



**NORTHUMBERLAND**  
**LINK**  
**Northumberland LINK**  
**Annual Report**  
**2009-10**

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## Chair's Remarks

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**Cynthia Atkin**

In my privileged role as Chairperson for Northumberland LINK I am delighted to introduce the Annual Report for April 2009 to 31<sup>st</sup> March 2010.

This year has once again involved many people from the LINK membership who care passionately enough to give up their valuable time to 'make a difference'. Health and Social Care Services and their delivery play a major part in the lives of so many people living in this beautiful though geographically challenged county. LINK members, the host and staff are, and continue to be, empowering and supporting the people accessing all services to which they are entitled.

There are various mechanisms to be part of a LINK and we are growing stronger with increased membership. In this report you will find many examples of how people have used the Northumberland LINK to have their say. We value any method you feel comfortable with in communicating your valuable thoughts and views.

Northumberland LINK, with the support of the Host, has built up an effective team of employees and volunteers (please note the list of employees, steering committee members, task groups and partners/stakeholders) to ensure that its objectives are being met. The plans and priorities of the LINK have been built on regular contact with its membership, and agreed by the steering group.

Various public sector officers have supported the LINK initiatives through regular liaison with the hosts and members throughout the many consultation meetings. Public engagement is a fundamental role for statutory partners. The LINK has ensured that the people's views have been heard at all levels where decisions are made, through our various representations on committees and scrutiny meetings. It is fair to say that this is not always one of the easiest tasks we undertake; however it is one of the most important.

We have had significant success in achieving our objectives, with some positive outcomes, such as the local engagement structures now formed in the west, north, central and south east. We are certainly not complacent in our successes through our community involvement - there is much more that can and will be done to improve this over the next year. We aim to hold more public meetings, strengthen the membership, empowering the people to have their voices heard and endeavour to influence services. We need YOU as the valuable public who are entitled to good quality health and social care services. Please do join us.

The LINK is successful in reaching our diverse communities in Northumberland, achieved through partnership working and embracing the knowledge and skills of the

local people. Please read through the diversity groups and work being undertaken. You can be involved in any part of the LINK framework; it belongs to you.

Northumberland LINK will continue to provide information to its members through community engagement, open forums and also individual meetings (we understand that not everyone may feel comfortable in a meeting-type environment, we are therefore aiming to ensure full involvement and meet the needs and requirements of as many people as possible living in Northumberland).

This year we also aim to continue our partnership working with all health and social care providers and stakeholders. This will be a challenging year with limited resources. I truly believe that through partnership working we can endeavour to look at transforming services in an innovative way. So many guidelines will be delivered through the Department of Health and it is our job to work with our partners to tackle these challenges.

Northumberland LINK will explore more regional working with other LINKs organisations to strengthen the cause and look to forming a collective voice on particular issues. One issue is hospital discharge, other areas will be Personalisation, Dual Diagnosis/Mental Health, acute and community Services.

Throughout this report you will see examples of how our members have got involved and what they think. It is our role to ensure that we are fully representative and transparent in our services. This will continue to be strengthened this year.

Northumberland LINK has, over the year, collated information and feedback from its members. This final year we will endeavour to provide a clear record of gaps in services and what action could be taken to resolve the issues. Please refer to our website for further information on open meetings, as well as the opportunity to receive our newsletter. Information is the priority as without information we are unable to make informed choices and decisions.

The steering group will be meeting to agree the next steps for the Northumberland LINK this year. The discussion will involve the budget and what we can realistically deliver with strong outcomes, agreed objectives for operating in the future, and sustainability for the work of the LINK and its commitment to the members.

## Executive Summary

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A detailed review of this report will show that Northumberland LINK has not only overcome pressures and associated with start up and inception but built trust between members, and has also produced a recognisable degree of success as described by its operational mandate, and, within budget.

Formal dialogue has been developed with senior staff in the local NHS and PCT in order to explore effective transfer of information in both directions with a view to improving service provision and understanding.

In addition an operational framework has been agreed to streamline performance consisting of

- a) Steering Group; to determine operational directives and leadership.
- b) Task Groups; to target specifically identified activities, including Transition, Pharmacy and Personalisation issues, each consisting of a full team of enthusiastic members identifying priorities and working towards agreed goals. Progress has been most encouraging.
- c) Area groups to ensure geographic reach in this largely rural county
- d) An engagement project with diversity lead partners to ensure reach into more excluded communities.

In addition, cooperation with other similar bodies, both local (Patient Forums) and regional (LINKs/Trusts), has been actively pursued.

The three most effective methods that Northumberland LINK has used to engage local people in feedback and effecting change have been:

- Building Networks and Partnerships
- Supporting thematic task and finish groups
- Establishing links into diverse communities

Ambitions for the current year have also been identified which it is hoped will allow Northumberland LINK to continue to develop from lessons learned and hence provide a viable, vibrant model for interaction between the local population, users of services and service providers, to the benefit of all parties involved.

Ray Thompson, Vice Chair

## Thoughts and comments from LINK members

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It's a chance to keep learning from other people and to find out what's going on

After 2 years, newness is not a reason for inaction

The link helps to provide the stepping stone to success

The LINK meeting was the only time the members of our learning disability group had been consulted - no one else had bothered

If it wasn't for the LINK our perspective wouldn't have been included

## Details of Northumberland LINK

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Name of the LINK: Northumberland LINK

Contact details: Northumberland LINK,  
P.O. Box 205, Hexham,  
Northumberland NE46 9EA

Tel: 01434 600599

Email: [info@northumberlandlink.org.uk](mailto:info@northumberlandlink.org.uk)

Website: [www.northumberlandlink.org.uk](http://www.northumberlandlink.org.uk)

Northumberland LINK is hosted on a partnership basis between Adapt NE and the Northumberland Community Development Network.

### Adapt (North East)



Contact details: Bluebird House, Haugh Lane Estate, Hexham,  
Northumberland NE46 3PU

Tel: 01434 600599

Charity Number: 1072632

Email: [generaloffice@adapt-ne.org.uk](mailto:generaloffice@adapt-ne.org.uk)

### Northumberland Community Development Network (NCDN)

Contact details: Station House, 104 Station Road,  
Ashington, Northumberland

Tel: 01670 520 889

Company Number: 4772358

Email: [info@ncdn.org](mailto:info@ncdn.org)



### The host team:

Liz Prudhoe, Julia Lyford, Catherine Watson, Geof Armstrong, Carolyn Roberts

## **Acknowledgments**

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Many people have worked very hard in support of Northumberland LINK to make an input and have a say at a number of levels. Our thanks to them and particularly to the people listed below involved for their role in development and participation in the Steering Group:

Cynthia Atkin

Frank Lyford

Anne Benson

Heather Abrahams

Eileen Drew

Pauline Greaves

Our public sector partners and have

Grace Haigh

also provided support for the

Fiona MacDonald

development of Northumberland

John McIndoe

LINK through the arrangements for

Pat Maginn

host contract management - our

Ron Moule

thanks to them:

Ken Patterson

George Irving

Elizabeth Richardson

John Dowswell

Ray Thompson

Jackie Roll

Sue Trimming

Janice Rose

Fiona Wardlaw

Kirsten Francis

John McGough

Vanessa Bainbridge

Northumberland LINK would like to acknowledge the unique contribution of the late Bill Ashbridge, an active LINK member whose openness and commitment was an inspiration, and who knew how to make a difference.

## **Northumberland LINK Structure**

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### **Steering Group**

The Steering Group has 15 members: 2 representatives from each of the area groups, task groups and partners group. It ratifies recommendations from the task groups.

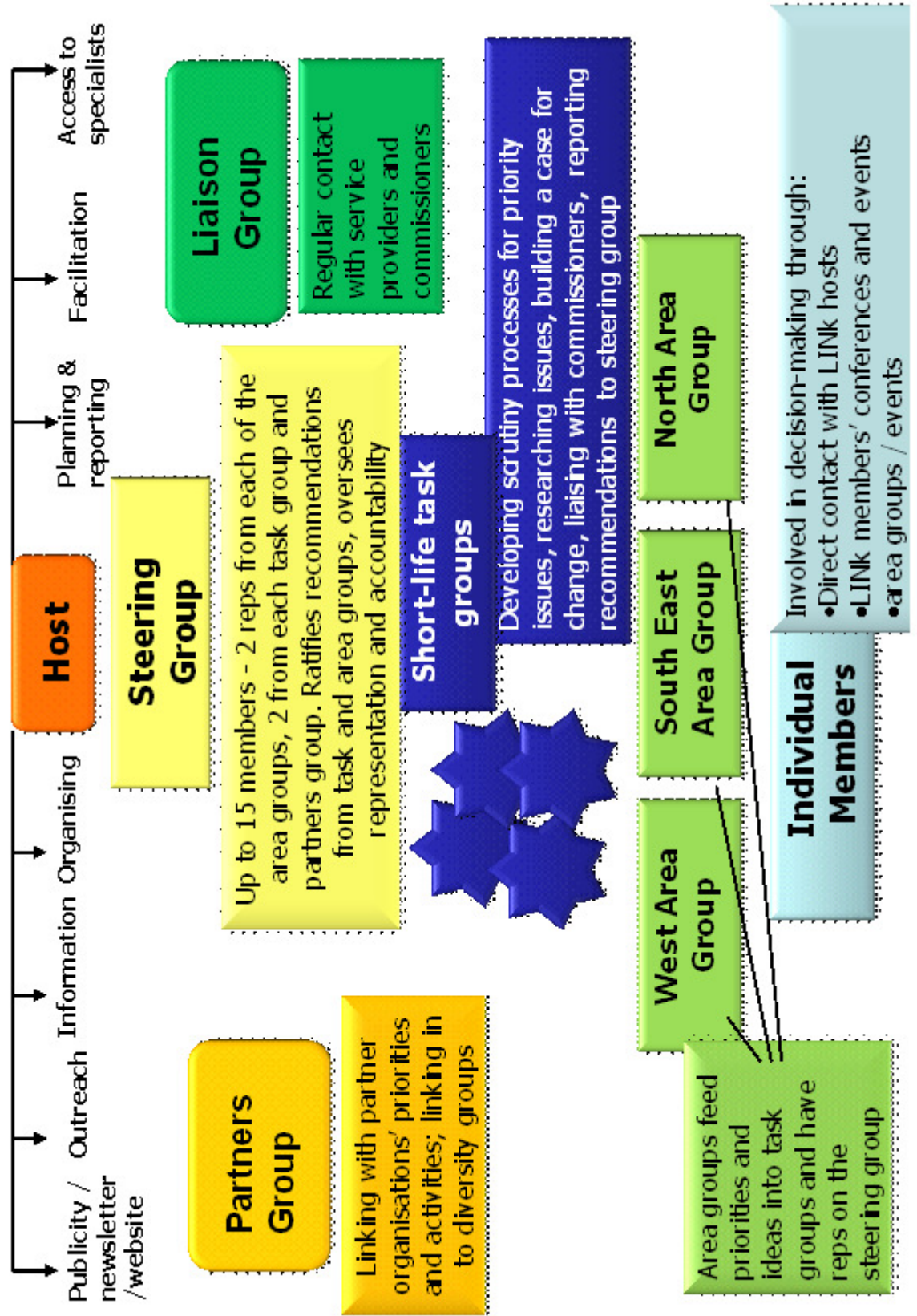
### **Decision Making**

In Year One the LINK created a set of task groups to aid its development. These were:

- Research and Scrutiny Task Group – agreeing priorities issues, planning scrutiny processes.
- Partners Group – for partner organisations to network and explore priorities and activities
- Having a Say Task Group – overseeing representation and accountability

In Year Two these groups completed their work and the structure has been simplified. The LINK structure is now designed to ensure that LINK members can make an input and have a say at a number of levels:

- County-wide  
The LINK has a county level Steering Group, for organisational LINK members; a Diversity Partners group, and the Host Team
- Area level  
The local Council engagement structures are formed around three areas – west, north and central, and south east. The LINK hosts Area groups which mirror these areas and meet on a bi-monthly basis, feeding both into the county-wide Steering Group and into local area networks.
- Thematic Task groups  
Groups meet around priority areas identified by the LINK membership, currently Transition to Adulthood, Personalisation and Dual Diagnosis / Mental Health, as well as shorter life groups on Pharmacies and prescriptions.
- Individual members - Members are involved in decision-making through: direct contact with LINK hosts; LINK members' conferences and events; Area groups and events; Task groups, events and training; or as users supported by organisational partners.



## The values by which the LINK operates

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Northumberland LINK has agreed the following values statement, which forms part of the Governance document:

### Values and principles

The LINK will

- 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

LINK members agree to act in line with the following principles:

- *Selflessness*  
Act only in terms of the public interest, not in order to gain financial or other benefits for self, family or friends.
- *Integrity*  
Not be placed under any financial or other obligation to outside individuals or organisations that might seek to influence the performance of official duties.
- *Objectivity*  
Make decisions on merit and the basis of evidence.
- *Accountability*  
Be accountable for decisions and actions to the public and submit to whatever scrutiny is appropriate.
- *Openness*  
Be as open as possible about all decisions and actions. Give reasons for decisions and restrict information only when the wider public interest clearly demands.
- *Honesty*  
Declare any private interests relating to public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- *Leadership*  
Promote and support these principles by leadership and example.

## **The names of authorised representatives**

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### **Enter and View**

Northumberland LINK made an early decision not to develop mechanisms for using its 'Enter and View' powers at this stage because LINK members felt that the Enter and View process would not be an effective way to identify any underlying issues relating to health and social care, and also as unhelpful in developing positive relationships with service providers. However, the LINK reserves the right to develop the systems required for Enter and View (full training, CRB arrangements) in Year Three should the current review indicate that it would now be a more useful tool. In the interim, the LINK Chair has the authority of the LINK to use this power and can nominate others who hold current CRB documentation from specific task groups to support her.

### **Making relevant decisions**

The decision making body of Northumberland LINK is its steering group, whose members are listed in the acknowledgments section.

## **Membership**

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Membership is open to individuals and groups based in Northumberland of any age. The membership consists of:

- Individual members
- Group/organisation members
- Associates

Any individual member or group is entitled to full voting rights when there are decisions that need to be made by the LINK membership. Northumberland LINK invites members to define themselves as 'active' or 'support' members, which determines the role that they can play in the governance of the LINK.

Associate membership is open to anyone who works or volunteers for a statutory organisation (for instance NHS bodies, County Council), County Councillors and private sector organisations. Associate members receive the same information that full members receive, but the difference is that they have no voting rights. The decision to have associate members is to avoid potential conflicts of interest.

## **Details of Membership**

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The total number of members with full voting rights at 31<sup>st</sup> March 2010 is 180. These are people who have completed application forms and are active in ongoing work of the LINK.

The total number of members who had full voting rights at 31<sup>st</sup> March 2009 was 130. These were people who had completed application forms and are active in ongoing work of the LINK.

Northumberland LINK steering group and wider membership felt the application forms need not require individuals to provide detailed demographic personal information such as dates of birth or likewise ethnic origin, given the voluntary nature of LINK membership. Therefore the steering group agreed that the application form should reflect age in related blocks of less than 25 years – between 25 – 60 years and over 60years. Further demographic information is available from those who opted to share it.

The LINK application form does not require people to identify a preference for health or social care and members have been active across both. Members have been encouraged to be active at a local area level and at county and regional level. The balance of activity is approximately equal, with two health-related and two social care related priority areas for action.

The number of members at 31<sup>st</sup> March 2010 who expressed an interest in services for these groups of people are as follows.

Age (108)  
Gender (41)  
Religion (32)  
Ethnicity – Race (41)  
Disability (94)  
Sexual Orientation (37)

It is evident from these figures people have expressed an interest in more than grouping, which supports the cross working of the LINK.

The total number of groups and voluntary organisations in membership on 31<sup>st</sup> March 2010 is 65. These groups and organisations have identified the groups they have an interest in, in some cases groups will be providing or have an interest in more than one group who make up under-represented sections of the community. The numbers at 31<sup>st</sup> March 2010:

Age (58)  
Gender (21)  
Religion (18)  
Ethnicity – Race (25)  
Disability (44)  
Sexual Orientation (20)

The numbers of **active** members involved in Management Boards, subgroups, or representing the LINK externally are

- |                              |                       |
|------------------------------|-----------------------|
| - Steering group             | 15                    |
| - Personalisation task group | 13                    |
| - Transition                 | 24                    |
| - Pharmacies                 | 6                     |
| - Dual Diagnosis             | 14                    |
| - Area Groups                | 20+ at each of three  |
| - Diversity Groups           | 7 groups x 30 members |

There are at least 50 organisations with a specific interest in social care and over 100 individuals known to be users of social care or carers.

## Participants

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The total number of participants by 31<sup>st</sup> March 2009 (people who had contact with the LINK but did not become active members) is approximately 2,000 on the basis of the activities listed below:

All of the attendees at a range of events that the LINK has attended to run an interactive stall.

All the people in contact with the diversity partners – minimum of 200.

Members of the Northumberland Social Care Community Network

Members of Community forums and area partnerships

Partners in other engagement projects such as the Disability and Deaf Network and the Take Part project

Health practitioners who we are now meeting alongside LINK members in area Meetings – 8 and their clientele of around 400

The Northumberland LINK takes very seriously the need to reach into excluded sections of the community, and has developed a number of initiatives to achieve a good reach to those who are directly affected by health and social care arrangements, as well as groups of people who are systematically excluded from access to decision-making. These groups include people affected by discrimination and other barriers on the grounds of age, youth, disability, learning disability, mental health, as well as gender, race, sexual orientation and religion. In addition, many people in Northumberland face major barriers because of the rurality of the area.

As a result Northumberland LINK has developed an inclusive approach in a number of ways including:

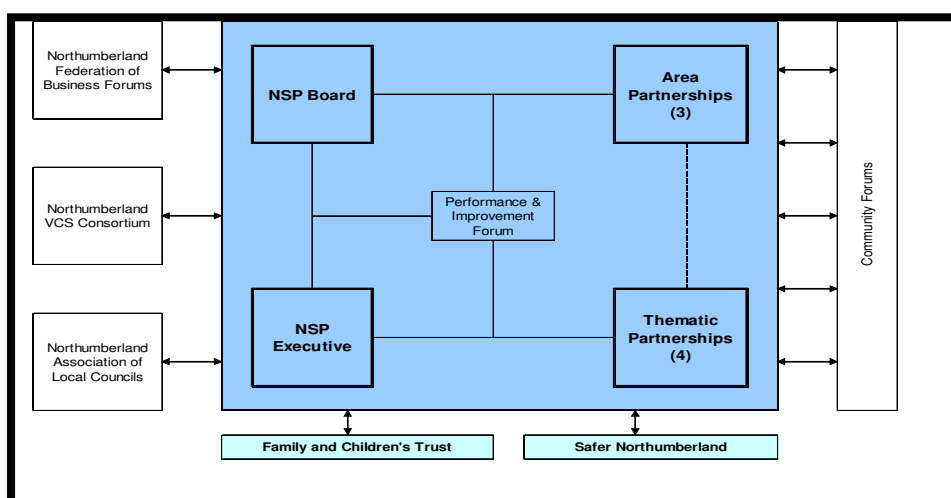
- Travel, out of pocket costs met for all participating LINK members.
- Area Groups to enable people to get involved in the LINK on a more local basis.
- A Diversity lead tendering process resulting in the development of a diversity outreach team to improve reach.

## About our Community

Northumberland is a county of contrasts and its people face a number of socio-economic challenges as well as opportunities. The least populated county in England, it incorporates upland expanses and coastal areas designated for their natural beauty, alongside former coal mining and industrial communities in the south east.

It is also one of the fastest ageing areas, with significant in-migration of older people and ex-migration of young people. Northumberland's economy cannot be divorced from that of Tyneside – almost a third (28%) of the county's workforce commute there on a daily basis. Despite this, overall economic performance is poor with disposable income levels significantly lower than both the regional and national equivalents. Many of the available jobs are seasonal, part-time or relatively unskilled, there are significant transport and infrastructure challenges and limited learning and employment opportunities are evident across much of the county.

Northumberland is in a process of political and structural transition. It has been experiencing changes in political leadership at the same time as transition from a two-tiered system with a county council and six districts to its new unitary authority status since April 2009. The new council laid out plans for local communities to play a greater role in influencing including a structure with three area committees for the south east, west and north and a number of smaller local forums. Area committees are responsible for managing delegated 'local services', and, along with parish and town councillors, are involved in area based scrutiny. Partnerships have also been established at area level, with three area community partnerships.



In addition to area organisation, the transition plan provided for a more local network of community forums. Each locality is different in terms of population, geography and political makeup, so community partnerships or groupings of parish councils have become the host organisations of community forums in some places. While in other areas the hosting and active development of the forums is proving a challenge. Locality officer posts were planned to facilitate and support the development of community forums and ensure the council's engagement with local residents, voluntary and community groups and other organisations more tangibly influences the council's decision making structure. During 2009-10 however the number of these posts has reduced

This model, in spite of the many challenges, fits well with a localism approach, and Northumberland LINK has developed a community engagement plan that builds on these new arrangements.

### **Local Roadshows**

In recognition of access issues related to the extreme rurality of the county, Northumberland LINK also undertook a range of road shows in communities throughout Northumberland to publicise and encourage people to Have their Say in The Big Care Debate. These events attracted additional people and significantly raised the profile of care issues with a wider public.

#### **Case Study – Area Groups**

LINK structure includes three area groups, in the north/central, west and south east of the county. Each of these meets bi-monthly and regularly attracts from 6-20 active LINK members, who bring detailed local knowledge and local concerns to the LINK's attention, as well as feeding back priority LINK activities to members of their local communities. Some of the issues that have been brought forward and tackled from these area groups include:

- Tackling issues of poor signage both to local hospitals and for those travelling from outlying areas to main hospitals, and identifying potential risk of monopoly on pharmacies (west group)
- Scrutiny of how a local flagship project about joined up services in Berwick-upon-Tweed is engaging with local people on health and social care delivery (north)
- Focussing on links between mental health and poverty and participation in a partnership approach to improve information and support in the area (south east)

At a time when a number of day centres were being closed down in the context of the 'transformation' agenda, the LINK also held two public meetings at which a Northumberland Care Trust senior manager was invited to give the

Northumberland perspective. These meetings were held one locally and one centrally and 48 people and groups attended.

There have also been experiments with timings of meetings including evening and lunchtime meetings in local communities, even where these have attracted lower numbers, to encourage participation by different sections of the community.

## Public engagement

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The LINK has been developing at a time of substantial change and development in public bodies in the area of community engagement. This is particularly true of the local authority.

The model for community leadership that was identified in 2009 was as follows:

For most LINK members, the Community Forums have offered a new mechanism available for having a say, and LINK has set out to work with them to identify health and social care issues and take them forward.

### **Community Forums**

One of the most often cited issues of concern for people in Northumberland is the lack of transport and access to services. Northumberland LINK has been able to make more significant progress in tackling this issue as a result of being selected as one of four action learning projects funded through the Department for Communities and Local Government, to experiment with extending the scope of the LINK approach into a new service area. Northumberland's additional service area is transport and access, and as both of these areas impact on health and social care, the LINK has been able to increase its scope, membership and reach by focussing on local concerns that cover all three areas.

An example of how local engagement mechanisms, in this case a community forum, can dovetail with LINK activity to improve the effectiveness of the voice of local people.

## Case Study – Norham and Islandshire Community Forum

The meeting was designed to allow as many people as possible to have a say on the topics raised in a non-formal setting. Various specialists had requested to attend the meeting to gather information relevant to their organisation and these specialists were distributed amongst those who attended. Various topic questions were placed on each table to aid discussion and attendees were asked to record their thoughts and ideas on prepared sheets. The results of the discussions are noted below,

### Hospital and Healthcare:

We need a new hospital with good access in Berwick, and to bring services to Berwick with more consultants, and additional ambulance services at night

To have better consultation service from specialists with major hospitals

Provide better ambulance service to rural areas

There is not nearly enough A&E care in the area- more ambulances and paramedics needed to serve the area. More transport needed for out-patient appointments. If appointments are cancelled late patients sit around for hours waiting for transport. Patients from a particular area should be treated en bloc if possible i.e. roughly the same time and date, so that simple ambulance can do several patients

More GPs to working out of hours on a home emergency service

*County council* should be able to support the requests for *better emergency services* especially in the North of the County and rural areas due to lack of suitable facilities

*Local people* should fight for dual carriageway to improve travel, safety times on emergency ambulance journeys to hospital. Also for patients who have to be taken to hospital by private car.

Support needed for local training in first aid. Support for helicopter

### Transport:

Bus timetable proposal needs to be investigated, the Council needs to look at timetables. Local bus service cancelled - buses that travel along main road should all come round the “Horncliffe loop” and into the village. “Dualling” the A1 would greatly lessen vital time to appropriate hospital in the south of the county. Minibus Dial-a-ride service needed for the village

### Access to Services:

The mobile Post Office does not come into Horncliffe

### Health Care Response

Rachel Chapman, Director of Public Engagement and Communications, North of Tyne Primary Care Organisations and Yvonne Storey, Head of Communications, Northumbria Healthcare NHS Foundation Trust attended the forum and then followed up with a formal response, including a specific commitment in the North of Tyne Strategic Plan to improvement of rural ambulance services.

<http://www.northoftyne.nhs.uk/publications/strategic-plan>

### Next steps

The comments collected at the forum are being circulated to relevant specialists and partnerships. Comments about access and transport will be particularly relevant to the Northumberland Strategic Partnership transport group which has been set up in response to concerns raised across the rural areas of the county by local forums. Vee Robinson is a lead in this group which works jointly across the North and West area partnerships. In response to discussions and information collected elsewhere, it is likely that a forum meeting will be held in the near future to discuss transport issues in more detail. This will be in conjunction with the LINk project so a coordinated effort on this issue in the north of the county can be developed to support the Northumberland Strategic Partnership.

In addition to the mechanisms for local involvement, there are a variety of differing partnerships and other working relationships throughout the county currently supported by both public sector and voluntary/community organisations. These include, for example, thematic based partnerships within the framework of the Northumberland Strategic Partnership focussing on issues economic prosperity, health and well being, stronger communities, and Place shaping. There are also a number of community of interest partnerships and Strategy groups such as the Family and Children's Trust (FACT) as well as a range of networks hosted by the voluntary sector such as networks for children and young people's services, equality and diversity, learning and skills, as well as the LINK. The LINK has a role in three of the four thematic partnerships.

### **Three Most effective methods for feedback and engagement**

The top three most effective ways that Northumberland LINK has used to engage local people that have yielded the most feedback have been, in priority order:

- Building Networks and Partnerships
- Supporting thematic task and finish groups
- Establishing links into diverse communities

There are many examples of each strategy, and a few of these are highlighted below.

#### **Method One - Building networks and partnerships**

- Disability and Deaf Network

Northumberland LINK identified the lack of a countywide network for disabled and deaf people as a major concern and main priority, because without this support, engagement with disabled people and their supporters was hampered by lack of access, and therefore difficulties with generating a collective view from the disability perspective. LINK funds were therefore used to contribute to the costs of a post created by one of the LINK hosts. This has proved very worthwhile for the LINK and has enabled longer-term infrastructure to develop so that disabled and deaf people can develop a distinctive voice. The membership of this group is 48 with members from across the county. To date the group has participated in a taxi licensing consultation to good effect, and has partnered with the Northumberland Learning & Employability Access Partnership to plan a joint event with public bodies and providers on where social care and employability services need to join up.

- Social Care Community Network

Early in the LINK programme, organisation members identified the lack of an independent network for social care providers and others interested in the personalisation process. The LINK ran two events for this membership group and when an opportunity for external funding arose through the Regional

Improvement and Efficiency Partnership, these members supported a bid to establish a network with a small amount of LINK funding for diversity work included as leverage, to increase resources available for smaller social care focussed groups to participate in training and development activities. This bid was successful and the project is hosted by one of the LINK host partners, and further improves the chances of the LINK working closely alongside to create improved reach to greater numbers of users of social care and their carers.

To date the network development has generated specific feedback on plans and arrangements for community hubs to provide information and support to users, carers and the general public. The Network is also working to influence quality assurance arrangements in the developing personalisation infrastructure.

### **Method Two - Thematic Task and Finish Groups**

The following case studies and summaries include some of the processes and issues raised by these groups and illustrate how impact is achieved both through small changes, and also through longer-term engagement with service providers. As an example, this is the action plan agreed by LINK members who take part in the task group looking at concerns around services for young people in the transition from children’s to adult support services.

<b>Priority Issues identified by the task group</b>	<b>Actions</b>
1. The age range for young people’s support services needs to be extended to age 25 to be inclusive	<ul style="list-style-type: none"> <li>• Support Sue and Elizabeth in work on transitions group to promote this</li> <li>• Run a LINK seminar ‘Services to Young People need to extend to 25’? In the form of a debate with different perspectives:               <ul style="list-style-type: none"> <li>• Expert on emotional age</li> <li>• Expert on intellectual age</li> <li>• Legal update on children and young people having a say themselves</li> <li>• Parent / carer perspective</li> <li>• Young person’s perspective</li> </ul> </li> </ul>
2. Widen eligibility criteria for recognition and support at critical intervention times e.g. Year 9 – not just ‘33’ known to Disabled Children’s team or those with statements of SE need.	<ul style="list-style-type: none"> <li>• Transitions strategy group</li> <li>• Follow-up scrutiny</li> </ul>
3. Change name from transition to ‘planning for the future’ so more inclusive	<ul style="list-style-type: none"> <li>• Transitions strategy group</li> </ul>
4. Lack of participation by young people with learning disabilities in	<ul style="list-style-type: none"> <li>• Invite young person to take up rep roles offered on YPIN YP Participation Strategy Groups</li> </ul>

mainstream participation strategy e.g. YPIN	
5. Tracking / mentoring young people aged 18+ into independent living and capturing their views appropriately	<ul style="list-style-type: none"> <li>• Transitions strategy group</li> <li>• Follow-up scrutiny</li> <li>• Further discussions with Connexions / SEEDS etc</li> </ul>
6. Education is the gatekeeper – needs holistic approach between education, health and care	Engage with Transitions strategy group
7. Berwick pilot – more involvement at early stages required to make it meet its claim to be transformational	Follow up with John Kirton to ensure that the LINK is represented on the Transition Strategic Group, and on Berwick Pilot partnership
8. Better recognition for the LINK	<p>Follow-up on Transition issues scrutiny meeting with:</p> <ul style="list-style-type: none"> <li>• Steve Day (Transition)</li> <li>• Steve Ingham (Disabled Children’s Team)</li> <li>• John Young (Care Trust)</li> <li>• Vanessa Bainbridge and request seat on Transition Strategy Group</li> </ul>
9. Appropriate models for getting the views of young disabled / learning disabled people	SpLinter group, Gateway into the Community consultation activity funded and supported feeding into LINK strategy

Another example is the shorter-term groups set up to look at how pharmacy services are procured and managed.

### **Pharmacies Task Group**

The Pharmacies Task Group meets to discuss pharmacy issues including prescription costs and the availability of stock. A LINK member has taken part in a ‘mystery shopper’ exercise to find out how well publicised information about help with prescription costs is. This has generated specific responses from the service provider responsible for quality assurance

A third example is the LINK’s task group looking at personalisation issues. These issues are obviously complex and will remain live throughout the life of the LINK. The process of public engagement in this case therefore takes more of a cyclical approach, with regular meetings, question and answer sessions and small changes being achieved en route. Two examples of this work follow. The first is an example of a scrutiny session involving LINK members and the service provider in part of an ongoing dialogue:

## **Personalisation Task Group**

LINK's Personalisation Task Group met on 4th November 2009 with Fiona Horsman, Transformation Programme Manager for Northumberland Care Trust, who answered questions from members on transformation and individual personal budgets (IPBs).

Fiona confirmed the Putting People First transformation project groups as:

- Self Directed Support
- Business and Systems
- Commissioning and Procurement
- Customer Experience
- Workforce Development
- Market and Community Development

Details of the groups will be sent to LINK members; anyone interested in joining a group should contact Fiona who will pass their details on to the project leads.

Fiona noted that the Regional Improvement and Efficiency Programme (REIP) and the Joint Improvement Partnership (JIP) have Department of Health funds to work on transformation (twelve directors of Adult Social Services in the north east sit on the groups). These funds have been divided between Commissioning, Personalisation and Workforce, with 25 projects under these three titles. As the projects progress, LINK may be interested in getting involved regionally.

LINK members asked a number of questions about Individual Personal Budgets:

- Whether taking up IPBs would affect current benefits
- What stage Northumberland is at in delivering IBPs and who funds delivery
- How many people currently use IPBs
- How are people being made aware of or encouraged to take up IPBs
- Safeguarding vulnerable people taking up IPBs
- Promoting joint working between Health and Social Care in developing IPBs
- Is there a suitably skilled workforce for delivering IPBs
- Whether brokers for IPBs might be used
- Monitoring and support for people accessing IPBs
- Level of service for people living in remote areas.

A summary of this interesting question and answer session is available on the LINK website (or by e-mail or phone).

LINK Chair Cynthia Atkin said she felt the meeting had been very beneficial and had made the situation much clearer. Dialogue will be ongoing.

Here is a more detailed example of making a difference on a practical issue:

### **Shared assessment questionnaire**

Northumberland Care Trust had invited initial feedback from carers about the design of the form used in the care assessment process, known as the shared assessment questionnaire. While there was initial positive feedback, over time, both carers and LINK members voiced some concern about the way the form worked. The issue was mainly about the fact that both carers and people being assessed for care support are present at the assessment meeting. It was felt that answering question such as those following would be particularly difficult where both are present.

An example of a question asked of the person seeking carer support –

*"Support from friends family and community. The amount of support you have will affect your personal budget allocation.*

- I can get all the help I need from family and friends
- I can get some of the help I need from family and friends I can get most of the help I need from family and friends
- I need some paid support
- I get little or no support."

Of the unpaid carer the question is asked –

*"Which fits you?"*

- I have a good life of my own and I want to be a carer
- Being a carer makes a small difference to my life and I want to be a carer
- Being a carer changes my life and causes me a bit of stress but I want to continue as a carer
- Being a carer makes a big difference to my own life I have a lot of stress or some health problems but I want to continue
- My role as a carer affects my health and well being as a carer I cannot live my own life and I cannot continue as I am now."

Once this issue had been raised, the Care Trust responded:

*'We have had some feedback from LINK members and carers that they are uncomfortable with the carers element of the SAQ and a suggestion that there is an option for that section to be completed separately: carers felt that they didn't always want the person they care for being party to their responses as there can be an emotional pressure to just say everything is fine and perhaps a feeling of being disloyal saying otherwise. We have been able to immediately add a sentence to the existing document, which reads:*

***To the carer: This part is for you. If you wish you can separate it from the rest of the questionnaire and give it to the care manager separately.***

*When we fully review both the SAQ and resource allocation system, we will consider whether further improvements could be made, based on carer, and other feedback.*

## Method Three – Reaching into diverse communities

Northumberland LINK has chosen to build its partnership working with a wide range of organisations and groups that have good reach into diverse communities:

### Case Study

#### Northumberland LINK Diversity Project

LINK members recognised the importance of hearing the views of those people who are most likely to be excluded from services or face other disadvantages in health and social care. The LINK also recognised the barriers to such groups participating in LINK activities, even with access to out of pocket costs and transport. It was decided to create a pro-active project involving each of the disadvantaged communities protected by legislation, by inviting groups and organisation working with these groups to tender to participate in reaching and engaging with them in ways that these communities could participate more fully.

As a result, seven groups have been recruited to support the work of both the main LINK and the Extended LINK. Each of them is required to:

- Promote LINK membership to and with the community concerned, and provide Northumberland LINK with a contact list of at least 30 new members
- Organise at least one event offering members of the specific community the chance to meet and share issues and concerns
- Engage members of the community concerned in taking part in a wider diversity-focussed event in September 2010
- Provide a report of key issues and priorities for further action

These groups and organisations are meeting together regularly to identify where they have issues in common as well as specific concerns, so that they can build a strong equality strand of the LINK's activity and develop as equality champions

The groups are:

Disability	Northumberland Disability & Deaf Network
Gender	Fourth Action
Age	Bell View Resource Centre
Youth	Gallery Youth Project/ Be Inspired
Learning Disability	Gateway into the Community/SpLinter Group
Sexual Orientation	WOW! LGBT Group / TWHIST
Race/Religion/belief	NCDN/ Ashington Community Development Trust

Activities generated by these groups so far include:

Fortnightly support group for LGBT young people  
Cultural event for members of BME communities  
Older people's activities to use ICT for better engagement  
Consultation on complementary health  
Involvement by young people in a 'democracy' event  
Peer mentoring training and support for young people with learning disabilities

## Involvement with Stakeholders

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Northumberland LINK has been involved in the following:

- Local Strategic Partnership  
The LINK has a seat on the Northumberland Strategic Partnership's Health and Wellbeing, and Stronger Communities Thematic Partnerships, and has access to the Executive and Board of the Northumberland Strategic Partnership through active LINK members as VCS representatives.

This partnership oversees the processes that have developed the Local Area Agreement and the Joint Strategic Needs Assessment.

- User-Led Organisations.  
LINK members have been involved in support programmes to develop ULOs – both in their ability to engage and also to tender for services. The need for further support work in this area This work will be developed further through the new project NSCCN for which the LINK has been instrumental in generating income and public sector support.
- Northumberland LINK Liaison group  
Northumberland LINK made an early decision to invite all the stakeholders with whom we engage to a twice yearly Liaison Group meeting. This enables us to concentrate on local LINK members' priorities, and also enables commissioners and service providers to come together to discuss Northumberland – focussed issues together, which happens less often at the meetings of individual trusts and services where their remit is wider than just Northumberland.

In 2009-10 this group was established and met in June with the following partners:

Trust Organisation	Trust Representative
Northumberland Care Trust	John Dowswell
Northumberland Tyne and Wear Foundation Trust	Caroline Wild
Northumbria Healthcare	Maureen Harwood
Northumberland County Council	Jackie Roll
NHS North of Tyne	Sam Harrison
Newcastle Hospitals	Jocelyn Thompson

- Representation on external bodies

Organisation / Trust	Purpose	Frequency	LINK Representation
Health Improvement Group	Improve health inequalities	Quarterly	Areas. Host
GP Practice based commissioning	To identify and monitor services that can be delivered by GPs	Quarterly	Heather Abrahams Maureen Raper
SE Area Partnership	Locality based partnership working together to local priorities and the community strategy	Quarterly	Fiona Wardlaw Host
NCC Overview & Scrutiny Committee	Committee of cross-	Monthly	Chair, host
Northumbria Healthcare Community Engagement Committee	Sub Committee of Northumbria Board re legal duty for public and patient involvement	Quarterly	Chair, host
Northumberland Strategic Partnership – Health & Well0being Partnership	Partners agreeing and overseeing health well being strategy	Quarterly	Host
Learning Disability Partnership Board	Oversees services for people with learning disabilities	Quarterly	Sue Trimming (LINK vice-chair)
Mental Health Partnership Board	Oversees services for users of mental health services	Quarterly	A Benson J McIndoe
Carers Strategy Group	Carers strategy	Quarterly	J McIndoe Sue Trimming
Older People’s Strategy Group	Older people strategy	Quarterly	Vacant
Personalisation Workstreams	Aspects of personalisation development	As required	Various LINK members
Youth Participation Strategy Group	Strategy for young people	Quarterly	Host
YPIN	Young People’s Consultation Reference Group	Fortnightly	Frank Lyford Kirsty Trimming
Northumberland Tyne & Wear Health Trust	Representing Northumberland perspective	Quarterly	Liaison Group
NE Ambulance Service liaison group	Consultation with all 12 LINKs in region	Quarterly	Ken Patterson, host
Newcastle Hospitals Trust	Representing Northumberland perspective	Quarterly	Liaison Group
Regional LINK Chairs Network	Partnership building	Quarterly	Chair C Atkin
Regional LINK host network	Partnership building	Monthly	Host

- Partners days  
Northumberland LINK ran two workshops of LINK organisational members during 2009-10 to hear their and their users' views and priorities. This work highlighted the lack of an independent practitioner network, which led to a successful bid for RIEP funds to extend its scope.

LINK has also participated fully in the Care Trust's Putting People First practitioners' network, where briefings and question and answer sessions have answered some outstanding issues between LINK and HIMP groups

A new alignment developed through the year between LINK Area groups and Health Improvement Partnerships, since both were running area meetings and had many concerns in common. As a result the LINK set up a meeting with the head of service, and this resulted in an agreement to dovetail area-based groups, to enable both individuals to have a say.

### **Case Study – SpLinter Group**

As part of its diversity programme in 2009-10, Northumberland LINK supported the development of the SpLinter Group, a user led group for 18-25 year olds with specific learning difficulties. This priority was made because the LINK had identified that the transition process for young people from children's to adult services was a major concern. But it was difficult to identify ways of engaging directly with young people to support them sharing their experiences. A number of LINK members are parents and carers of young people in this target group, and we decided to invite the young people we knew to explore the setting up of a project to see if they could develop a voice on their own terms.

This has been a long process and is still developing, but there have been some real successes including:

- The young people taking part in a Democracy Conference to put their views over to prospective parliamentary candidates.
- The Young People in Northumberland (YPIN) group, a group supported by the County Council to help promote young people's participation, agreed to two
- SpLinter Group members joining the group, which has brought a disability perspective into mainstream arrangements for engagement of young people.

## Training

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This year the focus of training sessions has been to consolidate and extend the scope of representation, to work together to improve reporting systems, and to raise awareness of issues facing diversity groups. We have also offered some training opportunities to outside bodies including other local LINKs.

7 <sup>th</sup> May 2009	Youth Involvement Workshop, Stannington	looking at developing a policy for hearing young people's voice, given the traditional nature of the LINK governance arrangements	followed up with meetings with the Young People's Participation staff in the Care Trust and NCC and resulted in a place for the LINK on the Council's Young People's Participation Strategy Group and two LINK young people getting places on the YPIN – the Council's Young People's Involvement Network
11 <sup>th</sup> June 2009	Policy and decision-making and representation workshop	Identifying roles, accountabilities, opportunities for representation	Resulted in named reps on an extended number of new bodies, with clear brief
15 <sup>th</sup> July 2009	Equality and Diversity in LINKs	Northumberland LINK facilitated a workshop at the regional LINKs conference featuring our diversity engagement approach	Knowledge transferred to other LINKs and follow up support offered.
11 <sup>th</sup> Dec 09	Action learning day for LINK reps	Developing a voice in committees and boards	protocols for briefing and reporting to the LINK membership, both online and in paper format
Mar 2010	Action learning session with diversity lead organisations	Sharing knowledge and priorities, joint planning for shared event	Awareness-raising, plans for raising issues jointly and for engagement training with excluded community groups

There are plans for 2010-11 to re-visit our earlier decision to concentrate on partnership building approach to scrutiny rather than enter and view methods. This will be underpinned with enter and view training.

## What we Did

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Here is a timeline of Northumberland LINK activity through the year.

March 2009	Number of people involved
West Area, Tuesday, 17 <sup>th</sup> March 2009, Hexham	14
South East Area, Wednesday, 18 <sup>th</sup> March 2009, Blyth	15
April 2009	Number of people involved
North Area, Friday 3 <sup>rd</sup> April, Belford	18
Transition task group, Monday 27 <sup>th</sup> April 2009, Belford	11
Personalisation task group, Tuesday, 28 <sup>th</sup> April 2009, Stannington	12
May 2009	Number of people involved
Dual Diagnosis workshop, Thursday, 14 <sup>th</sup> May 2009, Alnwick	11
<u>Promoting LINK:</u> Northumberland Low Vision, Friday, 8 <sup>th</sup> May 2009, Ashington	15
June 2009	Number of people involved
Steering/Liaison group, Thursday, 4 <sup>th</sup> June 2009, Seaton Burn	21
Having a Say workshop, Thursday, 11 <sup>th</sup> June 2009, Stannington	25
West Area, Tuesday, 16 <sup>th</sup> June 2009, Hexham	21
South East Area, Wednesday, 17 <sup>th</sup> June 2009, Blyth	12
Steering group, Tuesday, 29 <sup>th</sup> June 2009, Stannington	15
North Area, Tuesday, 30 <sup>th</sup> June 2009, Belford	9

July 2009	Number of people involved
Emergency care and Dentistry consultation, 7 <sup>th</sup> July 2009, Stannington	22
August 2009	Number of people involved
<u>Promoting LINK:</u> Warm Zone events, Thursday, 27 <sup>th</sup> August, Blyth	9
September 2009	Number of people involved
West Area, Tuesday, 15 <sup>th</sup> September 2009, Hexham	13
North Area, Thursday, 17 <sup>th</sup> September 2009, Belford	8
Steering group, Friday, 18 <sup>th</sup> September 2009, Morpeth	11
<u>Promoting LINK:</u> Caring and Coping with Stroke event, Wednesday, 2 <sup>nd</sup> September 2009, Hexham	26
Tynedale Community Development Network, Wednesday, 9 <sup>th</sup> September, Hexham	18
Northumberland Care Trust's Choice and Control on the Ground, Wednesday, 16 <sup>th</sup> September in Newbiggin and on Monday, 21 <sup>st</sup> September, Ashington	52
Hexham Older Peoples Forum, Wednesday, 30 <sup>th</sup> September 2009, Hexham	7
Warm Zone events, Thursday, 10 <sup>th</sup> September, Ashington	6
October 2009	Number of people involved
Steering group, Friday, 9 <sup>th</sup> October 2009, Stannington	12
<u>Promoting LINK:</u> Celebrating Age Positively event, Thursday, 1 <sup>st</sup> October, Berwick	27
Big Care Debate Roadshows, 27 <sup>th</sup> , 28 <sup>th</sup> , 29 <sup>th</sup> October, Alnwick/Hexham	28

November 2009	Number of people involved
Personalisation task group, Wednesday, 7 4 <sup>th</sup> November 2009 Steering group, Wednesday, 11 <sup>th</sup> November 2009, Stannington	10
<u>Promoting LINK:</u> Big Care Debate Public Meeting, 2 <sup>nd</sup> & 10 <sup>th</sup> November 2009, Stannington/Berwick	42
North Area Partnership meeting, 11 <sup>th</sup> November 2009, Alnwick	14
Manors Centre, 19 <sup>th</sup> November 2009, Prudhoe	10
Department of Health, Health Inequalities Day conference, 25 <sup>th</sup> November 2009, Sage Gateshead	27

December 2009	Number of people involved
West Area, Tuesday, 1 <sup>st</sup> December 2009, Hexham	9
South East Area, Wednesday, 2 <sup>nd</sup> December 2009, Blyth	10
North Area/HIMP, Thursday, 3 <sup>rd</sup> December 2009, Belford	8
LINK Partners Day, 8 <sup>th</sup> December 2009, Ashington	17
LINK Representatives event, 11 <sup>th</sup> December 2009, Stannington	12
<u>Promoting LINK:</u> Green Light to Work project launch, 8 <sup>th</sup> December 2009, Lynemouth	32

January 2010	Number of people involved
Steering group, Tuesday, 19 <sup>th</sup> January 2010, Stannington	14

February 2010	Number of people involved
Steering group, Thursday, 8 <sup>th</sup> February 2010, Stannington	11
Personalisation task group, Thursday, 18 <sup>th</sup> February 2010 – 6 people	18
<u>Promoting LINK:</u> Care Quality commission meeting, 25 <sup>th</sup> February 2010, Newcastle	25

March 2010	Number of people involved
North Area/HIMP, Thursday, 11 <sup>th</sup> March 2010, Alnwick	14
South East Area, Wednesday, 17 <sup>th</sup> March 2010, Blyth	9
West Area, Thursday, 25 <sup>th</sup> March 2010, Hexham	10
<u>Promoting LINK:</u> Providers Network meeting, 15 <sup>th</sup> March 2010, Morpeth	15
Northumberland Care Trust's "Putting People First Conference", 23 <sup>rd</sup> March 2010, Newbiggin	21
Ashington Community Festival meeting, 30 <sup>th</sup> March 2010, Ashington	26

## Impact

The following chart details requests for information Northumberland LINK made during the year; whether they were responded to within 20 days; whether followed up with recommendations, and if so which of these triggered any review or change.

Requests for info	Response Within 20 days	Recommendations	Response in timescale	Review	Change
<b>Social Care</b>					
Closure of day centres	√	Alternative provision agreed before closure complete	√	√	×
Timetable for implementation of personal budgets	√				
Accessibility issues relating to North East Ambulance Service	×	Dialogue required	×		
Individual LINK members supported in raising specific questions on personal budgets	Y	Various	√	Various	
Clarity about design of personal budget assessment forms	√	Changes to enable separate carer input	√	Ongoing	√
Process for awarding pharmacy contracts	√	×	complete		
Transition support services for young people with additional needs	√	Wider definition of additional needs	√	In further discussion	Y
Expenditure of the Social Care Reform Grant	√	Ongoing			
Community engagement plans in the Berwick Project	×	Propose engagement opportunities for LINK		To be discussed further	
Request for review of age range covered by Transition programme	√	Request change to open-ended upper age limit	√	To be introduced through new programme funds if successful	√
Access by disabled young people to YPIN as influencing voice	√	YPIN membership widened to	√	Recruited	Implemented

for young people		include young disabled people			
How many people were receiving personal budgets as opposed to self-directed support	√	Request to keep under review	√		
Health					
Research into delays in receiving Certificates for Visual Impairment (CVI's)	√	Request for review	√	Whole service review initiated	
Hospital signage responsibilities	√	Hospital name change	N		

12 of the 14 were related to social care

### **Enter and View**

None – see policy decision for 2009-10

### **Referrals to OSCs**

Northumberland LINK attends Northumberland County Council overview and scrutiny committee and has been included in the planned Transformation agenda.

The Link has worked in partnership with the OSC on a number of issues including the Big Care Debate, where the council and LINK joined forces to ensure the message was delivered to the widest audience.

The LINK was represented at the commissioners North of Tyne Strategic Review as was the OSC, the LINK feed back issues into the OSC.

The LINK referred one issue when it felt it required a joint approach to improve services provided by a NHS Trust.

The referral was acknowledged and supported by OSC, the issue is ongoing.

### **Liaison Group**

Our relationship building with key stakeholders has been supported by the establishment of a Liaison Group between the Northumberland LINK and all Trusts and relevant public bodies providing services for Northumberland's citizens.

Involvement in national or local consultations included the Big Care Debate, alcohol survey, prescription charges, end of life issues, user-led organisations.

### **Development of LINK-related policies**

Northumberland LINK involvement in the development of LINKs-related policies included:

Attendance at Trusts' exploratory meetings and presentations on Quality Accounts, followed up by consultation sessions at Area meetings, concluding with formal response. A new task group has been formed to prepare for the next round.

Discussions were generated at local and steering groups on the NHS Constitution and individual responses were encouraged.

LINK hosted information sessions on NHS complaints policy at area meetings.

Northumberland LINK took the lead on developing awareness of changes in equality and diversity policy and practice at regional LINK conference.

## Our Finances

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### Northumberland LINK Income and Expenditure

	<b>Carry Forward 2008/09</b>	<b>Budget 2009/10</b>	<b>Actual March 2010</b>	<b>Carry Forward March 2010</b>
<b>Income</b>		165,000	165,000	0
LINK Income		165,000	165,000	0
<b>Expenditure</b>				
Contract Fee Retained by Northumberland County Council		15,000	15,000	0
Host costs		75,000	75,000	0
Development of Area Groups		18,000	18,000	0
Development of Diversity Involvement		18,000	18,000	0
Publicity		5,000	4,698	302
Paper Based Materials		3,000	2,242	758
Meetings network events		6,000	7,427	-1427
Specialist / locality partners offering access to specific communities	12,000	15,000	27,000	
Out of pocket, travel costs for LINK member engaged activities	3,000	10,000	11,863	1137
	15,000	165,000	179,230	770
<b>Surplus</b>	<b>770</b>			

## **Next Steps – looking ahead to the next 12 months**

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Northumberland LINK is in the process of reviewing its priorities through a review survey of its widest membership. If you would like a say please visit the LINK website – [www.northumberlandlink.org.uk](http://www.northumberlandlink.org.uk)

The priorities we know we will be working on during 2010-11 include:

- Continuing with the diversity engagement work including other excluded groups of people, such as people with mental health issues, people in housing difficulties, young parents.
- Involvement in quality accounts developments in a timely and more comprehensive way
- Offering a wider range of policy briefings in accessible language
- Developing a sustainability strategy to enable LINK members to continue with their valuable work

**If you want to get involved or have a say about health and social care in Northumberland, get in touch – 01434 600599 or [info@northumberlandlink.org.uk](mailto:info@northumberlandlink.org.uk)**