on this process?
- How flexible is consultation around commissioning and decommissioning? Is there any on-going consultation?
- How are commissioners targeting local expertise (particularly in relation to service users with long term conditions)?
- What is considered to be "valid" evidence or input?
- What would validate or weaken the information gathered by the LINK?
- What support do the professionals need in order to become competent in obtaining, using and responding to the public patients and carers<sup>2</sup>?
- What lines of accountability need to be clarified?
- How, in the commissioners' view, should feedback be given?

Participants and potential participants in LINKs will be questioned about:

- What they expect from a LINK and what is understood by "commissioning" and "decommissioning"?
- What influence do they expect to wield, how they expect to influence commissioning/decommissioning in practical terms?
- What support do they need, both to obtain the views of local communities and to make reports and recommendations?
- What feedback do they expect on the outcomes following their reports and recommendations and when do they expect it by?
- How do people want to get involved?
- What information needs do consultees and participants have of the commissioner?

The aim is to inform the practice of the Birmingham LINK and the commissioning bodies for health and social care in Birmingham. The focus will be on practical learning that can inform decision making, strategy implementation, and make health and social care commissioning everybody's business in Birmingham in the next three years.

This research will be concluded by November 2009.

## Income and Expenditure

Birmingham Department of Health LINK Allocation 2008/2009

Birmingham was awarded £558,000 for the financial year 2008/2009 to support the LINK arrangements in the city. Below is a breakdown of the costs including any moneys that have been carried forward to 2009/2010.

	<b>Annual Budget</b>	<b>Actual to 31/03/09</b>	<b>Carry Forward</b>
LAA Administration costs	460.00	460.00	0
Host Organisation	385,083.44	385,083.44	0
Interim Arrangements Project & Contract Management costs	72,580.00	73,142.35	-562.35
Procurement costs	30,454.00	28,165.64	+2,288.36
Research Project *	4,000.00	0	+£4,000.00
Misc. Initial press conference	65,000.00	0	+65,000.00
Contingency / Remainder	256.56	256.56	0
	166.00	0	+166.00
	<b>558,000.00</b>	<b>487,107.99</b>	<b>70,892.01</b>
Research Project funding received from HoBtPCT **		0	-21,739.13
			+21,739.13
<b>Total Budget</b>	<b>558,000.00</b>	<b>465,368.86</b>	<b>92,631.14</b>

\* The main carry forward was in relation to the LINK Research Project; the procurement process was delayed due the sheer amount of interest generated by the tender and so the funding will now be spent in the 2009/2010 financial year.

\*\* Heart of Birmingham teaching PCT has contributed £25,000 (including VAT) towards the cost of the Birmingham LINK Research project, this was received in the 2008/2009 financial year but will be spent (along with the City Council research allocation above) in the 2009/2010 financial year.