



Gateshead

**LINK**

Involving  
Local People  
in Health and  
Social Care



# **Gateshead LINK Annual Report April 2010-March 2011**

# Table of Contents

<b>1. Introduction from Gateshead LINK Steering Group</b> .....	<b>4</b>
1.1 Gateshead LINK Core Values .....	5
1.2 Gateshead LINK Training .....	5
<b>2. Gateshead LINK Governance Structure</b> .....	<b>6</b>
2.1 Gateshead LINK Steering Group Members.....	8
2.2 LINK Working Group Membership (Active) .....	9
2.3 Gateshead LINK Elected Steering Group 2010/11 .....	12
<b>3. Demonstrating our impact through action</b> .....	<b>16</b>
3.1 Promoting and encouraging involvement .....	16
3.2 Gathering views .....	20
3.2.(i) Joint Strategic Needs Assessment.....	20
3.2 (ii) Hospital Discharge.....	20
<b>4. Developing local stakeholder relationships</b> .....	<b>26</b>
4.1 Quality Accounts .....	26
4.2 CQC Inspection.....	26
4.3 Personalisation. ....	27
4.4 Personalisation Guide and Leaflet.....	28
4.5 Other LINK relationships.....	31
4.6 Northumberland Tyne and Wear NHS Trust Crisis Leaflet .....	31
4.7 Mental Health Model of Care.....	32
4.8 Young People.....	32
<b>5. Monitoring and scrutinising services</b> .....	<b>32</b>
5.1 Mystery Shopper Exercise.....	32
5.2 LINK Enter and View.....	33
5.3 Francis Report.....	34
<b>6. Involvement in national or local consultations;</b> .....	<b>34</b>
6.1 Child Adolescent and Mental Health Services .....	34
6.2 Consultation with Gateshead LINK Membership on the Health White Paper .....	35
<b>7. Involvement in the development of LINKs-related policies</b> .....	<b>36</b>
<b>8. LINK Annual Event</b> .....	<b>36</b>
8.1 Personalisation and Independent Living Working Group .....	36
8.2 Transition into Adult Services Working Group .....	37
8.3 Hospital Discharge Working Group.....	37

8.4 Mental Health Working Group .....	37
<b>9. Gateshead LINK Case Study: Person Centred Planning .....</b>	<b>38</b>
<b>10. Future for Gateshead LINK.....</b>	<b>42</b>
<b>11. Our Year In Figures .....</b>	<b>44</b>
11.1 Summary of Activity 2010-11 .....	44
<b>12. Our Finances .....</b>	<b>46</b>
12.1 Gateshead LINK Financial Statement April 2010 – March 2011 .....	47

## Gateshead LINK contact details

Gateshead LINK  
Gateshead Voluntary Organisation Council  
John Haswell House  
8/9 Gladstone Terrace  
Gateshead  
Tyne and Wear  
NE8 4DY

Tel: 0191 478 4103  
Email: [gatesheadlink@gvoc.org.uk](mailto:gatesheadlink@gvoc.org.uk)  
Web site: [www.gatesheadlink.org.uk](http://www.gatesheadlink.org.uk)  
Text: 07913004737

## Host Organisation contact details

Gateshead Voluntary Organisations Council (GVOC)  
John Haswell House  
8/9 Gladstone Terrace  
Gateshead  
Tyne and Wear  
NE8 4DY

Tel: 0191 478 4103  
Email: [enquiries@gvoc.org.uk](mailto:enquiries@gvoc.org.uk)  
Website: [www.gvoc.org.uk](http://www.gvoc.org.uk)  
Fax: 08707058702

LINK Coordinator:  
Richard Jenks

[richardjenks@gvoc.org.uk](mailto:richardjenks@gvoc.org.uk)

LINK Communications and  
Engagement Officer  
Kim Newton

[kimnewton@gvoc.org.uk](mailto:kimnewton@gvoc.org.uk)

LINK Information Officer  
Ruth Dodds

[ruthdodds@gvoc.org.uk](mailto:ruthdodds@gvoc.org.uk)

LINK Administrator  
Angie Maidment (until August 2010)  
Linda Thompson (from September 2010)

[lindathompson@gvoc.org.uk](mailto:lindathompson@gvoc.org.uk)

## 1.. Introduction from Gateshead LINK Steering Group

As Gateshead LINK Steering Group we are delighted to present our 3<sup>rd</sup> Annual report:-

Gateshead LINK's role continues to be to

- *Ask residents what they think about health and adult social care services*
- *Carry out visits to see how health and social care services are provided*
- *Provide ways for people to get involved and suggest ideas to help improve services*
- *Give people a chance to suggest ideas that might improve services to commissioners, managers, and providers of health and adult social care services.*

We have enjoyed a very busy and productive year. We detail our successes in the Section '**Demonstrating Impact**'. In particular we draw your attention to our work in relation to **Hospital Discharge, Mystery Shopping and a Personalisation Guide and Leaflet**. These have all been achieved by our working groups working in partnership with residents and Health and Social Care organisations in Gateshead.

In the year ahead Gateshead LINK is aiming to make the transition to become a local HealthWatch. The Health White Paper *Equity and Excellence: Liberating the NHS* proposes giving local HealthWatch additional functions and funding for providing complaints advocacy services and for supporting individuals to exercise choice. In particular, local Healthwatch will support people who lack the means or capacity to make choices with regards to their own health and social care needs.

The details are still to be finalised but as a Steering Group we have spent a great deal of time restructuring and preparing for the changes. We are continuing to discuss the future with South of Tyne and Wear Primary Care Trust, Gateshead Council, GATNET (the GP consortium for Gateshead) and other relevant partners. We are confident in our ability to respond and to continue to provide valuable services to the people of Gateshead.

## **1.1 Gateshead LINK Core Values**

The key values and principles of the LINK remain the same. To be:

- Be open and transparent
- Respect and value diversity
- Act only in the best interests of its membership, in line with these core values
- Be accountable to its membership
- Give equal consideration to all health and social care issues whilst recognising the need to prioritise LINK activity
- Focus on achieving outcomes.

We welcome new members and as we look forward to 2011 -2012 there has never been a better time to join Gateshead LINK.

## **1.2 Gateshead LINK Training**

In order to deliver our responsibilities as a LINK, members and staff have completed a range of training courses in the last year

### ***Enter and View Training***

In July 2010, 6 members of Gateshead LINK completed training in Enter and View. The training was delivered by Annie Murphy, Project Coordinator of Gateshead Community Network and Richard Jenks, LINK Coordinator. We identified the purpose of Enter and View as being to: -

- Give people a chance to say what they think about services
- Give people a chance to monitor and check how services are planned and run
- Give feedback on what people have said so things can change for the better
- Open an ongoing dialogue with providers so that improvements can be maintained and good practice can be reinforced.

Three of the trained representatives accompanied by our LINK Coordinator have since conducted a successful Enter and View visit to Chainbridge Medical Partnership, Blaydon

### ***Complaints Training***

As part of the preparation for the transition to HealthWatch we identified a need for greater awareness of the NHS complaints process. In association with Gateshead Hospital NHS Foundation Trust and the The Patient Advice and Liaison (PALS) Service, a very successful training day for our Steering

Group was delivered in January 2010. We intend to repeat this for other LINK members at a later date.

### ***Mental Health First Aid.***

One member of our Steering Group had previously attended a Mental Health First Aid training course and she felt that others would benefit from it.

This is a 2 day course that aims to help participants to know how to preserve life where a person may be a danger to themselves or others; provide help to prevent the mental health problems developing into a more serious state; promote the recovery of good mental health; provide comfort to a person experiencing a mental health problem and reduce stigma and discrimination through education.

14 LINK members and staff completed the course which due to its initial cancellation through the bad weather did not take place until April. Feedback from the participants was very positive.

## **2. Gateshead LINK Governance Structure**

Gateshead LINK is run by a democratically elected Steering Group. Elections take place on an annual basis. The 2010 - 2011 Steering Group was elected in November 2010.

The LINK has four themed Working Groups which were established following consultation with communities in Gateshead. The membership unanimously confirmed the continuation of the Working Groups at November's annual event. The groups' areas of interest are: -

*Mental Health  
Personalisation and Independent Living  
Transition into Adult Services  
Hospital Discharge Procedures*

Each Working Group has its own Terms of Reference and meets every six weeks. Recommendations or planned future actions are taken to the Steering Group for decision.

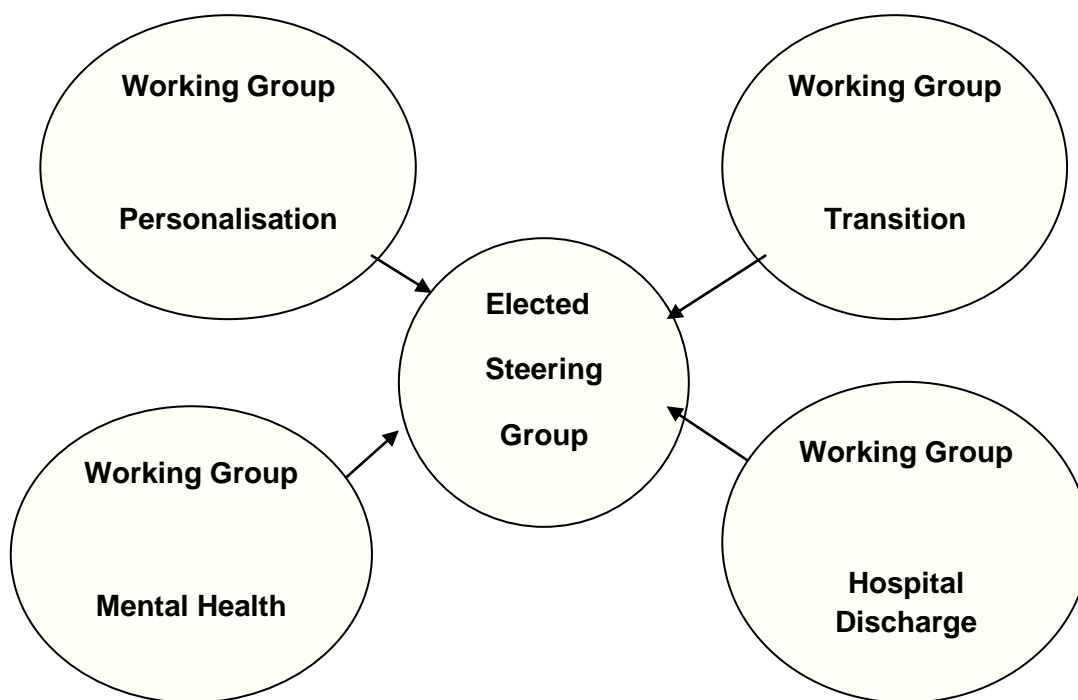
The Steering Group meets monthly to make decisions on behalf of the LINK, discuss the work of the Working Groups, monitor progress against their work plans, agree priorities for future action, regularly review Policies and Procedures and monitor the LINK budget.

Steering Group members are elected on an annual basis and any member of Gateshead Link can stand for election.

The Steering Group formally responded to the NHS White Paper 'Equity and excellence: Liberating the NHS' and has spent considerable time in preparing for the transition of Gateshead LINK into Local HealthWatch.

The Steering Group has continued to operate without a chair. The group believes that, given the workload of the LINK and the fact that all members are volunteers, it is unfair to expect one person to take on sole responsibility for the LINK business with partners and stakeholders. In addition individual Steering Group members have specific knowledge of key areas of health and social care and therefore the Steering Group should decide who is the most appropriate member to represent the LINK at key strategic and policy meetings with partners and stakeholders. This process has worked very well to date.

### Gateshead LINK Structure



## **2.1 Gateshead LINK Steering Group Members**

### **Elected Members who have served on the Steering Group 2010-2011**

Anthony Atkinson	Resident
Alan Davison	Age Concern Gateshead
Ethel Donnelly	Resident
Glenys Goodwill	Resident
Andrew Heggie	Resident
Valerie Hodge JP	Resident
Julie Hope	Resident
Maria Hall	Resident
Gretel Keadell	Resident
Bill Llewellyn	Resident
Kay Parker	Resident
Anya Simpson	Development Worker, Mental Health User Forum, Gateshead
Christine Squires	Resident
Dave Wallace	Resident

### **Co-opted Steering Group Members (partner organisations)**

Gev Pringle	Chief Executive. GVOC
Norah Stevens	PCT Public Involvement Gateshead Locality Lead
Lucia Hiden	Gateshead NHS Foundation Trust Involvement Lead
Susan Joyce	Learning & Change Lead Provider Services NHS SOTW
Andi Parker	Gateshead Council Involvement Officer

### **Enter and View Representatives**

Maria Hall	Resident
Joe Lewis	Gateshead Crossroads Care
Kay Parker	Resident
Lynn Patterson	Resident
Anya Simpson	Development Worker, Mental Health Matters
Dave Wallace	Resident

## 2.2 LINK Working Group Membership (Active)

### **Hospital Discharge Procedures**

Dave Wallace	Resident
Kay Parker	Resident
Maria Hall	Resident
Gretel Keadell	Resident
Ethel Donnelly	Resident
Alma Waterhouse	Resident
Lynn Patterson	Resident
Geraldine Hamilton	Resident
Chris Crone	Gateshead NHS Hospital Trust
Angela Craig	Gateshead NHS Hospital Trust
Doreen Dabrowski	Tyne and Wear Fire Service
Lucia Hiden	Gateshead NHS Foundation Trust

### **Mental Health**

Kay Parker	Resident
David Wallace	Resident
Bill Llewellyn	Resident
Gretel Keadel	Resident
Maria Hall -	Resident
Valerie Hodge	Resident
Anthony Atkinson	Resident
Alison McLellan	Resident
Lynn Paterson	Resident
Anne O'Hara	Resident
Aaron Pierce	Resident
Margaret Mion	Resident
Brenda Tierney	Resident
Andrew Heggie	Resident
Olive Jack	CASA
Anya Simpson	Development Worker, Gateshead Mental Health Matters
Rowshon Uddin	Project Co-ordinator aTENSION
Stuart Dexter -	Mind in Gateshead
Lucia Hiden	Gateshead NHS Hospital Trust
Jacqueline Middlemass	Gateshead Council Health Trainers
Peter Bell	Gateshead Council Health Trainers
Karen Scott	Gateshead PCT Mental Health Service
Paul Gray	Gateshead PCT, Public Health

### ***Personalisation & Independent Living***

Maria Hall	Resident
Gretel Keadell	Resident
Dave Wallace	Resident
Kay Parker	Resident
Anthony Atkinson	Resident
Christine Squires	Resident
Anna Mace	Resident
Joanne Watson	Resident
Jacquie Smith	Gateshead Carers Association
Wendy Patterson	The Lawnmowers Theatre Company
June Keeneyside	The Lawnmowers Theatre Company
Claire Tritton	Headway Gateshead & South Tyneside
Rowshon Uddin	Project Co-ordinator aTENSION
Judith Dunn	Gateshead Carers Association
Brenda Cawton	Community Interest Company
Sabana Ahmed	Community Development Worker
Andrew Moore	Sight Services
Sarinder Bhandal	aTENSION
Penny Diggle	The Grove Carers
Anya Simpson	Mental Health Matters
Paul Gertig	Gateshead Council
Paul Forster	Gateshead Carers Association
Jacquie Smith	Gateshead Carers Association
Brenda Cawton	CIC The Whinnies

### ***Personalisation Task & Finish Group***

Angela Gallant	Gateshead Advocacy Information Network
Kay Parker	Resident
Maria Hall	Resident
Dave Wallace	Resident
Anna Mace	Resident
Annie Murphy	Gateshead Community Network
Claire Tritton	Headway, Gateshead & South Tyneside
Andi Parker	Gateshead Council
Penny Gray	Gateshead Council
Claire Bainbridge	Gateshead Council
Paul Forster	Gateshead Carers Association

***Transition into Adult Services***

Maria Hall	Resident
Kay Parker	Resident
Gretel Keadell	Resident
David Wallace	Resident
Ethel Donnelly	Resident
Paul Forster	Gateshead Carers
Tor Bruce	Eye of the Fly
Rebecca Leary	GVOC Volunteer Centre
Graeme Turner	Gateshead Council

## **2.3 Gateshead LINK Elected Steering Group 2010/11**

### Anthony Atkinson

Anthony became a member of the Gateshead LINK Steering Group because he has a keen interest in “health” related issues. He says he is lucky to have enjoyed good health himself, but has been very involved in the care of several members of his family who have not been so fortunate. He is passionate about community work and as health is pivotal to the quality of life of members of the community, he wished to be involved with local people seeking to improve the local health provision in Gateshead.

He is currently an Independent Member of NHS SOTW Provider Board, having previously been Audit Committee Chair of Gateshead PCT and also a Social Policy Campaigner with Gateshead CAB. He was previously a Member of Northumbria Police Authority and a Gateshead Magistrate for 9 and 12 years respectively. He has also served as a Trustee with Gateshead Crossroads.

### Ethel Donnelly

Ethel is a retired college lecturer with many years experience of working with students who have learning difficulties, including helping them with their social, legal and health problems.

Ethel is particularly interested in people who are socially isolated and has completed research on this subject. She said “I would like to gain an insight into services provided for Gateshead residents and cascade this information to individuals to enable them to gain access to the provisions of the Health Services according to their needs”

### Glenys Goodwill

Glenys is mainly concerned about the government’s new proposals and wants to contribute to finding out what these proposals will mean, and hopefully improving the plans. She is a former carer for her mother and father, who suffered from Parkinson’s/ profound deafness and cancer respectively. Now her sister suffers from Parkinson’s and she is a frequent visitor to her aunt and friend of her mothers who lives in sheltered accommodation. She is also a member of the local patient’s forum and Safe Care at the Queen Elizabeth hospital.

### Maria Hall

Maria has a wide and varied involvement in Health and Local Care issues from a service point of view, ranging from children through to older people. She has previous experience of the Mental Health Service, Learning Disability and Older People’s service which she has gained from working as a carer for the

past twenty years. She is also a volunteer for various groups in Gateshead and served as a school governor for over 10 years. She likes to use all the experience she has gained to help improve service for all the residents in Gateshead.

Maria is also a Peer Mentor with special interest in the health and social care needs of those with SEN and Learning Disabilities across all ages and their carer's and currently is Chair of Governors at a Special School in Gateshead. She has recently been elected as a Gateshead Councillor for the ward of Winlaton & High Spennings.

Maria is a trained Enter and View Representative for Gateshead LINK

#### Valerie Hodge JP

Valerie wants to get more involved in the delivery of Health Care in the borough and wants to make sure that the people of Gateshead get the best possible level of service and help influence those services. She has lived in Gateshead all of her life and has been involved in the Gateshead Foundation Trust since its inception. She is a presiding chairperson sitting on the Gateshead Bench of Magistrates. She has been a Civil Servant for the past 36 years and is currently working as a senior governance and assurance manager within the DWP. She is also a member of the Cross Government Department Review Team and a full member of both the Association of Project Management and Institute of Leadership and Management.

#### Gretel Keadell

Gretel is an educational ambassador for Gateshead Council and is a volunteer Holistic Therapist for Queen Elizabeth Hospital and Dunston Hill Day Unit. "I have been involved in the LINK from the very beginning and I have a great interest in health provision nationally and in particular Gateshead's."

#### Bill Llewellyn

Bill has been involved in Gateshead LINK from the very beginning and was part of the Interim Steering Group who set up and developed the LINK.

His background is Carers issues and he is a Trustee and Treasurer of The Gateshead Carers Association.

He has over 35 yrs experience in Management roles. He wishes to continue the work with the Gateshead LINK so he can help advocate and bring forward issues on behalf of Carers.

## Anya Simpson

Anya has spent most of her working life in health and social care. She has worked within front line assessment services as a qualified social worker in, for example child protection, and mental health care in both NHS and Social Services.

She has been an Advocate and is also a fully qualified Advice Worker having trained and worked with the National Association of Citizen Advice Bureaus for a number of years in Gateshead before going on to work as a Mental Health Co-ordinator and led on the setting up of a new Mental Health Advice Service for South Tyneside Citizens Advice Bureau. This service was so successful it went on to receive core-funding streams.

She has focussed on service user involvement, engagement and user led development with people who want to take control of their own lives by setting up user led peer support groups which have proved to be self empowering at a grass-root support level.

Anya has carried out service user consultation and research work within, for example, acute in-patient services and provided feedback at a strategic level to commissioners, as well as being able to break literature down and provide information at a grass root level with service users so that they too can be instrumental in decision-making processes. She possesses excellent knowledge, skills and experience of statutory and voluntary sector structures as well as voluntary community based services with an eclectic knowledge base of policy change, for example DOH drivers (White Paper).

Anya has been involved in The LINK from its inception and is a member of the LINK Mental Health Working Group, which she highly regards and values being a member of.

She has worked well and in close partnership with the LINK Involvement Worker and is currently involved in service user involvement work in relation to the devising of a service user leaflet to help people who are in a crisis with the Crisis Team at the The Tranwell Unit alongside the LINK. This piece of work has been positive and pioneering.

Anya has enjoyed being a part of the LINK and has become a loyal member of The LINK in Gateshead.

### Kay Parker

Kay is a retired social worker of 25 years specialising in Mental Health and Cares issues. She has been involved with the LINK from the beginning as a Steering Group member and takes an active part in all the LINK Working Groups. She has recently undergone training which enables her to be a LINK Enter and View representative and is also a health volunteer with the Primary Care Trust. She would like to continue using her time, plus personal and professional experience to help improve good practice within Gateshead Health and Social Care and ensure the needs of local people are addressed.

Kay is a trained Enter and View Representative for Gateshead LINK

### Christine Squires.

Christine is an ex Patient and Public Involvement PCT Forum member and Chair and attends various meetings in the voluntary sector to improve social care services for the people of Gateshead. She is a qualified teacher who has a vast amount of knowledge and personal experience spanning over thirty years in both health and social care. Christine has also been involved at a national level with the Department of Health, developing a toolkit for the RAS (Resource Allocation System) and Assessment Questionnaire. She is also a Part Time Peer Mentor Co-ordinator which has involved getting people who are on a Personal Budget to share their personal experience with potential new people who may be thinking about taking control of their social care by a Direct Payment known as a Personal Budget. She says “the LINK has the capability to explore a variety of health and social care services and I am very keen to ensure the voice of Gateshead’s residents are heard and acted upon.”

### David Wallace

David has twenty years experience working in the N.H.S. and has for the past five years volunteered for various organisations including Age Concern, Active Age and Turning Point. David’s particular interest is mental health and he has a vast knowledge on the subject. He says “I have a great interest in health and social care and with my experiences I would like to make a difference.”

Dave is a trained Enter and View Representative for Gateshead LINK

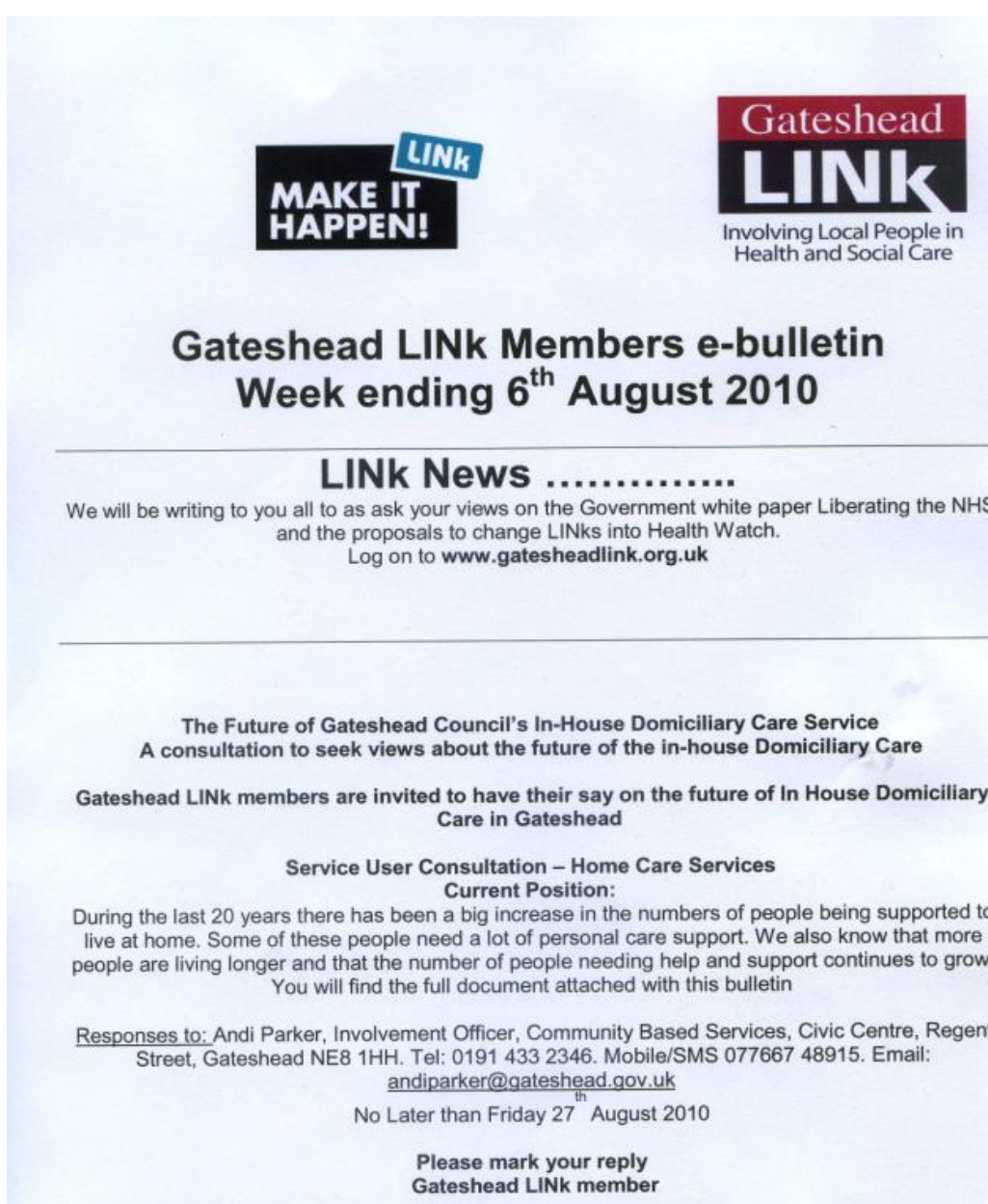
### 3. Demonstrating our impact through action

#### 3.1 Promoting and encouraging involvement

##### E-bulletin

Gateshead LINK produces an e- bulletin which is sent to all members who have email facilities. This goes out on a weekly basis and keeps members up to date with local, regional and national news in relation to health and social care.

The bulletin was particularly useful when the LINK consulted all members on the White Paper prior to sending a response in September 2010. See below:



## Gateshead LINK Website.

The Gateshead LINK website is well used and a popular source of information for our members. When the reorganisation of LINK staff took place the maintenance and development of the site became the responsibility of Ruth Dodds (Engagement and Communications Officer). This has led to consistency of content and the site has developed well and will be an important tool in the transition to HealthWatch. See example below

Write: FREEPOST Gateshead LINK      Tel: 0191 4784103      Fax: 08707058702      Email: [gatesheadlink@evoc.org.uk](mailto:gatesheadlink@evoc.org.uk)



**Gateshead  
LINK**

Involving  
Local People  
in Health and  
Social Care



Home   Getting involved   Events & meetings   Enter & View   LINK documents   Directions   Contact   Accessibility

### Welcome to Gateshead LINK



Local Involvement Networks (LINKs) are independent bodies that have been set up in each local authority to:

ask residents what they think about health and adult social care services

carry out visits to see how health and social care services are provided

provide ways for people to get involved and suggest ideas to help improve services


&

give people a chance to suggest ideas that might improve services to commissioners, managers, and providers of health and adult social care services.

**[Join Gateshead LINK online today! its Free fill in your online form here](#)**

[download LINKs explained leaflet \(easy read version\)](#)

Select Language

Powered by  Translate



'Submit your health & social care issues and concerns to

Gateshead LINK'

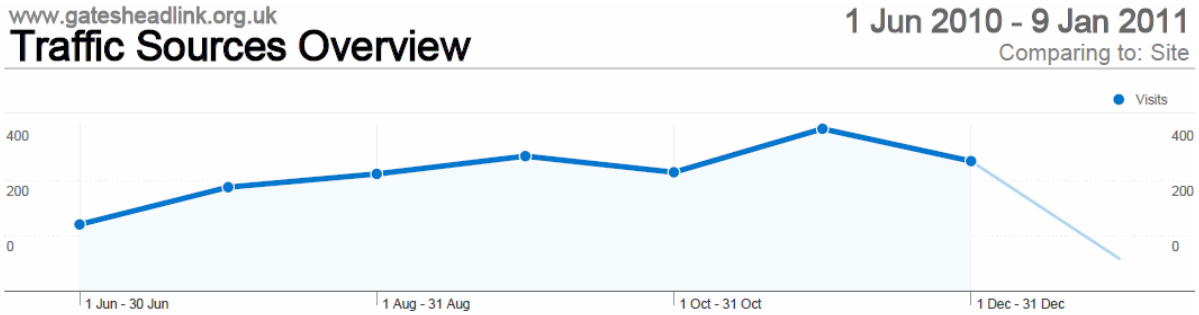
Gateshead LINK now has an **Online Form** where anyone can submit an issue/concern, relating to the delivery of health and social care services in Gateshead, to Gateshead LINK. The information will be forwarded to the Gateshead LINK Steering Group who will look at the development of any trends in specific areas and make recommendations as a result.



**Bust the JARGON!**

Fed up of hearing jargon, and confused about the terms used relating to health and social care in Gateshead. Download our easy to use Jargon Dictionary and cut out the jargon talk.

In the 6 months ending on 31<sup>st</sup> December 2010 the site was visited 2100 times. 58% of these visits were classed as direct traffic, the remainder coming from referring sites and search engines. The figures are shown in graph form below:-



All traffic sources sent a total of 2,100 visits

57.67% Direct Traffic

7.05% Referring Sites

35.29% Search Engines



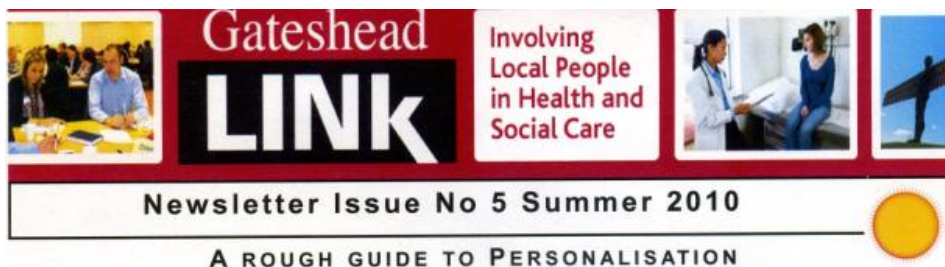
■ Direct Traffic  
 1,211.00 (57.67%)  
■ Search Engines  
 741.00 (35.29%)  
■ Referring Sites  
 148.00 (7.05%)

### Top Traffic Sources

Sources	Visits	% visits	Keywords	Visits	% visits
(direct) ((none))	1,211	57.67%	gateshead link	438	59.11%
google (organic)	638	30.38%	gatesheadlink	32	4.32%
bing (organic)	65	3.10%	gvoc	24	3.24%
northeastlinks.org.uk (referral)	44	2.10%	headworks it suite	14	1.89%
gvoc.org.uk (referral)	42	2.00%	link gateshead	13	1.75%

## Gateshead LINK Newsletter

We published 4 newsletters in 2010 – 2011. These were distributed to our members, members of GVOC and to voluntary and statutory projects.



### A ROUGH GUIDE TO PERSONALISATION

Following requests from our members If you would like to receive a copy of the Gateshead LINK decided to find out more report please contact the LINK office. about the personalisation agenda and (see back page for contact detail) how it will affect the people of Gateshead. In early April we held an event at the



Stephen Raine



Susan Holdsworth

Swallow Hotel entitled "A Rough Guide to Personalisation". We wanted to deliver an event which neither promoted personalisation and self directed support nor dissuaded potential users from pursuing it. Instead we aimed to give Gateshead people accurate and accessible information and a knowledge of where to go to follow it up.

39 people attended the event which featured an excellent presentation from Steve Cowan of Gateshead Advocacy Information Network. (GAIN). The feedback was very good and confirmed that this topic will be a major one for the future !



Steve Cowan (GAIN)

Above Stephen Raine and Susan Holdsworth members of the public who came along to find out more.

We asked what you found most helpful on the day and here are a few comments below.

*"Hearing other service user experience that is very similar to my own"*

*"Helping me to understand the changes about to happen and where I can access the help I may need"*

*"Very good speaker who had a great volume of knowledge about personalisation"*



## **3.2 Gathering views**

### **3.2.(i) Joint Strategic Needs Assessment**

The LINK is a member of Gateshead's JSNA Steering Group and has developed an increasingly influential role over the last year.

When the JSNA Steering Group was going through the process of refreshing the priorities for the year ahead, the LINK worked with our host organisation, Gateshead Voluntary Organisations Council, and a range of umbrella bodies in the community sector what they considered the priorities should be under the categories of *adding years to life, choosing health and tackling inequalities in health*. The groups we consulted were Gateshead LINK Steering Group, Gateshead Community Network, Gateshead Advocacy and Information Network, Gateshead Voluntary Sector Mental Health Working Group and Gateshead Voluntary Sector Health and Social Care forum.

The recommendations that emerged from this consultation process were accepted by the JSNA Steering Group and we were influential in ensuring that some priorities, such as the consideration of the mental health needs of former service personnel were adopted.

### **3.2 (ii) Hospital Discharge.**

This year we followed up on the GP Hospital Discharge Survey that we reported on in our 2008-2009 report with another Hospital Discharge Survey aimed at patients.

We decided to do this as our members had consistently identified hospital discharge as being an important issue. We formed a working group which designed the questionnaire for patients.

The distribution of the patient questionnaire proved to be more difficult than originally anticipated. It was initially difficult to identify those people who had been discharged from hospital and many of them (whatever their experience) were not interested in completing a questionnaire. In general they understandably felt that they wished to put hospital behind them and to concentrate on their recovery.

The LINK decided that we would distribute the questionnaire in two ways.

- To all readers of the Gateshead Health NHS Foundation Trust Magazine.

- With the new discharge pack being issued to each patient who leaves the Queen Elizabeth Hospital.

Gateshead LINK would like to thank Lucia Hiden (Head of Communications and Patient, Carer and Public Involvement Gateshead Health NHS Foundation Trust) and Nichola Russell (Matron Gateshead Health NHS Foundation Trust) for their help in setting up the distribution with the discharge packs.

Unfortunately, due to technical delays beyond our control it wasn't possible to organise distribution until late January 2011 and it is for this reason that we have not been able to fully evaluate the report until now.

We ultimately received 130 completed questionnaires from patients who had been discharged from the Queen Elizabeth Hospital.

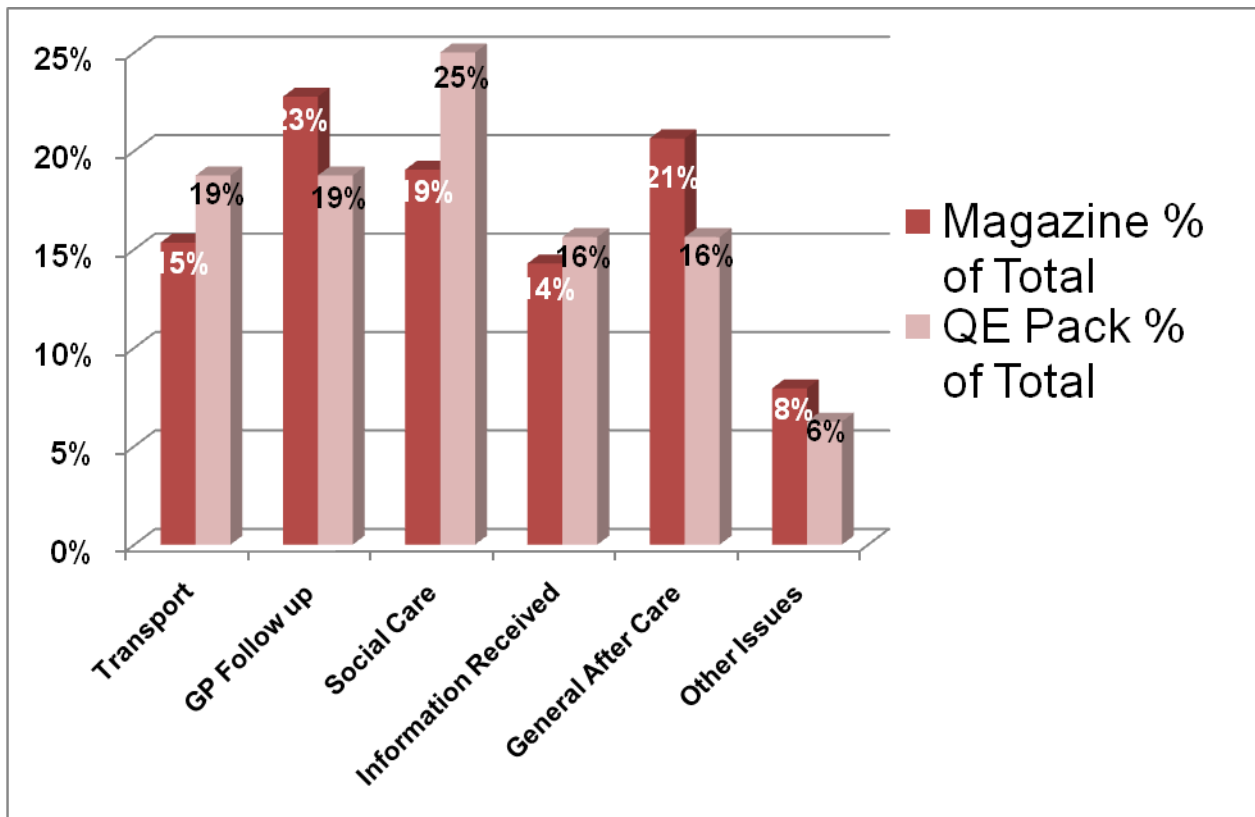
When evaluating the results of the questionnaire we were aware that it was likely that there would be differences between the views of those who received it with the Foundation Trust Magazine and those who did so with the discharge pack. There are 2 reasons for this.

Firstly, the people who receive the magazine may have been discharged months or even years ago and there may have been subsequent changes, whereas all who received it with the pack have been discharged since January 2011.

Secondly, we got 93 returned from the magazine readers but only 37 from the discharge pack and there is more room for error with a smaller sample.

We asked *“Are there any particular issues around hospital discharge which you think Gateshead LINK should look at?”* The response we received is shown below first as a table and then a chart.

	<b>Magazine</b>	<b>QE Pack</b>	<b>Combined</b>
Transport	15%	19%	16%
GP Follow up	23%	19%	22%
Social Care	19%	25%	20%
Information Received	14%	16%	14%
General After Care	21%	16%	20%
Other Issues	8%	6%	8%



### Transport

Overall 16% of respondents identified transport as an important issue. As many patients make their own arrangements for discharge and do not use hospital transport this reflects significant concern.

There were few specific comments made about transport. The most common complaint being that patients were expected or at least encouraged to arrange their own, one patient said *“I do not expect a taxi service - I was prepared to wait , especially as it was foggy – but I was expecting to spend another night in hospital when transport arrived.”*

There were contradictory responses- one person said that his/her main complaint was *“The waiting. Having to hang on for hours to be told you can go”*. Whereas another stated *“You could not get me out quick enough”*.

### Follow up/After Care

Again approximately 1 in 5 of the respondents felt that the issues of *GP Follow up, Social Care and General After Care* should be considered further. Even allowing for the likelihood that people are more ready to complete questionnaire if dissatisfied this suggests that a significant number of those discharged have a problem with after care. However the individual comments were largely positive.

### Information Received

An average of 14% stated that we should look at the information received on discharge. There was no significant difference between both groups, which suggests that the discharge pack has so far made little difference.

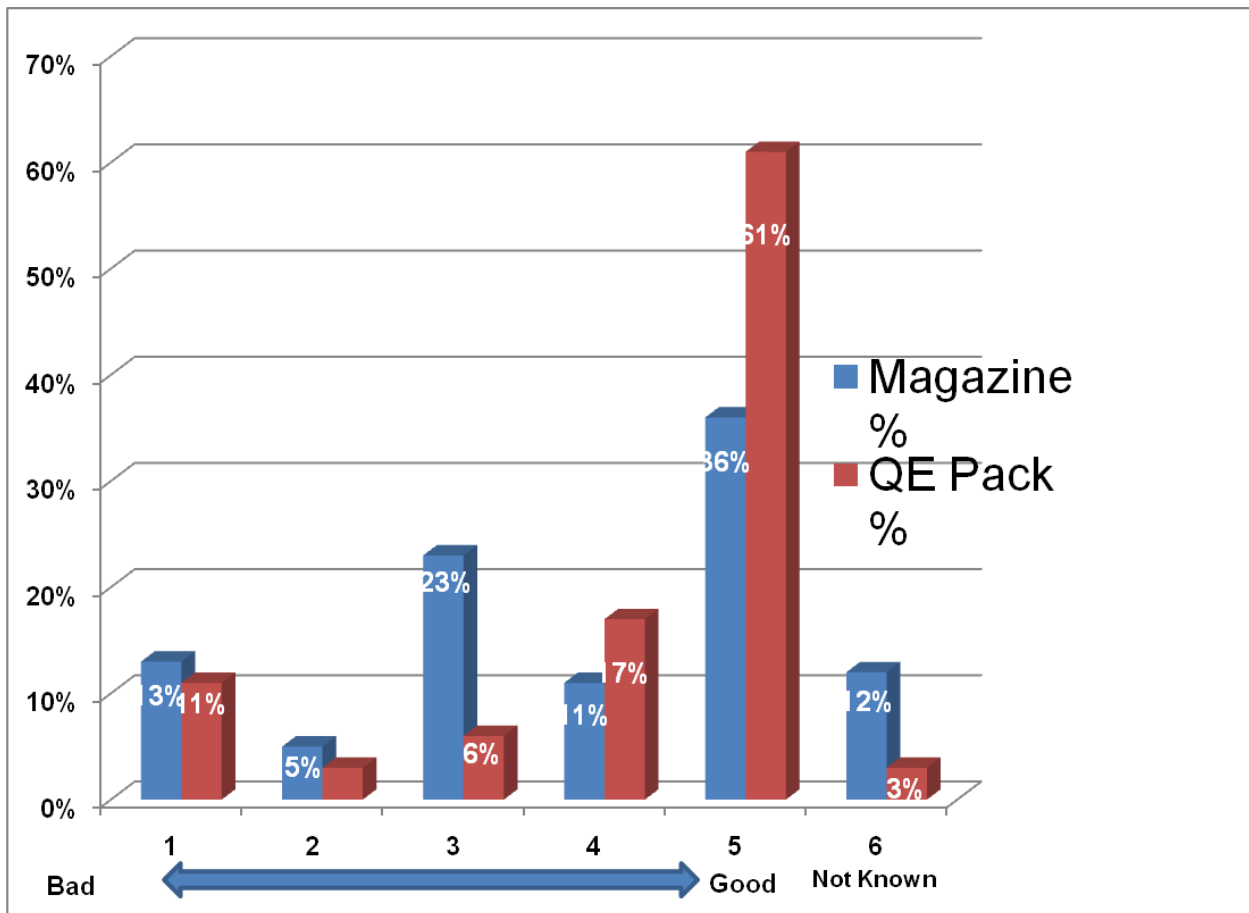
One patient said he/she had spent an extra 6 hours waiting to be discharged because the information letter for the GP had not been completed. However, many people were perfectly happy with the information they received. In this area more than any other there seems to be a great deal of inconsistency and a variation from ward to ward.

### Overall

We asked patients to rate their overall satisfaction

The response we received is shown below first as a table and then a chart.

<b>Discharge Experience</b>	<b>Magazine %</b>	<b>QE Pack %</b>
Bad 1	13%	11%
2	5%	3%
3	23%	6%
4	11%	17%
Good 5	36%	61%
Not Known	12%	3%



It is in this area that we see a significant divergence between the 2 categories of respondents with 78% of pack recipients (the most recently discharged) rating their experience at either 4 or 5 out of 5 compared with 47% of the magazine sample.

This suggests that there have been significant improvements made recently- but there is potential for further progress as 1 in 10 feel that the experience is bad.

These diverse views are reflected in the comments which range from *“To put it mildly I was more ill when I came out than when I went”*. To *“Anything the hospital does is first class”*.

The questionnaire suggests that there have been improvements in the discharge experience, but that some issues such as transport remain problematical.

The report will initially be distributed to:

- Gateshead NHS Foundation Trust
- The Overview and Scrutiny Committee of Gateshead Council
- The Joint Strategic Needs Assessment Steering Group of Gateshead Council
- GATNET
- South of Tyne and Wear Primary Care Trust
- Care Quality Commission
- North East Ambulance Service
- Northumberland Tyne and Wear NHS Foundation Trust

The report will also be available to all Gateshead LINK members and placed on the website [www.gatesheadlink.org.uk](http://www.gatesheadlink.org.uk).

### ***Recommendations for Improvements to the Hospital Discharge System***

- Clear quality standards need to be set. Documents should be typed/printed, contain consistent information and be received by the GP within a set time.
- Improvements need to be made in communication procedures with better use made of electronic communication systems.
- There should be a named contact/named team which should be available to all professionals involved in patient's care.
- The emergency Social Services telephone number should be more widely publicised.
- There should be more willingness for different agencies/services to share information about a patient. A more pragmatic approach should be undertaken for the patient's benefit.
- Eligibility criteria for ambulance transport needs to be clearer.
- Services should work together to prevent unnecessary waiting for the patient.
- Patients should be given a better understanding of when to expect their transport.

In general there should be a more cohesive approach by all departments involved in discharge.

### **Further Action.**

- The report will be distributed and the recommendations presented to the bodies listed in section 4.
- The LINK is an active member of the Gateshead Health NHS Foundation Trust Patient, Carer and Public Involvement group and will use this to monitor improvement.
- An action plan for improvement is to be developed in association with the acting Head of Communications and Patient, Carer and Public Involvement at Gateshead Health NHS Foundation Trust. He is a co-opted member of the Steering Group and we will work collaboratively on this project to aid monitoring of the recommendations.
- The Hospital Discharge Working Group will reconvene in September 2011 to look at reaction to the Hospital Discharge report and what progress has been made in the implementation of recommendations. The group will then draw up an action plan from this and also issues and concerns raised by Gateshead LINK members.

## **4. Developing local stakeholder relationships**

### **4.1 Quality Accounts**

Gateshead LINK responded to the Quality Accounts published by South Tyneside Primary Care Trust, Northumberland, Tyne and Wear NHS Foundation Trust and Gateshead Health NHS Foundation Trust. We worked closely with the Council Overview and Scrutiny Committee and were able to meet with the report's authors therefore making our comments more informed. The reports were published on our website.

### **4.2 CQC Inspection**

In early 2010 the Care Quality Commission inspected Social Care provision by Gateshead Borough Council. The inspectors made key recommendations for improvement and the LINK examined the council's action plan and made suggestions which were incorporated into it. The key point we made was *'We are keen that the range of services is increased and that long term viability is achieved. The council by working with LINK and others can move forward much more quickly and efficiently than trying to do so alone'*. Since this report we have had close contact with the Council and the CQC and are working closely together on the transition to HealthWatch.

The LINK has continued to liaise with the CQC and has met with their compliance officer and attended the regional conference on 'LINKs and the CQC working together now and in the future'. We have just contributed our comments to CQC compliance officers who are inspecting 2 local residential

homes. These comments were based on feedback from our members and we look forward to establishing a consistent and regular way of working with the CQC.

### **4.3 Personalisation.**

Personalisation and Personal Budgets proved to be an important topic for Gateshead LINK in 2010- 2011. The year began with an event to raise awareness of this topic. This was suggested by the Carers working group who felt that the topic of the personalisation agenda is one which they and all carers want and need to know more about.

The group wished to help the LINK membership and the people of Gateshead to find out more about personalisation and how it will affect them. There is no desire to either promote personalisation or to dissuade potential users from pursuing self directed support. The working group and the steering group want to make sure that Gateshead people have accurate information about personalisation and a knowledge of what to do and where to go if they wish to follow it up.

A decision was made that the most effective way of reaching the potential audience was via an open meeting.

We successfully approached Gateshead Advocacy and Information Network (GAIN) about delivering the presentation. GAIN is an independent organisation that works in partnership with all the listed Gateshead Advocacy groups and Local Authority funders. GAIN does not provide advocacy support directly, but helps people including their carers, friends, family and professionals to find appropriate advocacy support. GAIN has built an excellent reputation as an advocacy group and we felt they would deliver an unbiased and accessible presentation which would help the attendees to be better informed about personalisation.

It was agreed that Steve Cowen the Project Manager would deliver the presentation. The event was billed as a 'Rough Guide to Personalisation' and members were invited to- come along for an informal information session to find out what it's all about.

Gateshead LINK contacted all members and member groups and the response was encouraging and the event went ahead as planned.

The meeting was well attended- there were 39 people present, representing a wide range of voluntary and statutory groups.

Steve Cowen delivered a structured presentation but was happy to take questions throughout. This led to a relaxed and informal session which achieved its objectives.

The four questions answered by the presentation were:

1. What is all personalisation all about?
2. Why is it big news?
3. What's happening locally and nationally?
4. Is it a good thing?

The reaction to the presentation was excellent. Steve Cowen answered questions informally for 45 minutes and 2 requests were received from groups for him to deliver the presentation to them.

The evaluation forms confirmed the impression given on the day that most people enjoyed the style of the event and found it informative and worthwhile. The attendance at the event and the reaction to the presentation confirm that the issue of personalisation is one which is of importance to the people of Gateshead.

#### **4.4 Personalisation Guide and Leaflet**

The Carer's Working Group and the LINK Steering Group looked at further ways of helping to ensure the dissemination of information and support so that Gateshead people have choice, control and independence whether or not they pursue personalisation and self directed support.

This led to a decision being taken to create a Personalisation and Independent Living working group- replacing the carers group. This group at its early meetings looked at the question of the information available to the Gateshead public on the subject.

In October 2010 members of the Gateshead LINK Personalisation and Independent Living Working group set up a 'task and finish' group to look at the literature and marketing materials provided in Gateshead.

The working group was attended by Gateshead LINK members and staff and by the Personalisation Programme Manager of Gateshead Council.

The working group felt that the language and terminology used when producing leaflets and other literature on personalisation and self directed support in Gateshead was not as accessible to service users as it could be.

The group also considered that there was no publication which adequately performed the role of being an introduction to personalisation which could give people basic information and an awareness of where to go to find out more.

The brief was:

**To examine**

*the client pathway to self directed support,  
how people in Gateshead are currently able to access information  
how fit for purpose the information provided is*

**To promote**

*the choices for people who qualify under the 'fair access to care' rules for a personal budget or other form of self directed support.*

**To ensure**

*service users and carers are able to access a range of clear information to enable them to make an informed choice and ensure they are aware of how to get it.*

**To establish**

- a) What is the available information?*
- b) How easy is the information to get?*
- c) How well is information disseminated at point of contact?*

The study took place between October and November 2010.

**The Process**

Gateshead Council was keen to work in partnership with the LINK and stated they would endeavour to attend the next Personalisation and Independent Living Working on 8<sup>th</sup> December to consider the findings of the Task and Finish Group. In the meantime the information currently available in Gateshead was forwarded by council officers to the LINK. This included a DVD called "*Personal Budgets in Gateshead*" made by service users in Gateshead and "*Putting you first*" a range of fact sheets produced by Community Based Services in October 09

LINK staff also carried out a '**Mystery Shop**' with the aim of finding out for the Task and Finish Group what information is currently available in Gateshead and how easy it is to access it. More details of this appear in the section *Monitoring and scrutinising services.*

The Task and Finish Group considered the findings of the mystery shop exercise, viewed the DVD and examined the written material provided in Gateshead and elsewhere.

There were both positive and negative comments about the information currently produced in Gateshead.

The fact sheets were seen as informative, colourful and the font size was good and easy to see. However some of the group thought the fact sheets could be off putting as they contained so much information. The sheets were comprehensive in nature and as such not appropriate for someone who wanted to make an initial enquiry in order to find out whether they were eligible for/interested in a personal budget. It was also not clear within the sheets what a potential user or carer should do next.

The DVD was seen as good tool to promote personal budgets. The client group seen in the DVD are primarily elderly people or those with a physical disability. Consequently a lot of emphasis was on the role of personal assistants. It was therefore felt that it would be most effectively used alongside other material which stressed the benefits of a personal budget to other client groups, including carers and people with a learning disability.

The group looked at many examples of other publications from around the country. In particular the information produced by the Sheffield consortium was highlighted as an example of Good Practice that Gateshead LINK would like to emulate.

Actions recommended by the task and finish group

- Create small immediate capture flyer – an introduction to personalisation and personal budgets (using the structure of the German leaflet as the model) – first easy intro to topic.
- Use the guide produced by Sheffield as a model for our own. The aim must be to provide more details about personal budgets and information on the next steps
- Follow up on the mystery shopper exercise - consider a more far reaching scheme.
- Find out at what stage people receive the leaflets.
- Work in partnership to improve content/range of promotional material.
- Use existing LINK representation (Personalisation Partnership Board and Workforce Development) to improve Gateshead Council staff awareness.

- If necessary use the LINKs powers to make policy recommendations.

These recommendations were acted on with the work continuing into the current year. At the time of writing a leaflet has been produced and has been adopted by Gateshead's Personalisation Partnership Board (this is attached as an appendix). A guide has also been produced and adoption of this is anticipated in July 2011.

#### **4.5 Other LINK relationships**

The LINK is represented on many boards and committees and has had outreach contact with many more, these include: -

*Birtley Hub*

*Gateshead Carers Association*

*Gateshead Council Learning Disability Partnership board*

*Gateshead Council New Horizons (Mental Health) Partnership Board*

*Gateshead Council Obesity Partnership*

*Gateshead Council Physical Disability and Sensory Impairment*

*Gateshead NHS Foundation Trust Public Involvement Forum*

*Gateshead Volunteer Centre*

*Gateshead Community Network*

*Health and Social Care Partnership Board*

*Interface (Community Centre)*

*Marmot Review and Health Inequalities Groups*

*North East Ambulance Service*

*Older Peoples Forum*

*South of Tyne and Wear Primary Care Trust. Patient User Carer Public Involvement*

*The Grove Carers*

*Young Women's Project*

The LINK has also devoted considerable time to the development of the following:

#### **4.6 Northumberland Tyne and Wear NHS Trust Crisis Leaflet**

The LINK Mental Health Working Group were concerned that Gateshead People did not know where to go if they had a mental health crisis. We liaised with Northumberland Tyne and Wear NHS Trust and other Gateshead Organisations such as Crossroad Carers and Mental Health Matters with the aim of producing a leaflet entitled '*When Things Go Wrong*'. A series of meetings took place and good progress was being made, however, Northumberland Tyne and Wear disengaged from the process and we are currently working with the Council Overview and Scrutiny Committee to try to restart it.

#### **4.7 Mental Health Model of Care.**

Again through our working Group, we studied the Tyne and Wear Mental Health Model of Care. We invited speakers from the PCT to our meetings and looked at the IAPT system. We decided that we should hold a conference on this topic in order to increase awareness. Planning meetings took place and we had reached the stage where we had identified speakers and a venue, had an agenda and invitation list in place and had publicised the event in writing and via the website and e-bulletin. Unfortunately, at this stage we discovered that our funding for 2011 -2012 was to be cut by 12.5% and we had to cancel. Nevertheless, we feel we were right to pursue this action and that it could have been a very worthwhile event.

#### **4.8 Young People**

Our transitions working group were concerned to establish that young people in Gateshead were being monitored using the appropriate quality standards. Our workers looked into this and found that the standards were being followed (including the 'you're welcome' criteria). Again this was the right course to pursue and has resulted in the LINK being more aware of the needs of young people- a priority for the transition to HealthWatch.

### **5. Monitoring and scrutinising services**

#### **5.1 Mystery Shopper Exercise**

As part of the personalisation task and finish group mentioned earlier in this report, the LINK conducted a mystery shopper exercise.

The mystery shoppers simulated an initial enquiry around personalisation by a potential service user or carer- the key words used were Personalisation and Personal Budgets.

They sought information in person, by phone and by email from a range of sources that it would be reasonable to assume may have details about personal budgets.

The response of those approached was logged and the material received was collated.

The internet was also used to gather examples of literature used regionally nationally and internationally.

#### **Findings**

The finding of the exercise was that it was difficult to get accurate information from sources where it would be expected to be available in Gateshead.

## **Actions**

The exercise was written up and the comments passed on to Gateshead Council.

These findings also added momentum to the work of producing relevant Personalisation literature.

## **5.2 LINK Enter and View**

Enter and View is an area which the LINK will be looking to significantly expand in 2011- 2012. We performed one Enter & View visit in 2010 -2011. This was to Chainbridge Medical Partnership in the Blaydon area of Gateshead.

The recommendations from the visit are listed below.

- The patient forum at Chainbridge is a good idea but not working well in practice. The LINK is happy to work with Chainbridge to discuss ways of involving the public in the work of the practice.
- The practice should consider the feasibility of replacing the heavy entrance doors with sliding electronic doors to make the entrance more accessible for disabled people. If this is not practicable then having this facility at any future new building should be a priority.
- The practice should re-consider the policy whereby patients are not allowed to bring buggies/prams in to reception. This is not consistently observed and even at a busy time in the waiting area, the 3 prams that were in the room did not cause an obstruction.
- The practice should consider changes to the phone system to make it cheaper for mobile phone users and the public in general.
- The practice should look at the feasibility of more late night opening.
- The practice should update its computer systems,
- The practice should promote the range of services more fully. Draw up an action plan for this.
- The Practice should make patients more aware of the different ways of booking appointments.

Chainbridge Medical Partnership demonstrates good inclusive and efficient practice and the Link are happy to work with them in order to help them to build on their current success.

### **5.3 Francis Report.**

In April 2010 we were contacted by Gateshead NHS Foundation Trust who told us that in March 2010 a detailed paper had been presented to the Board outlining the recommendations of the Francis Inquiry and the implications for Gateshead Health NHS Foundation trust. The Francis Inquiry had investigated the widely publicised problems at Mid Staffordshire Hospital Trust. Gateshead NHS Foundation Trust set up a steering group, chaired by the Medical Director and Director of Nursing and Midwifery to oversee a self assessment against the recommendations of the Inquiry and to identify areas where improvement could be made.

The LINK was invited to be a member of this group and was represented by Steering Group member, Kay Parker and the LINK coordinator. The group, which met on 3 occasions from March 2010, had a wide membership including a Non Executive Director and a Governor. A detailed self assessment was carried out with evidence and early warning systems identified. The self assessment also identified key areas of work to be taken forward and the committees where progress will be monitored. A key area of work is linked to Recommendation 13 and the diagnosis treatment and management of frail elderly patients who present with acute confusion. This is a complex area of care which requires early intervention of specialist skills. Established work streams are in place to support this increasingly challenging area of care. The report has been accepted and disseminated by the LINK and the whole process was a good example of partnership working.

## **6. Involvement in national or local consultations;**

### **6.1 Child Adolescent and Mental Health Services**

Gateshead LINK joined with our partner LINKs in Sunderland and South Tyneside to participate in a consultation on Child Adolescent and Mental Health Services. We circulated questions to our members and attended a joint consultation meeting at which we gave our views on the Commissioning of Specialist Community Child and Adolescent Mental Health Services in Gateshead. The view of the members of Gateshead LINK who participated in the consultation was that carers and parents must be heavily involved in the design of services and this was accepted.

## **6.2 Consultation with Gateshead LINK Membership on the Health White Paper**

When the white paper “Liberating the NHS” was published in July 2010, Gateshead LINK decided immediately to respond to the consultation. We identified the key issues as being:

1. How will local Healthwatch and national Healthwatch work together?
2. How will local Healthwatch work with the Council and the Care Quality Commission?
3. How will local Healthwatch work with the Primary Care Trust, GP Commissioners and the Hospital Trust?
4. How will local Healthwatch deliver the new functions such as dealing with complaints and providing advocacy?

We wrote to every member of Gateshead LINK asking for their views on these questions and when we had collated the response the Steering Group met to consider them and to draft a response to the white Paper. One important conclusion we reached was that

‘If the transition is to happen, we need a firm commitment and timetable now in order to assure a smooth transition in terms of staffing and host organisation. There is a real risk of losing staff and volunteers if we put people in a position of being unsure of the future. This applies both to current LINK staff and to staff in the host organisation.

The longer the process is drawn out, the less likely it is that there will be a smooth transition and the more difficult it will be to set clear locally based objectives. Existing protocols, governance systems and structures that have been created over time, need to be developed and not scrapped and recreated. Current good practice should be continued. We also need clarity on what HealthWatch will be from the outset and during the transition process.

We also need clarity from the outset on issues relating to the new proposals around health and social care delivery such as GP consortia and realistic budgets and time frames must be established.

Our response was submitted to the Department of Health in September 2010.

However at the time of writing this report the pause during which the listening exercise took place has just ended and we are nearer to the clarity we are seeking.

We have also contributed to other consultations including the *Public Health White Paper* and *Gateshead Council's Domiciliary Care Review*.

## **7. Involvement in the development of LINKs-related policies**

The Steering Group of Gateshead LINK took a decision to restructure the staffing and this was implemented in September 2010. The reason for this was that we felt that as the transition to HealthWatch approached we needed to emphasise engaging with the public even more.

All policies and procedures are reviewed on an annual basis by the Steering Group and then placed on our website, as are the Steering Group minutes which confirm the review has taken place.

## **8. LINK Annual Event**

The Gateshead LINK Annual Event took place on Thursday 4th November 2010 at the Gibside hotel in Gateshead. It was attended by 82 people representing a wide range of voluntary organisations and statutory bodies.

The day began with a report on the work of the LINK in 2009/2010. Each of the working groups that had been active in this period gave a short presentation emphasising the work which had been achieved and the priorities for the future (as covered elsewhere in the report). The presentations can be found on the LINK website.

Each presentation was delivered by a member of the group who was able to answer questions about the work.

Each group reiterated its priorities which were:-

### **8.1 Personalisation and Independent Living Working Group**

- To raise awareness of the 'personalisation agenda' amongst the people of Gateshead.
- To establish a set of principles that should apply to all people and agencies involved in personalisation and independent living.
- To research and discover what the existing policies are in Gateshead and who are the delivery agents.
- To actively recruit those involved in personalisation and independent

living, to become members of the LINK. This will help us be better informed and raise our credibility in this field.

- To ensure LINK representation and influence on the relevant partnerships and bodies.

### **8.2 Transition into Adult Services Working Group**

- To raise awareness of the needs of young people and their carers in relation to transition.
- To establish a set of principles that should apply to all people and agencies involved in the transition to adult services.
- To research and discover what the existing policies are in Gateshead and who are the delivery agents.
- To actively recruit those involved in transition, both young people and their carers to become members of the LINK. This will help us be better informed and raise our credibility in this field.
- To ensure LINK representation and influence on the relevant partnerships and bodies.
- Liaise with partners to promote advocacy services related to transition and encourage it's take up

### **8.3 Hospital Discharge Working Group**

- Ensure Hospital discharge is a major priority for the Trust too
- Evaluate the response to the discharge questionnaires in Trust members newsletter
- Distribute LINK questionnaires in new Trust discharge pack in January
- Participate in the Francis Inquiry
- Feedback on the Pharmacy pilot.

### **8.4 Mental Health Working Group**

- Follow-up on service user experience when discharged from crisis team to community health team.
- Clarify crisis team policy in accepting people with alcohol/drug issues.
- Research into how the Criminal Justice department at Gateshead

respond to people with alcohol/drugs/mental health issues whilst in the custody suite.

- Work with the IAPT team (Improving Access to Psychological Therapies) to see how this is progressing in Gateshead.

The members present agreed with these priorities and in the afternoon session they received a presentation on the current situation with regard to the transition to HealthWatch and the LINKs consultation response. Discussion then followed on the implications for HealthWatch with the membership endorsing the Steering Groups contribution to the consultation.

It was agreed that the priorities should continue to be in the above working group areas but it was acknowledged that the Steering group should continue to monitor these and adapt to the changing situation.

The day was chaired by Annie Murphy of Gateshead Community Network and the membership ended the day by thanking her.

## **9. Gateshead LINK Case Study: Person Centred Planning**

On 8<sup>th</sup> November 2010 the Involvement and Engagement Officer from Gateshead LINK met with a group of carers at The Grove, Birtley: a respite care home for people aged under 65 years with learning/ physical disabilities. Most of the carers at the meeting were carers of adults with learning disabilities (LD) and complex needs.

At the meeting we discussed the current situation in Gateshead for people wishing to access a Person Centred Plan (PCP) and/ or Housing options for Adults with Learning Disabilities.

The majority of carers on the day were not aware of any future housing options available for the people they care for and many stated they would like to look at the options before a crisis arose, however did not know how to access relevant information.

Those who were aware had not been able to access the housing pathway and had been informed they would need to have a PCP facilitated in order to start the process. One carer had first asked for such a plan 6 years ago.

We therefore decided to-

- Look at the client/carer pathway to housing options, how people in Gateshead are currently able to access information and how fit for purpose is the information provided.
- Find out the waiting list for PCPs and how this may impact on accessing the housing pathway.
- Establish the current information provided on the Housing Pathway?
- Establish if the information is easily accessible?
- Find out the waiting time for PCPs?
- Find out how many people are on the waiting list?
- Find out how PCPs are prioritised?

After unsuccessful verbal requests for information from Gateshead Council we followed this up by an official LINK letter in January 2010.

Evidence was thus collected in January in the form of an email from the PCP team which stated that housing needs are not a priority under the new Gateshead Council guidelines.

Gateshead Council's Adult Social Care Direct was contacted by telephone and a request was made for information on housing options available for adults with Learning Disabilities.

The information we subsequently received was as follows:

- The Housing Pathway
- Information Pack for people with Learning Disabilities in Gateshead
- Information Pack for family carers of people with Learning Disabilities in Gateshead

We contacted the Service Manager, Learning Disabilities (Gateshead Council) on 8<sup>th</sup> February 2011 to discuss the matter. She informed us that the housing subgroup of the Disability Partnership had been alerted to the problems of people with LDs accessing housing and that she was not aware of any problems concerning accessing PCPs.

A subsequent meeting was set up with the original carers group to look at the findings of the research. The meeting was attended by over 16 Carers. Of those Carers who had tried to look at future housing options, it was agreed the research by the project mirrored their experience.

The LINK also met with the *Your Voice Counts* (YVC) case advocate worker for people with Learning Disabilities.

YVC also runs a mentoring project for people with learning disabilities to share their experience of the housing process. It was concluded YVC have the same difficulty in accessing the pathway.

YVC had been informed by Adult Social Care Direct that:

- *The waiting list for PCPs was now closed.*
- *Only people at housing crisis level would be seen.*
- *There was no facility to forward plan for housing needs.*
- *However, the majority of case referrals to YVC are for housing.*

### **Conclusions**

Whilst the Housing Pathway information was available and was generally perceived as well written, many Carers were not aware of its existence and had not been offered the information at their annual reviews.

The information in the Housing Pathway literature "Getting Started with Planning" indicates most people with a learning disability should be eligible for a PCP. It also states person centre planning is the first step to planning alternative living arrangements for adults with a LD.

However under the "new guidelines" from the Person Centre Planning Team, forward planning for housing needs for adults with LD are not seen as a priority.

The current situation seems to be that only people in a housing crisis will be seen by Adult Social Care Direct. There is no current facility to forward plan for future housing needs using a PCP.

### **Link Actions**

We met with the Service Manager, People with Disabilities (Gateshead Council) who contacted the Gateshead LINK to say she had been made aware of the concerns raised and requested a meeting to consider the issues.

At the meeting she was able to clarify some of the points raised and responded positively to consultation undertaken on behalf of the Carer's group by Gateshead LINK.

It was agreed that improvement is possible and desirable and that this could be achieved through workforce development and partnership working involving Gateshead LINK and Gateshead Council. She offered regular meetings with the LINK to monitor potential improvements.

The proposal is that 240 PCPs per year can be achieved.

The following groups of people should be prioritised for PCPs:

- Young people going through transition into adult services
- Older Carers
- People with complex needs
- People with Autism

**Actions agreed:**

- Ensure staff are aware of the correct information regarding PCP planning and who will receive priority
- Ensure staff are provided with a procedure to follow about the housing pathway at annual reviews so information is correct
- Send the PCP strategy/process to the LINK for comment
- Report to the Housing and Commissioning Team around the housing information currently available and the potentially misleading focus on PCPs to access the housing pathway
- Invite LINK to comment on the new draft carers short break policy
- Involve LINK in the scoping for Transitions in LD with the Senior Practitioner for education training and employment (Gateshead Council)

This report was forwarded to the chairs of the Health Overview and Scrutiny Committee and tabled at the April meeting.

Gateshead LINK will monitor developments via the carers at the Grove.

Gateshead LINK has raised the issue with the Involvement Now Team. This is a team of 5 adults with learning disabilities with representation on the Gateshead Learning Disability Partnership Board.

The Involvement Now Team will monitor the situation by talking to service users for signs of improvement.

## 10. Future for Gateshead LINK

On March 30<sup>th</sup> the government published its HealthWatch Transition Plan which included details of the expected changes as LINKs become local HealthWatch. However, soon afterwards a pause in the implementation of the White Paper was announced while the government conducted its listening exercise.

The Gateshead LINK Steering group discussed this situation and decided that, though there was to be a delay in the implementation of the legislation, there were some things we could be sure of. We decided that our priorities should be: -

- Promotion of HealthWatch
- Evidence gathering for influencing commissioning
- Increasing public involvement in the development of HealthWatch-involving more stakeholders.

It is inevitable that as our role changes, we will have to make changes to the way we deliver all our responsibilities.

In the past Gateshead Link has run 4 working groups and we have achieved a lot by concentrating on these areas. However, as we become HealthWatch we will have to be ready to respond to a wider range of health and social care issues and to influence policy on these to the benefit of Gateshead people.

It was decided that rather than running 4 working groups we will instead hold regular “Issues, concerns and information” meetings where we will give members and residents the chance to raise matters with us, which we will then follow up on their behalf. We are represented on all major partnership boards in Gateshead and on the involvement groups at our local hospital and Primary Care Trust. We have working relationships with these bodies and are well placed to get answers to questions informally with the formal channels of the OSC and the JSNA as back up.

We had a very positive response to the first meeting held in June and this will be a way forward in the future as we hold similar meetings and continue to build on our dialogue with the people of Gateshead.

The next year will see an increased commitment to enter and view and we are identifying places to visit and recruiting volunteers for this.

Our host GVOG is involved in discussions around the establishment of the Health and Wellbeing Board and our place is guaranteed.

We are commencing a programme of outreach visits with active groups and individuals in Gateshead as a means of finding out more about what they want from a LINK/HealthWatch

The challenge of providing a service to the people of Gateshead, while making the transition to HealthWatch, is one which the Steering Group is meeting. We will continue to ensure that the needs and concerns of Gateshead residents remain our core priority in the coming year.

## 11. Our Year In Figures

### ***Number of LINK Participants on 31/03/11***

Level of Participation	Individual Participants	Interest Group Participants	Total	Individuals & Groups with a social care interest
Active Participants	20	35	55	55
Occasional Participants	29	18	47	47
Informed Participants	211	11	222	114

### ***11.1 Summary of Activity 2010-11***

#### **Requests for Information:**

Number of information requests made by Gateshead LINK	4
Number of information requests answered within 20 working days	3
How many information requests were related to social care?	2

#### **Enter & View:**

No of Enter & View Visits made by Gateshead LINK	1
Number related to healthcare	1
Number related to social care	0
Number announced	1
Number unannounced	0

### **Reports & Recommendations:**

Number of reports and/or recommendations made by Gateshead LINK to commissioners of health and adult social care services	9
Number of reports/recommendations acknowledged in the required timescale	6
Of those acknowledged, number which have led/are leading towards service review	3
Of those that led to service review, number which have led to service change	1
Number of reports/recommendations related to health services	3
Number of reports/recommendations related to social care	6

### **Referrals to OSCs:**

Number of referrals made by Gateshead LINK to an Overview & Scrutiny Committee (OSC)	3
Number of these acknowledged by the OSC	2
Number of these leading to service change	1

These only include formal referrals to OSCs rather than times Gateshead LINK has worked informally with the OSC

## 12. Our Finances

Amount allocated to Gateshead Council by Department of Health	130,000
Amount of funding received by GVOC from Gateshead Council for Gateshead LINK	130,000
Amount of funding received by Gateshead LINK from GVOC	122,500
Amount of funding carried forward from 2009-10	47,044
Any other income	0
Total budget for 2010-11	134,245
Total spend by GVOC	17,500
Total spend by Gateshead LINK	117,248

## 12.1 Gateshead LINK Financial Statement April 2010 – March 2011

<u>Budget</u>	<u>Income</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
130000	Grant	130000	130000	
47046	brought forward	47046	47046	
<b>177046</b>	<b><u>Total Income</u></b>	177046	177046	
	<b><u>Expenditure</u></b>			
80000	Salaries	77379	80000	2621
3500	Additional staff time to manage LINK	1188	3500	2312
610	Insurance (cost for extra gvoc insurance)	610	610	0
3000	Capital equipment	3534	3000	-534
17500	Management,finance and support	17500	17500	0
530	Audit	530	530	0
12000	Post,stat,phone,ICT,publicity,marketing,subs	12126	12000	-126
5305	Rent/Service charges	5913	5305	-608
6000	Room hire,catering,events	5606	6000	394
7000	Staff training & travel	2477	7000	4523
10300	Members travel/training/CRB/translation/ins.	5925	10300	4375
6000	Annual Report, design,print & distribution	1960	6000	4040
<b>151745</b>	<b><u>Total Expenditure</u></b>	134748	151745	16997
<b>25301</b>	<b><u>surplus</u></b>	42298		