



**National Association of LINKs  
Members**

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# Annual Report and Financial Statement 2010

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**COMPANY LIMITED BY GUARANTEE. COMPANY REGISTERED IN ENGLAND  
COMPANY NO: 6598770 CHARITY NO: 1138181  
REGISTERED OFFICE: 6 GARDEN COURT, HOLDEN ROAD, WOODSIDE PARK, LONDON, N12 7DG**



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# NATIONAL ASSOCIATION OF LINKs MEMBERS

Patient and Public Involvement in Health and Social Care

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[www.nalm.org.uk](http://www.nalm.org.uk)

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**CHAIR:** **MALCOLM ALEXANDER** [Nalm2008@aol.com](mailto:Nalm2008@aol.com)  
30 Portland Rise 0208 809 6551  
LONDON, N4 2PP

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**VICE CHAIR:** **RUTH MARSDEN** [ruth@myford.karoo.co.uk](mailto:ruth@myford.karoo.co.uk)  
The Hollies 01482 849 980  
George Street  
COTTINGHAM, HU16 5QP

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National Association of LINKs Members. Registered in England.  
Company limited by guarantee . Company number: 6598770 . Charity number: 1138181  
Registered office: 6 Garden Court, Holden Road, Woodside Park, London, N12 7DG

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## THE AIMS OF NALM

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The aims of NALM are to:

1. Provide a national voice for LINKs and LINKs' members

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2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run

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3. Promote the capacity and effectiveness of LINKs' members to monitor and influence services at a local, regional and national level and to give people a genuine voice in their health and social care services

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4. Support the capacity of communities to be involved and engage in consultations about changes to services, influence key decisions about health and social services and hold those services to account

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5. Support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities

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6. Promote open and transparent communication between communities across the country and the health service

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7. Promote accountability in the NHS and social care to patients and the public

NATIONAL ASSOCIATION OF LINKs MEMBERS - STEERING GROUP

REGION	EAST OF ENGLAND
<p>Anthony Darwood                      14 Bramerton Lodge, Bramerton, NORWICH, NR14 7EQ                      Tel: 01508 537 021 Email: <a href="mailto:anthony.darwood@btopenworld.com">anthony.darwood@btopenworld.com</a></p>	
<p>Mary Ledgard (Co-opted)                      38 Mount Pleasant, NORWICH, NR2 2DG                      Tel: 01603 503098 Email: <a href="mailto:ledgard@clara.co.uk">ledgard@clara.co.uk</a></p>	

REGION	LONDON
<p>Malcolm Alexander                      30 Portland Rise, LONDON, N4 2PP                      Tel: 020 8809 6551 Email: <a href="mailto:maiexa49@aol.com">maiexa49@aol.com</a></p>	
<p>Michael English                      12 Denny Crescent, LONDON, SE11 4UY                      Tel: 020 7582 9970</p>	

REGION	NORTH EAST
<p>Patricia Bottrill, MBE, FRCN                      25 Carolyn Crescent, WHITLEY BAY, Tyne and Wear, NE26 3ED                      Tel: 0191 252 2832 Email: <a href="mailto:davepatbottie@btinternet.com">davepatbottie@btinternet.com</a></p>	
<p>Trevor Gauntlett                      133 Donvale Road, Donwell, WASHINGTON, NE37 1DW                      Tel: 0191 416 1347</p>	

REGION	NORTH WEST
<p>Martin Rathfelder                      22 Blair Road, MANCHESTER, M16 8NS                      Tel: 0870 013 0065 Email: <a href="mailto:admin@sochealth.co.uk">admin@sochealth.co.uk</a></p>	

**NATIONAL ASSOCIATION OF LINKs MEMBERS - STEERING GROUP**

REGION	SOUTH EAST
<p>Len Roberts                      Ridlands Farmhouse, Ridlands Lane, OXTED, RH8 0SS                      Tel: 01883 723 140 Email: <a href="mailto:roberts@ridlands.demon.co.uk">roberts@ridlands.demon.co.uk</a></p>	

REGION	SOUTH WEST
<p>Eleonore Pang                      10 Yonder Street, Ottery St. Mary, EXETER, EX11 1HD                      Tel: 01404 812 268 Email: <a href="mailto:elli@ellipang.wanadoo.co.uk">elli@ellipang.wanadoo.co.uk</a></p> <hr/> <p>Bob Maggs                      6 Dublin Crescent, Henleaze, BRISTOL, BS9 4NA                      Tel: 0117 962 8649 Email: <a href="mailto:bob.maggs@virgin.net">bob.maggs@virgin.net</a></p>	

REGION	YORKSHIRE AND HUMBERSIDE
<p>Ruth Marsden                      The Hollies, George Street, COTTINGHAM, HU16 5QP                      Tel: 01482 849 980 Email: <a href="mailto:ruth@myford.karoo.co.uk">ruth@myford.karoo.co.uk</a></p> <hr/> <p>Mike Smith (Co-opted)                      The Circle, 33 Rockingham Lane, SHEFFIELD, S1 4FW                      Tel: 0114 253 6690 Email: <a href="mailto:info@sheffieldlink.org.uk">info@sheffieldlink.org.uk</a></p>	

REGION	MIDLANDS
<p>Nominations pending for this region.</p>	

**NATIONAL ASSOCIATION OF LINKs MEMBERS**

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**ANNUAL REPORT AND FINANCIAL STATEMENT FOR 2010**

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**For the year ended December 31<sup>st</sup> 2010**

**Charity Registration Number: 1138181**  
**Company Registration Number: 6598770**

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## **Report and financial statement for the year ended 31<sup>st</sup> December 2010**

The Trustees have pleasure in presenting their report and financial statement for the year ended 31<sup>st</sup> December 2010.

### **Incorporation**

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During the year the organisation achieved registration on the Charity Commission's Register of Charities with effect from 27<sup>th</sup> September 2010. Since the incorporation of the company in 2008, NALM's Memorandum and Articles of Association have been in the model format for a charitable company as issued by the Charity Commission. Its objectives and activities are those of a small registered charity, as described more fully in this report.

NALM was originally incorporated on 20<sup>th</sup> May 2008 under the Companies Act 1985 and it remains a not-for-profit private company limited by guarantee, with no share capital, registered with the name of National Association of LINKs Members. The nature of the company's business is covered by the classification code categories: 8514 - other human health activities, 8531 – social work with accommodation, and 9133 - other membership organisations.

### **Directors and Trustees**

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The directors of the company are its Trustees for the purpose of Charity law. As provided in the Articles of Association, the directors have the power to appoint additional directors.

The Trustees who have served during the year and subsequently are:

Malcolm Alexander  
Michael English  
John Larkin  
Ruth Marsden

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The National Association of LINKs Members comprises members of the public including patients and carers who are members of Local Involvement Networks. The office of National Association of LINKs Members is located in London.

### **Objects of National Association of LINKs Members**

The Company was formed as a not-for-profit company with exclusively charitable objects. The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives comprising:

- (i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering; and
- (ii) The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

### **Vision Statement**

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The National Association of LINKs Members (NALM) is a charity which aims to provide a national voice for Local Involvement Networks (LINKs) and help build the capacity of LINKs members to achieve change and improvement in health and social care services at local, regional and national levels. NALM aspires to facilitate the involvement of all people in the determination of health and social care policy, especially those whose voices are not currently being heard. NALM actively promotes diversity, inclusivity and equal opportunities in relation to the improvement of health and social care services.



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## Mission Statement

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1. To provide a national voice for LINKs and LINKs' members
2. To promote public involvement which leads to real change and the ability to influence key decisions about how care services are planned and run
3. To promote the capacity and effectiveness of LINKs' members to monitor and influence services at local, regional and national levels and to give people a genuine voice in their health and social care services
4. To support the capacity of communities to be involved with and engage in consultations about changes to services, to influence key decisions about health and social services and hold those services to account
5. To support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities
6. To promote open and transparent communication between communities across the country and the health service
7. To promote accountability in NHS and social care services to patients and the public

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## Activities and Achievements

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### NALM Manifesto

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NALM has produced a Manifesto based on the objects of NALM to give LINKs and the wider public a better understanding of NALM's work. The Manifesto is based on the following key points:

- Build NALM as the independent national voice for LINKs and users of health and social care services.
- Promote, for the benefit of the public, the long term development and strengthening of LINKs, as powerful, independent and influential bodies for patient and public involvement in policy, strategy and delivery of care services.

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- Support the growth and development of the NHS as the provider of health services free to all at the point of use.
  - Campaign for the right of all vulnerable people to get the care and support they need to lead fulfilled lives.

### **The NALM Directory**

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NALM has produced a national directory showing contact details for all LINKs and listing the major health and local agencies in each area. The purpose of the directory is to create opportunities for patients, citizens and health and social care agencies to contact each other easily.

Good communications across the sector improve opportunities to share information about problems with services, make recommendations for improvement and build the capacity to influence the quality of services. Regional directories have also been produced and updates distributed regularly.

### **Working with LINKs**

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NALM runs a highly effective communications system with LINKs across the country. Members are provided with newsletters, and information updates several times a week. NALM notifies LINKs of major health and social care events which they can attend, and of consultations and new developments. Regular visits are also made to LINKs across the country at their invitation.

### **Support for LINKs facing start-up problems**

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A major role for NALM has been to publicise the need for LINKs to have adequate support to develop their capacity for their very important monitoring role in health and social care services. NALM argues the case for LINKs to have sufficient resources to develop their capacity, so that they can effectively engage with and influence commissioners and providers of health and social care services to increase quality of services and improve access for vulnerable people. NALM advises members about the duties of Local Authorities and the NHS, and helps create effective relationships between LINKs and Hosts.

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In some cases, NALM has facilitated the provision of legal advice to LINKs when serious problems have arisen. NALM has offered its services wherever a dispute has threatened the effectiveness of the LINK by affecting its ability to provide support for communities through the monitoring of services and identification of problems that affect care provided to local people.

### **Parliamentary Work**

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Parliamentary activities in which NALM has been involved include meetings with and presentations to MPs and members of the House of Lords, and providing advice to Select Committees. These activities have enabled NALM to promote issues raised by LINKs members concerning the effectiveness of public involvement in health and social care.

NALM has met with Health Ministers to make the case for a more effective system of public involvement, has produced briefing papers for Ministers and Select Committees, has established excellent communications and relationships with key civil servants and policy leads, and regularly meets with them to discuss the delivery and implementation of policy on public involvement in health and social care.

### **The NALM Conference**

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The NALM AGM and Annual Conference held on 8<sup>th</sup> July 2010 was highly successful and attended by 120 delegates. Key guest speakers included: Joan Saddler as the National Director for Patient and Public Affairs, and Paul Streets as Director of Patient and Public Experience, both for the Department of Health; and Elizabeth Manero, Director of HealthLINK. Delegates welcomed HealthWatch at a local and national level, provided that it would lead to the development of more power and influence for local people, and enable communities across the country to monitor services more effectively.

Delegates called for a more powerful voice in the local, regional and national development of health and social care policy. The conference called for HealthWatch locally and nationally to be fully independent and democratic, with appropriate statutory powers to monitor the NHS and social care.

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Delegates expressed concern that if HealthWatch England becomes located within the Care Quality Commission (CQC) it would quickly lose its independence, and that local HealthWatch must not be dependent on the bodies it monitors and holds to account, e.g. local authorities.

NALM is concerned that the local government command and control model being developed by the government for HealthWatch will disempower communities, will be expensive and rigid, and will undermine the freedom of communities to build powerful local and national bodies, which reach out to local people and empower them to radically improve services.

NALM believes that an independent HealthWatch will thrive and be able to hold the regulators and the whole of the health and social care system to account, provided that current legislation is modified so that relevant government Departments, statutory bodies, local authorities and providers and commissioners of health and social care are required to involve HealthWatch in decision making, commissioning and service development. To be successful the new system must be widely advertised and a duty placed on commissioners and providers to publicise HealthWatch to all users and carers.

## **LINKs and the transition to HealthWatch**

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NALM endorses the government's decision to create HealthWatch and supports moves to increase the power and influence of patients and the public if these changes would reduce morbidity and mortality for vulnerable people.

NALM has developed a 'vision of success' for HealthWatch which is as follows:

### **Mission Statement for HealthWatch**

- Healthwatch, as the public champion for health and social care services, must give a powerful voice to local people, community and voluntary groups to influence the way their services are planned, purchased and provided.

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**Successful local HealthWatch will be:**

- Influential:

HealthWatch must be a key, valued and respected public body working in partnership with local providers, commissioners, health and wellbeing boards, public health services and communities, to co-design and scrutinize local services on behalf of and with local people. Its credibility will be enhanced through the knowledge and experience gained in supporting individuals.

HealthWatch will have effective links with local communities and with the voluntary sector and will have a duty to engage and involve. It will promote active citizenship, public health and community engagement.

- Independent and well-resourced:

HealthWatch must be independent and powerful, effectively managed and well resourced, and properly supported and equipped to work with and represent all sections of the community.

- Supportive:

HealthWatch must be visible, accessible, and responsive, and provide valued support to individuals seeking help to understand and navigate local services, or to obtain redress or make complaints.

- Built on success:

HealthWatch must be built on the local strengths of LINKs, scrutiny, community engagement, advocacy and public involvement. It will draw on the expertise and commitment of LINKs volunteers, while widening the pool of those involved.

- Supported:

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HealthWatch will thrive in an environment where there is a collaborative approach to the design, delivery and monitoring of services at local level and where commissioners and providers actively seek to involve patients, service-users and communities.

- HealthWatch must be:

Independent, democratic, credible and accountable.

Intelligent – in its ability to gather, marshal and deploy local intelligence.

Influential – with key national players, in particular the National Commissioning Board, CQC, Monitor and the Secretary of State.

Well-connected – to local HealthWatch whose work it will promote at a national level.

Valued by local HealthWatch – as a result of the support and guidance it provides and its influence with national players.

## **The NALM Transformation Board**

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In 2010 NALM set up a HealthWatch Transformation Board with the following terms of reference:

- 1) To consider key objectives for the establishment of effective HealthWatch England (HWE) and Local HealthWatches (LHWs) and to make recommendations.
- 2) To make recommendations and advise Ministers, parliamentary committees, parliamentarians, key policy makers and other stakeholders on key issues in relation to the development of HWE and LHWs.
- 3) To propose how the public's voice, including LINKs and the voluntary sector, can have a major influence on the development of HWE and LHWs.

- 4) To receive evidence from key players with front-line and policy experience of effective PPI in health and social care on the development of HWE and LHWs.

The intention of the Board is to improve the quality and safety of services for vulnerable patients by building a stronger public involvement system. The Board has examined in detail some of the key issues involved in the transformation from Local Involvement Networks (LINKs) to local and national HealthWatch. The Board continues to hold highly focussed meetings with witnesses. Recommendations will go to Ministers and DH policy/ implementation leads, during the critical period of HealthWatch development.

## **Indemnity for LINK Members**

NALM has made a powerful case to Ministers for state funded indemnity for LINK members to enable them to carry out their duties on behalf of the public more effectively. Our case for indemnity is based on the view that lay people representing the public must have legal cover when they make statements in public meetings or to the media that are critical of the services they have monitored. Indemnity should also cover any harm resulting from or endured during a *bone fide* monitoring visit by a LINK member.

We believe any liability, when a LINK member is representing the LINK, should be protected collectively. The DH has not conceded our arguments and NALM is continuing to make the case for indemnity cover for all LINK members. NALM intends to produce a guide for LINKs on indemnity issues.

## **Working with National organisations**

NALM has developed effective working relationships with national bodies including the Care Quality Commission, NICE, AvMA, National Voices, Patients Association, Unison, the Royal College of Nursing, the Nursing and Midwifery Council, the NHS Alliance, GMC, General Pharmaceutical Council (GPhC), NHS Support Federation, and many other bodies. Regular contact has also been established with DH civil servants who lead on public involvement policy. Work with many of these organisations continues also at a regional level.

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Work to establish more influence on DH policy continues and NALM is welcomed and actively consulted on all major policy issues regarding patients and public involvement. NALM is committed to actively engaging with the DH, meeting regularly and building relationships that will support the development of more effective public influence and involvement.

## **Wales, Scotland and Northern Ireland**

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We have maintained a strong relationship with the Welsh Association of Community Health Councils, and worked with them closely during a period of their reorganisation. We are in regular contact with sister organisations in Scotland and Northern Ireland and hope to improve relations with these bodies in 2011. Our primary objectives in this work are to learn from their approaches to PPI and collaborate on cross border issues where this will improve the quality of care for patients and users of social care. All NALM publications are sent to colleagues in Wales, Scotland and Northern Ireland who reciprocate with their own documents.

## **Meetings with the Care Quality Commission**

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NALM regularly meets with the CQC to establish effective contact with LINKs and more effective relationships between LINK members and CQC inspectors. We are particularly concerned about the ability of the CQC to respond to issues raised by LINKs. We maintain regular contact with CQC staff, including CQC regional managers, to ensure that if a further disaster for patients occurs, like the breakdown of care at the Mid-Staffordshire Hospital, local relationships are in place to ensure a rapid response. Relationships with the CQC have improved considerably during 2010.

## **Stafford Inquiry**

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The Chair of NALM, Malcolm Alexander, gave six hours of written evidence to the Stafford Inquiry concerning the breakdown of care at the Mid-Staffordshire Hospital and continues to raise this issue regularly, particularly with respect to the capacity of LINKs to intervene if there are indications of failure of health or social care provision causing harm to patients.



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## **Patient Safety**

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Following the tragic breakdown of care at Mid-Staffordshire Hospital NALM has focussed on developing local assurance systems that enable LINKs to determine the safety of local health and social care services. These approaches have included encouraging members to participate in local patient safety committees, examining data produced following Serious Untoward Incidents, and working with the Health Service Commissioner to produce advice for the NHS and LINKs about ensuring that when patients make complaints the NHS learns from these investigations and prevents the recurrence of similar incidents.

NALM was a joint signatory to the final document together with the Department of Health, Monitor, NHS, NHS Trusts, National Voices and the CQC.

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## **Independent Review Panel (IRP)**

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NALM met with the IRP in November 2010 to establish a working relationship between LINKs and the Panel. The duty of the Panel is to consider whether the proposals for changes to health services will provide safe, sustainable and accessible services for the local population. NALM was concerned that many LINKs were unaware of the work of the IRP and that, as the impact of many service changes could affect clinical safety and service quality, the opportunity to refer to the IRP for advice and guidance was therefore essential. The IRP has a particular interest in the effectiveness and rigour of public involvement and consultation processes, and NALM used the opportunity to begin the process of distributing information about the IRP to ensure that patients are given the best support by LINKs when services are subject to consultation about closure or transformation.

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## **Public Access to Foundation Trust Board Meetings**

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NALM continued to raise concerns about Foundation Trusts Boards that meet in private whilst spending taxpayers' money to provide services. NALM believes that secretive managements must be subject to additional scrutiny and be subject to attempts to change their inappropriate culture. Open reporting of significant issues at Board meetings and a public commitment to openness demonstrates to the public that NHS services are serious about quality and safety.

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NALM has continued to seek a meeting with David Bennett, the Chair of Monitor, to discuss the relationship between LINKs and Monitor but his reluctance to meet is consistent with Monitor's support for Foundation Trusts meeting in private. However the Department of Health appears more sympathetic to NALM's position and new legislation may follow.

## NALM Publications

Available on request or on website: [www.nalm2010.org.uk](http://www.nalm2010.org.uk)

NALM Membership Brochure	25 October 2010
Increasing Local Democratic Legitimacy in Health – Response to the White Paper	06 October 2010
100 Experts Speak on the Future of LINKs and the Development of HealthWatch	30 September 2010
Striking a Balance - What Matters Most in General Practice (response to BMA consultation)	19 September 2010
NALM Members Say	06 July 2010
LINKs and their PCTs	01 July 2010
Local Authority Monitoring of LINK Hosts	30 June 2010
NHS Direct – NALM Information	01 April 2010
Patient and Public Involvement Specialist Collection News and Latest Edition	17 February 2010
NALM Regional Directories of LINKs x 9 (1 per Region)	Monthly January 2010
NALM National Directory of LINKs	Monthly updates December 2009
LINKs Best Practice	Periodical from 24 January 2010
Local Involvement Networks (LINKs) - An Interim Report on the Start-Up and Development of LINKs	15 October 2008

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## Members and Affiliates

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During the year ended 31 December 2010, membership continued to grow steadily and LINKs as statutory bodies continued to join in significant numbers. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10 to the assets of the Company in the event of a winding up.

Membership is open to both Local Involvement Networks, and individuals who live anywhere in the UK, who are members of a Local Involvement Network. Members are entitled to attend meetings of the Charity and to vote thereat. The annual membership fee for individuals is £10 and for Local Involvement Networks the fee is £50-00. New members are welcome to join.

Affiliation is open to other organisations and individuals with an interest in supporting the objects of the organisation. Affiliates are fully entitled to attend meetings of the Charity but not to vote thereat. The annual Affiliation fee for local and regional groups/organisations is £50 and £200-00 for national organisations. New affiliates are welcome to join.

This report was approved by the Trustees on  
signed on their behalf by:

2011 and is

Malcolm Alexander  
Director/Chair  
Secretary

John Larkin  
Director/Company

## Income and Expenditure Account

For the year ended 31 December 2010

Company Number 6598770

	Unrestricted Funds	Total
	£	£
<b>Incoming Resources</b>		
Donations	1050.00	1050.00
Membership fees	9285.00	9285.00
<b>Total Incoming resources</b>	<b>10335.00</b>	<b>10335.00</b>
<b>Resources expended</b>		
Event management and photography	1894.85	1894.85
Hire of Conference Hall	2885.89	2885.89
Steering Group expenses	237.15	237.15
Hire of rooms	535.46	535.46
Stationery and other administrative expenses	2298.30	2298.30
Accountancy	200.00	200.00
<b>Total resources expended</b>	<b>8051.65</b>	<b>8051.65</b>
Net incoming / (outgoing) resources for the year	2283.35	2283.35
Total funds brought forward	602.91	602.91
<b>Total funds carried forward</b>	<b>2886.26</b>	<b>2886.26</b>

## Balance Sheet

31 December 2010

	£
<b>Current assets</b>	
Cash at bank	2886.26
<b>Creditors</b>	
Amount falling due within one year	-
Net current assets	2886.26
Total assets less current liabilities	2886.26
<b>Reserves</b>	
Unrestricted funds	2886.26

## Notes

1. These accounts have been prepared in accordance with the special provisions for small companies under Part 15 of the Companies Act 2006.
2. For the year ended 31 December 2010 the Company was entitled to exemption under Section 477 of the Companies Act 2006.
3. No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.
4. The Directors acknowledge their responsibility under the Companies Act 2006 for:
  - (i) Ensuring the Company keeps accounting records which comply with the Act

and

- 
- (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.

2. The National Association of LINKs Members is a registered charity and a registered company limited by guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association.

This financial statement was approved by the Trustees on:

\_\_\_\_\_ 2011 and is signed on  
their behalf by:

Malcolm Alexander  
Director/Chair  
Secretary

John Larkin  
Director/Company

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**Glossary:**

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AvMA	-	Action against Medical Accidents
CQC	-	Care Quality Commission
DH	-	Department of Health
GMC	-	General Medical Council
NICE	-	National Institute of Clinical Excellence
PCT	-	Primary Care Trust
PPI	-	Patient and Public Involvement

**Company Secretary**

JOHN LARKIN  
FLAT 6, GARDEN COURT  
63 HOLDEN ROAD  
LONDON  
N12 7DG

**Other NALM contacts:**

Tel: 02088096551  
Email: [nalm2008@aol.com](mailto:nalm2008@aol.com)  
Website: [www.nalm2010.org.uk](http://www.nalm2010.org.uk)

**Charity trustees**

- JOHN LARKIN
- MALCOLM ALEXANDER
- MICHAEL ENGLISH
- RUTH MARSDEN

**Date of registration** as charity 27 September 2010

**Governing document**

MEMORANDUM AND ARTICLES OF ASSOCIATION INCORPORATED 20 MAY 2008



**Charitable objects**

- (1) THE ADVANCEMENT OF HEALTH OR THE SAVING OF LIVES, INCLUDING THE PREVENTION OR RELIEF OF SICKNESS, DISEASE OR HUMAN SUFFERING (2) THE RELIEF OF THOSE IN NEED BY REASON OF YOUTH, AGE, ILL-HEALTH, DISABILITY, HARDSHIP OR OTHER DISADVANTAGE, INCLUDING BY THE PROVISION OF ACCOMMODATION OR CARE.

**Classification****What**

- THE ADVANCEMENT OF HEALTH OR SAVING OF LIVES

**Who**

- ELDERLY/OLD PEOPLE
- PEOPLE WITH DISABILITIES
- PEOPLE OF A PARTICULAR ETHNIC OR RACIAL ORIGIN
- THE GENERAL PUBLIC/MANKIND

**How**

- PROVIDES ADVOCACY/ADVICE/INFORMATION
- SPONSORS OR UNDERTAKES RESEARCH
- ACTS AS AN UMBRELLA OR RESOURCE BODY