

Gateshead LINK
Steering Group Planning Day
Wednesday 4th May 2011
GVOC
10am – 3.30 pm

Notes from the day

Present:

Kay Parker	Resident
Ethel Donnelly	Resident
Anya Simpson	Development Worker, Gateshead Mental Health Forum
Dave Wallace	Resident
Anthony Atkinson	Resident
Andi Parker	Gateshead Council Involvement Officer
Bill Llewellyn	Resident
Maria Hall	Resident
Gretel Keadell	Resident
Susan Joyce	South of Tyne & Wear Community Health Services
Andi Parker	Gateshead Council Involvement Officer

In Attendance:

Gev Pringle	GVOC Chief Executive
Annie Murphy	GCN Project Co-ordinator
Richard Jenks	LINK Coordinator
Kim Newton	LINK Engagement & Involvement Officer
Ruth Dodds	LINK Information Officer
Linda Thompson	LINK Administrator

Apologies:

Valerie Hodge	Resident
Christine Squires	Resident
Norah Stevens	PCT Public Involvement Gateshead Locality Lead
Glenys Goodwill	Resident
Steve Cowan	Gateshead Carers Association

Richard opened the meeting at 10.10 am

1. Revisit LINK Work Plan

The grant from Gateshead Council to fund the transition to HealthWatch:-

- The financial implications.
- The implications for staff time.

Gev started by going through the budget, explaining the way in which it had been calculated and outlining the current situation regarding LINK staff.

AA & MH joined the meeting at 10.15 am.

After consultation with LINK staff it has been agreed that staff will lose a percentage of their hours. KN has volunteered to lose 20% of her hours from June, and the rest of the staff have agreed to a cut of 7%, to take effect from 11th July, following a period of consultation. This does leave a slight surplus in the budget. RJ will work 32.5 hours, KN will work 28 hours, RD will work 14 hours and LT will work 19.5 hours per week. On behalf of the Steering Group, KP said how sorry they were that the staff had been affected in this way.

There followed a great deal of discussion about the smaller budget and reduced staff hours.

AA noted that in the Healthwatch Transition Plan published by the Department of Health, it is stated that money will be made available for the LINK transition to Healthwatch. It was agreed that a letter be written to Gateshead Council with specific questions about the way in which this money has been allocated.

Action GP

AA also asked for clarification of the relationship between the Gateshead LINK Steering Group and its host organisation (GVOC). GP replied that the relationship had been clear for the past 3 years under the previous contract, but with the new contract, inevitably this will change. He thought that the exact nature of this relationship may be clearer after today's planning meeting. GP noted that even after going through this transition year there is no guarantee that GVOC would be successful in bidding to be the host organisation when HealthWatch goes out to tender next year. This process must take place because the value of the contract will be over £100,000 and therefore must be put out to tender. There is no indication yet as to what the time frame will be for this.

MH left at 11.00 am and GK joined the meeting at 11.15 am

2. Development of Revised Work Plan

Host Contract Requirements:

Engagement

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

GP Consortia and Commissioning

- How we will establish constructive relationships with GP Consortia.
- Provision of what local people need and want

Health and Wellbeing Board/JSNA/Safeguarding

- Health and Wellbeing Board
- Join Strategic Needs Assessment
- Safeguarding.

LINK Priorities:

Identify how current LINK Working Groups will influence changes in commissioning

- Hospital Discharge
- Personalisation
- Transition into adult services
- Mental Health
- Housing Provision for people with Learning Disabilities
- LINK Annual Report

Pathfinder Bid

Relationship with Gatnet & commissioning

Broader engagement & promotion of HealthWatch locally

Department of Health Transition Plan

Local HealthWatch to become:

- Advisory body
- Complaints facilitator
- Advocacy facilitator (in 2013)

HealthWatch

- Involvement/Engagement
- **Influence commissioning (Gatnet & Local Authority budget holders)**
- **Advisory**
- Representation

Engagement

Process

Develop a statement (with agreed content)

Look at current processes LINK has used

Link up with existing mechanisms ie LEBs, PUCPI, PCT Engagement etc

Other existing networks

Forums, Groups (voluntary & community)
Foundation Trust

Sharing evidence (with & from) other organisations CQCs etc

Enter & View

Promotions in press/media

Other LINKs, sharing information & work methods (Sunderland, North & South Tyneside)

LINK current relationships

Increase co-opted members

Resource

Staff/Volunteers

Word of Mouth
Back up Leaflet
Social Media
Evidence Gathering

Staff time
Volunteer Time

Analyse & collate information. Steering Group to examine existing relationships and 'who is doing what' Reports/policies etc/or members & staff

There was a break for lunch at 12.15 pm.
AA & AS left at 1.00 pm

AP joined the meeting at 1.45 pm

Strategic Partners

Public:

- Mechanisms for involvement via partnership bid
- Outreach activities

GP Consortia/Commissioning

What can we take now? – evidence to influence commissioning

- Hospital discharge
- PALS (co-opted member)
- Recommendations from personalisation
- Transition

What do we need to do?

- Evidence gathering – conduit for the public
- Influential voice
- Proactive
- Recommendations

3. Next Steps

- Promotion of HealthWatch
- Broader membership
- Evidence gathering – methods
- Gatnet
 - Relationship building
 - Influencing commissioning
- Budget holders – social care relationships/influencing
- Representation
 - Health & Well Being Board/appropriate boards (influence commissioning)
 - National/Local
- Identity of LINK/HealthWatch

SJ left the meeting at 2.30 pm

WORK PLAN

1. Engagement & Involvement

Methods of involvement

Methods of engagement

- *Existing mechanisms – piggy back*
- *Explain implications of GP commissioning*
- *Extend video – add a bit about HealthWatch – update presentation*

2. Evidence Gathering

Methods

Process

Structure

What currently hold?

Produce report for gatnet/adult social care

3. Gatnet/Commissioning

Gatnet representation at LINK/Gatnet representation at LINK (*more formalised process*)

Budget holder representation at LINK

Commissioning Group

GK left the meeting at 3.00 pm

Invite Working Groups to meeting to discuss changes to contract/HealthWatch transition – how to take work forward & evidence gather. How can they be involved in the transition & shaping future of HealthWatch?

How can they continue to contribute to evidence gathering/influencing commissioning?

It was suggested that the groups re-focus and have one combined/amalgamated meeting once a month (in addition to the monthly Steering Group) to continue with unfinished current issues and potential new ones.

It was agreed to hold this meeting on 2nd June.

The meeting closed at 3.20 pm.