



## Taking a Look at LINK Event Report



June 2010

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## 1 Background and Introduction

On 24 June 2010 LINK held its bi-annual event 'Taking a Look at LINK' at the Langdale Centre in North Tyneside. The aim of the event was to give an update to members on LINK's activity over the last six months. The day included:

- A presentation of LINK's 2010 Annual Report
- An update on projects, reports and activities
- A discussion on understanding the LINK structure
- 'Picking your priorities' exercise
- Issue-based workshops

34 people attended the event, including some new faces that saw the event advertised in the local press and have since become LINK members.

Attendees were invited to take part in workshops looking at topics that have been raised with LINK. They were:

- Mental health
- Joint Strategic Needs Assessment (JSNA)
- Adult Social Care, and
- Staff attitudes on hospital wards

Workshops were facilitated by LINK Board members, supported by the LINK staff team.

## 2 Summary of Priorities

Each table of attendees was asked to consider and agree on their top five priorities for LINK. The tables were then asked to rank their priorities. This resulted in the following highest ranking priorities being identified.

- Personalisation and Fair Access to Care (FACS)
- Care homes (including information on choosing a care home)
- Care at home (services to enable people to maximise their independence)
- Young People's Mental Health

Some work has already taken place around these issues. This will be discussed further in Section 4.

Other issues that were raised during this exercise have been logged and will be taken into account to inform future LINK activities. These are listed at Appendix 1.

## 3 Summary of workshops

### 3.1 Joint Strategic Needs Assessment (JSNA)

#### Concerns

The JSNA group felt that involvement in the creation and refresh of this document to be lacking. Only a couple of the participant's had heard of the JSNA and even they didn't really know what its purpose or content was. As a document, the JSNA was felt to be difficult to infiltrate. In a similar vein, it was felt that this is just another document amongst all the health and social care documents and strategies and is not dynamic.

Other issues raised were:

#### **Consultation and engagement:**

The group felt that the general public is apathetic due to the belief that consultation and involvement does not lead to action and that their views are not listened to. The group also questioned the involvement of other groups, such as people with learning disabilities, younger people, migrant communities, BME communities and older people etc.

#### **Learning disabilities:**

There was a lot of concern regarding the lack of information about learning disabilities in the document. In particular the group felt that there were no longer term plans to help people with learning disabilities in assessment. Concerns were also raised about GPs being paid extra to carry out annual health checks on people with learning disabilities but not actually delivering. LD organisations are aware of numerous cases where people have never been invited for a health check.

Concerns were also raised that the appropriate communication is not being used e.g. if letters are sent out to people who do not understand them, unless there is a robust support network in place, they will go unread. People with learning disabilities should also receive a Health Action Plan but, again, there is knowledge that this isn't being carried out across the board.

The group wanted to know whether the JSNA could address these issues.

**Missing issues:**

The group identified a number of 'missing issues' that they felt should be in the document. These were: prevention and early diagnosis of long-term conditions, age restrictions on screenings (in particular cervical smears) and health checks for children.

**Action points**

- LINK members would like more information on how the JSNA was produced, what its purpose is and what the real effect on them and the people of North Tyneside should be as a result of the assessment.
- LINK members would like to see the PCT / Council's action plan for consultation so that they can see where and when they can really influence the assessment.
- Members would like LINK to take an active role in promoting the JSNA and supporting members to be involved in the refresh, although there was some confusion about the timescale of JSNA and how it is implemented.

**3.2 Mental Health**

**Concerns**

**Public awareness:**

The group felt that there has not been enough public discussion and awareness about mental health and how it affects the population like there has been with alcohol, smoking or conditions such as cancer. This is because of the stigma attached to mental illness. People don't want to talk about it, so it is not high profile. When mental illness is discussed it is often in high-profile cases which can be negative examples in the news of people considered to be mentally unstable, for example the shootings in Cumbria.

Magazines and papers run stories about celebrities with bi-polar disorder or post-natal depression, or people returning from the armed forces suffering post traumatic stress disorder. However, these conditions are often discussed in isolation and aren't necessarily recognised by the general public as mental illnesses. In the case of celebrity stories mental illness is often not shown in a realistic light.

**GP training:**

The whole group thought that GPs are not sufficiently equipped to support patients with mental illness. They felt that more training was needed to correctly and quickly diagnose patients with mental health concerns (including recognising the early stages of dementia) and that GPs need to have more knowledge of local support services and alternative treatments, such as talking therapies, rather than treating with medication only.

**Dementia and the aging population:**

There appears to be particular problems relating to the aging population and dementia. Hospitals are receiving more cases of older people being admitted with a physical problem and dementia. This can create problems for staff in deciding on the most appropriate ward to put the patient on. This issue is only likely to increase.

The other main issues and concerns for this group were:

- More support is needed for employers and employees.
- The provision of age appropriate services was also raised. For example, how and where people with early onset dementia would be treated as well as young adults who are too old to use the CAMHS service.

**Actions Points**

The group thought that LINK could take the following actions:

- Look at the information available
- Follow-up patients who have had mental illness after discharge – patients' journey. Including those discharged into hostels. Are they appropriate settings for recovery?
- Look into training of health staff including GPs. Are they appropriately trained in mental illness and dementia?
- Dementia Project Review Board – LINK needs to make sure it is more involved and more influential
- Raising awareness of mental health in schools, with students and teachers
- Raising awareness in BME communities.

### 3.3 Staff Attitudes on Hospital Wards

**Concerns**

This group discussed several areas that they would like to see improvements in.

**Pre-assessment**

The group felt that a more thorough pre-assessment could improve communication between staff and patients and prevent issues arising during the patients stay in hospital. Suggestions included;

- Better patient involvement in the pre-assessment
- The assessment to include social care needs
- For possible religious needs to be identified
- Dietary requirements

- Other patient preferences

Those who had experience of hospital wards said that they had found staff lacking in skills and leadership. Other issues they raised were:

- Lack of staff
- Lack of staff training
- Suitable complaints procedure
- Some complaints not acknowledged
- Once discharged people feel they don't want to or need to complain

## Action Points

The group said the following would help to improve the situation:

- Encourage patient power
- Whistle blowing policy
- Accountability
- Marketing and advertising
- Working relationships with PALS and ICAS

The group asked whether LINKs can engage public governors. North Tyneside LINK does have several members who are also public governors and the non-executive chairman of the local NHS acute trust is also a LINK member. LINK has attended governors meetings to inform governors about its work and we have also reached public governors in the past using mail shots.

The group also asked who gets information about LINK and what is done with it. This information can be found in Section 4 of this report.

## 3.4 Adult Social Care

Those present felt that although there was lots of good practise in Adult Social care services, they had experienced difficulties themselves or worked with people who had experienced difficulties with adult social care services.

### Concerns

#### Assessments:

Difficulty with the assessment of needs can lead to the whole care package being unsuccessful. An example was given of an enabling service delivering care to a person who was unable to benefit from the enabling approach and found it detrimental to be put under pressure to learn new skills. A home care package was thought, by the carer, to be more appropriate.

#### Training:

A standard of training for those carrying out assessments was queried. People commented that they had no understanding of how this system worked and they felt they had not been given any information about it. Terms such as CPA, multidisciplinary teams and Referral pathways had been used but without a full

enough explanation. Some carers present had never seen the care plan for the person they were caring for.

**Continuity of social workers:**

This was another difficulty. There seems to be no one, identified person who is responsible and people feel they are passed from one person to the next and each new contact needs to get to know them and their situation.

**Personal Budgets:**

The group felt there was a lack of choice in services available, which put them off using personal budgets. A user group for personalisation and peer group support was suggested. Funding to promote and stimulate market was also suggested.

**Council monitoring:**

Members present were also interested in how North Tyneside Council monitors its services and how it decides which services to commission. One person shared how they had been asked to sign a feedback form that the carer delivering the service had filled in for them; understandably they felt that this compromised their ability to give any honest feedback in an anonymous way, directly to the commissioners.

**Action Points**

Gathering information from the council that can answer the groups' questions would be useful. This information could be publicised by LINK in its newsletter and web pages.

**4 Actions Recommended to the Board**

**4.1 Priorities from Exercise**

**Personalisation and Fair Access to Care (FACS)**

LINK has been hosting a Third Sector Reference Group looking into Personalisation for the past year. Three more meetings are planned to look at staff training on personal budgets, market development and the evaluation of personal budgets.

The group enables voluntary sector organisations to discuss concerns with council officers and to offer advice and recommendations to those officers to help in the development of personal budgets. This group is will be reviewed at the end of the year following the final meeting.

LINK has also recommended that North Tyneside Council's Health and Wellbeing Sub Committee of the Overview and Scrutiny Committee look in to the issue further. The committee is currently reviewing its work plan and we should find out soon whether they will pick up the issue.

Therefore the LINK team do not recommend that the Board take any further action on personal budgets at this time, but continue to share information with members and other interested parties.

### **Care homes (including information on choosing a care home)**

Finding out what support is available to help people (service users, families and carers) choose care homes may be a useful exercise. Members could be involved by reviewing this information and offering recommendations to make information more accessible and choosing a care home an easier process.

### **Care at home (services to help people stay independent)**

LINK commissioned a piece of research into home care after it was identified as a priority at LINK's Annual Event in January. The report has now gone to the Board for consideration.

### **Young People's Mental Health**

LINK has been working with young volunteers over the past year to identify health concerns and to take action. Mental health was one of the priorities identified by young people. The young volunteers are currently working with the Child Health Action Team at Northumbria NHS Trust to develop a DVD for mental health staff around young people's experience of services. This will also be sent to relevant commissioners.

The group are also keen to look into raising awareness of mental health issues. As this has been identified as an action by young volunteers and LINK members through both the priorities exercise and in workshop discussions, the LINK team recommend that this work should continue.

## **4.2 Priorities from Workshops**

### **Investigation into health and social care issues of BME community**

The LINK team identified the lack of BME participation last year and intended to commission some research into the needs of this community. Unfortunately this work was not commissioned. Now that it is also being recognised as an issue by members, it is important that LINK makes this a top priority and make progress in this area. The LINK team have begun contacting regional BME organisations for support in this area of work. The LINK team recommend that this becomes a top LINK priority.

### **Raising awareness of mental health issues with young people**

This issue will be recommended as a priority to the Board.

### **An investigation into what information exists about local mental health services and how to access them**

LINK has commissioned two pieces of work on this area. The first report 'Counselling Provision Information for North Tyneside' was published last year and included a directory of voluntary sector support services. This directory was sent out to each GP surgery in the borough. A follow up report investigating access to low level mental health services has just been received by LINK and will be published later this month.

The Board may decide on further action as a result of the new report. However, in the meantime LINK could look at ways of promoting the information it already holds more widely.

### **LINK to work closely with the PCT Dementia Project Review Board**

North Tyneside LINK is currently invited to these meetings and represents the three North of Tyne LINKs. LINK needs to become more involved in this board in order to give members more opportunity to be involved in the development of dementia services (including staff training).

### **Promote the JSNA engagement plan and support members to take part**

to help influence the assessment, such as promoting the needs of people with learning disabilities and other 'missed off' groups.

### **Adult social care**

From discussions in the adult social care group it is clear that there are a lot of unanswered questions. LINK could approach the council for answers to these questions using its statutory powers. Once the answers have been shared with the membership LINK may wish to pursue some of the issues further.

## **4.3 Who gets LINK information and what is done with it?**

Some members at the event raised this question.

LINK's general information is sent regularly to members through the newsletter Stronger Voice and the E-bulletin. These updates are also sent to LINK partners including Council officers, overview and scrutiny, Northumbria Healthcare NHS Foundation Trust, NTW NHS foundation Trust and North of Tyne PCT. This ensures partners are aware of what issues our members are raising.

When LINK does some research into a particular issue a report will be produced detailing the findings. This report will be put on our website for all members to read (hard copies can also be ordered from the LINK team). The reports will be sent to the health or social care authority it concerns. For example, LINK sent a report on members' concerns about the development of an emergency care hospital to Northumbria Healthcare NHS Foundation Trust (the acute hospital trust) and North of Tyne PCT (the commissioning body). LINK recently commissioned some research into home care in North Tyneside. This report was sent to North Tyneside Council's Head of Adult Social Care.

When LINK sends a report to the NHS, PCT or local authority it will contain recommendations for improvement of services. LINK will request that the recipient make a response to the report and its recommendations within 20 days. This is a statutory duty placed on the health and local authorities within the Local Government and Public Involvement in Health Act (2007). If the authority fails to respond LINK can refer the matter to Overview and Scrutiny, and ultimately, report the authority to the Secretary of State.

Previous LINK reports have been used to inform commissioning of carers services in North Tyneside, contributed to the formal consultation for the emergency care hospital, and prompted the local authority to review its respite care services.

## 5 Evaluations

21 evaluation forms were completed. Members commented that there were fewer professionals (from health, social care and the voluntary sector) at this event than there have been at previous events. The LINK team could think about sending individual invitations to relevant professionals to increase their involvement in such events.

What was useful about the event?

- The chance to hear individual experiences and the work that has been carried out by LINK
- To be able to see and hear the input from LINK to the PCT
- Sharing of information
- Presentation on LINK achievements
- Good networking event

How could the event be improved?

- Would be difficult to improve on
- Very well run and productive
- More time for full discussion

Other comments included:

- “Workshops were excellent, stimulating and thought provoking – most worthwhile, catering was excellent”
- “Well organised”
- “Always enjoy the event but it is prone to people being very personal in approach and needs very tight chairing, especially in workshops to keep people working to the agenda.”

**LINK would like to thank all those who attended and contributed to the day.**



## **Appendix 1**

### **Full List of Priorities in Order**

1. Personalisation
2. care homes
3. young people's mental health
4. care at home
5. generic medicines
6. children's health
7. alcohol
8. adults with autism
9. involvement of BME groups
10. more NHS chiropractors
11. out of hours transport to hospitals
12. prevention and diagnosis of long term conditions
13. education of health professionals