



COUNTY DURHAM
A local voice for local people

County Durham LINK

Annual Report 1st April 2010 to 31st March 2011



LINK
MAKE IT HAPPEN!

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Message from Dave Haw (Chair) November 2008 – March 2011

As we come to the end of the first 3 years of County Durham LINK I have decided to step down as Chair at the same time as I retire from Age Concern.

I have been involved with the LINK concept since November 2006 when I was involved as the voluntary sector representative for the early adopter scheme which developed into the LINK.

The next few years are going to be very interesting with the move from LINK to HealthWatch and in the circumstances it is the right time for someone new to take the role of Chair.

The achievements and impact that the LINK has made this year has been significant and can be seen from the LINK Evaluation on Page 12, Highlights of the year as shown on Pages 27 - 31 and the Case Study on Page 32.

Our positive working relationship with statutory partners continues and would also like to convey my thanks to their continued support.

I would like to thank all LINK members and especially the Management Committee for the support they have shown to the LINK and it's work and also to myself. Very best wishes for the future.



David Haw

Chair, County Durham LINK



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County Durham LINK Structure and Governance

Mission Statement

‘To promote, influence and improve the physical and mental well-being of people of all ages residing permanently or temporarily in County Durham’

Up until June of last year, the membership of the LINK was supported by a Management Committee initially constructed to have 7 district members and 7 specialist interest group members to manage the governance of the LINK.

Following feedback from the LINK 360 Degree Evaluation completed in Year 2 and from Management Committee members themselves, it became clear that some Management Committee members were finding it difficult to adequately communicate with their respective constituents due to the large geographical size of the areas they cover and in some case lack of connections with local networks.

In light of this the membership of the Management Committee was increased to enable the election of 2 representatives per district. In addition, a review of the criteria for the role was carried out which included asking current District Representatives or those interested in the role, to demonstrate their links with their local communities. There was also agreement that there would be a minimum of 4 Special Interest Group positions on the Committee. The changes to the structure were agreed by the wider membership in June 2010.

During the year, various colleagues stepped down from their roles and it is at this point we would like to take the opportunity to thank, Malcolm Harrison who represented Durham and Peter Wilkinson who took up the Special Interest Group position for Mental Health elected by the Countywide Mental Health Forum, for all their hard work and support.

As of March 2011, the membership of the Management Committee comprised 10 District and 4 Special Interest Group Representatives as follows:

Durham - Kathleen Currie, Alan Charlton (Co-opted member)

Sedgefield – Betty Carr, Robin Millerchip (Co-opted member)

Easington – Malcolm Fallow (East Durham Trust), Les Goodrum

Derwentside – Colin Burton + **1 vacant seat**

Chester – le – Street – **2 vacant seats**

Teasdale – Mary Mitchell, Pamela Spurrell

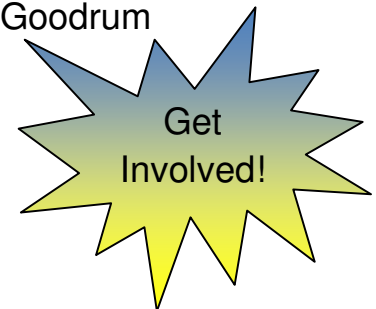
Wear Valley – Peter Irving, Brewis Henderson (Co-opted member)

Older People – David Haw (Age Concern)

Carers – Audrey Chapman (Derwentside Carers)

People with Physical Disabilities and/or Sensory Impairments – Jim Welch (Blind Life)

Mental Health – Janet Walls, George Blakemore (both from the Countywide Mental Health Forum)



Enter and View

Durham LINK's Enter and View members were recruited in March 2009 and after all the necessary checks were carried out for CRB purposes, they formally met in September 2009.

Initially they spent time looking at the role of 'Enter and View' itself, working together as a team, developing procedures and embarked upon an intensive training plan.

As part of their role, LINK Enter and View members like their colleagues on the Management Committee, agreed to commit to the Nolan principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership and also to the County Durham LINK Core Values (within the Terms of Reference).

The group is currently made up of 10 members: Michael Dalton (Chair), Syd Duggan, Sheila Grant, Pauline Crathorne, David Kellet, Michael Hemingway, Joan Taylor, John Hudson, Sandra Cottrell and Agnes Armstrong.

Key statutory partners were also contacted in this initial phase to bring them up to speed with the role of the LINK itself and Enter and View. Training visits were organised with the North East Ambulance Service (NEAS), Durham County Council's, Cheveley House Residential Care Home and with the Clozapine Clinic at County Hospital in Durham between September and November 2009.

The group's formal visits began in August 2010 and the table below shows the work to date of the group.

Site	Visit	Draft report	Final report agreed
Clozapine Clinic, Lanchester Road Hospital	02/08/10	13/9/10	20/09/10
Willowdene Care Home	7/10/10	10/11/10	13/12/10
Appletree Care Home	20/10/10	15/11/10	13/12/10
Child and Adolescent Mental Health Service Review– invitation from Tees, Esk and Wear Valley NHS Foundation Trust to visit both sites	17/12/10,6/1/11	10/2/11	15/2/11

Table 1 Schedule of visits carried out during the period 1st April 2010 – 31st March 2011

All reports have been shared with Service Providers, Commissioners, Overview and Scrutiny Committee, Care Quality Commission and the wider membership through the LINK website www.linkcountydurham.co.uk.

The work of the group is seen in high regard due to the professionalism of members and the quality of reports produced which has helped to build relationships with our statutory partners. Future visits are planned for next year at the Outpatients Department, Darlington Memorial Hospital and A&E at both University Hospital North Durham and Darlington Memorial Hospital.

Feedback from Service Providers:

Care Home Manager Christine Martin said “ I would encourage any home to participate in the Enter and View process” – Appletree Care Home, Meadowfield.

TEWV (Tees Esk and Wear Valley) NHS Foundation Trust’s Director of Nursing, Chris Stanbury, said “We appreciate feedback that allows us to improve and develop our services for our service users and carers.” – Clozapine Clinic, Lanchester Road Hospital.

Care Home Manager, Lynne Smith said, “It was a very structured yet personal visit and your Enter and View team were friendly and approachable towards my staff and residents.” – Willowdene Care Home, Sedgefield.

The group would like to thank all the staff and service users involved with the visits that have been carried out to date.

Membership

Over the last 3 years, Durham LINK has seen a steady increase in the number of LINK members. At the end of March 2009, the membership stood at 297, which were made up of 100 groups and 197 individual members. The majority of these would be ‘informed participants’ or those who have registered an interest and receive updates and information. The number of ‘informed participants’ is not wholly exclusive to those who have joined the LINK as a member though as the LINK sends updates to various locations and stakeholders to ensure effective engagement, please see Page 19.

The current membership is 373, and is made up of 236 individual members and 137 groups.

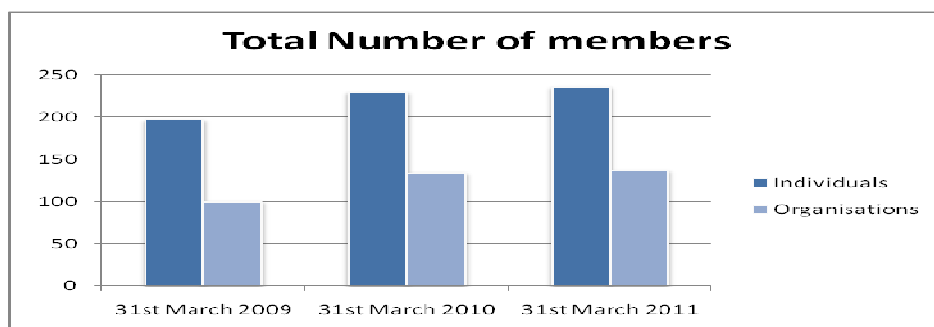


Figure 1 Graph showing increase in LINK members over 3 year period

Activities

Overall 24% of the LINK membership are ‘active participants’ or those members who are involved in LINK work on a regular basis, i.e. Working Group members, Enter and View, Management Committee and external LINK representatives.

Profile

These results profile the County Durham LINK membership data as at 31 March 2011:

HEADLINES

236 individuals (63.27%)

137 organisations (36.73%)

Disability – 44.91% of individual members identified themselves as having a disability with 21.61% of these having a physical or sensory impairment.

Long term health problems – 39.83% identified themselves as having a long term health problem.

Faith – 59.32% of individual members who completed the question said they had a faith.

Individuals Profiles – 1.27% identify as bi-sexual, 0.85% identify as gay and nil returns for lesbian categories. The Government estimate (endorsed by Stonewall) is that between 5 -7% of the population are lesbian, gay or bi-sexual.

Ethnicity – out of the 80.93% who responded less than 1.27% were non white.

LINK Evaluation

As part of its continued evaluation a 360 degree feedback process was carried out between December 2010 and February 2011. The results from this contribute to Year 3 formative evaluation of the LINK which then goes on to add to the summative evaluation of the LINK in 2011. 360 degree feedback involves gathering clearly defined information from a variety of sources and comparing it with an organisations own perception of its performance. The intention is to obtain a fuller picture than might be achieved otherwise and to take account of the complexities of working relationships in contemporary organisations.

Year 3's report repeats the methodology of years 1 and 2 so that comparisons can be made and conclusions drawn about LINK performance against its objectives.

Methodology used

- Repeat of the Member Survey carried out in 2008 and 2009 (electronic & hard copy)
- Repeat of the Stakeholder Survey carried out in 2008 and 2009 (electronic)
- Profile of LINK membership based on data collected as part of application process

Please see below for the key summary points identifying the key achievements and emerging themes over the 3 year lifespan of the LINK

Achievements

Over the 3 year life of the LINK there has been:

- A steady increase in membership numbers
- A good gender balance in terms of the membership
- Good distribution of membership across urban and rural areas of the County
- Significant improvement in satisfaction with LINK communications
- Generally positive relationship with PCT (Primary Care Trust) highlighted each year
- Increasing belief that the LINK can influence PCT & social care
- Real progress on Enter & View responsibilities

Emerging Themes

Organisational membership

Organisational membership has remained lower than individual membership which is consistent with the national picture.

Membership profile

The LINK membership is predominantly aged 50+ and the age profile is probably reflected in members interests (health, social care, older people).

Membership Feedback

Growing influence

The question of whether people felt that the LINK had positively influenced health and social care services yielded a much more positive response than last year with 25% stating 'yes' as opposed to 15% in the previous year.

There has been a gradual increase over three years in members belief in the LINK's ability to influence decisions taken by the PCT (Primary Care Trust) and the local authority but it remains relatively low overall and the trend for members having less confidence in influencing the local authority decisions than the PCT continues.

Respondents who felt that the LINK had made a positive impact on services often cited particular consultations or committees in their reasons for believing that the LINK had influenced services. These included 'Implementation Working Party on Older People's Mental Health', 'Seizing the Future', and 'Enter and View' events (including Darlington Foundation Trust Stroke Services and Ambulance Service). It is possible that members who had been involved in particular consultations were more likely to feel that the LINK had been influential because they had seen the outcomes of these consultations first hand. Several respondents remarked that recommendations from Enter and View had been accepted and acted upon. This finding is particularly important in view of the fact that there will be much less inspection by CQC under new compliance arrangements. Undertaking this type of function will therefore be an important activity for HealthWatch.

Enter and View

This year's evaluation has been marked by positive feedback about Enter and View from both members and stakeholders, an important success story which will be of great benefit as HealthWatch and relationships with the CQC (Care Quality Commission) develop during 2011-12.

Digital divide

This year's evaluation highlights a 'digital divide' which is worthy of further consideration and exploration. This means that those who responded to the evaluation questions electronically (i.e. using an e-survey) were more likely to feel able to influence than those returning paper responses. Whilst there may be a number of reasons for this, it has implications for future LINK and other stakeholder consultations.

Main Achievements

The question 'What do you see as the LINK's main achievement over the last 3 years?' offered members free text to express their views. Several themes emerged.

- **Information giving and communication**

"Establishing connections with the local community"

"Ensuring people are aware of ongoing consultations and providing an opportunity to respond"

"Communicating information which (I would) otherwise would not know about."

"Providing relevant information in an easy to understand manner".

- **Empowering People to express their views about health and social care issues**

“Bringing persons of similar ideas together so we have one big voice”

“Social inclusion in decision making”

“Promoting the inclusivity of local persons and giving them a say in the workings of parts of the health service”

“Informing the public about public and involvement opportunities, carrying out work on projects which are giving them concern”

- **LINK works with and represents people who might otherwise be marginalised**

“Social inclusion in decision making”

“Working with local communities in Co. Durham, particularly disadvantaged and marginalised communities (eg. Deaf / Deafened community, Children & Young people)”

“Helping to deal with important community issues such as alcoholism, mental health issues and dementia”

- **LINK and specific practical achievements**

“Specialist training for LINK members to undertake visits (Enter and View) and reporting on observations”

“Setting up and becoming one of the forerunners in the Country, recruiting a large membership and in particular, working with vulnerable groups, agreeing a protocol with the NHS and Local Authority”

“Organising lines of communication and administration as well as recruiting people with organisational/team skills”

“Working on Health scrutiny”

“Establishment and operation of enter and view, working relationship with CQC and training”

- **LINK Member’s involvement**

A couple of positive comments which summarised people’s involvement were:

“The LINK has come a long way in the last 3 years and has done an excellent job of communicating with a wide range of people and getting a message out to the community of it's existence and recruiting members. It also has a great relationship with the Overview and Scrutiny Committee which has been built up steadily over the 3 years”

“LINK is doing a great job helping to make service users' voices heard and give them a chance to provide input into some of the decision making and feedback processes re: health service provision (or the lack of it). Hopefully this will continue via the planned HealthWatch set-up.”

Feedback from stakeholders

The vast majority of repondents from statutory sector stakeholders value the LINK and regard it as established, well-supported and maintained.

On the issue of influencing positive changes in health or social care services, 50% said yes but the other 50% felt it was still 'too early to say'. Despite this, there was a good range of feedback about the LINKs achievements and some positive comments as follows:

“Becoming established, developing capacity, Enter and View arrangements, work with TEWV, raising the voice of service users and carers within mainstream partnership meetings”

“Developing a 'bank' of informed and empowered individuals who are equipped to add value to healthcare commissioning processes”

“Quality assuring and contributing to the development of formal consultation processes through its task group structure and close working with health overview and scrutiny. This was particularly evident with the Seizing the Future hospital changes in County Durham whereby the LINK added value in reviewing and improving consultation methods and associated literature, setting standards for future consultation processes.”

“Establishing a network of people interested in health and social care, working groups and specific areas of interest to become involved in.”

Spreading the word and engagement

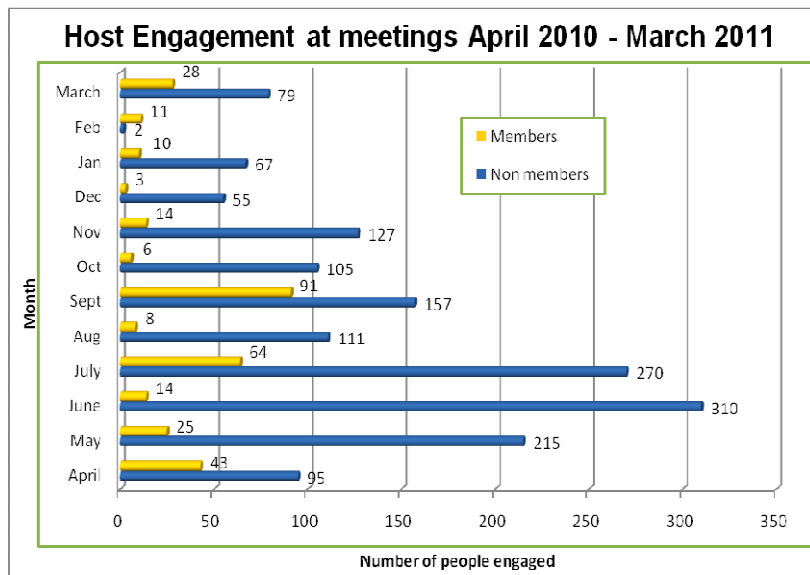


Figure 2 Graph showing the number of people engaged with on a monthly basis

There are also a number of groups and communities that LINK engage with such as children and young people . 'LINK Fresh!' was launched to be pitched to the younger age group.



Members on the database have a number of ways they can be involved, receive the newsletter or e-bulletin, join a working group or attend a coffee morning or an information day.

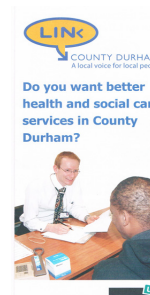
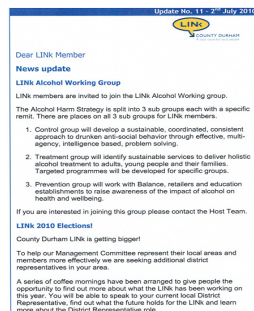


Newsletter Distribution

Newsletters are produced on a quarterly basis and are distributed throughout County Durham not only to our members, but in bulk to other locations including residential care homes, GP Surgeries, Community Centres, Libraries, Pharmacies and Prisons to name a few. If anyone has any further suggestions on how to increase the LINK's 'reach', please contact the Host office and speak to one of the team.

E-bulletins are also sent out on a fortnightly, sometimes, weekly basis dependent on the information that needs to be shared with the wider membership. To date, since April 2010, 28 bulletins have been produced. These tend to showcase news items, upcoming consultations and events both external and LINK related.

Leaflets and promotional materials are also handed out at external events to raise awareness of the LINK and recruit more members.



Information can also be provided in different formats that range from BSL (British Sign Language) versions, Braille, Large Print and Easy Read.

Coffee mornings/District events are held bi-annually and **Information Days** are also held regularly to update the LINK Membership. **Working group meetings** are held on an as and when required basis. The LINK also gain coverage through other organisation's websites and newsletters.

County Durham LINK have also established a **Facebook** group and have a current membership of 50.

The LINK website is accessible and all reports, feedback, events and news items are updated regularly.

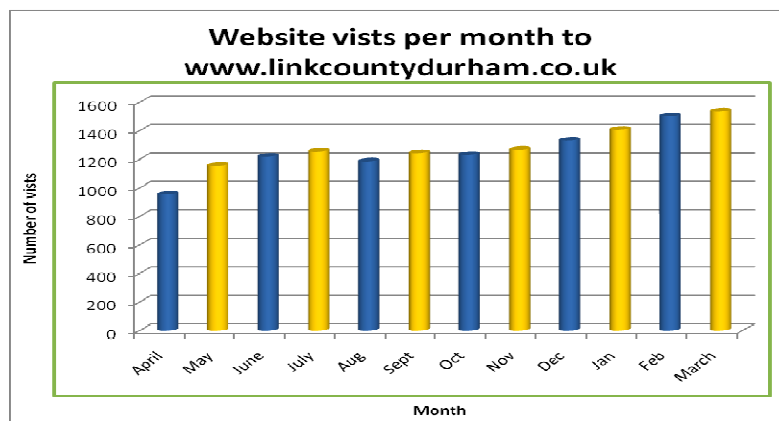


Figure 3 shows the number of website visits per month from 1st April 2010 to 31st March 2011

New for 2011...

Survey monkey will be used more to gauge members opinions.

Community Engagement Boards in supermarkets (Tesco and Sainsburys) will also be introduced as of July 2011. This will also help to build relationships in the retail sector to target those service users of working age.

Working with Key Stakeholders and Partner Organisations

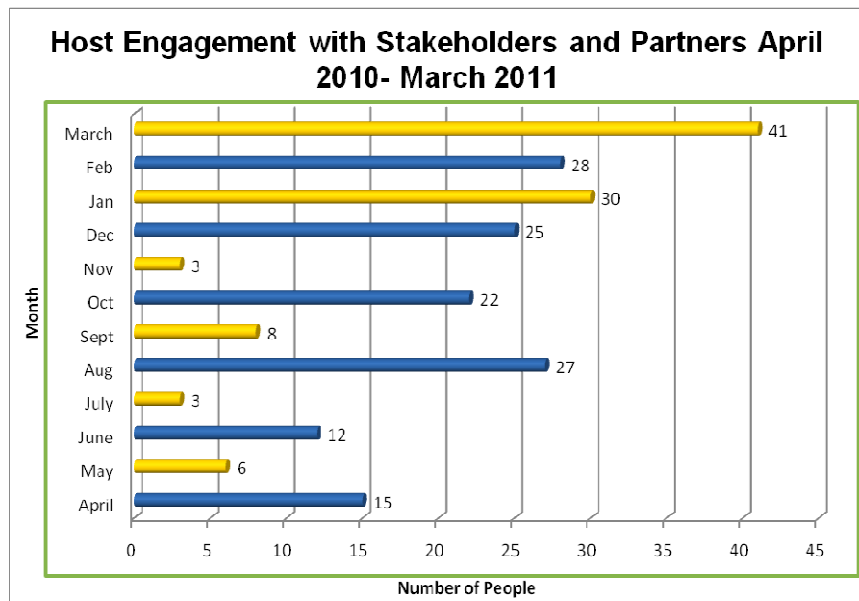


Figure 4 shows the number of partners and stakeholders engaged with on a monthly basis

Requests for Information

During the past year County Durham LINK have made 6 requests for information and of these 5 responses were received within the 20 working days.

We continue to work in partnership with statutory partners, commissioners and providers, and the trend set over the last 3 years can be seen as positive, particularly with the progress that the Enter and View group have made.

The LINK Host staff are in regular contact with staff from the Local Authority including the Overview and Scrutiny Committee, NHS County Durham's Involvement Team to ensure effective communication. They also attend LINK Host Forum meetings with staff from the Tees, Esk and Wear Valley NHS Foundation Trust, County Durham and Darlington Foundation Trust's Patient Experience Team, PALS, and the Care Quality Commission.

It is also thanks to the continuous work that goes on behind the scenes that has progressed the LINK over its lifespan and the LINK would like to take this opportunity to thank the staff of the Host Organisation for all their support and hard work so far.

“More work needs to be done and the road ahead is challenging but the direction is one that is positive!” – Alesha Aljeffri, Project Manager, LINK Host

What we have done this year

There were four priorities agreed in the initial LINK Work Plan which looked at 'Seizing the Future' (a re-configuration of local Accident & Emergency services), Carers Strategy, Rural Health issues and the lack of provision of day opportunities (for special interest groups i.e. Mental Health and Learning Disabilities).

A further 4 priorities were agreed in April 2009 that included Alcohol, Provision of Talking Therapies, Dementia/Alzheimer Services and Domiciliary care. In August 2009, 3 more work plan issues were added that looked at Personalisation, GP Patient Forums and Residential Care Homes.

In April 2010, the LINK Work Plan was reviewed to determine what progress had been made and if objectives had been met.

In light of the review, it was agreed that some issues did not follow the intended lifespan initially outlined when the LINK was launched in that a lot of those issues had evolved over time.

Due to this it was decided to break the issues down into different categories which included ongoing or 'active' issues, 'watching briefs', those we're monitoring through representation on external groups and those that had been completed.

It was agreed that the groups that looked at specific issues or consultations such as 'Seizing the Future', the Joint Learning Disabilities Strategy, the Mental Health Day Services Review, GP Patient Forums, Talking Therapies and Residential Care Homes all followed the initial plan for time specific work and had now ended.

The Carers, Rural Health and Dementia working groups were no longer actively meeting, but issues are monitored and groups such as these can be brought back into action should the need arise.

A further review took place in September 2010 to monitor if this system worked and how this would now be affected by the changes published in the NHS White Paper, Equity and excellence: Liberating the NHS.

A further update took place in March of this year to establish what the LINK Work Plan could look like for 2011/12 as it moves into the transition period and a list of current work plan issues can be seen below.

Ongoing/active working groups for 2011/2012

- Stroke
- Joint Information Gathering (JIG) Group
- Enter and View
- Alcohol
- CoDeaf

Cross Boundary working

- Mental Health Crisis
- Multi- LINK Momentum Working Group

LINK Forums

- Personalisation
- NEAS (North East Ambulance Service)

Information Groups

- Dementia
- Rural Health Issues
- Carers Strategy
- OPMH (Older Peoples Mental Health) Steering Group
- Learning Disability Parliament
- Children and Young People

The LINK Work Plan is continuously evolving and will be reviewed again in September 2011.

Highlights from 1st April 2010 to 30th June 2010

- A GP Patient Forums event was held on 29th of April. Please see case study on Page 32. There are possible opportunities to expand on this issue in the future particularly with the emerging GP Consortia and the transition to Local HealthWatch.
- Two LINK members were invited to be part of the communications sub group for the IAPT (Improving Access to Psychological Therapies) Programme.
- A review of the Management Committee structure takes place and proposals to increase the number of District Representatives are discussed and endorsed by the LINK membership.
- An Alcohol Awareness Day was arranged for the 27th May with 2 guest speakers attending from Balance and (DAAT) Drug and Alcohol Action Team.
- LINK Evaluation for Year 2 was completed and recommendations for the following year were discussed and taken forward.
- The LINK Annual Report 2009/10 was submitted to the Secretary of State and other key stakeholders.

Month	April	May	June
No. of working group meetings	5	4	5

Highlights from 1st July 2010 to 30th September 2010

- The NHS White Paper was published and the consultation on the proposed changes within the NHS began.
- Enter and View met with the Commissioning team to gain an insight into how inspections are carried out and how service contracts are monitored at the August Information Day. Guest speakers also included Dr Verna Fee from NHS County Durham and Darlington.
- The Enter and View group sent a report to TEWV, regarding their visit to the Clozapine Clinic, Lanchester Road Hospital, and requested a response to the report itself and the recommendations within it.
- The LINK Election Campaign runs during July to recruit further members onto the Management Committee to act as District Representatives.
- New representatives Janet Walls and George Blakemore are elected to feedback on behalf of the Countywide Mental Health Forum at the Management Committee and colleagues bid farewell to Peter Wilkinson.
- 'Mydistrictrep' email goes 'live' giving rise to a further way for people to contact their District Representatives.
- Dave Haw, Older People's Representative and Chair of the Management Committee announced his retirement from Age Concern as of April 2011 and Malcolm Harrison steps down as Durham District Representative.

- The LINK AGM takes place on 28th September and members are asked for their comments and views on the White Paper and the plans for Local HealthWatch, which are used to form the LINK response to the consultation.

Month	July	August	September
No. of working group meetings	6	2	6
No. of Enter and View Visits		1	

Highlights from 1st October 2010 to 31st December 2010

- The new District Representatives, Pam Spurrell, Kath Currie and Les Goodrum elected at the AGM attended their first Management Committee.
- A review of the feedback mechanisms of the LINK took place and new sub groups were established to look at trends in PALS reports and complaints.
- Colin Burton, Derwentside District Representative is elected to the position of LINK Vice Chair and 3 new members were co-opted on to the Management Committee to represent Durham, Sedgefield and Wear Valley. They were Alan Charlton, Robin Millerchip and Brewis Henderson respectively.

- TEWV respond to the LINK's report regarding the Enter and View visit to the Clozapine Clinic, thanking the LINK for the constructive feedback and outlining the remedial actions the Trust will take. A review of this will take place in 6 months time.

Month	October	November	December
No. of working group meetings	1	0	1
No. of Enter and View Visits	2		1

Highlights from 1st January 2011 – March 31st 2011

- The HealthWatch Programme Board was established and the Advisory Group met for the first time in January 2011.
- Mark Dunne-Willows was elected to represent the Older Peoples special interest group in place of David Haw and joined the Management Committee.
- The Enter and View group carried out a mini audit on their work so far.
- The JIG (Joint Information Gathering) Group formed with a remit to look at trends and patterns within PALS reports etc and feedback key themes.

- Malcolm Fallow stepped down as District Representative for Easington and David Haw also steps down as Chair at the end of March. Peter Irving, District Representative for Wear Valley was duly elected the next Chair of County Durham LINK.
- The LINK Work Plan review was carried out.

Month	January	February	March
No. of working group meetings	3	2	1
No. of Enter and View Visits	1		

Case Study

What was the problem/issue?

To increase awareness of GP Patient Forms amongst members of the LINK, public and work with partners to increase the uptake of forming GP Forums.

What did the LINK do?

Following the work that had been done with LINK members to establish which GP Practices in County Durham had a GP Patient Forum, an event was held on 29th April to give more information about GP Patient Forums to both LINK members and other agencies. It included a presentation showing the national and local picture, statistics and an informal discussion with Kim Metcalfe, Practice Manager, Belmont GP Surgery, explaining how her surgery had set up their Patient Forum.

Prior to this, the LINK contacted NHS County Durham and Darlington and NAPP (National Association of Patient Participation) regarding any available guidelines/toolkits for establishing Patient Forums. Partners were happy to share any work done so far.

What happened as a result of the LINK's actions?

The report produced highlighted that of the 74 GP practices in County Durham, 48 have a Patient Forum and 26 did not (results generated as of April 2010). Broken down into the 5 Strategic Health Partnership areas the distribution of Patient Forums is as follows: Durham – 50%, Easington – 59%, Sedgefield – 73%, Dales – 66%, and Derwentside – 80%.

The LINK Host then contacted those GP practices that did not have a Patient Forum to offer support in the set up in the form of sharing toolkits and referral to NHS County Durham for more practical support. The Patient, Carer & Public Involvement Team offered support to encourage GP practices to set up a Patient Forum.

Future Plans

Our work with young people continues

Further to the visit to Darlington Memorial Hospital in March 2010, the Trust have been back in touch to invite the group back to the ward to see the changes. It is likely that the group from 2D will have the opportunity to visit the ward again to see if their ideas have been turned into reality. A review is likely to take place in the summer of 2011, and further details of this will be shared through our newsletters.

And next...

- ✓ The LINK work plan for 2011/12 will undergo a further review in September 2011.
- ✓ Ongoing recruitment paying particular focus with the under 50s, Minority Communities and 19 -25 year olds – targeted campaigns are planned for the 2011/12 to recruit under represented communities.
- ✓ A running schedule of visits has been drafted and more visits are planned for the upcoming year 2011/12.
- ✓ Work collaboratively with our key partners in reviewing the Joint Working Protocol taking account of the many changes occurring with all partners.
- ✓ Continue to build upon the relationship with Care Quality Commission through the LINK's working group – the PALs/CQC groups combined to form the Joint Information Gathering Group whose remit is to analyse trends/patterns and feedback issues to the LINK. Evidence supplied from this group is used to keep the LINK informed and

shared with key stakeholders like the CQC helping to build upon the already existing relationship.

- ✓ Continue to hold engagement events with LINK membership and public. Coffee mornings/district events are planned for September 2011. Another opportunity to highlight your issues!
- ✓ Host the County Durham LINK Annual General Meeting on the 4th October 2011 – a date for your diary!
- ✓ Review the LINK evaluation findings and learning from the last three years and identify trends and gaps for consideration as LINK evolves into Local Healthwatch.

Our Finances

Income and expenditure – County Durham LINK

	Budget 2010 - 2011		Budget March 2011	Actual March 2011
Income				
LINK Income	230,000		230,000	230,000
c/f from 2009/10	52,873		52,873	44,676
Total Income	282,873		282,873	274,676
Expenditure				
1. Venue costs/refreshments	30,147		30,147	22,426
2. Volunteer/Participant transport/expenses/Training	15,500		15,500	6,526
3. Activity Resources/ Project Materials	15,300		15,300	3,820
4. Staffing Costs	116,525		116,525	87,422
5. Equipment/Stationery/Postage etc	16,500		16,500	11,710
6. Printing/Marketing	17,000		17,000	7,212
7. Professional/Consultancy /Audit Fees	28,922		28,922	12,736
8. Management Fee/Insurance	31,131		31,131	30,102
9. Administration Support	11,848		11,848	11,848
Total Expenditure	282,873		282,873	193,802
Surplus/Deficit	0		0	80,874

1. Venue costs – costs such as meeting rooms, event venues and rent for office space. £30,147 was budgeted for venue costs in the 2010/11 financial year but only £22,426 was spent leaving an under spend of £7,721.
2. Volunteer/participant transport/expenses/training – costs such as buses, taxis, car mileage and arranging training. In light of the slight overspend in 2009/10, the budget was increased to £15,500. This figure also incorporates training expenses. £6,526 in total was spent in this financial year showing an £8,974. Most training has been resourced without any cost through work with partnership organisations and as some work plan issues have been completed, some working groups are no longer active and therefore reflect a reduction in expense claims.
3. Activity materials – costs such as interpreters, signers, translating information in to different formats, and other project materials required for the Project. £15,300 was budgeted for activity materials in the 2010/11 financial year, but only £3,820 was required to be spent in the financial year showing an under spend of £11,480.
4. Staffing – costs such as staff salaries and national insurance. £116,525 was budgeted for staffing in the 2010/11 financial year. £87,422 was spent in the financial year leaving an under spend of £29,103. The under spend was due to the loss of two full time Community Engagement workers partway through the year and with the uncertainty of the LINK Host contract itself, it was agreed that a

restructure would take place followed by the recruitment of further staff if needed once further details were received on the transition period.

5. Furniture, office costs – costs such as new furniture, equipment, stationery, postage etc. £16,500 was budgeted and £11,710 was the actual figure spent giving an under spend of £4,790.
6. Publicity/marketing/printing – costs such as having newsletters printed, photocopying. As the spend for this was £15,145 in Year 2, the budget was increased accordingly to £16,500, however the actual spend this year was £7,212. This is likely due to the changes to how information is disseminated to the wider membership e.g. E-bulletins
7. Consultation/partnership costs – costs such as paying for a consultant to support the work of the LINK, LINK Evaluation, and any commissioned work with partner organisations - £28,922 was budgeted for 2010/11 and £12,736 was spent. The budget for 2011/12 for this will not be reduced as it is anticipated that commissioned work with partner organisations is likely to increase in light of the current changes.
8. Management fee – costs for managing the contract and insurance. £31,131 was budgeted and £30,102 was spent.
9. Administration cost. £11,848 was budgeted and £11,848 was spent.