

Central London Community Healthcare **NHS**

NHS Trust

Barnet ■ Hammersmith and Fulham ■ Kensington and Chelsea ■ Westminster



“GET INVOLVED”

Have your say on our
Foundation Trust plans



**Public consultation –
From Tuesday 08 May 2012 to Tuesday 31 July 2012**

Central London Community Healthcare NHS Trust aims to become a Foundation Trust during 2013. If you live in the London Boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, or Westminster, or receive care from us, we would like to hear your views on our plans. If you or someone you know needs help understanding this document, or if you would like this information in another format such as large print, easy read, audio, braille or other languages, please contact our Membership Manager on 0800 169 6134 or by email at ft.consultation@clch.nhs.uk

تهدف العناية الصحية لمجتمع مركز مدينة لندن (NHS) ان تصبح مؤسسة ائتمانية (Foundation Trust) وذلك خلال عام 2013. فإذا كنت تسكن في مناطق بارنيت (Barnet)، هامرسميث (Hammersmith) وفولهام (Fulham)، كينغستون (Kensington) وتشيلسي (Chelsea)، أو ويستمينستر (Westminster) أو أنك تحصل على العناية الصحية من قبلنا فإننا نود سماع وجهة نظرك بشأن خططنا. فإذا كنت أو أي شخص آخر تعرفه بحاجة للحصول على المساعدة من أجل فهم هذه الوثيقة، أو إذا رغبت الحصول على هذه المعلومات بصيغة أخرى مثل أن تكون بطبعة كبيرة، سهلة القراءة، صوتية، بربيل (Braille) أو بلغات أخرى، عندها نرجو الاتصال بالمدير المعني على هاتف رقم 0800 169 6134 أو على عنوان البريد الإلكتروني ft.consultation@clch.nhs.uk

مراقبت های پزشکی عمومی مرکز لندن خدمات بهداشتی ملی (NHS) قصد دارد که در طی سال 2013 به تراست بنیادی (Foundation Trust) تبدیل گردد. اگر در مناطق شهرداری های بارنت (Barnet)، هامرسمیث و فولهام (Hammersmith and Fulham)، کنزینگتون و چلسی (Kensington and Chelsea) یا وست مینستر (Westminster) زندگی می کنید و یا از خدمات ما بهره مند می شوید، ما مایلیم که نظر شما را در رابطه با برنامه هایمان بشنویم. اگر کسی را می شناسید که برای فهم این سند نیاز به کمک دارد، یا اگر مایل هستید که این اطلاعات را به شکل دیگر، مثل چاپ با حروف بزرگ، ساده تر، توار صوتی، حروف نابینایان و یا به زبان های دیگری دریافت کنید، لطفاً با مدیر بخش عضویت ما با شماره تلفن 0800 169 6134 یا ایمیل ft.consultation@clch.nhs.uk تماس بگیرید.

সেণ্ট্রাল লন্ডন কমিউনিটি হেলথকেয়ার এন.এইচ.এস ট্রাস্ট ২০১৩ সালের মধ্যে ফাউন্ডেশন ট্রাস্টে পরিণত হতে চায়। আপনি যদি বাংলায়, হামারস্মিথ ও ফুলহাম, কেনসিংটন ও চ্যালসি বা ওয়েস্টমিনস্টার ইত্যাদি এলাকায় বাস করেন বা আমাদের সেবা গ্রহণ করেন, তবে আমরা আমাদের পরিকল্পনার উপর আপনার অভিমত জানতে চাই। আপনি বা আপনার পরিচিত কেউ যদি এ দলিল বুঝতে সাহায্যের প্রয়োজন হয় অথবা অন্য তথ্য অন্য কোন মাধ্যমে যেন বড় ছাপা, সহজপাঠ্য, অডিও, ব্রেইল বা অন্য কোন ভাষায় প্রাপ্ত হতে চান তবে দয়া করে আমাদের মেম্বারশিপ ম্যানেজারকে 0800 169 6134 এ নাথার বা ft.consultation@clch.nhs.uk এ ইমেইল ডিক্রিমায়ে যোগাযোগ করুন।

倫敦中心社區醫療國民保健信託會預定在2013年期間成為一個基金信託會機構。如果你在倫敦巴納特、哈默史密斯-富勒姆、肯辛頓-切爾西、或威斯敏斯特市政區範圍內居住，或者接受我們提供的照料，我們想知道你對我們的計劃有什麼意見。如果你或你認識的某人需要幫忙以明白這份文件的內容，或者你需要以另一種格式說明這些訊息，例如如大字體印刷、易讀版、錄音、盲人點字或其他的語言，請致電 0800 169 6134 與我們的會員事務經理聯絡，或者電郵 ft.consultation@clch.nhs.uk

El Community Healthcare NHS Trust del centro de Londres, (Asistencia Sanitaria Local de la Seguridad Social), tiene como objetivo convertirse en fundación durante el año 2013. Si usted reside en uno de los siguientes distritos municipales: Barnet, Hammersmith y Fulham, Kensington y Chelsea o Westminster, o recibe asistencia nuestra, nos gustaría conocer su opinión a cerca de nuestros planes. Si usted, o alguien que usted conozca, necesita ayuda para entender este documento, o quisiera recibir esta información en un formato distinto, como por ejemplo, impresión más grande, lectura fácil, audio, braille o en otro idioma, por favor póngase en contacto con nuestro Membership Manager (director de asociados) llamando al número 0800 169 6134 o por correo electrónico: ft.consultation@clch.nhs.uk

Central London Community Healthcare NHS Trust tem como objetivo tornar-se uma Fundação sem fins lucrativos durante 2013. Se você vive nas municipalidades londrinas de Barnet, Hammersmith e Fulham, Kensington e Chelsea, ou Westminster, ou recebe nossos serviços de assistência, nós gostaríamos de ouvir sua opinião sobre nossos planos. Se você ou alguém que você conhece precisar de auxílio para compreender este documento, ou se quiser estas informações em outro formato, como letras grandes, fácil de ler, áudio, braille ou em outras línguas, por favor contate nosso Gerente de Associação no número 0800 169 6134 ou por email para ft.consultation@clch.nhs.uk

Central London Community Healthcare NHS Trust zamierza stać się Foundation Trust w 2013 roku. Jeżeli mieszkasz w dzielnicy Londynu takiej jak Barnet, Hammersmith i Fulham, Kensington i Chelsea czy Westminster, lub otrzymujesz od nas opiekę, chcielibyśmy usłyszeć Twoją opinię na temat naszych planów. Jeżeli Ty lub ktoś kogo znasz, potrzebuje pomocy w zrozumieniu tego dokumentu, albo jeżeli chciałby otrzymać te informacje w innym formacie np. dużym drukiem, w systemie easyread (łatwe czytanie), audio, Braille'am lub w innym języku, prosimy o kontakt z naszym Membership Managerem pod numer 0800 169 6134 lub e-mailem na ft.consultation@clch.nhs.uk

Adeega Caafimaadka ee 'Central London Community Healthcare NHS Trust' waxa ay doonaysaa in ay noqoto 'Foundation Trust' sanadka 2013. Hadii aad markaasi ku nooshahay degmooyinkan London ee Barnet, Hammersmith and Fulham, Kensington and Chelsea, ama Westminster, ama aanu daryeel kuu fidino, waxa aanu jecel nahay in aanu ogaano aragtidaada ku aadan qorshahan. Balse hadii adiga ama qof aad taqaano ay dhib ku qabaan in ay fahmaan dokumantigan, ama aad rabto in macluumaadkan laguugu soo qoro hanaan kale, tusaale ahaan xaruuf-fidsan, sahal loo akhrin karo, farta-indhooolayaasha, ama luqad kale laguugu soo turjubaano, fadlan la soo xiriiir Maareeyaha Xubnaha (Membership Manager) Tel: 0800 169 6134 ama email-kan kusoo codso ft.consultation@clch.nhs.uk

सेन्ट्रल लंडन कम्युनिटी हेल्थकेअर येनयेथयेस ट्रस्ट (Central London Community Healthcare NHS Trust) 2013 मां फाउन्डेशन ट्रस्ट (Foundation Trust) बनवानो लक्ष्य राखे छे। जो तमे लंडन बरोडा बारनेट, हैमरस्मिथ अने फूलहाम, केन्सिंग्टन अने चेलसी अथवा वेस्टमिन्स्टरमां रहेता छे अथवा अमारा तरइथी केर (संबाज) मजती छेय तो, अमने अमारी योजना विचे तमास अलिप्राय मेजववानी छख छे। जो तमने अथवा तमे जालता छे तेवी कोड व्यक्तिये आ हस्तावेज समझवामां मददनी जवुर जहाय अथवा तमने आ माहिती मोटा छापेला अक्षरी, सहलाइथी वांची शकय, ओडियो, अंधालिपि (ब्रेइल) अथवा लीजु बाधाओनी रचनामां जोइती छेय तो, कृपा करी 0800 169 6134 उपर अमारा मेमबरशीप मेनेजरनी संपर्क करी अथवा छमेछल करी ft.consultation@clch.nhs.uk

सेन्ट्रल लंडन कम्युनिटी हेल्थकेअर ऐन ऐच ऐन ट्रस्ट का उद्देश्य 2013 के दौरान एक फाउन्डेशन ट्रस्ट बनने का है। यदि आप लंडन की बार्नेट, हैमरस्मिथ और फूलहाम, केन्सिंग्टन और चेलसी वा वेस्टमिन्स्टर बार्गे में रहते हैं या हमसे केअर (दियाचाल) प्राप्त करते हैं तो हम अपनी योजनाओं के बारे में आपके विचार जानना चाहेंगे। यदि आपके या आपके किसी जानने वाले को इस दस्तावेज को समझने में मदद चाहिए या यदि आप यह जानकारी किसी और रूप में लेने वही निचाई, आसानी से पढ़ी जाने वाली, ऑडियो (सुनने वाली टेप या सी डी), ब्रेल में या किसी और भाषा में चाहिए तो कृपया हमारे मेमबरशिप मैनेजर को 0800 169 6134 पर फोन करें या हम को पर ईमेल करें ft.consultation@clch.nhs.uk

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NHS FOUNDATION TRUSTS

- Are part of the NHS, providing NHS care free of charge.
- Can reinvest any savings into further improving patient care.
- Have a local membership – which has a say in the future of the organisation.
- Are more accountable to the people who use the services.
- Are governed by local people, staff and other stakeholders.
- Have greater freedoms and flexibility in how things are done.

There is more about what makes an NHS Foundation Trust different on page 12.

INTRODUCTION

Central London Community Healthcare NHS Trust provides out-of-hospital, community-based NHS healthcare services for nearly one million people. If you live in the London Boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, or Westminster you are likely to receive care from us at some point in your life. We also provide healthcare for many people who come into our boroughs to work each day.

Our health visitors look after the health and wellbeing of families, our school nurses care for children and young people as they grow, our rehabilitation services get people back on their feet following serious accidents or surgery, our district nurses help maintain the health and independence of people as they grow old, and our palliative care service looks after people at the end of their lives.

We believe that as an NHS Foundation Trust we can continue to provide you with the very best care and treatment, by really focusing on community-based services. We would be even more responsive to your healthcare needs, because you and other local people would be part of the organisation helping to shape local community services. It will also give us the additional advantage of having the freedom to invest in state-of-the-art care and treatment for you.



Anne Barnard –
Acting Chair



James A. Reilly –
Chief Executive



All NHS organisations, like ours, are required to either become an NHS Foundation Trust by 2014 or become part of another NHS Foundation Trust. For us, this would mean merging with an organisation providing hospital or mental health services, and losing the ability to focus purely on community healthcare.

Your opinion matters to us - we would really value hearing your thoughts on our plans. If you live in one of the four boroughs we serve, receive healthcare from us, work in partnership with us, or are employed by us, please get in touch with us.

Our consultation on our Foundation Trust plans starts on 08 May 2012 and continues for 12 weeks until 31 July 2012. This consultation document contains information and thirteen questions on our Foundation Trust plans. At the end of the document there is a FREEPOST form, which you can use to send us your views. If you prefer to complete this consultation online it is available on our website at www.clch.nhs.uk

Shortly after our consultation finishes we will publish a report telling you what people have said about our plans, and how they have been shaped to take account of your views.

We hope that you find the information in this consultation document interesting and informative, and we look forward to receiving your comments.


ABOUT US

An important part of people's lives

We are the largest community healthcare organisation in London, and we were the first in London to be awarded NHS Trust status. As such, we are at the forefront of changing the way community healthcare services are provided to achieve the best possible results for our patients.

We employ more than 2,600 community healthcare professionals who provide out-of-hospital, community-based healthcare services for nearly one million people who live and work in the London Boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

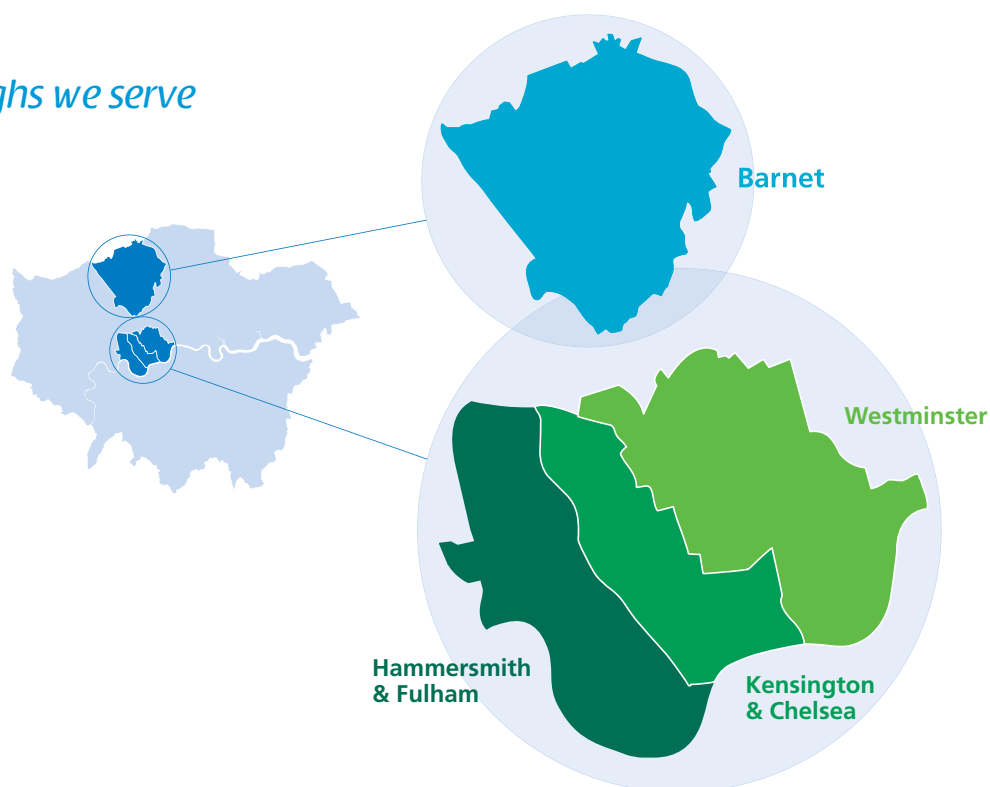
We provide healthcare from more than 160 locally situated sites and in many cases from people's homes to make access to our services as easy as possible.



"You get an insight into the difficulties and challenges families face, and if you can help them, that's a great thing".

Frits – School Nurse Team Lead

The Boroughs we serve



The services we provide

Our services fall into eight main areas

ADULT COMMUNITY NURSING SERVICES	Including 24 hour district nursing, community matrons and case management.
CHILDREN AND FAMILY SERVICES	Including health visiting, school nursing, children's community nursing teams, speech and language therapy, blood disorders, and children's occupational therapy.
REHABILITATION AND THERAPIES	Including physiotherapy, occupational therapy, podiatry (foot health), speech and language therapy.
END OF LIFE CARE	For people with complex, substantial, on-going needs caused by disability or chronic illness.
OFFENDER HEALTH SERVICES	At HMP Wormwood Scrubs.
CONTINUING CARE	Services for older people who can no longer live independently due to a disability or chronic illness, or following hospital treatment.
SPECIALIST SERVICES	Including elements of long-term condition management (diabetes, heart failure, lung disease), community dental services, sexual health and contraceptive services.
WALK-IN AND URGENT CARE CENTRES	Providing care for people with minor illnesses, minor injuries and providing a range of health promotion activities and advice.

There is much more about what we do on our website at www.clch.nhs.uk

Our Journey

We were formed in 2008 from the three healthcare organisations which were formerly part of the primary care trusts in Hammersmith and Fulham, Kensington and Chelsea, and Westminster. In November 2010 we became a standalone NHS Trust. Then in April 2011 Barnet Community Services also joined us to become part of our single organisation.

Our journey so far

MARCH 2009 – Central West London Community Services is granted single autonomous provider organisation (APO) status by NHS London.

NOVEMBER 2010 – We are established as a new NHS Trust. As the first and largest community healthcare trust in London, our new name becomes Central London Community Healthcare NHS Trust (CLCH).

APRIL 2011 – Barnet Community Services joins CLCH.

JUNE 2011 – Our first Quality Account is published, following input from patient representative groups and other stakeholders.

SEPTEMBER 2011 – We publish our first Annual Report as an NHS Trust.

MARCH 2012 – First submission of our Integrated Business Plan and Long Term Financial Model to NHS London, making good progress towards becoming a Foundation Trust.

APRIL 2012 – We continue to seek further opportunities to work in an integrated way with adult social care and acute colleagues.

We are one of only two NHS Trusts in London that exclusively deliver out-of-hospital, community-based NHS healthcare services, and one of 18 across England. Most community healthcare services have been merged into either hospital trusts or mental health trusts.

We aim to become a Foundation Trust during the summer of 2013, which is why we want to work with you to build a membership, made up of local people, patients, and employees. Together we will improve the high standards of patient care and treatment delivered in the community.

Next Steps

MAY-JULY 2012 – Our public consultation on our Foundation Trust plans is launched and runs for 12 weeks.

JUNE 2012 – We mark one year since the launch of the North West London Integrated Care Pilot; an innovative multi-disciplinary programme for older people and those with diabetes.

JULY 2012 – We put in place our plans to support the London 2012 Olympic and Paralympic Games.

OCTOBER 2012 – We achieve our target number of members, giving patients, staff and stakeholders greater involvement in community healthcare.

MAY-JUNE 2013 – Our Shadow Council of Governors is in place.

SUMMER 2013 – We are awarded Foundation Trust status.

THROUGHOUT 2013 – We continue building strong relationships with our members.

Our Vision: to lead out-of-hospital community healthcare

Our Mission: to give children a better start and adults greater independence

We want to continue to deliver the very best healthcare and treatment to people in the community. We recognise how important it is for us to strengthen our partnerships with hospitals, GPs, social care, the voluntary sector and our communities in order to make a real difference to people’s lives.

Our values

Our values drive the culture of our organisation. Together with our vision and mission, they frame the way our staff work and how our services are delivered. They are central to everything we do and are underpinned by our behaviours towards each other, and with our patients and partners.

Values	Quality	Relationships	Delivery	Community
	We put quality at the heart of everything we do	We value our relationships with others	We deliver services we are proud of	We make a positive difference in our communities
Behaviours	<ul style="list-style-type: none"> • I take responsibility for the standard and outcomes of my work • I provide services which are safe, effective and a good experience • I use best practice and feedback to innovate and constantly improve my service 	<ul style="list-style-type: none"> • I work collaboratively and in partnership • I treat people with courtesy, dignity and respect • I am caring, compassionate and kind 	<ul style="list-style-type: none"> • I work hard to achieve the aims of my service and the organisation • I make the best use of resources and provide value for money • I support the development of skills, talent and abilities 	<ul style="list-style-type: none"> • I am visible, accessible and approachable • I ensure our service users/ customers are actively included in planning services/care • I embrace difference, diversity and fairness

“ Falls are not an inevitable part of getting older. I enjoy seeing clients progress’, improve, return to independence, get their confidence back and reduce their anxiety around the fear of falling”.

Claire – Specialist Occupational Therapist

Our plans for the future

By providing children with the best possible start in life we help them to live more active, longer and happier lives. We work with young people to help them to make the best health choices, which promote a lifetime of wellbeing.

By providing community-based, healthcare services at home and closer to home, we give the people we care for greater personal control and choice, helping them to stay independent and ensuring the dignity to which they are entitled, whatever their health circumstances.

We will work to further strengthen our core services, develop into new areas and build a reputation for expertise in community-based healthcare – always aiming to improve your experience of using our services.

We believe that focusing on the following areas will help us achieve this goal.

Health and social care working together

There are many different kinds of health and social care available from many organisations. But it can be frustrating and confusing dealing with the many different providers of these services. We believe that everyone responsible for your care should work closely together as one team to review your needs and provide you with the most appropriate care, support and help. So we are working closely with our local authorities to bring health and social care closer together. For example:

- We are supporting North West London's Integrated Care Pilot which is creating single teams made up of GPs, community health professionals, social care co-ordinators and hospital doctors to work with individual patients to co-ordinate the right care for them.
- We are creating new health and social care co-ordinators who are working in hospitals to improve the way in which patients are discharged into the community.
- We are locating community health and social care teams alongside local GP practices to ensure everyone works better together.

Q1. To what extent do you agree with our plans to improve integration across health and social care?



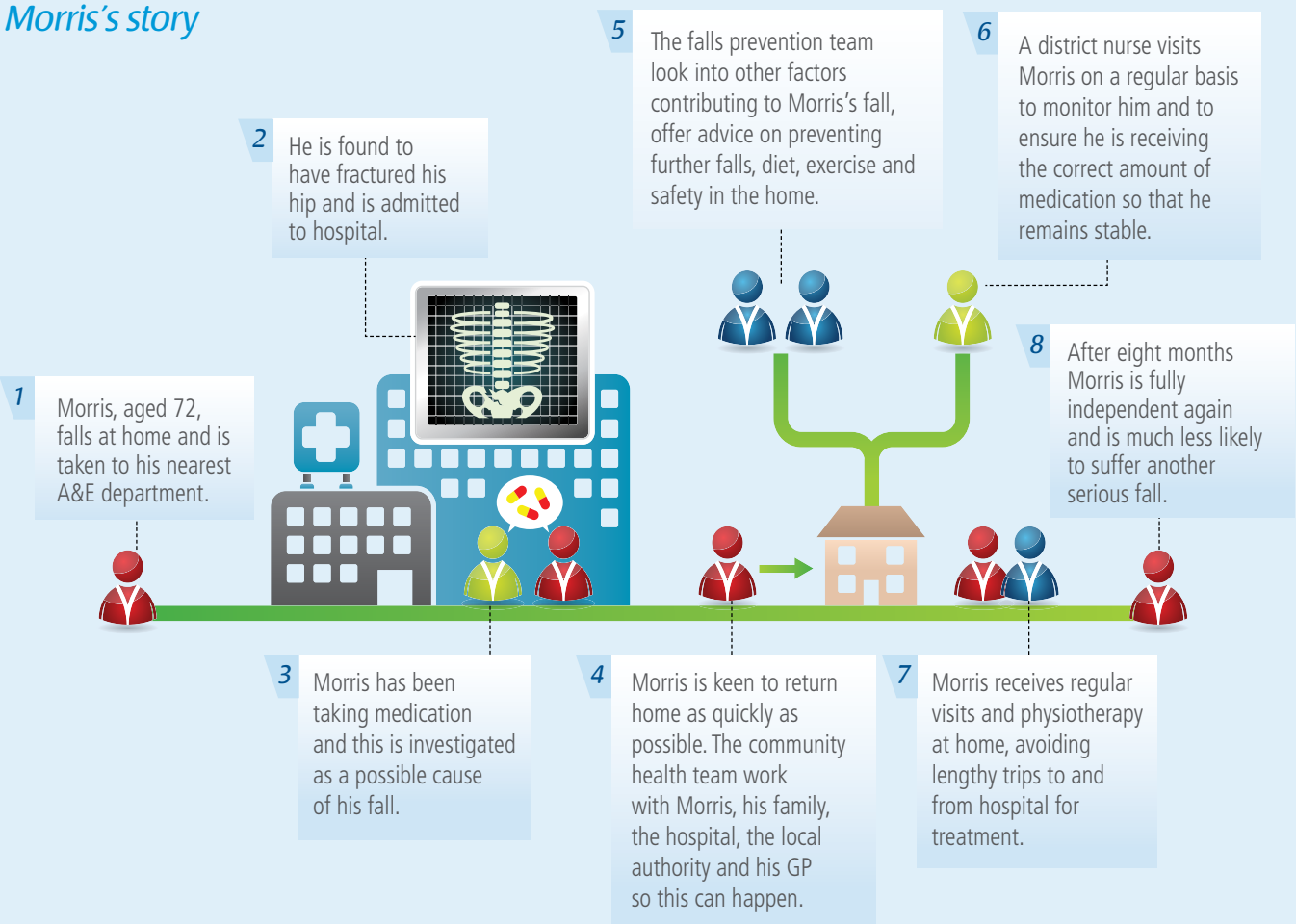
Complete care tailored for the individual

Our patients are at the heart of everything we do. Our ambition is to move further towards services that work together to deliver care that meets your specific needs as an individual. This means:

- Providing support to people to manage their long-term conditions or complex on-going health needs.
- Supporting older people to stay independent in their own homes for longer and avoiding the need for admission into hospital or long-term care.
- Helping people to return home more quickly after a stay in hospital.
- Focusing on early support for children and their families.
- Involving a wider range of views from the communities we serve when developing services.

The following stories show how we want all our services to work to meet individual needs.

Morris's story



Sasha's story

1 During Sasha's eight-month health check the health visiting team sees that she is not sitting up properly, reaching out for toys, or starting to babble.



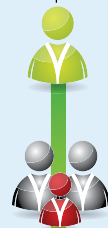
3 Sasha is found to have a development delay.



2 Sasha is referred to our specialist child development team led by a paediatric consultant and nurse specialist.

4 A key worker from the voluntary sector helps co-ordinate Sasha's treatment and support for her family.

Sasha's care focuses on helping Sasha and her family to get the most out of her social and educational experiences.



6 Sasha is now eight; she enjoys an active life and attends a mainstream school with the help of a statement of needs, she has access to the support of the school nursing service and specialist after school clubs for children with a range of disabilities.



5 She receives joint occupational therapy and physiotherapy appointments at a local health centre which improve her movement and co-ordination and reduces the number of appointments she has to go to. Sasha receives speech and language therapy which helps her communication. Sasha receives music therapy at a children's centre which improves her socialisation and communication.

Q2. To what extent do you agree with our plans to adapt the way we work to be more centred around our patients?

WHAT IS AN NHS FOUNDATION TRUST?

Like traditional NHS organisations, Foundation Trusts provide NHS care free of charge to NHS patients. They are required to meet the highest standards of patient experience, quality and safety of services, financial management and governance.

Foundation Trusts differ from traditional NHS organisations because they have greater autonomy and freedoms. As a result they are able to be more innovative in how they develop their services, and in how they respond to the changing healthcare needs of their local communities.

Foundation Trusts have a membership, made up of local people, patients and employees. This membership elects Governors who sit on the Council of Governors together with Appointed Governors from partner organisations. Governors actively work with the trust, influencing the way that services are developed and run on behalf of the membership. This means that Foundation Trusts provide their local communities with a real say in the way their healthcare needs are met. In addition, Governors have statutory duties including appointing the Chair and other Non-Executive Directors and approving the appointment of the Chief Executive, providing them with real influence.

Additionally, Foundation Trusts are able to establish long-term contracts, partnership working arrangements, and research and development initiatives. They are also able to invest money gained through sound financial management to improve existing services and to develop new ones.



"As children grow you can see the difference you have made and how the work of breast feeding support builds mum's confidence and self-esteem".

Sarah – Health Visitor

WHY WE WANT TO BECOME A FOUNDATION TRUST

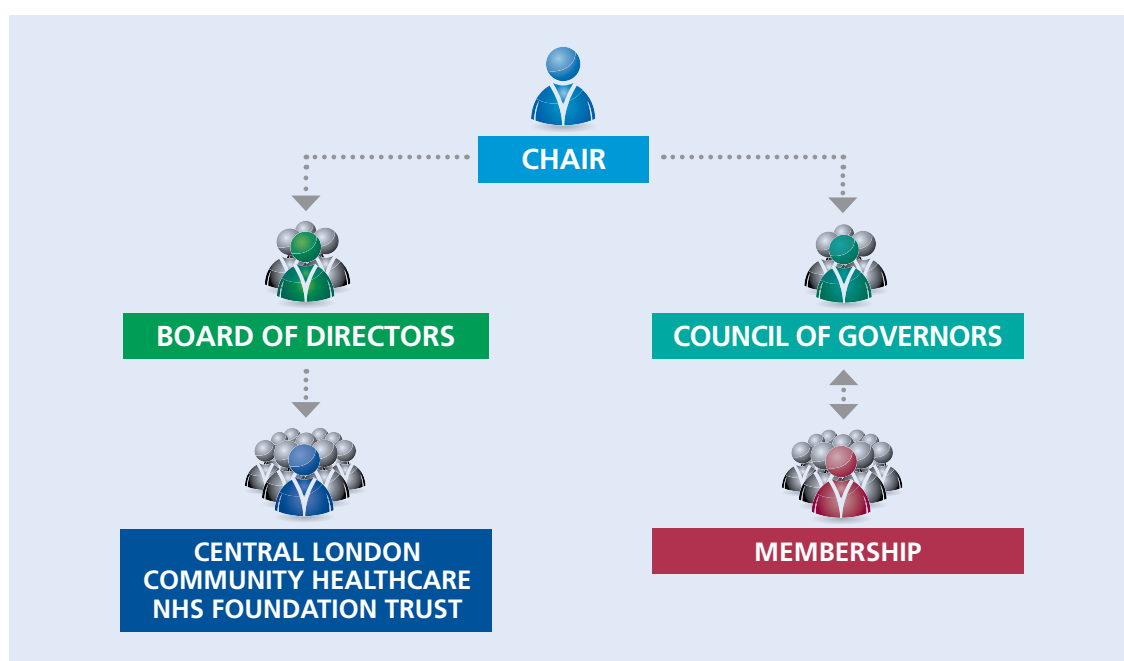
As a Foundation Trust, the people we care for, our partners, commissioners, employees and local communities will have a real say in how our services are developed and run through members and Governors. We believe that involving local people in our organisation will help us to understand our communities better and make us more able to meet local health and wellbeing needs.

- For the people we care for this will mean that we will be able to develop more customised, targeted services based on their individual needs.
- For our partners and commissioners this will mean that we will work more closely with them to develop services, establish long-term contracts and further strengthen our existing relationships and build new ones.
- For our staff this will mean that they will be empowered with more say in how the services they deliver are developed. They will also have more opportunities to innovate, which will help them to improve services.
- For our organisation this will mean greater accountability to our local communities, with greater freedom to invest to improve services on your behalf.
- For operating as a provider of choice in the new NHS landscape created by the Health & Social Care Act 2012, this will mean that we will be in the best position to provide integrated care with our partners and meet the challenges of the new Act.



THE WAY OUR NEW ORGANISATION WILL BE RUN

As an NHS Foundation Trust the way that our organisation is run will change. In addition to the current Board of Non-Executive and Executive Directors, led by our Chair and Chief Executive, we will have a Council of Governors elected by our members. The following section describes how we will operate as a Foundation Trust.



Membership

It's easy to become a member and it's completely free. There is an easy to complete form later in this document. As a member you can play an important part in influencing the way that our local community healthcare services are developed and run, and you can get involved as much or as little as you like.

Membership is what you want it to be!

Members will be asked to indicate which level of membership they would like to have when they join. As a member you can change your level of membership at anytime:

INFORM - receive information and updates from us about important changes to healthcare.

INVOLVE - receive information, and occasionally get involved in activities, such as focus groups, surveys, consultations and be invited to attend health events.



INFLUENCE - receive information and regularly get involved in activities, such as volunteer to support a service; help to collect views from other local people on a range of issues; and a whole range of other activities. You may also want to consider standing for election as a Governor.

We are proposing three membership constituencies.

- **PUBLIC** – people who live in the boroughs we work in.
- **PATIENTS, SERVICE USERS AND CARERS** – people who use our services or care for someone who does.
- **STAFF** – people who work for us.

Public, Patient and Carer constituencies

Anyone can become a member if they live in the London Boroughs of Barnet, Hammersmith and Fulham, Kensington and Chelsea, or Westminster. You can also become a member if you don't live in one of our four boroughs but use our services. You may travel into the area to work and receive care from us while you are here, at one of our Urgent Care or Walk-in Centres for instance. You can be a member of more than one Foundation Trust, which means that even if you are already a member of another trust, you can still join us.

Q3. To what extent do you agree with the areas we have chosen for our public constituencies?

We provide services for people of all ages and we value their views. We are not proposing an upper age limit for membership, but as part of this consultation we would like you to help us decide on what the minimum age should be. We are suggesting 12, 14, or 16 years. We are committed to engaging with our service users and carers, regardless of their age. Staff in the services we provide for children and young people already use a variety of creative methods to engage with their patients, and work in close partnership with community groups such as Youth Parliaments. This is something that we will continue to develop as we move towards becoming a Foundation Trust. We want to be clear that, whatever the minimum age agreed for membership of our organisation, we will continue to engage with children younger than this age to ensure their views are heard.

Q4. To what extent do you agree with our plans for our public, patient and carer membership?

Q5. Should the minimum age for membership be 12, 14 or 16?



Staff constituency

Our staff are at the heart of our organisation. They are our main contact with the people we care for and are highly regarded by the communities we serve. For this reason it is essential that they are fully involved in the development of our organisation. This is why we would like to automatically make them members if they are employed under a permanent contract of employment or have a fixed term contract of at least 12 months.

Our staff will be able to opt-out if they choose. We are proposing that our staff constituency is divided into two groups. These are:

- Clinical.
- Administration.

It is important that we represent the skill mix of our organisation on the Council of Governors. This will be achieved by a ratio of four Clinical Staff Governors to one Administration Staff Governor.

There are other people that do not fall into the criteria above but are equally important to us and the people we care for, such as volunteers. We hope that they will join us as public members.

Q6. To what extent do you agree with our staff constituencies?

Q7. To what extent do you agree with our plans to automatically make our staff members?



Council of Governors

If you are a member you can put yourself forward as a candidate to become a Governor or you can vote to elect a candidate who you feel best represents your views.

Once elected, our Governors will play an important role in helping to develop our organisation. We propose there be 29 Governors in total, made up of five Public, ten Patient, five Staff and nine Appointed Governors. We are proposing that Barnet has two public Governors, and our other three boroughs have one public Governor each. This recognises that Barnet has a larger population than each of the other boroughs we serve.

In deciding which of our partner organisations to invite to join our Council of Governors, we have

























carefully considered the relationship we have with them and the types of decision our Council of Governors will be required to make. We value highly the relationships that we have with our partners in the voluntary sector and are particularly keen that the voice of the voluntary sector is represented on our Council of Governors and in our membership. We are proposing that each borough will have an Appointed Governor from a voluntary sector organisation. We think that a representative could be identified through the existing borough-based voluntary sector networks; but are keen to hear your views on how this could work.

Our Local Authority and Primary Care Trust/Clinical Commissioning Group partners will also have the opportunity to appoint representatives from their organisations to the Council of Governors.



"We help people understand and manage their condition in their real life situations. It is about helping people take control of their own lives".

*Miranda – Diabetes Specialist
Community Nurse*

Elected Governors			
Constituency	Sub-constituency	Number of Governors	Total
PUBLIC	Barnet		
	Hammersmith and Fulham		
	Kensington and Chelsea		
	Westminster		
PATIENT	Adults		
	Children & Family		
	Carers		
STAFF	Clinical		
	Administration		
Appointed Governors			
Stakeholder Groups/ Partner Organisations	Sub-group	Number of representatives	Total
LOCAL AUTHORITY	Barnet		
	Hammersmith and Fulham		
	Kensington and Chelsea		
	Westminster		
PRIMARY CARE TRUSTS/CLINICAL COMMISSIONING GROUPS	*Primary Care Trust/Clinical Commissioning Groups		
VOLUNTARY SECTOR REPRESENTATIVES	Barnet		
	Hammersmith and Fulham		
	Kensington and Chelsea		
	Westminster		
		Total	29

*Primary Care Trusts are due to be abolished with effect from April 2013. Their commissioning responsibilities will be taken over by Clinical Commissioning Groups.

Initially, our Council of Governors will be elected for a period of up to three years which will enable us to have continuity going forward without the whole Council having to be re-elected. If Governors wish, they will be able to stand for re-election. If re-elected they will be able to be a Governor for up to three more years. The maximum time that anybody can be a governor is six years. We are proposing that the minimum age for governors should be 16.

Q8. To what extent do you agree with our minimum age for governors?

Q9. To what extent do you agree with our election plans?

Our Governors will work closely with our Board of Directors. They will contribute ideas and advice to ensure that our services are developed and run in ways that are most beneficial for the people we care for, our partners, commissioners, staff, and local communities. Our Governors will be actively involved in advisory groups and other forums. They will also play a part in reviewing our membership strategy and developing and delivering our membership recruitment plans.

Our Council of Governors will be responsible for:

- Participating directly in discussions and debates about how we develop our organisation and the services we provide.
- Representing the interests of the members that have elected them.
- Responding to consultations on proposed service changes.
- Appointing (and if necessary, removing) our Chair and our Non-Executive Directors.
- Agreeing pay, allowance and other terms and conditions of office for our Chair and our Non-Executive Directors.
- Approving the appointment of our Chief Executive.
- Appointing (and if necessary, removing) our auditors.

- Receiving and considering documents such as our Annual Reports and Accounts, and Quality Account.
- Assisting with the preparation of our Annual Plan.

Following implementation of the Health and Social Care Act 2012 (the timing of which is still to be confirmed), governors will have a general duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the Foundation Trust's members as a whole and the interests of the public.

Governors will also have a specific role in relation to Constitutional changes: more than half the Council of Governors voting will need to approve changes to the Constitution and, where the changes affect the powers and duties of the Council of Governors or its role, then at least one member of the Council will attend the next members' meeting to present the change to members, who will vote on it.

In relation to transactions, the Council of Governors will need to approve entry by the Foundation Trust into a "significant transaction" (which will be defined in the Constitution), and also on any merger, acquisition (of an NHS Trust) or separation (of the Foundation Trust into two or more new NHS Foundation Trusts).

Q10. To what extent do you agree with our plans for our Council of Governors?

Q11. To what extent do you agree with our plans for appointed Governors?

Q12. Do you have any ideas for how a voluntary sector representative should be selected from each borough to sit on the Council of Governors?

Board of Directors

As a Foundation Trust we will continue to have a Board of Directors made up of Non-Executive Directors and Executive Directors. They will be legally accountable for the running of our organisation. They set our strategic aims and objectives, and ensure that we perform well and meet our targets.

 THE CHAIR	 NON-EXECUTIVE DIRECTORS	 EXECUTIVE DIRECTORS
<p>Our Chair is a Non-Executive Director. As well as being the Chair of our Board of Directors they will also be the Chair of our Council of Governors once we become a Foundation Trust. This dual role ensures a direct link between our Directors and Governors by ensuring that our Governors are involved in and can contribute to our future plans.</p>	<p>Our Non-Executive Directors are appointed from outside our organisation. They have significant experience and specialist expertise gained from a wide range of backgrounds. They use their experience to help improve our organisation by providing challenge to the development and implementation of our plans. They use their specialist expertise to support our Executive Directors in specific areas of their work, and scrutinise their performance.</p>	<p>Our Executive Directors are responsible for the day-to-day running of our organisation. They have specific areas of expertise and are each responsible for specific areas of the business.</p>

There is more about our Board of Directors on our website at www.clch.nhs.uk

Q13. To what extent do you agree with our plans for the way we will be run?

GET INVOLVED

Have your say on our plans

We would like you to get involved by having your say on our Foundation Trust plans. Our consultation takes place from 08 May 2012 to 31 July 2012. During this time there are a number of ways that you can share your views with us.

You can complete the consultation form at the back of this document and return it free of charge to the **FREEPOST** address printed on the back of the form.

Email us at ft.consultation@clch.nhs.uk

Visit our website at www.clch.nhs.uk and complete our consultation online.

Come along to one of our community consultation events.

We will be holding five events at the times and dates below. Please come along. We will be happy to discuss our plans with you in person and respond to any questions you have.

Date: Wednesday 30 May 2012

Time: 7pm – 8pm

Venue: Parker Morris Hall

The Abbey Community Centre

Address: 34 Great Smith Street
London SW1P 3BU

Date: Thursday 14 June 2012

Time: 7pm – 8pm

Venue: The Small Hall, Kensington Town Hall

Address: Hornton Street, London W8 7NX

Date: Thursday 21 June 2012

Time: 7.30pm – 8.30pm

Venue: Sangam Association of Asian Women

Address: 210 Burnt Oak Broadway, Edgware,
Middlesex HA8 0AP

Date: Wednesday 27 June 2012

Time: 7pm – 8pm

Venue: Avenue House Estate Trust, Avenue House

Address: 17 East End Road, Finchley Central,
London N3 3QE

Date: Thursday 05 July 2012

Time: 7pm – 8pm

Venue: Hammersmith Town Hall

Address: King Street, Hammersmith, London W6 9JU

Community groups.

If your community group would like to hear more about our plans and respond to our consultation we are happy to arrange a time to meet with you or attend one of your existing meetings. Please send us an email to ft.consultation@clch.nhs.uk if you would like us to arrange this.

What happens next?

Between 08 May 2012 and 31 July 2012 we will collect your responses to our consultation on our Foundation Trust plans. Once the consultation period is complete, we will collate and carefully review what you have told us.

Your views will then be fed into our Foundation Trust application to the Department of Health. We will also publish a report that explains how we have taken your feedback into account in our application.

It is planned that the Secretary of State for Health will review our application in the early part of 2013.

If approved by the Secretary of State, our application will then be assessed by Monitor, the Independent Regulator for NHS Foundation Trusts, who will decide if we can become a Foundation Trust.

We hope to gain Foundation Trust authorisation during summer 2013.



"We believe in giving the best care for our diverse population. We give people more independence by empowering them to take responsibility for their care".

Ravi – District Nurse Team Lead

CONSULTATION RESPONSE FORM

Simply complete the attached form and send it back to us **FREEPOST**. There is no need to attach a stamp. We really value your views, so please ensure your consultation form is returned to us before our consultation closes on 31 July 2012.

Alternatively you can complete our online consultation at www.clch.nhs.uk



Consultation response

If you would like your consultation responses to remain anonymous, please tick here .

About Yourself

Collecting this basic demographic information helps us to make sure our consultation process is inclusive and representative of the local population.

My post code is:

My gender is:

- Male Female
 Prefer Not to Say

My date of birth is: / /

My ethnicity is:

- Asian or Asian British
 Bangladeshi Indian Pakistani
 Any Other Asian Background
(Please state)
-

Black or Black British

- African Caribbean
 Any Other Black Background
(Please state)
-

Mixed

- White & Asian White & Black African
 White & Black Caribbean
 Any Other Mixed Background
(Please state)
-

White

- White British White Irish
 Any Other White Background
(Please state)
-

Other Ethnic Group

- Chinese
 Any Other Ethnic Group (Please state)
-

I am responding to this consultation as:

- A member of the public
 A service user/patient
 A Carer
 A member of staff
 A community group/organisation

(if so, please give the name)

If you are a service user/patient can you let us know which service you used

and when was the last time you used this service

Q1. On a scale of 1-5 to what extent do you agree with our plans to improve integration across health and social care?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q2. On a scale of 1-5 to what extent do you agree with our plans to adapt the way we work to be more centred around our patients?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q3. On a scale of 1-5 to what extent do you agree with the areas we have chosen for our public constituencies?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q4. On a scale of 1-5 to what extent do you agree with our plans for our public, patient and carer membership?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q5. Should the minimum age for membership be 12, 14 or 16?

- 12 14 16 other

Please explain why you gave this response

Q6. On a scale of 1-5 to what extent do you agree with our staff constituencies?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q7. On a scale of 1-5 to what extent do you agree with our plans to automatically make our staff members?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q8. On a scale of 1-5 to what extent do you agree with our minimum age for governors?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q9. On a scale of 1-5 to what extent do you agree with our election plans?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

- 1 2 3 4 5

Please explain why you gave this response

Q10. On a scale of 1-5 to what extent do you agree with our plans for our Council of Governors?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

1 2 3 4 5

Please explain why you gave this response

Q11. On a scale of 1-5 to what extent do you agree with our plans for appointed governors?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

1 2 3 4 5

Please explain why you gave this response

Q12. Do you have any ideas for how a voluntary sector representative should be selected from each borough to sit on the Council of Governors? please list below.

Q13. On a scale of 1-5 to what extent do you agree with our plans for the way we will be run?

(with 1 representing 'do not support at all' and 5 representing 'fully in support')

1 2 3 4 5

Please explain why you gave this response

Please add any other comments below:

Become a member

We would like you to get involved by becoming a member. We want as many local people as possible to become a member of our Foundation Trust. Membership is free and it's easy to join! Simply fill in your details below, and choose the level of membership that suits you from the three options below. Alternatively, you can join online at

www.clch.nhs.uk

Title:

First name:

Last name:

Address:

Postcode:

Email:

Telephone number:

Mobile number:

We would prefer to send you information about the Foundation Trust and membership issues by email. If you would prefer to receive this by post, please tick here .

Membership is what you want it to be!

Inform - receive information and updates from the organisation about important changes to healthcare.

Involve - receive information, and occasionally get involved in activities, such as focus groups, surveys, consultations and be invited to attend health events.

Influence - receive information and regularly get involved in activities,

such as volunteer to support a service; help to collect views from other local people on a range of issues; and a whole range of other activities. You may also want to consider standing for election as a Governor.

We want to build a membership that is representative of the community we serve. The following information will help us know if we have achieved this (optional).

1. Do you consider that you have a disability?

Yes No Rather not say

1b. If yes, do you have a:

- Physical Impairment
- Sensory Impairment
- Learning Disability
- Mental Health Condition (Long-term)
- Other Health Condition (Long-term)

2. Please indicate your religion or beliefs

- Agnosticism Buddhism
- Christianity Hinduism
- Humanism Islam
- Jainism Judaism
- Sikhism
- Any Other Religion/Belief (Please state)

No Religion or Belief

Rather not say

3. Please indicate your sexual orientation

- Bisexual Gay Man
- Heterosexual
- Lesbian/Gay Woman Other
- Rather not say

4. Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help or/and support?

Yes No Rather not say

Public register

We are required to keep a public register of our members. If you do not wish your name to be included on this register, please tick here .

Please note that your information will be held on a confidential database in accordance with the Data Protection Act 1998.

FREEPOST FOUNDATION TRUST CONSULTATION



Central London Community Healthcare NHS Trust

7th Floor, 64 Victoria Street, London SW1E 6QP

Tel: 020 7798 1300 Fax: 020 7798 1301

www.clch.nhs.uk

**Public consultation on our Foundation Trust Plans –
From Tuesday 08 May 2012 to Tuesday 31 July 2012**

