

# Islington LINK Event Report

## Islington's Joint Commissioning Strategy:

A discussion event examining the themes in Islington's Joint Commissioning Strategy 2012-17.

23<sup>rd</sup> May 2012, 2.00-5.00pm at the Resource Centre, Holloway

## **Summary**

- 60 people attended the event and 50 took part in workshop discussions.
- There was a general feeling that the themes of the strategy were the right ones, with some suggestions for inclusion.
- In several discussion groups participants raised the issue of access to clear, timely information in a format suitable for the service user/ carer.
- Whilst a joint strategy was recognised as being a positive step, concerns were raised that services need to remain tailored to, and aware of, the needs of service users.

## **Acknowledgements**

Thank you to all the people who supported and participated in this event, and to those who took the time to give their views.

**For more information** about Islington LINK, please visit our website – <http://www.islingtonlink.org> – or contact the LINK through its host organisation, Voluntary Action Islington, on 020 7832 5814 or [LINK@vai.org.uk](mailto:LINK@vai.org.uk).

**Contents**

- 1. Introduction..... 1**
- 1.1 About Islington LINk .....1
- 1.2 About this event .....1
- 2. The Joint Commissioning Strategy ..... 1**
- 3. Panel session..... 2**
- 3.1 Presentations .....2
- 3.2 Questions from participants ..... 6
- 4. Workshops ..... 7**
- 4.1 Workshop notes.....7
- 5. Next Steps..... 12
- 6. Useful resources .....13**

**Appendices**

- Appendix A: List of organisations represented at the workshops .....14**

<p><b>Abbreviations used in the report</b> <b>CCG</b> – Clinical Commissioning Group <b>JCS</b> – Joint Commissioning Strategy <b>LINk</b> – Local Involvement Network</p>
--

## **1. Introduction**

### **1.1 About Islington LINK**

Islington LINK (Local Involvement Network) is an independent organisation, led by a group of elected volunteers from the local community (both individuals and representatives of community and voluntary organisations). LINKs were set up in every local authority area in England in 2008, under the 'Local Government and Public Involvement in Health Act' 2007.

LINKs are a **channel for the community voice on health and social care services** and enable local people to engage in decision-making and scrutiny of health and social care services.

The Health and Social Care Act 2012 requires Local Authorities to commission Local Healthwatch organisations. In Islington it has been agreed that Islington LINK will become the local Healthwatch. Healthwatch Islington will deliver the existing LINK functions and help local people to find the health and care services they are looking for. For more information, or to join your LINK, please see back page for contact details.

### **1.2 About this event**

The London Borough of Islington commissioned Islington LINK to host an event on the Joint Commissioning Strategy as part of a wider programme of consultation on the strategy. The council felt that the LINK's status as an independent organisation, representing individuals' views and the views of local organisations would be well placed to host the event.

The council's brief stated that the LINK should host and report on a half day event to be held in Islington during May 2012. The event was to be aimed at patients; users/carers of services; local health and social care voluntary organisations and client groups and local residents. It should be open to anyone with an interest in health and social care in Islington.

The LINK decided to host a discussion event. Attendees were sent a summary of the themes within the strategy to read before the event. The event opened with a short presentation, given by the council, on the themes and priorities. This was followed by a presentation from Voluntary Action Islington on some of the issues for the voluntary sector raised by the strategy. Attendees then broke in to groups facilitated by LINK members and staff to discuss the themes and to highlight any issues with the strategy. Commissioning staff were in attendance at each group to answer questions and provide clarification.

## **2. The Joint Commissioning Strategy**

A new overarching Joint Commissioning Strategy is being developed on behalf of Islington Council and the Islington Clinical Commissioning Group (the GP commissioning consortia that will replace the Primary Care Trust from April 2013).

### **3. Panel session**

The Head of Joint Commissioning outlined the context for the strategy and its themes. The Assistant Director Strategic Commissioning highlighted some of the priorities set out in the strategy. A spokesperson from Voluntary Action Islington was then invited to give their thoughts on the strategy from the perspective of local voluntary organisations, which both provide services in the borough and represent local service users.

#### **3.1 Presentations**

##### **Kath McClinton, Head of Joint Commissioning – strategy overview**

Kath explained that the Council and Clinical Commissioning Group (the new NHS commissioning body) are consulting on a new joint commissioning strategy for Islington. Joint Commissioning covers both health and social care services for specific client groups. Historically there have been separate strategies but this overarching Joint Commissioning strategy is overarching and covers: mental health, older people including dementia, learning disabilities including autism, physical disabilities including sensory loss, carers, drugs and alcohol, housing support.

The strategy sets out the Council and Clinical Commissioning Group's general aims and brings existing plans in to one place. It also takes in to consideration new policy and the context in which services are being delivered. This includes policy changes such as the establishment of an NHS Clinical Commissioning Group as set out in the Health and Social Care Act 2012, and the local context of high and growing demand amid high levels of deprivation; high rates of mental health need and long-term physical health needs as well as the financial constraints being placed on local NHS and Local Authority as commissioners.

There has been voluntary sector and client group input in to the drafting of the strategy and the consultation will run until 15<sup>th</sup> June 2012. The full and summarised drafts are available on both the Islington Council and NHS web-sites. Each client group chapter, as set out in the chapters will have the opportunity to participate in separate, specific consultations. However, this event is focussing on the general themes and whether attendees think these are the right themes.

##### **Clare Henderson, Assistant Director Strategic Commissioning – key themes**

Clare explained that the strategy was split in to seven key themes which cut across client group areas. She stated that the seventh theme, efficiency and effectiveness, is woven into all areas of work so was not discussed separately here. The key

themes support the council and Clinical Commissioning Group's overall vision for health and care services.

Theme 1 - Making universal services (those accessed by all the community such as housing and leisure and public transport) more accessible. The aim is for disabled and older people as well as minority groups to be able to benefit from using them, linking into the wider community and to develop relationships such as peer support. This would include reducing stigma of mental health, ensuring buildings (including housing), services and systems are accessible and working with local employers and JobCentre Plus to promote best practice in supporting carers and for people who misuse drugs and alcohol.

Theme 2 - Prevention and early intervention which is about helping people live healthier for longer. It also includes helping people to better manage their condition or disability by improving prevention and early intervention services. This includes services such as re-ablement (support after a hospital stay), stop smoking support, health checks and early diagnosis, so that people can make changes to their own lifestyle and behaviours. Plans include improving information and advice particularly for those who are not eligible for social care support and pay for their own care; developing the new Carer's Hub to support more carers in Islington; and raising awareness about dementia to help ensure early diagnosis.

Theme 3 - Unscheduled care. This is about reducing emergency GP callouts and A&E attendances which are difficult to plan, expensive and are often poor experiences for patients. The aim is to make sure that people have the right services near to home so they do not need to make unplanned visits to hospital.

Commissioners aim to improve access and set up a single point of contact for health and social care services to make it easier for people to access the right services at the right time. They want to strengthen re-ablement and intermediate care services so people can come out of hospital and receive the right support.

Theme 4 - Providing care closer to home. This is about bringing treatment, care and support out of hospitals and providing it closer to people's homes which is more convenient for users and often means they are more satisfied with the services they receive. The plan is to develop a whole systems approach through joining services up; reduce reliance on institutional care by supporting people at home; support more people with mental health needs through primary care; use telecare services (such as personal alarms that users can activate and a support team can act upon rapidly) and telehealth services, such as electronic sensors or equipment that monitor vital health signs remotely. These readings are transmitted to be monitored by an appropriately trained person who can make decisions about potential interventions without the patient needing to attend a clinic. These services enable people to better live independently in their own home.

Theme 5 - Delivering integrated care. This is about delivering services in a more joined-up way so that there are fewer gaps and less duplication between services. The aim is to build on work already carried out to deliver joined up services for people with learning disabilities and mental health needs and build on this further, including working with GPs.

Commissioners want to be able to plan support based around GP populations; improve transitions from children's services to adult services; raise the profile of carers and their needs across health and social care; make sure services for older people with long-term conditions work together and recognise multiple needs.

Theme 6 - Flexible services with choice and control so that services are more tailored to people's individual needs. Commissioners plan to make supported housing for people with learning disabilities more joined-up so they can move through services as their needs change; gradually increase the number of people using personal budgets by providing better information and advice; and increase choice through supporting smaller social care providers.

### **Duncan McLaggan, Business Manager, Voluntary Action Islington**

#### **Issues for the sector**

Duncan referred to the Islington Community Network (ICN) which brings together networks in Islington that exist to benefit the local community. The aims of the network are to facilitate collaboration between community organisations in the borough and increase understanding of issues faced by residents; promote a fairer borough and to work with statutory and private sector agencies in Islington to influence change; promote the Compact with local voluntary and community organisations.

Duncan welcomed the joint strategy's aim of reducing duplication and welcomed the opportunity to involve voluntary groups in these discussions. He also emphasised the importance of ensuring that the final documents also reflects the needs highlighted through other work such as the Joint Strategic Needs Assessment (JSNA).

The holistic approach and outcomes focus of the strategy, particularly in the area of prevention and early intervention benefits from voluntary sector involvement. Non-traditional providers could develop creative ways to support people manage their health and well-being.

Local networks within the sector provide an opportunity for sharing ideas and information. And although there may not be one solution that fits all issues, developing consortia and strong communication channels with and within the sector would help to avoid duplication. Duncan emphasised that organisations such as the LINK exist to represent service users but that in the NHS transition brought about by

the Health and Social Care Act, some positive communication channels with the sector have been lost, and resources for networks reduced.

It is important that personalisation is adequately monitored, that there is support available for users and organisations and that personal budgets are not used to absolve responsibility for clients' care. Personalisation represents a challenge for voluntary sector organisations, with the potential for loss of specialised services and staff due to the instability of funding and lack of support for organisational change. Similarly payment by results may challenge the viability of some small organisations which may lack the capital and resources to invest. And within the current economic climate, it has been noted that demand for services is increasing, so how do we ensure that need is met.

The Council and CCG can look to local organisations for evidence and research to support their planning. Islington LINK and Voluntary Action Islington have a good track record in undertaking research and collecting evidence. They can encourage consortia, though many mergers have failed completely, or failed to achieve the expected benefits, which highlights the importance of sufficient support. Good communication with the sector is also key but the sector itself must ensure it can demonstrate the impact of its work.

### **3.2 Questions from participants**

Disability Action in Islington raised concerns that an agenda that aims to make services universal may well not meet the needs of some service users. Many disabled service users cannot access mainstream services, such as public transport and leisure facilities. Resources such as the Mobility Forum which gave voice to local people's concerns are no longer funded. It was asked how the council would ensure that universal services really were accessible to all.

The Islington Pensioner's Forum asked how we can ensure that prevention is not a casualty of reductions in services; how nurses can be supported to carry out the more bureaucratic aspects of their work and; how their training can provide adequate knowledge about home-based care services.

The Irish Traveller Movement in Britain (ITMB) stated that health outcomes for Gypsy and Traveller communities are poorer because they face particular barriers when attempting to register with a GP or trying to access services, particularly primary care.

St Mungo's echoed the comments from ITMB and welcomed a similar dialogue about the needs of homeless service users.

The Community Network asked how the voluntary sector can link in with the strategy and how they can ensure that commissioners and the community know about their services.

Disability Action in Islington asked how, in particular relation to the theme of integrated care, the NHS and council can ensure that service users don't experience delays whilst decisions are made about which commissioning organisation pays for the service. The importance of this was emphasised in relation to end-of-life care.

The Islington Chinese Association asked what the general philosophy had been behind the strategy. Was it about making financial cuts?

A participant stated the importance, in relation to the priority of reducing reliance on institutional care, not to forget residents who are not eligible for council provided care, and not to regard a move into a care home as invariably negative. For some older people, moving into a care home can mean less social isolation, improved nutrition, a better level of physical activity and more intellectual stimulus – in other words, an improvement in the quality of life.

-----

Responses from the panel

Panel members: Kath McClinton Head of Joint Commissioning, Clare Henderson, Assistant Director Strategic Commissioning, Laura Gordon Senior Commissioner Disabilities, George Howard Senior Commissioner Mental Health, Sue Newton Commissioner Older Adults, Duncan McLaggan, Business Manager, Voluntary Action Islington.

Clare Henderson responded that transport issues were complex and that transport was not commissioned by the council and therefore beyond the immediate remit of the Joint Commissioning Strategy but the council had a close working relationship with Transport for London. She referred to the closure of the Mobility Forum and that the council recognised that other ways would be needed to ensure people have the opportunity to voice concerns.

Kath McClinton stressed that the plans across health and social care commissioning have maintained a commitment to preventative services. They have avoided 'easy' savings by ensuring resources continue to be allocated for services like day centres and the Supporting People Programme. She noted that the council was one of very few in London that still supported people who had a 'moderate' social care need. Prevention is and continues to be embedded in the NHS and council's work.

In relation to the barriers faced by the Gypsy and Traveller community using services in Islington she welcomed a dialogue with the Irish Traveller Movement in Britain (ITMB) about issues and solutions. A dialogue with groups representing homeless people was also welcomed.

Clare stated that in terms of promoting awareness of services, local voluntary sector organisations could place information about their services in the local directory 'Links for Living' (see useful resources below). Organisations such as Community Network have also been invited to events to talk about their services.

Regarding funding for care, Clare stated that it was generally clear how services were funded. She offered to discuss the issue further individually. Kath mentioned that Islington was in an advantageous position as its health and social care services were already fairly joined-up with pooled (shared) budgets for services such as those for people with learning disabilities, mental health and substance misuse. This avoids the potential conflict between organisations about what health pays for and what social care pays for.

Duncan mentioned that it was important for local organisations to join the relevant networks, representing their service users to ensure that they are able to share and receive relevant information.

Regarding the origin of the strategy Sue Newton explained that the strategy was about preserving services, not a pathway for cuts. The strategy is about considering how services need to change, grow and develop. George Howard added that it was important to join services up for those most in need. For example, many mental health services users also have long-term physical conditions. Mental health services users tend to die younger from these conditions than other groups. Joining up services can ensure that vulnerable people are better served.

Regarding the point made about care homes, Sue agreed that many Islington care home residents enjoyed living in their care homes. The strategy is about ensuring that different care pathways are right for the individual.

## **4. Workshops**

There were six workshops based on six of the seven themes within the strategy. There was not a specific discussion group focussed on theme 7, 'Efficiency and Effectiveness' as this theme will run throughout the strategy. However, there was an opportunity for attendees to post comments on this theme during the second part of the workshop sessions.

### **4.1 Notes from the workshops**

#### **Making universal services more accessible and developing communities**

- Important to assure that basic accessibility needs are met in all written materials (eg good, readable typeface; well written and clearly expressed information).
- All services contracted by the Council and CCG should comply with minimum accessibility standards.

- Mainstream services could reach out to more isolated communities by liaising with smaller community organisations.
- Do not assume that all users access the internet and do not limit communications to that medium – include posters, leaflets, radio and other outlets.
- If health and care professionals are to signpost people to the right services, they need to be well informed about the current range of services available – publish and update a directory of services.
- Ensure that any newly commissioned employment services support people who are more difficult to place in work, not just those who are easy to place.
- Re-establish the mobility forum

### **Prevention and early intervention**

- General agreement with the themes it was felt that the strategy does little for people who are caught up in alcohol and drug misuse and there needs to be a greater focus on their needs for services and support. The commissioner said this would be included in the final strategy document – these issues are also dealt with in the separate Drug and Alcohol Strategy but agreed it needs to be part of this strategy as well.
- There was an important need to recognise and give priority to the wider health and social care needs of those with mental health issues – those with mental health issues often have other health issues that are not diagnosed or treated because the focus is often only on their mental health.
- For prevention and early intervention, it is important to learn from good practice and trial pilot initiatives. Mention was made of a mental health pilot that had been piloted in Camden. The Foundation Trust has funded an enabling service that recognises that people go through cycles of wellbeing and illness, and when they are less well and trying to get better that people may need extra support. Good practice and pilots can develop models to be adopted for early intervention and prevention.
- It is important to draw on other services for prevention (for example, development of leisure and cultural activities). Many services such as ‘filling in the pot-holes’ in roads and pavements are not seen as preventative services but they prevent falls and fractures. This was also true in the case of helping people age healthily. It was important for medical staff, including nurses, to have training outside the ‘clinical box’ to give them better knowledge and awareness of the preventative impact of other services.
- It was crucial for networks to work well for the benefit of all patients – involving health, social care and the voluntary and community sectors. Different groups must work together to make sure that those who need care and support

receive the very best that is available. Any gaps need to be identified and addressed.

- Agreed on the importance of access to information and advice – important to enhance the clarity of information to ensure a ‘chain of information’ available which does not allow people to ‘fall through the gaps’ because of a lack of joined-up information. The aims to improve information and advice are good and supported. Mention was made of the need for joined-up information on medical records shared by computer. However, attendees recognised that this was a national policy decision.
- Education and information within schools and communities about the risks of drug and alcohol misuse was seen as very important.
- Age UK is developing a system with one telephone number to access information on health and social care services, with signposting and follow up referrals.
- Housing Support Services were seen as very important for prevention. The difficulties experienced by homeless persons were raised and needs to be specifically addressed. There was said to be a lot of hidden homeless and a great deal of anxiety about the impacts of changes in Housing Benefit policy. It is important to ensure people can access reliable and clear information about these and other national welfare changes.
- Supporting carers was raised as vital for the health of carers and the health of those that they care for. It is important to be aware that a lot of people do not see themselves as ‘a carer’ – for example those ‘caring’ for someone in their family who have problems with mental health and/or drug and alcohol misuse problems. It is how to get the message across to those who do not see themselves as ‘a carer’ – where do they go for advice, information and support?
- To improve the health of vulnerable people a priority should be to do whole health checks – this was vital for early intervention – the Foundation Trust should do full physical health checks but it was said that this does not happen in many cases. It was said that where the other areas of the health service are carrying out these checks, they should charge the Mental Health Foundation Trust for delivering this service. It was important that the Mental Health Advisory Group was being re-launched, and this was welcomed.
- It can be difficult to fully provide the required services for those with ‘substance abuse’ and mental health issues – important to ‘mix and match’ interventions from known good working practices.
- The needs of refugees should be addressed and met, often a forgotten group.
- Promoting mental health through talking therapies was identified as an important role for prevention of deterioration in mental health and for early

intervention. There were issues of financial payment and contracts that need to be addressed for delivering this objective.

- One participant said that it was important to distinguish between TIA (a small stroke) and dementia – the initial symptoms can be very similar but the consequences are very different and the diagnosis needs to be made very carefully. Participants emphasised the importance of diagnosis of dementia at an early stage.

### **Unscheduled care**

- Important to ensure continuity of information about individual patients/service users across primary and secondary care.
- Professionals need to keep in regular contact with people living with long-term conditions to monitor their health and help reduce unplanned admissions to A&E.
- The need to be aware of the mental health aspects of alcohol abuse.
- GPs need further training on alcohol abuse.
- Health professionals' knowledge of available support services (including those provided by the voluntary sector) could be improved.
- Traveller communities need: local GPs to be willing to carry out site visits; health visitors and midwives to visit new mothers on site after new births; easy-read information (including graphics) for new parents on such topics as immunisation; more encouragement for travellers to ascribe their ethnicity (eg on NHS registration documents); improved communication on both sides – both traveller communities and health professionals need to improve their communication with each other.
- Improved communication in general with groups with limited or no literacy.
- Better advocacy and peer support for a wider range of vulnerable groups.
- Frontline staff (eg GPs receptionists) would benefit from further training in cultural awareness to help them treat all users with respect.
- Effective monitoring of all services to ensure high quality and value for money.
- Widespread information about the availability of services (going beyond the website – do not assume that all users/potential users use the website as their main source of information).

### **Providing care closer to home**

- Providing care closer to home received positive feedback as an initiative making it easier for service users and patients to access care.
- Important to ensure that GPs are informed about the range of services provided by voluntary organisations so that they can influence commissioning.
- Some users still have difficulty in finding information about available services.
- Personal budgets should be better promoted to older and more isolated people together with better advocacy and personal assistance.
- Chinese carers could be commissioned to meet the supply and demand need for culturally sensitive services in the borough.
- Retain and promote more widely “Links for Living” (see paragraph 6 below).

### **Delivering integrated care**

- Important to note the impact of personal budgets on social cohesion and finance – users have found that some services have virtually disappeared on the assumption that people will buy services and that the council need not block buy them.
- People with substance misuse issues need access to personal budgets
- Important to note that people may have more than just their primary need.
- The needs of refugees and asylum seekers need to be captured within the strategy.
- GPs have a critical role in the care pathway.
- Communication of vital importance while also avoiding information overload.
- Ensure professional staff are working in a joined-up way.
- Important to integrate non-traditional services, recognising the potential for social isolation.
- Patient participation groups play an important role and should be strengthened
- The CCG should continue to integrate substance misuse and mental health services
- More people with drug and alcohol issues should be recruited to PPGs and the LINK.

### **Flexible services and choice and control**

- Identify early wins – what can be done early on.

- Consortia work: how to work collaboratively with commissioning and how would this be facilitated.
- Need to ensure that personal budgets address the holistic needs of disabled people.
- Commissioning should include opportunities for peer involvement.
- Important to stop wrong classification or simplification of need.
- LBI housing should to be reviewed as there is still unused capacity within the stock.
- The CCG should start investing in the monitoring and evaluating of services by (paid) service users.
- Consultations should be accountable and transparent eg: “you said this; we did/didn’t do that; this is why.”

#### **General written points submitted by participants**

- How will Islington Council monitor the quality of domiciliary support workers?
- The strategy needs to incorporate housing need/inadequate housing/homelessness.
- Important to monitor patients’ experience of leaving hospital (including A&E) – including appropriateness of transport, medication, housing and support needs and general follow-up.
- Concern expressed by a housing association that people who have had unscheduled admissions to hospital are frequently discharged too soon resulting in repeated readmissions.
- Recognising issues around transition from children’s to adult services, and also the complex needs of some service user groups such as transgender, minority ethnic groups. Using services such as mentoring and befriending to reduce isolation, and increased outreach, particularly for mental health service users.
- Clarification of next steps and how feedback will be incorporated after this meeting.

#### **5. Next Steps/ closing remarks**

Duncan McLaggan emphasised the importance of sharing feedback on the information gathered at the event and how that information has influenced or not influenced the strategy. Clare thanked participants for their input. Kath invited people to give more detailed feedback, via LINK or the Council and stated that feedback on

all responses would be disseminated in due course. She said that she felt confident that communications between the voluntary sector and NHS would improve and that the CCG was keen to restore any contacts lost during transition. Sue thanked participants for their time.

Laura stated that the mainstreaming issues in the strategy were an aspiration and that there was a gap between where we are now and where the Council and CCG want us to be. What they want is for all individuals to be able to easily access services. She emphasised the Council's work to support disabled people to use public transport through transport training and confidence building courses delivered at the Islington Outlook Centre. George referred to the re-launching of a local Mental Health Advisory Group, which would be another way for local groups and individuals to feed in their views and experiences.

Chair, LINK member Rose McDonald thanked everyone for attending and reminded them of how to submit their comments on the strategy. A copy of this event report will be sent to participants as well as the Council and Clinical Commissioning Group.

## **6. Useful Resources**

### **Links for Living**

Links for Living is an on-line directory of social care services and resources in the borough. It is part of Islington Council's web-site.

If you are a supplier of services and would like to promote these services online using our directory, you can complete an on-line template.

Service users can search the directory for traditional health and social care suppliers for Islington adults, as well as new ideas for a healthier, more fulfilling and independent life.

To help people find what they are looking for, there is a set of frequently asked questions and answers within each category.

<http://linksforliving.islington.gov.uk/kb5/islington/asch/home.page>

### **Islington Community Network**

The Islington Community Network (ICN) brings together networks in Islington that exist to benefit the local community. The aims of ICN are to facilitate collaboration between community organisations in the borough and increase understanding of issues faced by residents; promote a fairer borough and to work with statutory and

private sector agencies in Islington to influence change; and to promote the Compact with local voluntary and community organisations.

Contact: Duncan McLaggan, Business Manager, Voluntary **Action** Islington  
Phone: 020 7832 5829 E-mail: Duncan.mclaggan@vai.org.uk

### **Islington LINK**

Islington LINK works to influence how health and social care services are planned and delivered. Everyone who lives, works or uses services in Islington can get involved, including local organisations. Join the LINK to be kept up-to-date with LINK activities and research, see back page for membership form or join on-line at <http://www.islingtonlink.org>

## **Appendix A: Organisations represented at the workshops**

The following organisations were represented at the event. Several organisations sent more than one representative. Places were limited to 50 attendees for the workshops.

2 Care (mental health recovery centre)  
Action for Blind People  
Age UK  
Asian Elders  
Choices Islington (pregnancy advice service)  
Disability Action in Islington  
Expert Patient Panel  
Hillside Clubhouse  
Homeless Link  
Homeless Link  
Hope Worldwide  
Imece (Turkish Speaking Women's Group, Islington)  
Irish Traveller Movement in Britain  
Islington Borough User Group (mental health service user group)  
Islington Chinese Association  
Islington Council Drug and Alcohol team  
Islington LINK  
Islington Pensioner's Forum  
Key Changes (Islington Music Forum)  
Kurdish and Middle Eastern Women's Organisation  
Manor Gardens (centre for community services)  
Mercers House (sheltered housing)  
Minerva Lodge (sheltered housing)  
Peter Bedford Housing Association  
Prince's Trust  
Refugee Therapy Centre  
Richard House Children's Hospice  
Solace Women's Aid  
St Mungo's

# Islington LINK Membership Form

## Contact details

Title  First name  Surname   
Organisation (if applicable)   
Address   
Post code  Email   
Telephone Number   
Mobile Number

## My areas of interest / expertise in health and social care are:

Primary Care (eg doctors, dentists, podiatry, eye tests)  
 Secondary Care (eg hospitals, specialist clinics)  
 Social / Community Care (eg Meals on Wheels/Home Help/District nurse)  
 Residential Care and Nursing Homes  
 Emergency services (e.g. ambulance service)  
 Other (Please state)

## I am interested in services for:

Children & Young People  
 Older People  
 Carers  
 Disabled People  
 People with learning difficulties  
 People with mental health issues  
 Black and Minority Ethnic (BME)  
 Lesbian, Gay, Bisexual and Transgender (LGBT)  
 Other

## Data Protection

Any information you have given us here will be treated as confidential.  
We will not share your contact details unless indicated below.

Please tick the box to **share** your contact details with other LINK members  
How did you find out about the LINK?

## Contact the LINK

link@vai.org.uk  
020 7832 5814  
www.islingtonlink.org

## Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with the LINK to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form.

Please help us by answering these questions:

### 1. Are you?

Male       Female       Transgender       Transsexual

### 2. Would you describe yourself as?

White British  
 White Irish  
 White Other: please specify   
 Black British  
 Black - African  
 Black – Caribbean  
 Black – other: please specify   
 British Asian  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other – please specify

### 3. Would you describe yourself as having a disability?

No  
 Yes – please describe in your own words:

### 4. Would you describe yourself as:

Gay man       Lesbian woman       Bisexual       Heterosexual

### 5. Which age group do you belong to?

Under 18 years       18 to 30 years       31 to 45 years       46 to 60 years  
 61 to 75 years       76 years & over

### 6. Do you have a religion or belief?

No  
 Yes – please specify:

## Contact the LINK

link@vai.org.uk  
020 7832 5814  
www.islingtonlink.org

Islington LINK  
Voluntary **Action** Islington

[Freepost RSEX-KHAA-ZERG]  
200a Pentonville Road  
London  
N1 9JP  
Tel: 020 7832 5814  
Email: [LINK@vai.org.uk](mailto:LINK@vai.org.uk)  
[www.islingtonlink.org](http://www.islingtonlink.org)

Copyright © Islington LINK 2012

