



Involving Local People in  
Health and Social Care

## **Gateshead LINK Annual Event**

**Gibside Hotel, Whickham**

**8<sup>th</sup> October 2009**



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## **1. Local Involvement Network ( LINK) explained**

Local Involvement Networks (LINKs) were established through the Local Government and Public Involvement in Health Act 2007. All local authorities across England with a responsibility for providing social care have a LINK, most often 'hosted' within the voluntary sector.

The LINK in Gateshead is hosted by Gateshead Voluntary Organisations Council (GVOC), an umbrella organisation that supports, promotes and develops the local voluntary and community sector in Gateshead.

The LINK is open to everyone and owned by its members who decide the direction of work. It is an independent network that gives everyone a voice about health and adult social care in Gateshead.

## **2. Introduction to the Gateshead LINK Annual Event**

Gateshead LINK commenced in April 2008 and went 'live' with its first Annual Event in October 2008. This sought to update the membership and the general public on work to date, requested approval of the proposed governance structure and began the process of identifying health and social care issues that were important to local people.

From the event in 2008 four priority areas were identified:

- Mental Health (crisis intervention)
- Carers Issues
- Residential Care
- Hospital Discharge

The LINK developed four working groups to address the issues identified and the groups commenced their work in February / March 2009.

### **3. Annual Event 2009**

The purpose of the Annual Event 2009 was to update the membership and members of the public on the work undertaken since the last Annual Event, to gain feedback on the appropriateness of this work and to offer the opportunity for local people attending to advise the LINK of any emerging health and social care issues that have become a priority since the previous event.

Unlike the 2008 event, the invitation to this meeting was extended only to LINK members and members of the public and voluntary sector. A separate event was held for other stakeholders from the statutory sector on 23rd October 2009. We did this because it is LINK members and members of the public who the LINK seek to involve and respond to.

81 people attended the event comprising LINK members (both individuals and groups) and members of the public. A small number of statutory partners attended who were unable to attend the later Stakeholder Event.

The event programme and delegate list are included as Appendices 1 and 2.

### **4. Information presented at the event**

4.1 In the early part of the day the LINK took the opportunity to offer an update on the work of the Interim Steering Group over the past year. The Interim Steering Group directed the work of the LINK prior to holding the first LINK elections in September 2009. Subsequently the members of the first elected Steering Group offered personal introductions.

4.2 The activities and progress of the 4 working groups were also outlined. The presentations offered are included in this report as Appendices 3 - 7.

All presentations were followed by an opportunity for questions.

4.3 A particularly lively debate took place about the LINK 'Enter and View' capacity in relation to the Residential Care Working Group. This enables authorised and appropriately trained LINK representatives to visit the premises of a range of service providers, to gather information about services and service user opinions.

The LINK Steering Group is hopeful that reassurance has been offered regarding some of the reservations expressed about 'Enter and View'. The LINK is not an 'inspectorate'; other organisations fulfil this role. 'Enter and View' is simply another tool available to the LINK to gather service user, carer and family opinions.

The source of the Residential Care Working Group provider list was queried. It was explained this information was obtained from the Care Quality Commission web-site, whereby inspection and service review had been conducted prior to the CQC coming into being (April 2009); web links exist for the organisations that previously held responsibility for this work

4.4 The Mental Health Working Group had experienced some difficulty in determining the correct person to speak to in relation to their work on Crisis Intervention as different NHS Trusts can be either commissioners or providers of services

A Mental Health Service Commissioning Manager present attempted to clarify this issue.

4.5 The Carers Working Group presentation generated comment about the need to check information with carers to make sure their opinions are gathered and that duplication of work should be avoided. Gateshead LINK completely agreed with this.

4.6 The Hospital Discharge Working Group launched their recently designed questionnaire at the event. This will gather public opinion on how well hospital discharge works for people and what might be improved. The group actively encouraged people to complete the questionnaire, or take a copy for anyone who might want to contribute their experiences. The questionnaire will be widely circulated in the near future and the results discussed with Gateshead (and other) Hospitals.

## 5. The Lawnmowers, Independent Theatre Company

### 'Heroic Feets'

The Lawnmowers is a company of people with learning difficulties based in Gateshead. They research, devise, perform and run workshops that reflect their own concerns and are aimed particularly at audiences with learning difficulties.



The Lawnmowers started our afternoon session with a selection from their drama 'Heroic Feets'. This explores the actors' experience and views about how useful self-directed services might be. This was based on a pilot programme about 'individual budgets'.

Gateshead LINK would like to express a big thank-you to the Lawnmowers for a very amusing and at times, very poignant introduction to our afternoon session.

## 6. Workshop information and Feedback

The afternoon was dedicated to the most important part of the day gathering opinion from the membership and members of the public.

10 workshops were held and all asked the same of questions of participants, but also offered the opportunity to discuss the questions within smaller groups. The workshops asked for peoples' views in four areas:

- a) From the information presented in the morning – do people think the working group priorities are still relevant?
- b) Still with these priorities – are there other priorities that the LINK should be looking at?

- c) What other areas in health and social should be LINK be looking at?
- d) 'Burning issues' of the day

The workshops were deliberately offered as informal opportunities for discussion, rather than being restrictive or directive. This has resulted in issues being raised which do not, necessarily, directly address the question in hand. The LINK feels this is a more appropriate approach to enable people to contribute as they wish. The summary of key issues, below, seeks to draw out main and repeating themes.

The detail of workshop feedback is included as appendix 8.

## **7. Summary of key issues**

### **7.1 Questions 1 and 2**

- *From the information presented in the morning – do people think the working group priorities are still relevant?*
- *Still with these priorities are there other priorities that the LINK should be looking at?*

In general terms, the workshop participants considered the topics being covered by the 4 working groups are still very relevant to the experiences of the people of Gateshead.

It was highlighted, and already acknowledged by the LINK, that cross-over between the groups' priorities exist and care should be taken to ensure the groups communicate and share their work. Work already undertaken should be utilised rather than wasting resources 'starting from scratch'.

Some issues recorded could potentially extend the work of the groups.

## **7.1a. Mental Health (crisis intervention)**

### **Issues identified as important**

- Early intervention
- The use of talking therapies
- Ensuring that the opinions and experiences of younger people, older people and people with learning disabilities are included
- Involving service users
- Dual diagnosis- where people have two conditions and different needs, but services are not set up to deal with this
- Lack of information about services and their accessibility outside 9-5 and week days
- From a carer's perspective, the use of patient confidentiality – carers cannot feed into assessment or treatment decisions
- The transition from children's to adult to services
- In a crisis situation people with mental health problems can end up being dealt with by the police. Resources should be put in place to avoid this loss of dignity and possible criminalisation of behaviour
- There is a need for a 24 hour crisis helpline. Awareness is needed that early discharge causes problems for both service users and carers

### **7.1b. Carers Issues**

- General lack of support and respite facilities for carers
- The need for clear communication and sufficient time, when offering carers assessment
- Carers Assessment should include information about carers allowance and carers' finances
- People of pensionable age not being able to claim Carers Allowance
- Carers not being kept fully informed by service providers
- Lack of knowledge about how the Carers Strategy is developing

### **7.1c Residential Care**

- Should the LINK be looking at domiciliary care as well as residential care? (It was acknowledged that the LINK has limited capacity and that greater impact was possible in looking at residential care)
- The use of Enter and View should not be invasive
- There is a need for person centred responses and involving families in residents meetings

### **7.1d Hospital Discharge**

- We should look at transport to and from hospitals for patients and carers - public transport, ambulance/patient transport services and criteria for accessing taxis
- The problem for carers of people being discharged without a care plan in place. GPs need to be appropriately informed
- The role of the voluntary sector in supporting hospital discharge
- There are some people who are not in-patients, but who have a long - term relationship with a department. Treatment can then stop without ongoing support
- The need exists for easily understandable information about support service availability to be received on discharge
- There is a demand for a back-up service for medication - people do not always leave hospital with all their medication and may not be able to access pharmacies
- There is concern about female support workers working with male patients
- A new service exists whereby carers can pre-plan to get emergency 48 hour support from Gateshead Council. The preparatory work is done by Gateshead Crossroads and Gateshead Carers Association. This could be publicised.

### **7.2 Question 3**

- *What other areas in health and social care should the LINK be looking at?*

A number of issues emerged that have not previously been brought to the LINK. The following is a summary of the issues raised that are

additional to the possible breadth of topics which the working groups could address as part of their ongoing work:

- **GP surgeries / health centres**
  - GPs and health centres – need to get public views on these
  - Establishing priority lists for carers
  - GP appointments available at evenings and weekends
  - The need to book advance appointments
  - The need for greater approachability and ease of asking questions of GPs
  - More appropriate signposting to other service providers
  - Clarity on boundaries for using a particular GP surgery
- **Personalisation Agenda**
  - The need to include this in all working groups
  - The LINK to be involved in ‘making this happen’
  - Examine funding / economic restraints on service provision
- **Dentistry**
  - Referral to the dental hospital
- **Health workers who are not British Nationals**
  - Limited skills with English language making communication difficult, especially for people with a learning disability
- **Service delivery decision making in the PCT / NHS**
  - How are treatment availability decisions made?
  - Why are some treatments available in some areas and not in others?
  - Are physical boundaries imposed?
  - Does a ‘post code lottery’ exist?
- **Social Care delivery**
  - Should concentrate on care in people’s homes and supported living
  - Assessments are conducted again and again – should be done as the Common Assessment Framework
  - Help at home costs
  - Lack of home support until after 6 months

Boundaries applied to critical and substantial care – confusion exists

- **Autism**  
Is classed as a learning disability and this adversely affects the range of suitable services available.
- **Health / social care staff training needs**  
Staff require a comprehensive training programme to enable them to respond appropriately to the needs of different groups.
- **Speech and Language Therapy**  
Children are dependent on these services and there is never enough resource.
- **Hospital Accessibility**  
A zebra crossing is needed at the Queen Elizabeth Hospital
- **Enter and View / LINK and CQC role**  
Further work is needed on 'Enter and View'. It would be helpful if there were greater clarity on the different roles occupied by the CQC and the LINK
- **Ethnicity / BME communities**  
Involvement of user-led groups
- **Information and Communication needs**  
This was raised numerous times in connection with many aspects of health and social care. There is a requirement for appropriate and timely information, both verbal and written.

Comments made strongly suggest that personal communication between health and social care professionals and service users and their carers and families could be more person or family centred. As mentioned above, this may well indicate a training need amongst health and social care professionals.

### 7.3 Question 4

- *'Burning issues' of the day*

As might be expected a wide variety of 'burning issues' were identified across the workshops. Perhaps not surprisingly, they form a snapshot of the topics identified throughout the day. Broadly speaking, the issues incorporate: communications, health and social care topics and involvement and accessibility issues.

## 8. Next steps

Gateshead LINK is pleased to have confirmed the work they are conducting through the Working Groups is still considered to be relevant. This work will therefore continue as outlined within the presentations.



A resounding message from the event is that the LINK needs to ensure the voices of different communities of interest are included. Indeed this was the reason the LINK Communications and Engagement Officer was recruited. The event has been most helpful in supporting the objective of this LINK post – making sure special effort is made to involve different people in the community.

The groups specifically mentioned were young people, older people, people with learning disabilities, members of BME communities and last but not least, service users of all varieties. This information can be used to direct the work of the Communications and Engagement Officer.

There is the possibility of extending the current remit of the working groups. Many of the areas suggested already form at least part of current workplans. The LINK anticipates developments that will meet some of the needs expressed. These might include:

### **8.1 Mental health Working Group**

Enhanced service user and carer access to appropriate service information and greater awareness regarding how to access services outside 9-5 hours.

### **8.2 Carers Working Group**

The group are currently developing a piece of work to assess Carers needs. This work will be conducted in conjunction with other carer and advocate services. It is hoped this will contribute to more closely identifying and meeting carer needs.

The group will shortly becoming involved with the Carers Strategy consultation and we hope the LINK membership will contribute to this process.

Personalisation is forming a bigger part of the group remit and the LINK will keep people informed about developments.

### **8.3 Residential Care Working Group**

An area that could be addressed by this group is the level of person and family centred responding. This will probably be when the LINK Enter and View arrangements are completed.

### **8.4 Hospital Discharge Working Group**

The implementation of the Hospital Discharge Questionnaire and the GP survey (GP experience of receiving hospital discharge information) will hopefully shed light on areas that are working well and areas that could be improved.

The group are also looking at a 'discharge booklet' to improve this service. Maybe this booklet could be extended to incorporate the needs of long term patients as well as in-patients.

## **9. Conclusion**

The Working Groups need to look at the recommendations resulting from the Annual Event and assess where they can reasonably adjust or extend their activities.

The additional issues highlighted to the LINK in October 2009 need careful consideration by the Steering Group. Some may require referral to health and social care partners, others may be information issues that can be addressed within the LINK Newsletter and website. There may be some topics that suggest a LINK Working Group look at the issues in greater detail. The LINK would always ask people to remember they are volunteers and cannot address all issues on every occasion.

## **10. And finally**

A big thank you to all Gateshead LINK Steering Group and Working Group members, as well as the broader LINK membership for their ongoing commitment, dedication and hard work on behalf of the people of Gateshead.



# APPENDICES

## Event Programme

**Gateshead LINK  
Annual Event 2009  
Gibside Hotel, Whickham  
Thursday 8th October 2009  
AGENDA**

10am – Registration (tea/coffee/morning pastries)

10.30am – Introductions and Welcome

10.40am – Presentation by the Gateshead LINK Interim Steering Group on the work of the LINK 2008/2009

11.00am – Question and Answer Session

11.15am – Introduction to Gateshead LINK elected Steering Group 2009/2010

11.30am – Comfort Break

11.45am – Feedback from Gateshead LINK's working groups on their work 2008/2009

- Mental Health Working Group
  - Carers Working Group
  - Residential Care Working Group
  - Hospital Discharge Working Group
- followed by Question and Answer Session

**12.30pm – Lunch and networking**

1.15pm – Performance from Lawnmowers Theatre Group

1.35pm – Round table discussions on what issues LINK could be pursuing 2009/2010

2.15pm – Feedback

2.45pm – Thanks and close

*3pm onwards - optional complimentary tea/coffee on offer in bar area upstairs*

## Delegate List

### Gateshead LINK Annual Event 09 8<sup>th</sup> October 09

<b>Name</b>	<b>Organisation</b>
Diane Allan	Gateshead Community Network
Dave Anderson MP	Blaydon Constituency
Emily Bell	
Rachel Bell	
Sarinder Bhandal	aTENSION
Pat Bolton	Gateshead Carers Association
Michelle Booth	Gateshead Council
Lynn Bradford	South Tyneside PCT
Ellie Brown	Tyneside Women's Health
Tom Bryden	
Cllr Lynne Caffrey	Chopwell/Rowlands Gill Ward
Brenda Cawton	Community Integrated Care
Michelle Charles	Gateshead Council
Shona Chambers	AFASIC
Kath Clark	Whickham Community Centre
Simon Clucas	Third Sector Solutions
Steve Cowan	GAIN
Anne Crompton	
Janine Curd	AFASIC
Ranjana Datt	
Penny Davidson	NHS South of Tyne & Wear
Alan Davison	Age Concern/Gateshead LINK Steering Group
Tracy Dixon	Rowlands Gill Live at Home Scheme
Bill Dobson	
Ruth Dodds	Gateshead LINK
Ethel Donnelly	Gateshead LINK Steering Group
Alan Douglas	NEXUS
Ethel Margaret Ellis	
Toni Farr	Community Health Team CBS
Angela Gallant	GAIN
Jeff Gray	Gateshead Crossroads
Glenys Goodwill	
Adam Graham	vinvolved
Florence Guffog	
James Edward Hall	
Maria Hall	Parents/Carers/Friends of The Cedars

Patricia Anne Hall	
Claire Harrison	Vinvolved
Irene Hepple	
<b>Name</b>	<b>Organisation</b>
Richard Hicks	Community Links
Julie Hope	Gateshead LINK Steering Group
Sharon Huitson	Red Cross
Audrey Hutchinson	
Henrietta Jackson	
John Jackson	
Gurdeep Kaur Lumb	
Joan Kane	
Lorraine Kane	
Gretel Keadell	Gateshead LINK Steering Group
Maria Laben	Gateshead Carers Association
Hillary Lane	Red Cross
Becca Leary	Gateshead Volunteer Centre
Joe Lewis	Gateshead Crossroads
Bill Llewellyn	
Tammy Maleki	
John Marshall	
Michael Marston	
Eileen McDonald	Red Cross
Alison McLellan	
Brenda Miller	
Margaret Mion	
B Mitchell	Dryden Group/Gateshead Carers Association
Andrew Moore	Sight Service
Bill Moran	Age Concern Gateshead
Gill Morton	Parents/Carers/Friends of The Cedars
Alan Murdy	Mental Health Matters
Annie Murphy	Gateshead Community Network/Gateshead LINK
Kim Newton	Gateshead LINK
Kay Parker	Gateshead LINK Steering Group
Vicky Parsons	
Lynn Paterson	Community Links
Dave Peacock	Whickham Hermitage Community Garden
Elizabeth Pearson	
Gev Pringle	GVOC
Sheila Pryce	
Susan Robin	
Diane Sandford	Gateshead Crossroads
Arthur Scott	
Margery Scott	Gateshead Older People's Assembly
Anya Simpson	Mental Health User Forum

Rohina Sivakumer	
Joan Smith	
Irene Soulsby	
<b>Name</b>	<b>Organisation</b>
Christine Squires	Gateshead LINK Steering Group
Harold Stookes	
Brenda Tierney	
Janice Todd	
Susan Tubman	Tyneside Women's Health
James Tubman	
Ray Venus	
Dave Wallace	Gateshead LINK Steering Group
Julie Whitehouse	Gateshead LINK
Louise Whitfield	Emergency Plan Service for Carers/Gateshead Crossroads
Brenda Wilson	
Marion Verow	GVOC

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## Workshop Feedback

**Question 1. From the information presented in the morning – LINK working groups: Residential Care, Carers Issues, Hospital Discharge, Mental Health.**

***Do people think these topics are still relevant?***

- Yes definitely – very topical
- Yes – basic care standards – not familiarised with residential care environment – realistic targets being met. Activities in homes. Regular meetings of families and residents (res care).
- Question over why domiciliary care not addressed in LINK. Most impact was regarded as necessary in residential care due to time LINK has. Talked about domiciliary care (privately owned). Buying own services and that the care is not service user led.
- Still work to be done around hospital discharge – waiting for an ambulance (5 hours).
- What is the criteria for accessing taxi services?
- Getting to hospital?
- Public transport – eg Rowlands Gill to QE is 3 buses – need to look at this.
- BME carers – was post in place (dedicated BME carer worker?) Funding withdrawn 2 years ago. Involvement Post Officer – can LINK do something on this?
- Lack of support for carers. Variable respite offer. End of life care (rights, informality to people – services available).
- Mental health – e-community bases – early intervention services. What is happening & where?

- Concerns – early intervention workers in community not trained properly.
- General concern over mental health services. Talking therapies & translation services.
- Mental health – emphasis on older people’s mental health (dementia strategy).
- Also younger people – New Horizon’s document – consultation ends October 09 – paper – December 09 (ageless).
- DoH document. Doctor’s surgeries and health centres - need to get public views on these.
- Learning Disabilities Agenda – accessible buildings/changing places (these need to be in public places).
- Annual health check for people with learning disabilities, information on these, support needs – MENCAP (The Michael’s Report) ‘death by indifference’ – showing people who have died with learning disabilities because they see the disability first and focus on that. Involvement of people with learning disabilities in steering group meetings-make it accessible.
- Doctors / hospitals – training / qualifications around communicating better with people with disabilities.
- Residential care – very appropriate – very passionate.
- Carers – high on the agenda, carers need to have their own assessment. Most carers are unsure whether they have actually had a carers assessment. Clear communication needed. Time for individuals – get them to ask questions. Carers finances – carers allowance – premium. Professionals should repeat the information. Further into the process. People may not regard themselves as carers. Information should be both verbal and written.

- Agencies must recognise their responsibility towards carers and encourage them to recognise them as carers.
- Hospital Discharge – issues for carers. Refused until care plans are at home. No one should be discharged until care plan is in place.
- Mental Health – stigma attached – harder to reach - try harder to engage them.
- Dual diagnoses can be a problem e.g. mental health and learning disability. Maybe learning disability should be on the list. Learning difficulties should be identified as well as learning disabilities – social isolation – mental health.
- Residential care : enter and view problems with invasiveness.
- Clarity between role of CQC and LINK.
- Information might be of limited use as it is anecdotal. Information gathered has to be accurate. LINK need to clarify what they can do – boundaries.
- Hospital Discharge – still relevant but not sure what is still to be done. What are the aims and objectives?
- Patient expenses questionnaire.
- General agreement but in mental health the transition from child to adult happens abruptly.
- The other part of discharge is about people who are not in-patients but have a large relationship with a department – then the treatment stops with no support.
- Timing of mental health services – 9-5 and no weekends. Information and knowing what services are available where.

- Young people are not fully covered by the LINK – drug and alcohol issues.
- Patients and carers and the lack of information.
- Pensioners can't claim for carers allowance. Carers need to know when the 'cared for' is being discharged from hospital.
- What ever happened to the Carers Strategy?
- Problems of confidentiality because of the mental capacity cut-being able to act for the cared for person – it causes problems.
- Mental health still very relevant – systems & especially the Tranwell Unit. 4 areas still relevant. What is the authority of the LINK to change systems and procedures?
- Enter and View needs more work.
- Yes still relevant, further work around care packages on discharge side to ensure timely discharge – voluntary sector has big part to play.
- People don't know what is available to them – discharge leaflet re easy read, communications leaflets.
- Staff awareness, staff turnover, people not getting the information – slipping through gaps?
- Leaflet getting through relevant avenues.
- Carer transport to hospital – needs to be filtered to service users.
- Back up service medication, being missed.
- Carers being kept informed, confidentiality around patients.

**Question 2. From the information presented in the morning – LINK working groups: Residential Care, Carers Issues, Hospital Discharge, Mental Health.**

**Still within these topic areas, are there other priorities the LINK should be looking at that haven't been mentioned?**

- Limit as to what can be done – only so many people so have to prioritise.
- Cover majority of things – quite encompassing.
- People skills/understanding and specific needs areas. Different treatments available in Newcastle than Gateshead – PCT decision? Foreign workers - limited English – can cause difficulty (especially when dealing with people with learning disability)
- Domiciliary care – link this to hospital discharge.
- Having a care plan in place with appropriate support on discharge from hospital.
- Appointments with GPs – first come first served – e.g. 4 days ringing for appointment – no advance appointment.
- Dentistry and referral to dental hospital.
- Older people.
- Personalisation – making it happen.
- Universal services – barriers – artificial physical boundaries – post code lottery – health authorities not working together – across PCTs.
- Ensure personalisation is within all working groups.
- Make sure that groups are not replicating/duplicating.

- Staff to ensure groups aren't focusing on same issues/subjects.
- Take into consideration work that has already completed – build on that.
- Ensure that the importance of LINK is explained clearly- it could change things – could encourage more members.
- Hospital Discharge – female support workers with male patients
- Cost of getting help at home – have to be ill for 6 months before you can get help at a lower rate.
- Physical and sensory disabilities – new category of hidden disability e.g. autism/dyslexia/ADHD/- learning disability is related to IQ.
- Ethnicity/BME communities – user led groups – Jewish community very inward looking.
- Hospital Discharge – emergency – new service. Card ID for carers, can get 48 hours emergency support from Gateshead Council (Crossroads). Plan how things can happen; in case of emergency.
- Mental health – advanced directives should be in place.
- Carers with mental health – isolated.
- Stigma around mental health. Young men and suicide. Insurance/holiday/life – people should not be penalised.
- Residential Care – home visits should be more in-depth.
- Issues around volunteers. Profit making organisations and volunteers. Who is supporting volunteers, personal care.
- Residential Care – clarifying limitations and boundaries

between what LINK and CQC can do, otherwise nothing will happen correctly.

- Make a contribution – statement to the Annual Healthcheck as a matter of priority.
- Produce specific aims and objectives & communicate that. Include family views – this is vital.
- Is there a protocol in place for E&V? If not why not?
- Carers assessments are still not known about. Autism – no mental health services at all only if they are designated as being learning disabled. Once the person is adult any psychiatric support disappears without a learning disability – become a forgotten workforce – don't turn up in the Jobcentre.
- Enter & View. Mental Health and Police intervention - often people with mental health problems end up being dealt with by the Police as a last resort. This didn't use to happen – why is it happening now? Lack of dignity in this process and criminalisation of behaviour.
- 24 hour crisis hotline for mental health.
- Carers – don't get to know what support groups are out there. Young carers dealing with adults with drug/alcohol issues. Young people as carers. Live @ home schemes (development of).
- Personalisation agenda . Funding/economic constraints on service provision – recession etc.

**Question 3. What other 'problem' areas or good things can people name from their experiences (or maybe family and friends) - that they would like to LINK to have a look at?**

**a. health issues**

**b. social care issues**

- Health –GP hours – evenings and weekends. GP registry – move house/move GP-applied differently to different people (implications for health) – plans to remove boundaries?
- Mental Health – get into/access to services. Attitude of people not understanding condition.
- Early discharge causes problems.
- Disability awareness training for staff (primary care services). Learning Disability, Visual / Hearing Impairment, Physical Disability, Mental Health. Person centred – carer – understanding of condition.
- Hospital Discharge – have relatives been informed. Have a check list - GP informed. Better all round communication.
- More person centred social care e.g. going to bed when resident wants to. Change attitude towards patient (less patronising)
- Referrals – still no real choice – how do people know where services are?
- Zebra crossing needed at QE.
- Personal experiences in hospital discharge – female support workers sent to male patients. Support at home is at a high cost if you haven't been ill for over 6 months.
- Ensuring staff are trained to recognise and respond to these cards (this has been a problem with Bridge Cards). NHS South of Tyne & Wear – local initiative – help card – anyone who uses NHS services show the card to staff.
- Health – repeat information to medical staff, repeat information.

- Prescription issues – no one understands the process.
- More written information.
- GPs not asked questions – they are seen as ‘Gods’. Families aren’t informed about conditions. Are they being recognised and sign posted?
- Speech and language therapy – children are dependent on the service. Never enough resources. How much is it costing for the lost provision? Services started – funded – closed wasted money.
- GPs should have priority lists for carers.
- Good/bad – patients being copied into letters can help or worry.
- Boundaries of critical and substantial care change depending on funding. We need transparency around the definitions as confusion has arisen due to changes. Clarity is important.
- Social care – voluntary sector is valued.
- Good – individual budgets but need to have publicity drive – needs a push.
- Should have an independent support rather than the council. The council does this in Gateshead to save money. Meaning fewer people have applied in Gateshead. Compared to other areas where the support is independent.
- Social Workers – the assessment process happens again and again – waste of time – learn from CAF (Common Assessment Framework).
- Crossroads Emergency Planning Service (carers) is positive social care issue.

- Residential Care – concentrate more on care in people’s homes and supported living – how is LINK going to approach this?
- Need to take into consideration the views of families. Hospital Discharge – needs to be a questionnaire about recent, relevant experiences.
- Need to improve the questionnaire to link in better with the pre-existing discharge policies so they can be examined in tandem, and over-anecdotal.
- People being discharged without proper assessments being in place still an issue.
- Work needs to be time limited and how do you measure success?
- Disabled children – the register of disabled children. No connection of services. Difficult access to services – transition into adulthood very difficult – social and medical outcome can be very bad.
- Setting up of private and voluntary trusts for vulnerable people to be educated or cared for. Advocacy as young people grow up.
- No young people in the room.
- Mental health – crisis team – mental health provision. People being left to ‘god and good neighbours’ for help and support in mental health crisis situation.
- Nurses – much more educated and they do a lot of the doctors’ work because its cheaper.
- Training not adequate for health professionals. Inadequate training for staff.
- Breakdown of systems.

- More and more mental health problems out there.
- No proper consultations
- Social Care – ‘live at home’ schemes.
- Disability groups – link specific H&SC aspects the LINK could pick up to this end – website.
- Website involvement – young people being involved in the LINK, looking at the average age of LINK members – Gateshead Youth Assembly – involvement in LINK.
- Hospital Discharge – CPN not reviewing the accommodation that people are going back to from a carers perspective.
- Crisis intervention (we know the LINK is working on this as a priority) on Mental Health side, who is the correct person to speak to, how PCT and Trust link up.
- Clarity of information and knowing where to go for up to date info. – inconsistency on discharge side.

**Question 4. Identify one ‘burning’ issue from the group to feedback**

- Must be treated as individual – non-judgmental. Training and awareness across staff – disability awareness.
- Compulsory family/resident meetings in residential care. Going to bed when client wants to.
- GP appointments- advance appointments. Dentists.
- Make services more accessible for people with learning disabilities. Hosp Discharge – showing respect, equality and diversity – dignity! The LINK needs to actively support people

with learning disabilities to become actively involved in the LINK working groups. They need to be accessible - people should not feel that they do not fit in. Topics to consider – annual healthchecks for people with learning disabilities. Clear health related information. Look at the Michael's Report.

- Importance of recognising all carers (including helping carers recognise themselves) and simplifying the carers assessment process.
- Clarification and differentiation between role of LINK and CQC. Also communication about the roles/procedures used by E&V as it is easy to misunderstand the role or another inspection framework – gathering views.
- Young people – particularly when moving from children's services to adult services – MH and learning disabilities in particular.
- Mental health crisis provision – accessing help 24/7. The knock on effect of mental health on carers/relatives.
- Communication – across all 4 priority groups (one strand runs through) and will continue to be an issue. Current up to date information, accessible, calling hospital in a rush, family emergency getting through to operator – no personal touch and involvement in their care –connection with other people. So
- important in personal or family health and care situations. Communication with younger age group-possibly youth assembly.

## **Presentations from the event**

Presentation - Interim Steering Group  
Presentation - Carers Issues  
Presentation - Residential Care  
Presentation - Mental Health (crisis intervention)  
Presentation - Hospital Discharge

## Contact Gateshead LINK



### Involving local people in Health & Social Care

**Richard Jenks (Project Coordinator)**  
**Kim Newton (Communication and Engagement Officer)**  
**Angie Maidment (Admin Officer)**  
**0191 4784103 or 07913004737**

#### **Web site.**

**[www.gvoc.org.uk/GatesheadLink/gatesheadlink.htm](http://www.gvoc.org.uk/GatesheadLink/gatesheadlink.htm)**  
**Email [gatesheadlink@gvoc.org.uk](mailto:gatesheadlink@gvoc.org.uk)**