



Involving Local People in  
Health and Social Care

**Gateshead LINK**  
**Issues & Concerns Meeting**  
**Bridges Room, Gateshead Civic Cen**  
**Thursday 2<sup>nd</sup> June 2011**

**1. Welcome & Apologies**

The meeting started at 10.20 am.

**Present**

Paul Forster	Gateshead Carers Association
Lynn Paterson	Gateshead Resident
Christine Squires	LINK Steering Group
Kay Parker	LINK Steering Group
Alison McLellan	Gateshead Resident
Norah Stevens	Gateshead PCT
Susan Joyce	SOTW Community Health Services
Glenys Goodwill	LINK Steering Group
Andrew Moore	Sight Service
Lyn Boyle	Gateshead Council
Lynn Bradford	Gateshead PCT
Dave Wallace	LINK Steering Group
Bill Llewellyn	LINK Steering Group
Sashpal Gill	GVOC Atension
Sarinder Bhandal	GVOC Atension
Sabana Ahmed	AASHA (GVOC)
Paul Forster	Gateshead Carers Association
Heather Hill	Gateshead Council Transitions Team
Joe Lewis	Gateshead Crossroads Care

**In Attendance**

Richard Jenks	Gateshead LINK Co-ordinator
Linda Thompson	Gateshead LINK Administrator
Kim Newton	LINK Engagement & Involvement Officer

**Apologies**

Maria Hall	LINK Steering Group
Ethel Donnelly	LINK Steering Group
Barbara Young	Gateshead Council

Andi Parker	Gateshead Council
Claire Kell	Stroke Co-ordinator Gateshead Health
Anthony Atkinson	LINK Steering Group
Steve Cowan	Gateshead Carers Association

## 2. Transition to Healthwatch

RJ gave the background to the transition to Healthwatch and a summary of the current situation. Healthwatch needs to be ready to respond to a wider range of health and social care issues and to influence policy on commissioning those services. The LINK Steering Group held a planning day on 4<sup>th</sup> May and it was decided that to fulfill LINK's contractual obligations with Gateshead Council within the budgetary constraints placed upon it, that the 4 working groups be replaced by one Issues and Concerns meeting which will continue any outstanding work from the working groups and look at any new issues which may crop up. However, since the white paper has been put on pause, probably for at least 6 months, the situation regarding LINK/Healthwatch continues to be uncertain. The Pathfinder bid has also been paused for the moment.

## 3. Hospital Discharge Procedures Working Group

RJ gave an update on the work of the group for those who had not been involved.

The results of the hospital discharge questionnaire have been consolidated into a draft report which, finalised, will be sent to: the Queen Elizabeth Hospital, Gateshead Council (OSC & JSNA), Gateshead NHS Trust, GATNET, South of Tyne and Wear PCT, Care Quality Commission, North East Ambulance Service, Northumberland Tyne and Wear Trust and Northumbria Fire Service.

The main recommendations of the report were:

### Administration/Paperwork

- 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.

### Social Aftercare

- 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.

### Transport

- 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

It is also to be noted that Gateshead LINK will be happy to work with the hospital to implement any changes. The report will be discussed at the next Steering Group meeting on 5<sup>th</sup> July.

There followed a discussion about various aspects of hospital discharge including some new issues.

<b>Issue</b>	<b>Action to be taken</b>
Nothing has been heard of the pharmaceutical pilot for some time. Waiting for medication still seems to be an issue.	Mark Thomas is to be asked for an update on pilot. It was also suggested that LINK find out what the procedure is in hospitals in other areas.
The need to set a future milestone to check if the recommendations in the report have been acted upon.	<b>Action RJ</b>
Hospital Discharge policy/procedure	It was suggested that a LINK representative sit on the PPCI board. This was agreed.
There were issues about training for medical staff in the area of equality and disability awareness.	LINK will raise these issues in a letter to Shirley Hazeldine and PPCI. <b>Action RJ</b>

There were still concerns about care packages put in place after hospital discharge especially for those people with mental health problems. This was discussed as well as the problems with involving people with mental health problems in any future hospitals discharge questionnaires.

*Lyn Boyle joined the meeting at 10.50 am*

#### 4. Personalisation & Independent Living Working Group

RJ gave an update on the work of the group. The personalisation leaflet and guide have now been completed and the drafts well received at the last Personalisation Partnership Board. Once the documents are ratified they will be widely distributed and placed on the Gateshead Council website where they will be updated on a quarterly basis. The group has also done work in the area of person centred plans which is ongoing. There was a discussion around the work already done and it was agreed that personalisation should be discussed at all partnership boards.

<b>Issue</b>	<b>Action to be taken</b>
<p>Information still not getting through to service users. There is a particularly low take up among the BME community and among those with mental health problems.</p>	<p>To consider translation of the leaflet and guide into more languages. The feasibility of this is to be investigated. <b>Action RJ/K</b></p>
<p>There is a lack of brokerage.</p>	
<p>Social care workers sometimes appear to be a barrier.</p>	<p>The Workforce Development Group does not appear to have met for some time. To find out when and if the next meeting will be taking place. <b>Action RJ</b></p>
<p>Payroll now being provided by A4E</p>	<p>LINK to hold a meeting with A4E. <b>Action RJ</b></p>
<p>It was also felt that a milestone needed to be set for personalisation work particularly around person centred planning.</p>	<p>It was agreed to hold a meeting in November. <b>Action RJ</b></p>

## 5. Transition & Independent Living Working Group

RJ reported that this group has been in existence for just over a year now. Most recently, issues have been raised with Joanne Waters Senior Practitioner in Gateshead Council's Transition Team. These issues include parental input and eligibility criteria. The group made some recommendations and Joanne will be raising them at the next panel on 7<sup>th</sup> June. There will be another meeting of this group on 6<sup>th</sup> September.

<b>Issue</b>	<b>Action to be taken</b>
There are still co-ordination problems between the different services/agencies used.	
The question was raised about what happens to Looked after Children and are there any particular difficulties for them.	More information is needed about this area. <b>Action RJ/RD</b>

## 6. Mental Health Working Group

RJ reported that this was the working group with the least ongoing work since the cancellation of the Mental Health & Wellbeing Event. Mental Health First aid training took place in April with 14 people successfully attending the two day course. Although no evidence is available it was agreed that there is a perception that great improvements in care have taken place over the past year.

There was some discussion about the future focus of work in this area. It was agreed that Mental Health remains a very important part of LINK/Healthwatch work and it would be disappointing to lose the links with other organisations such as Northumbria Police which have been built up over the lifetime of the group.

<b>Issue</b>	<b>Action to be taken</b>
Work which had not been so successful was the Mental Health Directory. RJ explained to those who had not been involved that the Directory had been withdrawn, not long after it had been distributed, because it contained a number of errors. No date appears to	LINK to find out what has happened to the directory. <b>Action RJ</b>

<p>have been set for the re-launch.</p> <p><b>Issue</b> Dual diagnosis – there still appears to be a need for staff to have training in this area.</p> <p>There appears to be a shortage of the “right type” of beds in South Tyneside. There is a greater use of out of area beds which has implications for both patients and for carers. Although there are no exact figures, anecdotally this practice seems to be increasing.</p> <p>Crisis Leaflet – work was going well on this but now appears to have paused. This is integral to the work done with Northumbria Police and it is important that it continues.</p>	<p><b>Action to be taken</b></p> <p>LB reported that the PCT work within a Statutory Operating Plan and there is a robust protocol in place regarding out of area beds. Repatriation back to the Gateshead area does take place wherever possible.</p> <p>NS offered to contact Caroline Wild at Northumberland Tyne &amp; Wear Trust to find out what the current situation is. <b>Action NS</b></p>
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**7. Other Issues**

<p><b>Issue</b> GP Appointment waiting times</p> <p>Transition from adult to older peoples’ services.</p> <p>Carers</p> <p>Enter &amp; View</p>	<p><b>Action to be taken</b> Meeting to be arranged with Sam Hood. <b>Action RJ</b></p> <p>More information needed <b>Action RJ</b></p> <p>The GCA report (from the Carers’ Questionnaire) is due out in the next few weeks. From this it may be possible to pick out specific carers issues.</p> <p>To recruit more Enter &amp; View volunteers and to identify more places to visit. <b>Action LINK Steering Group</b></p>
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<b>Issues</b>	<b>Action to be taken</b>
To work more closely with the CQC To engage more closely with the BME community.	

8. Date and time of next meeting  
To be arranged

The meeting closed at 12.15 pm