



Local Involvement Networks: Annual Reports 2010 Focussing on Benefits and Outcomes

This document is designed as an additional resource to build on the existing (former NHS Centre for Involvement) Guide No. 14 on Annual Reports available on LINKs Exchange at www.lx.nhs.uk. It helps those involved with LINKs understand the requirements relating to the preparation and publication of annual reports and provides a revised template to aid consistency in reporting that responds to feedback from LINKs about last years process.

The document emphasises the need for this year's reports to go further than the legal requirements and provide evidence of the impacts, benefits and outcomes that LINKs have delivered for their local communities. Appendix A offers some 'top tips' based on direct feedback from LINKs which may facilitate thinking around this important issue.

Background:

LINKs have been operating for two years and in this year's Annual Report, we need your help to demonstrate that LINKs are making a real difference to local communities and having a real impact at a time when all public expenditure is increasingly coming under scrutiny. The final annual report provides us with a unique opportunity to demonstrate how LINKs has made an impact while providing value for money when budgetary pressures are increasing.

The Department of Health believes that the LINKs model is the right one but a range of evidence is needed to prove that the model is effective and collectively that LINKs lead to the delivery of improved quality services giving a good return on investment.

Included in the template are a number of specific evidence measures that LINKs need to report against which provide a common currency for measuring and reporting the success of LINKs – both nationally and for LINKs local accountability. These measures are practical for the Department of Health to collect and report and overall will powerfully demonstrate to stakeholders the impacts that LINKs have delivered.

To build a strong case for further funding and secure a future for LINKs, the 2010 Annual Reports need particularly to demonstrate how LINKs have been effective in their core objectives:

- in **engaging**, reaching out to and gathering views and experiences from a diverse range of people
- in **analysing feedback**, assessing priorities and translating the results of their activities into reports and recommendations
- in **taking action**, influencing the design, development and delivery of health and care services and generating outcomes that respond to the priorities of their communities

See Top Tips on reporting your outcomes in Appendix A

Key points about reports:

LINK annual reports must cover the period **1 April – 31 March**.

Reports must be published **by 30 June** each year – a **requirement for the LINK to produce an Annual Report** is set out in Section 227 of the Local Government and Public Involvement in Health Act 2007

Reports must be made **available to the public** and a **copy must be sent** to each of the following:

- the Secretary of State for Health;
- the Care Quality Commission;
- relevant Local Authorities;
- relevant Primary Care Trusts;
- relevant Strategic Health Authorities;
- relevant Council Overview and Scrutiny Committees.

One copy of your Annual Report marked for the attention of the Secretary of State for Health should be submitted by email to the PPE mailbox at ppe@dh.gsi.gov.uk.

The information that reports must contain is set out in legal Directions (for more information see www.dh.gov.uk/ppe). LINKs need also to think about how their annual reports can be used to communicate with local people and groups about the progress being made and specifically the **impact** their LINK is having on services.

LINKs should think about how they can make their reports accessible to a wide range of people by using different formats, (Plain English, symbols, pictorial representation, minority languages etc) and methods of publication (e.g spoken word, Braille etc)

Although Host organisations have a role to facilitate the preparation and publication of the LINK's annual report, **the report is that of the LINK**, not the Host: the full LINK needs to agree the content of the report.

Although LINKs must produce annual reports, they should communicate with the local community about their activities throughout the year.

What information must be included in LINK Annual Reports 2010?

- Name, address and contact details (i.e. postal address, email address, website, telephone number) of the LINK.
- Name address and contact details of the Host organisation.
- Names of authorised representatives.
- Names of individuals involved in making relevant decisions.
- The amounts of money received by the Host from the Local Authority and what that money was spent on.
- The LINK activities that have been carried out.
- How the views of people have been made known to commissioners, providers, managers and those who scrutinise care services.



The **impact** of LINK activities. (see 'top tips' in Appendix A)

- How many requests for information were made, what the requests were about, to whom the requests were made and whether responses were received within 20 working days.
- How many referrals to Overview and Scrutiny Committees were made, whether the OSC kept the LINK informed of progress and what actions the OSC took in respect of the referrals.
- How many reports and/or recommendations were made to commissioners, what they were about, whether commissioners responded within 20 working days with an explanation of action(s) to be taken or an explanation of why action was not being taken.
- Which premises were entered and viewed by authorised representatives, what triggered those visits, how many times those premises were entered and viewed and the results of those visits.

Building on the basic requirements

Last years Annual Reports provided a lot of information about LINKs resources and processes and much less about activities and outcomes. This undoubtedly reflected the extent to which LINKs had developed across the country with some being further ahead than others.

It is critically important therefore that this year's reports provide **clear evidence of how LINKs have made an impact**. Appendix A offers some ideas to help LINKs identify benefits and outcomes they have achieved in respect of their core objectives. It provides an approach that allows LINKs to report on outcomes at all different stages of their activities recognising some LINKs may have made more progress than others.

Structuring your report:

This section, sets out in a template how a report might be structured both to answer the absolute basic requirements (with suggested tables to complete) and at the same time provide more information which will demonstrate to communities and local services the relevance, importance and achievements of LINKs.

Front Cover

Display prominently the **name** of the LINK and **the year** to which the annual report refers.

Example:

THISCOUNTY LOCAL INVOLVEMENT NETWORK ANNUAL REPORT 20XX-20YY

Introduction

A page or so of text from someone involved in the LINK:

- **introducing** the report
- **signposting** readers to later contents
- **highlighting** any particular examples of **successes, outcomes and good practice**,
- perhaps setting out **key issues** for the LINK in the following year
- encouraging people to **join**.

Example:

I am/We are delighted to introduce ThisCounty LINK's annual report for 20XX/20YY.

*During the year we have carried out x recruitment drives/awareness raising events/open meetings at a variety of public events as well as through other means (see page x); we have looked at z key issues that you told us were important to you including respite care and support for carers, mental health services for young people, hospital discharge and ongoing support in the community etc (full details in Ch. A/on pages a-f). **We have had significant success this year in achieving...**; and have been building on our key relationships with stakeholders such as our local PCT(s), NHS Trusts, Local Authority, social care providers and OSC (see Ch D/pages k-p).*

Our next big challenges are.....and we will be concentrating on these in the coming year.

Please sign up for our regular newsletter if you would like to be kept informed of our work. To do this simply contact.....

If you would like to find out more about our work or get directly involved in it (in any way that suits you) please contact.....

If your organisation would like to hear more via a presentation or by attendance at one of your events we would be delighted to hear from you. Please contact.....

I/We would like to thank all those hard working LINK participants [and key stakeholders] who have helped to make a difference to health and social care services on behalf of our community.

This section could set out some key **facts** and **figures** about the LINK including:

- **full contact details of the LINK** (name, postal address, email address, telephone number(s), website address)
- **contact details of the Host organisation** (name, postal address, email address, telephone number) and any key personnel
- the **structure/operational model** of the LINK (information on the specific characteristics & behaviours of your LINK model that make it unique to, and effective within, your community/area are important to include)
- the **values** by which the LINK operates (e.g Nolan Principles, transparency, equality etc)
- names of **authorised representatives** (for enter and view)
- names of individuals involved in **making relevant decisions** (as defined in Section 2 (1) (a), 2 (2) (a)-(h) and 2 (3) (c) (i) and (ii) of the Local Involvement Networks Regulations 2008)
- details of the LINK's **membership** (total numbers, number of individuals, number of organisations,)

Membership

Total number of members as of 31/03/2010	
Total number of members as of 31/03/2009	
Total number of members as of 31/03/2010 of which have a social care interest* (see below)	
Total number of members as of 31/03/2010 of which represent the ethnicity and diversity of your population including: Age – Gender Language – Religion Ethnicity – Race Disability Sexual Orientation	
Total number of interest groups as of 31/03/10 of which represent under-represented sections of your community including: Age - Gender Language - Religion Ethnicity - Race Disability Sexual Orientation	
Number of active members involved in Management Boards, sub groups, representing the LINK externally etc	

* People with experience of using social care services or a specific interest in social care

Participants

Total number of participants as of 31/03/09 (people who had contact with the LINK but did not become active members)	
Total number of participants as of 31/03/10 (people who have had contact with the LINK but not become active members)	

LINKs might also build on this to set out information about the levels and diversity of participation in the LINK (how many individuals from different parts of the community took part in LINK activities and what they did, how many voluntary and community sector groups participated and what they did). LINKs could also explain whether any of these groups were previously regarded as ‘under-represented’, “seldom heard” or “hard to reach”. The performance information that Hosts provide to Local Authority contract managers should be a useful source of evidence for completion of Annual Reports.

LINKs could also talk about the successful methods they used to reach those people and get them involved in their work.

About our Community

LINKs will have researched and have a good understanding of the demographics and community profile of their area. This section needs to set out what the LINK has done in **engaging** the different populations and groups within the community, reaching out to and gathering views and experiences from a diverse range of people to find out about local health and social care issues. The LINK needs to describe how it has engaged with people, particularly those ‘seldom heard’ or from under-represented groups, and what the findings were.

It would be useful for LINKs to provide a benchmark of their achievements here – giving an idea of the extent to which their engagement activity has reached out to their wider population in the community.

Public engagement

How many people were engaged (i.e. you sought and received views) by your LINK during 2009-10?	
How many related to social care?	
How many people were from under-represented or seldom heard groups? Age - Gender Language - Religion Ethnicity - Race Disability Sexual Orientation	
What have been the top three most effective ways your LINK has used to engage local people that have yielded the most feedback ? Place in order of effectiveness with the most effective <u>first</u> .	
How many people engaging felt satisfied that they were able to influence health and care services through LINK?	

What have been the most successful engagement activities to reach under-represented groups that have generated significant feedback ? Please provide brief top three examples of activities.
--

Involvement with stakeholders

Has the LINK been involved in any of the following?

- Local Strategic Partnership
- Local Area Agreement
- Joint Strategic Needs Assessment
- User-Led Organisations.

Who was involved; what was involved; how did it work? Which strategic relationships the LINK has forged and decision making processes to which the LINK contributes have been the most effective and successful in generating outcomes?

Training

For many Host organisations a part of demonstrating your impact will be in the way you support LINKs members. Most LINKs will have a training budget to support the training and development of staff and members.

For example, it would be useful to provide an overview and analysis of your training activities. Also, it would be helpful to know if you trained your LINKs members in conducting Enter and View, and if so how did you train them, and did they find the support beneficial in their work with the LINK.

What We Did

This section could set out the statutory activities that LINK members and participants have undertaken during the year (as set out in Section 221 of the Local Government and Public Involvement in Health Act, 2007; and the associated Regulations). This could be framed around each statutory activity or relate activities to different health and social care topics or different people and groups in the community.

This section could also set out how the results of the activity were communicated throughout the year.

The information requirements in the Directions could be included in this part of the report.

Summary of Activity

Requests for Information

How many requests for information were made by your LINK during 2009-10?	
Of these, how many of the requests for information were answered within 20 working days?	
How many related to social care?	

Enter and View

How many enter and view visits did your LINK make?	
How many enter and view visits related to health care?	
How many enter and view visits related to social care?	

How many enter and view visits were announced?	
How many enter and view visits were unannounced?	

Reports and Recommendations

How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	
How many of these reports and/or recommendations have been acknowledged in the required timescale?	
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	
Of the reports and/or recommendations that led to service review, how many have led to service change?	
How many of these reports/recommendations related to health services?	
How many of these reports/recommendations related to social care services?	

Referrals to OSCs

How many referrals were made by your LINK to an Overview & Scrutiny Committee (OSC)?	
How many of these referrals did the OSC acknowledge?	
How many of these referrals led to service change?	

Not all activities will fit neatly into these boxes. LINKs could think about including a variety of additional information about what they have done for example:

- relationship building with key stakeholders (e.g. the Care Quality Commission);
- involvement in national or local consultations;
- involvement in the development of LINKs-related policies (e.g. Quality Accounts, roll out of the NHS Constitution), etc.

Demonstrating impact.

In this section LINKs need to demonstrate how their activities around promoting and encouraging involvement, gathering views, monitoring and scrutinising services and making views known have brought about service improvements, both large and small. **Appendix A** provides some ‘top tips’ on reporting benefits and outcomes.

This section will set out for the local community and others the impact the LINK has had and will help to demonstrate the benefits to people of getting involved and the benefits for commissioners and providers of services of working with the LINK. If there are any particular champions involved with the LINK that might inspire others to get involved they should also be mentioned here.

Importance of Case Study examples and what to include:

This is where strong evidence from local stories and case study examples needs to be included. Health and care stakeholders may also wish to contribute some feedback about their experiences of working with the LINK that positively reinforces the impact the LINK is making in the community.

Including an example that puts numbers to the impact of changing the service will be vital in building the case for LINKs in the future and will offer a way of calculating a return on the investment made in LINKs. This will be essential evidence to support LINKs in the government Spending Review.

Key things to include in your Case Study examples are:

- A description of the service that changed
- How big that service is – number of people using it or total cost of the service
- What change was made to the service
- How did that change improve the quality of that service or its value for money? And can you say by how much this actually changed (e.g. waiting times fell by 3 weeks or fewer people were readmitted after change)?
- How you know this stemmed from LINKs activity.



A Case Study from South Tyneside LINK is included as an example in Appendix B

Insert Case Study example(s)

Our Finances

In this section the only information the LINK must provide is the amount of money the Host received from the local authority (if the Host is prepared to provide that information) and what the money has been spent on.

To give a fuller financial picture and to demonstrate openness and transparency, LINKs could consider setting out how much the Department of Health allocated to the local authority (already publicly available), how much the local authority passed on to the Host and/or how much the Host passed on to the LINK. LINK and Host spending could be listed separately or a total spend could then be given alongside a description of what that spending was on.

Finance

Amount allocated to the local authority by the Department of Health	
Amount of funding received by the host from the local authority	
Amount of funding received by the LINK from the host	
Amount of funding carried over from previous year	
Other income (if known)	
Total budget for 20XX/20YY	
Total spend by host organisation	
Total spend by LINK	

Next Steps – looking ahead to the next 12 months

Many organisations' annual reports include a look-ahead section and LINKs might consider including one in theirs.

For example, LINKs could set out how they will decide their priorities for the next 12 months and how they plan to involve local people and groups in those activities.

LINks may want to consider surveying their community to establish the numbers of people engaging who felt satisfied that they were able to influence health and care services through LINK. This is a measure that will be included in next years template.

This section provides another opportunity for LINks to encourage people to have their say, get involved and join the LINK. LINks could consider restating here all the different ways people can get more information, stay in touch or join, and reprint the contact details or refer back to them.

Feedback and benchmarking:

For the parts of the annual report which can be quantified and are comparable across the country, the Department of Health will send you some feedback that compares the results you provided against

- Similar places to you
- Your region
- The national average

This will be done anonymously, so you won't see any other LINks results nor they see yours. This should give you a feel for your particular strengths, weaknesses and level of maturity as a LINK and hopefully help you plan a way forward for your LINK in the coming year.

In Summary.....

Showcase your work!

People will want to know what you did, but more importantly will want to know why you did it and what the results were. The annual report is a **showcase for your work**. Why did you spend time and money in the ways that you did? What differences did you make? Don't assume readers will automatically understand how your activities helped to achieve your objectives.

Focus on **activity and outcomes**, not structure and process. See **Appendix A** for tips on how to emphasise the benefits of your LINK and the demonstrable difference it has made for your community. Use the annual report to inspire people and groups by setting out your accomplishments related to your objectives.

People tend to be inspired by stories about real people rather than general summaries about your work. Explain what you have accomplished overall, then 'humanise' your report with some personal profiles, perhaps highlighting how your work helped specific groups, service users or communities. Share a LINK participant's story of how they made a difference. This will help others see how they, too, can make a difference.

Help people understand

Remember that people whose first language is not English, people with learning difficulties and people with low levels of literacy and numeracy are likely to be excluded from information about LINks unless you provide it in forms that are accessible to them. Think about how you can let different kinds of people and groups know about the LINK.

Consider including a section that explains 'jargon' and health and social care terms, expressions and acronyms so that people can understand what the report is about.

Never leave people wondering how they can help you with your work. Once you've inspired them with your 'good works', close by telling them how they can help you to go further and achieve more. How can they support you? Be clear about the different ways they can get involved and who they can contact for more information.

Sharing your reports

Although not a statutory requirement (as it is with PCTs, local authorities and others) LINKs should consider sending copies of their annual reports to providers (for example NHS trusts and other private/independent providers of care services). Local Strategic Partnerships may also find it useful to see a copy of LINK annual reports.

.....and finally

LINKs need not rely on their annual reports as the only way of telling people about their activities and achievements. Websites or social networking sites (for example Facebook, Twitter) can be a key source of information for local people about LINK activities and priorities. However, LINKs should recognise that not everyone wants to access information via the internet/online; they need to find other creative and innovative ways of communicating with people and groups that wish to access information in other ways, for example through 'street surgeries', DVDs, exhibitions (in shopping centres, libraries, fairs and carnivals) and drama.



Appendix A: Top Tips – Reporting benefits and outcomes

These 'top tips' and practical examples are drawn directly from feedback provided by LINKs attending workshops facilitated by the Department of Health and responding to questionnaires designed to encourage LINKs to identify benefits and think about

measuring their effectiveness. Performance information provided by LINKs to Local Authority Host contract managers will also be helpful to draw upon.

Demonstrating the value of the LINKs mechanism:

Each LINK will have characteristics, processes and outputs unique to their particular model that make it effective in working with their local community and stakeholders to fulfil their core objectives to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local care services
- Obtain the views of people about their needs for, and their experiences of, local care services
- Convey people's views to organisations responsible for commissioning, providing, managing and scrutinising local care services and recommend how services can be improved
- Enable people to monitor and review the commissioning and provision of care services

Identifying benefits and outcomes:

What do we mean by benefits?

A benefit is something that improves or promotes; something that is an advantage

It is important to report on the **benefits and advantages** that your particular LINK model provides for your area. What are the characteristics, processes and outputs that are specific to the way your LINK works to reflect the profile of the community, demographics of your population, location, existing community and voluntary activity and key stakeholders?

For example: What is it about your LINK that helps more people in your community to engage or participate? How do you know that your engagement approaches are successful?

The following suggestions are direct quotes from LINKs:

 Benefits from your **engagement** activity might be:

- Flexibility of model allows different communities to get involved
- Feedback on services is evidenced based and not pulled from 'thin air' based on individual interests
- Ensuring the representation of the wider spectrum of the care pathway
- Raising the profile and increasing the credibility of the LINK

 Benefits from your **analysis of community feedback** might be:

- Being able to identify where feedback originates
- Being able to demonstrate honesty and a balanced view
- Identifying issues and accurate information in a timely way

 Benefits from the **action you take** might be:

- The public see results then get involved
- The LINK becomes more approachable, trusted and depended upon
- A better reputation and validity of the LINK as an organisation
- Praising good work and promoting good practice
- The devolvement of supporting finances

What do we mean by outcomes?

An outcome is something that follows from an action; a change that comes about as a direct result of your work; a result or consequence.

The following suggestions are direct quotes from LINKs:



Outcomes from your **engagement** activity might be:

- Reports and analysis being produced to challenge services
- Greater diversity of membership
- People having more knowledge about services in their area
- Greater diversity of voices participating and being heard



Outcomes from your **analysis of community feedback** might be:

- An accurate work plan that is what the community wants
- Finding different groups and networks with similar issues
- Development of systems and protocols for fair selection of issues
- Increased knowledge of issues and national policy



Outcomes from the **action you take** might be:

- Reports and recommendations made to commissioners and providers
- Service changes or improvements-recommendations implemented
- Greater user and patient satisfaction
- Websites updated and feedback to community on findings and outcomes

Identifying outcomes from all LINK activities:

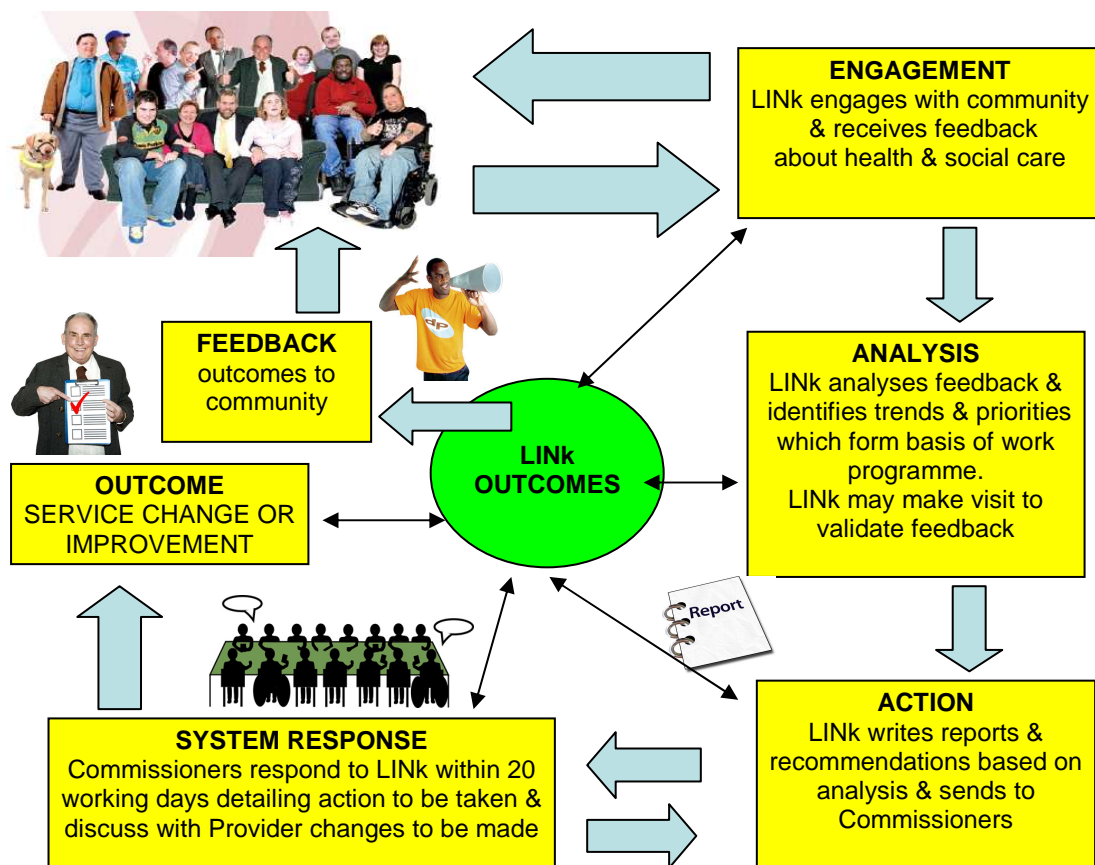
The diagram below illustrates the stages a LINK may go through to fulfil its core objectives. The yellow boxes each indicate a separate activity which if taken together make up a complete cycle that generates an overall outcome on a particular issue i.e a change or improvement in services that responds to feedback from the community. This diagram represents a situation where the formal power of LINKs to make reports and recommendations is used.

LINKs have told us that small improvements to services also come about as a result of positive relationships with stakeholders without the use of formal powers. LINKs have also pointed out that service changes may not be immediate and are subject to commissioning cycles, resource availability etc

Some LINKs may have completed all these stages in respect of a particular issue and be able to demonstrate an overall outcome from their activity. Other LINKs may be at the first or second stage of the process depending on the extent to which their LINK has developed.

Annual Reports should, where possible, describe examples where tangible changes or improvements have resulted from LINK activity – both in terms of the full ‘cycle of influence’ depicted in the diagram and otherwise.

Whatever level of progress LINKs have made in their evolution it will be possible to identify benefits and outcomes from their activity to date at some stages of this process. It is important that LINKs provide evidence in their reports of how their approach to each of these core activities is effective and the benefits and outcomes that have been achieved.



APPENDIX B: South Tyneside LINK Case Study Example

A description of the service that changed

Specialist Orthodontic Services for children commissioned by South Tyneside PCT. The waiting list for this service was 152 weeks from referral to assessment to treatment, way above the waiting list times of neighbouring PCTs and the national average.

South Tyneside LINK was informed that children in South Tyneside had to wait 3 years for specialist orthodontic treatment, way above the national average.

The LINK on behalf of the community consulted service users, other forums etc and engaged the PCT on this issue.

How big that service is – number of people using it or total cost of the service

Waiting list of 650 children

What change was made to the service?

- Procurement of a part time Consultant Orthodontist to work in South Tyneside to treat 200 children between September 2009 – March 2010
- Procurement of a full time Orthodontist to commence work in the summer of 2010
- Full audit and service review by the PCT
- Waiting list times to be update every 6 months and the LINK informed of these

How did that change improve the quality of that service (what aspects were improved & how did this improve the quality of the patient/user experience) or its value for money?

- New clinical staff to be employed, a Consultant in the short term and a full time Orthodontic Specialist in the long term
- Once the LINK reported its research on this issue to the Select Committee the PCT where asked to account for the excessive size of the waiting list and what plans they had in place to address this. The 2 local MPs raised the issue in the House of Commons therefore raising the profile of the issue. The PCT then had to make presentations to the Select Committee on their plans and developments.
- 200 children are being treated and therefore coming of the waiting list.

How you know this change stemmed from LINKs activity?

The Select Committee publicly stated that without the work of the LINK they would not have found out the extent of the problem with the waiting list and it is unlikely the PCT would have reacted in the prompt manner once the issue had been raised.

Any feedback from local people about the influence they feel the LINK has had in bringing about this specific change

Feedback has been extremely positive from the public, LINK members, user groups and other forums (see below)

Letter from Matthew Gill, Chair Gateshead and South Tyneside Local Dental Committee:

Thanks to the input of LINK, South of Tyne PCT finally undertook short term commissioning, something which the PCT has promised for nine months but never quite

commissioned. As a result of this short term commissioning, 200 teenage children will come off the waiting list and treatment will be started over the next few months. A specialist orthodontist has been recruited and has already started work at the beginning of September at Dean Road Dental Practice in South Shields.

The current waiting list within the PCT runs at approximately three years from referral to treatment, which is excessive and well beyond the recommended 18 weeks, and this short term commissioning will hopefully have the effect of reducing this by at least a year.

It is hoped that LINK will continue to have an interest in orthodontics as the waiting list still is above that which is recommended.

South Tyneside is fortunate to have an organisation like the LINK championing their needs.

Well done LINK

Matthew Gill

Chair Gateshead and South Tyneside Local Dental Committee

The Children and Young People and Healthy Lives Select Committee fully commend the work done by the LINK on this issue and others raised by the LINK. The Committee have stated that without the independent LINK raising issues with the Committee it is unlikely that the committee would have been informed of the issues in depth or at all.

Main stakeholder in the committee is; Mr Paul Baldasera, Policy Officer (Scrutiny), South Tyneside MBC. Tel 0191 4271717 Email paul.baldasera@southtyneside.gov.uk

What do you believe to be the critical processes, characteristics, behaviours and activities (outputs) that have driven the LINK to being successful in bringing about this change? – which of these are the most important in making the LINK influential?

The LINK attempts to fully engage as many forums and individuals as possible. Once engaged in an issue the LINK engage the commissioners and/or providers and then carry out a balanced transparent piece of work on the issue until the LINK feels it can make recommendations on the issue to all concerned.

The LINK has a point of contact with every statutory agency that commissions or provides social care and health services. That point of contact has to react to an issue raised via the LINK. The LINK also has an excellent working relationship with the Select Committee

How do/did you know you were being effective & doing the right things?

Once we compiled our report the Select Committee took on board our evidence and endorsed our findings. Public and members reaction to our work was very positive. The PCT had to report to the Select Committee and react to the work of the LINK.

**Steve Young, Host Manager on behalf of South Tyneside LINK
January 2010**