



Standing Conference Report

3rd November 2009, Phoenix Centre.

1. Introduction

The Oldham Standing Conference has been developed to provide the space for users, carers and members of the public to look at issues of mental health service performance and development in the borough.

Its intention is to capture the perspectives of service users, carers and the public to ensure change is influenced by real lives, experience and knowledge.

The conference is hosted by the Oldham Local Involvement Network (LINK) and supported by Tameside Oldham and Glossop Mind. The LINK is an impartial engagement body that shares the same values as the Conference, which include:

- People's experiences are valid
- Experiences should be acknowledged
- People should be supported to communicate their views and experience
- Work together to enable those views to influence service change

The Standing Conference is closely linked to the Local Implementation Team (LIT) and will elect user, carer and public representatives to the LIT to inform its work and direction. The LIT is a strategic body to implement mental health priorities and involves a range of stakeholders, including:

- Service users, carers and public
- Senior statutory officers

Most importantly, the LIT is able to influence commissioning decisions, which is the process through which local services are designed and delivered.

The Standing Conference therefore will concern itself with existing and new services, in terms of performance, commissioning and decommissioning thereof, as based on the issues raised by its membership.

The Standing Conference is also a means to provide information and relevant policy updates to users, carers and the public so that, as an informed community, Oldham can have its voice heard and set its own agenda.

The Conference will be held quarterly. Further details can be obtained from the Oldham LINK Support Team on 0161 622 5700, or info@oldhamlink.org.uk

2. Issues Raised - Notes from the Day

There were four discussion groups, separated into categories of:

- Carers
- Service users
- Public
- Professionals

Each group took part in two workshops. Workshop 1 was an open space discussion for participants to raise any issue that were relevant to their category. Workshop 2 was an exercise in working through how to address one key issue from each group respectively. Each workshop was facilitated by a professional that did not take part in the conference as a participant.

The following details the discussions of each group:

Group Category: The Public

Workshop 1

- Frustration at how people have been dealt with.
- Problems with GPs need to be looked at.
- How to identify problems with people (GPs) or identify those doing well? 'Best practice'. Good experience with one doctor who referred to specialist. Found brilliant home. Vast difference.

- Not a good experience with Care Worker. Lack of training. GPs should be aware of society's needs. Should be a policy to update GPs on those skills. Aggressive GP and shouting.
- Problems with GPs – not qualified in specific area. People get defensive if they are unsure.
- There may also be difficult patients. But shouldn't be treated as being awkward.
- Get services notified to the public. There is a lot of information that people do not get to know about.
- People are supported well for three weeks, but then they come to the end of the service.
- Re people caring for someone; they are taking a lot of work of the professionals, but the person still looks neglected. Poor response from GP's has been to sedate them to control the demand on caring need.
- Good services are being withdrawn. Problems with funding. No thought to consequences (anxiety etc). More money spent on drug addicts. Not everybody's case is the same.
- Lack of continuity with funding. Need more long term funding. What do organisations have to go through in respect of commissioning process?
- Need at least one GP in a practice with good knowledge.
- Some services are just going through the motions.
- Need more information on where to go.
- Good people really make a difference.

Workshop 2

- The target is GP effectiveness, recognising the key role that GPs play in dealing with mental health issues.
- There was a feeling that this should 'Come from the top', that it should be part of the NHS aims and objectives and should be pushed by Government.
- It was felt that this can't be left to the GPs, and needs to be very official.
- All GP practices need to react to the demand (of mental health issues in consultations).

- At least one GP per practice must be trained.
- Also come from bottom up – from service users. Give users the opportunity to complain – satisfaction questionnaires.
- There is an option to use the LINK as a way of distributing satisfaction questionnaires rather than relying on GPs
- Using professionals and service users to deliver training. Service users would need training to become proficient in the delivery of training.
- Treatments, signposting, information.
- There needs to be recognition that it is **not** 'one size fits all'.
- What services are out there to use?
- Need GPs on the LIT
- Contact people who can offer training services
- Work through LINK
- Advertise to the public media.
- Work through PCT to contact GPs.
- What GP groups are there?
- Look at PCT structures, PEC.
- Invite GP to Standing Conference.
- Need to get everyone engaged.
- Asking a lot of people
- Engage with Shauna Dixon, NHS Oldham
- Engage with Alan Higgins

Action Plan

Short Term

- Push to have GPs on the LIT
- Invite GP to Standing Conference.
- Obtain information on GP structures/groups etc, inside and outside of the PCT.

Long Term

- Pursue the process of having satisfaction questionnaires in GP's surgeries.
- Look at supporting the development of training for GPs around how they deal with people with mental health issues.

Group Category: Carers

General comments

- Would like to see a GP on the Local Implementation Team (LIT)
- Some GP's have communicated to their patients that they feel that the mental health services in Oldham are poor
- People feel that they are not being listened to
- Access to services is a real issue
- Education is needed around the causes of mental distress
- Voluntary work as a method of recovery – people feel that this is usually tokenistic and they do not feel valued

Workshop 1

The majority of carers in the group were those that cared for a person with dementia, although there were some members of the group who were carers of those with epilepsy, learning disabilities and schizophrenia.

- Problems at primary care level, visiting GP's - establishing a diagnosis etc.
- Lack of social workers
- Changes in the administering of medication to those with schizophrenia, cost efficiency measures
- Inconsistency in staff, change and new faces often cause problems
- People 'falling through the net' and the responsibility often falling to the carer to ensure service user engages with services so to prevent hospital admission
- CPN's used to administer medication at home, now service users have to visit local community health centre for this – is this more

cost effective if they end up back in hospital due to not attending appointments?

- Medical model – no choice, only medication, no alternatives offered by GP
- Long waiting lists to see psychologists (18 months)
- GP attitudes to mental health
- It would be good for carers to have someone to talk to and support you through a difficult time – support
- Information about adaptations to allow people to live independently in their own home is not adequate
- Continuity of care – due to the capacity of those being cared for, without their carer they would not engage with services, a consistent approach to care is needed
- What would happen if the carer was not there?
- People feel ignored

Workshop 2

- Creating Capable Teams approach – what has happened with this, have recommendations been actioned on?
- Support and clarification
- Awareness raising of services available
- Hospital discharge – discharge meetings, also support in the community is needed following this
- Continuing care
- Need to be realistic - carers have other commitments, jobs, family etc. Caring is a huge task, this needs to be recognised
- Epilepsy service provision is poor
- CPN stopped
- Service user needs someone to come and see them on a regular basis
- Journals – so carer can see what has happened
- Team of people – familiar faces
- Follow-ups
- Care plans need to be read and taken into account
- Training for staff
- Making Space – what happened?

- Staff are constantly being moved around
- Hospital based psychiatrists
- Bank staff on wards – staff do not know how to deal with patients
- Personal approach
- Pack upon leaving hospital would be useful regarding support groups, details to hand if service user finds themselves in crisis etc
- Team of people seeing through care of patient
- Computer system connected across services, health and social care
- Training
- Personalisation
- Support for family needed
- Discharge meetings
- Too many agencies, very confusing

Group Category: Service Users

Workshop 1

- Would like to see more hours devoted to mental health (informal) support services, e.g. Phoenix Centre is now open 10am – 3pm, whereas previously it had been 9am – 4pm.
- The nature of the Phoenix Centre now does not feel to be as accessible for mental health support, rather the focus is on employment. This has been since Pennine Care has taken over the building, whereas previously, it was felt to be a very comfortable and supportive space for service users.
- Similar provision however is still available at Rock Street, which is considered to be a good practice model by service users.
- The group would like the Phoenix Centre to be developed into a Wellbeing Centre, whereby people are able to easily access key workers to be able to talk to, as a means of providing low-level, preventative and informal mental health support services.
- At present, a person's mental health has to be deemed to be "*severe and enduring*" for a GP referral to be made to the Phoenix Centre. The notion of how this is defined and assessed was problematic for the group and was felt to be a political issue.
- It was felt that also being able to meet such criteria would be difficult and is currently set at too high a level.

- There is however a process of self referral at Rock Street, to take part in a number of activities/groups.
- The intention was for Rock Street to become an enhanced service for this type of lower level preventative support, although the result has been for numbers and services at the Phoenix Centre to be reduced.
- Peer support was suggested as good practice to provide a model of support at a level that has previously been available at the Phoenix Centre. This would involve service users being trained and skilled up as key workers to be able to provide a support service to other service users. It is hoped that this could also lead to paid work.
- A free mental health specific helpline/telephone counselling service is needed, as using the Samaritans is too expensive for a lot of people.
- Hospital treatment was discussed at length, particularly with a view to staff attitudes and lack of awareness to understand and respond appropriately to a person that presents at hospital in distress: a person's agitation due to their distress is often misinterpreted as aggression and then treatment refused because of this. Training is needed for hospital staff – both on specialist mental health wards and in A&E Departments.
- Psychiatry is the dominant force in mental health treatment, although it is felt that other treatment/support options should be seriously considered for service users as a means of them recovering and staying well.
- Peer support was again suggested as one way of addressing this and offering alternative forms of support.
- Holistic therapies should also be considered
- Psychotherapy services are needed in the Borough with at least 20 sessions offered, as less than this is not sufficient.
- Medication and its effects are not understood properly by clinicians and wider. Every clinician has to sign the Apothecary Oath, which the group expressed concerns about this not being upheld.
- Making a complaint through Pennine Care is very difficult. So doing should not affect a person's care, although the group had experienced differently. This makes people afraid to complain or challenge the nature of their treatment.
- Peer Support Workers were suggested as a useful way to support a person experiencing this problem. In this situation, advocacy would also be useful.

- Medications used in NHS and private health care have been found to be very different, with a broader range and more suitable drugs being available privately. It is felt that the NHS is the lower of a two-tiered health service.
- A lot of money is wasted!

Workshop 2

Issue Identified:

Dealing with complaints/ challenging treatment and support.

Definition of the issue:

- Making a complaint/challenge often effects the quality of subsequent care received
- Complaints procedures are not joined-up for different statutory agencies.
- Often results in a person (in distress or who is unwell) having to navigate their way around several complaints systems and in the issue not being resolved for the person at the centre of a number of services they are in receipt of.
- There is no one body that assumes responsibility for the service user's problem **in its entirety** and ensures the issue is taken through to its completion for the person, not each respective organisation.
- Statutory service providers often fail to take responsibility for their part in the problem as a means of absolving themselves of accountability.

Suggested Solution:

- A joined-up complaints procedure is needed, with a one-stop-shop to approach from start to finish.
- A single body to take responsibility for the person and the whole issue is needed
- Perhaps a consortium of statutory bodies responsible (e.g. "Oldham Complaints Board") for such complaints/challenges involving a number of services could be developed. The consortium to take ownership of multi-agency complaints/issues, which continues even if the person raising the issue is sectioned.
- Independent support to be provided in the form of advocacy.

- Independent monitoring of the suggested Complaints Board to ensure issues are being dealt with appropriately and properly resolved.
- Training is needed for staff so that proper and appropriate care can be received so complaints can be prevented.

Possible Actions:

Short Term:

- Present to the LINK for consideration in its work plan
- Present this to the LIT for strategic consideration.
- Endeavour to work with hospital staff (via Pennine Acute Hospitals Trust and Pennine Care NHS Foundation Trust) to develop mental health awareness training for staff, with a particular focus on understanding and responding to a person's behaviour who is in distress.
- Begin to establish and develop respectful relationships with key personnel who could take this forward.

Longer Term:

- (LINK) conduct research/consultation with other service users via range of networks/avenues to find out about their experiences and gather an evidence base to either support/refute the issue.
- Also gather views on suitable resolutions to the issue, as based upon lived experience.
- Develop a set of recommendations for service providers, including the above suggested solutions, if appropriate.
- Present this to the LIT for strategic consideration using the LINK structure.
- Approach statutory bodies' involvement.

Group Category: Professionals

Workshop 1

- Inconsistencies in staffing policies throughout Pennine Care NHS Foundation Trust e.g. need for duty receptionist – safety and security issue
- Need to re-train GP's and Psychiatrists away from the medical model towards observations of critical psychiatry movement

- More complementary therapies available through Individual Budgets for service users, more research needed – should take into account subjective experience
- Social and holistic approach needed at primary care level. More awareness and openness needed by GP's
- Informed knowledge of whole range of services available
- More choice for patients of which services to use, choice of therapist/worker
- Too much strategy – not enough action. Needs to happen more quickly while still relevant. Too much red-tape
- More empowerment in recovery process
- Advanced directives introduced sooner
- Better partnerships between childcare services and adult services. Prejudice regarding parenting with mental illness
- Support ends on discharge (after 7 day follow up). Consistent and regular support - crisis intervention. Prevention of crisis. Vulnerable after discharge yet support is by phone. Efficient monitoring.
- Resources – how are they used, more awareness
- Better home care for dementia – particularly early onset. More training – commissioning needs to be looked at to provide quality care.
- Younger peoples mental health (young Minds)

Workshop 2

- Increased awareness of problems experienced by mental health professionals
- More accessible language
- Culturally appropriate
- Better service and more choice for service users
- Awareness training for non-mental health professionals to recognise and deal with (early intervention)
- Breakdown of stigma/stereo typing
- Reduction in suicide rates, domestic violence, substance misuse
- Cost savings
- Move from crisis led to preventative approach

- Better quality of life for service users
- Higher aspirations – more positive
- Sustained recovery

Process

- Look at what's available and identity cards
- Educating public and professionals about what's available
- Needs to be part of basic medical training for GP's
- Need to raise awareness of mental health generally to stimulate interest in training
- Mandatory training and requests from workers – needs to be available at different levels
- Research on complimentary therapies and use subjective experiences
- Different types of psychological approaches
- Not one big expert – more community based
- Role play and drama to be used in training – who provides/identifies need/funds
- Ofsted
- Social Enterprise
- Service Users/ Personal experience
- Carers
- New training programmes and Train the Trainer
- Facilitated by experienced group workers
- All involved in planning, delivery and monitoring
- CQC
- New Horizons/Time2Change
- Diversity Groups
- Expert patients/carers

Who to

- Social care and health workers
- Emergency Services
- Need to prioritise as need is so wide
- GP's
- Primary care staff

- Health visitors, District Nurses
- Front line health workers
- Admin/Reception (in GP surgeries)
- Childcare staff/Teachers
- Management

Obstacles

- GP's unlikely to refer if they don't approve of other therapies

3. Conference Group Feedback

Everyone in attendance felt that the Standing Conference was a successful event, as long as the concerns and issues raised do not get forgotten and are actioned upon where appropriate. It was the unanimous view that the process of the conference felt ok, was very constructive and was a good mechanism for people to share their views and experiences of mental health services in Oldham and was definitely the way forward.

People are aware that changes won't happen overnight and it will take time. It was noted that the event alone was not about fine-tuning services in one session, but that it was about bringing about change in the future through taking control, using people's expertise and providing alternatives of choice.

Service users are experts by experience, it was felt that they can use their skills for the benefit of everyone and also help to facilitate future discussions and workshops at the Standing Conference.

It was suggested that the Standing Conference will be held quarterly, to run alongside the Mental Health Network. It was agreed to 'theme' the meetings to help to focus discussion and get to an end point in order to achieve desired outcomes. The Standing Conference can also be a mechanism to receive information, about specific issues, for each 'theme'. Dementia came through quite strongly as an appropriate theme. People with experience of caring for relatives with dementia hoped that the conference could drive forward issues surrounding dementia and would like to come again to take part in this. At the moment, support for dementia and for carers is scarce and is causing people to feel rather despondent.

The Conference felt that it would be useful, in time, to receive feedback from other services about how the Standing Conference has impacted on service development. People would also like all outcomes of the events to be fed back to them.

Involving local service providers in the Conference was discussed – i.e. THRIVE, which looks at recovery holistically and would be useful to build upon some of the discussions held at this event. Mike Smith and Marian Aslan of THRIVE could be invited to future conferences.

With regard to the structure of future events, it was felt that assigning a theme to each event would be a useful approach, whilst also allowing time for open space discussions to inform future conferences.

The venue was suitable for the presentations, although break-out areas would have been useful for the workshop discussions, as the level of noise in the one room was distracting for some people. An alternative venue will therefore be needed to host the next conference. The size of the group for the workshop could have impacted upon how things worked for people.

It was suggested that service users could have a role in the facilitation of the future events.

There were mixed feelings about there being segregated groups within the conference for the purpose of the workshops, and with 'labelling' oneself in order to identify which group to be part of. It was suggested that there perhaps needs to be a combination of mixed groups and categorised groups (i.e. service users; carers; public; professionals) at future events.

The event was felt to be a good opportunity however to identify key issues for specific interest groups, whether they be service users, carers, public or professionals.

4. Analysis

There are a number of issues that were raised throughout each of the workshop groups, which shows that there are common strands that are affecting all interest groups present at the conference. Throughout, participants also reported that they have so far not felt listened to when raising their concerns and difficulties and feel ignored and frustrated.

GP Services

Participants consistently reported throughout all Workshop groups the importance of GP Services in a person's mental health 'pathway', given that they have a key role to play as the first and continual point of contact for a service user (and their carer/s in some instances).

Establishing diagnosis at Primary Care level appears to be particularly difficult for a number of reasons:

- GP's are lacking in specialist knowledge and are not specifically trained to understand mental health.
- The experience amongst participants also showed that GP's are heavily reliant upon the medical model of treatment for mental health and that a greater openness and awareness amongst GP's of alternatives is needed.

It was apparent that the conference delegates agreed that it would be useful for each GP surgery to have at least one GP within the practice that had a specialist knowledge of mental health. It was noted that this will perhaps be difficult to implement without government backing and prioritisation.

Several of the groups also highlighted the relevance of GP's being part of the Local Implementation Team (LIT). The significance of this would be that GP's would be privy to and part of the informing the decision-making practices around mental health across the borough and understand their crucial role within the whole mental health system. This is both as the gateway to specialist services but also because mental health issues are a major part of many GP consultations. A good response from a GP is crucial to getting a good outcome.

Attitudes, Understanding & the Need for Training

Each group identified issues around training and awareness raising for staff to be able to identify and understand a person experiencing mental health difficulties and to respond to them appropriately. A person's agitation may be understood as aggression and cause difficulty in then accessing treatment, if it has been denied due to the user's behaviour.

There is a clear need to develop the understanding and behaviours of staff within mental health services, but also for non-mental health workers on the front-line.

It seems that a number of complaints result due to the attitudes of staff informing the ensuing treatment of service users. With proper training

so that appropriate care can be received, it is worth noting that the rate of complaints could be reduced. Re-Training for GP's in this respect was also consistently identified as a priority.

Indeed, specific training around dementia for front-line workers and beyond was also raised as a need.

Measures to investing in and developing the workforce could build upon previous initiatives, such as the Creating Capable Teams Approach (CPTA), which is a tool provided by the Department of Health to bring about new ways of working in mental health so that the service is based around the needs and service users and carers and is able to address them.

The issue of re-training for both GP's and psychiatrists (and other clinicians) away from the medical model and towards observations of the critical psychiatry movement and alternative holistic approaches was also strongly highlighted.

Peer support as a model to provide training could be useful. All groups identified the importance of valuing user and carer experience and recognising the value of their expertise in informing training packages.

Information & Awareness Raising of Available Services

Access to information about available services also appears to be a common thread amongst the participants of the event. Signposting services are more widely needed, as are more specific information packages following hospital discharge, for example.

5. Next Steps

- This report will be sent to the Local Implementation Team
- The election procedure will be completed
- Arrangements for the next Standing Conference will be made, including looking at possible themes and people to invite
- The feedback and evaluation forms will be reviewed and possible action points identified
- This report will be taken to the next Standing Conference
- There will be ongoing recruitment of members for the Standing Conference

6. Future Themes

A number of key themes can be identified from the reporting of the groups discussions, which would translate quite well into informing the themes of future events. These include:

- Dementia
- GP's services
- Hospital discharge

7. Evaluation of Event

The following feedback and comments show that people were quite positive about the conference and hopeful that it can have an impact. Respondents were also keen to come to the next conference.

8. Feedback Comments

Comments on how the event was or was not useful for people:

"Found out a lot of information about mental health, where to access information for help and support. Very interesting."

"Raised awareness of the problems of patients with mental health issues and the lack of understanding that is given to them by their GPs."

"It was a very interesting and informative, and if the messages get through and progress is made then it is well worth it. I networked and learned so that too was helpful."

"Useful in that we were encouraged to believe that this process will have an impact."

*"Just to take part and listen may be helpful for the future."
Useful in sharing views and forming opinions hopefully, we can move forward."*

"I found the discussion useful as I got to hear others' views, and participate in creating and sharing information and ideas."

"Made me more aware of some of the issues applying to other mental health illnesses and the problems faced. It appears that there are a lot of services that need to be changed or upgraded. Some of the service providers need to be informed of the dissatisfaction."

"It gave people the opportunity to voice their concerns and opinions in a safe environment."

"Very useful, I met new people and really felt like I was listened to."

"Very useful"

"It was useful to hear about experiences of other carers, users and professionals with a view to improving services."

"A good starting point"

"It was helpful to discuss issues with like-minded people."

"The event was very useful with regards to seeing how other carers had as much difficulty as I did trying to find support within the community. GP to carers groups."

Comments about anything that people would have liked to have seen on the day:

"No"

"More small business/ sole traders including social enterprise services, which could offer ideas and provisions alongside large statutory bodies like the local authority/ NHS, and needs more promotion/ publicity and voluntary."

"Service user facilitation"

"Sufficient content for the first meeting"

"Little bit more service user involvement in facilitating the conference."

"I would have like Vicky Walsh of the Mental Health Group to have been there. I would have asked her to explain why they have not done anything to my mother (or kept me and my brother informed)."

"Yes, discussing a safety net for anyone who is reducing their medications."

“Maybe the speakers could have used a small microphone to help people who are a little hard of hearing.”

“Funding of group or groups if formal into amalgamation”

“THRIVE”

“Maybe start with a one-to-one discussion to understand the different people’s reasons for attending, or have one-to-one time allocated. I felt that people needed to air their own personal issues.”

The respondents of all the Feedback Forms (15 people) reported that they would attend future Standing Conference events.

Further comments people had:

“A very interesting and enlightening conference- action plan required and don’t let the impetus die.”

“I will spread the word, bring others- both professional, carers and service ‘users’/ needing support hopefully, on relevant topics.”

“Thank you. Keep going”

“I hope that in future meetings (near future) we can report on the progress from this meeting.”

“Overall good and enjoyable conference, thanks.”

“I will continue to attend and hope it will be as successful as the Pennine Patient User partnership meetings I attend each month at the Royal Oldham Hospital (for cancer patients). I met some interesting people.”

9. Elections

Standing Conference Elections of Representatives to the LIT

Members of the Oldham Standing Conference will be electing User, Carer and Public Representatives to the LIT and invites nominations from interested parties.

What will the Representatives do?

The Representatives will have a role to:

- Provide directives on service implementation
- Express their views to ensure user and carer perspectives are represented in decision making
- Speak on behalf of users' and carers' issues and interests
- Attend Oldham Standing Conference to contribute to service development

What kind of commitment will it involve?

It is hoped that Representatives will attend a minimum of 3 out of 4 Standing Conferences per year. **Representatives will receive support from the LINK Host support team and/or Mind to help them in their role.**

Who can be a Representative?

User Representatives must be:

- Someone who uses mental health services or has lived experience of managing or overcoming their mental health problems

Carer Representatives must be:

- A person that has experience of caring for or supporting someone that has experienced difficulties with their mental health and wellbeing.

Public Representatives must be:

- A resident of Oldham with an interest in mental health issues.

How will voting work?

There will be a total of 6 places, two people each as:

- User Representatives
- Carer Representatives
- Public Representatives

Each member of the Oldham Standing Conference will be entitled to vote once for each category, using an official ballot paper.

Voting will be done by:

- 'First Past the Post' for one representative from each category to be elected into post for two years, (i.e. the people with the most number of votes); and
- 'Second Past the Post' for one representative from each category to be elected into post for one year (i.e. the people with the second highest number of votes).

How do I nominate myself for election?

You can express your interest either:

1. In writing, using the enclosed Nomination Form;
- or
2. via telephone to the Oldham LINK Support Team on 0161 622 5700;
 3. face-to-face with a member of the Oldham LINK Support Team.
- (In each case, the supporting officer will ensure all information needed is obtained).

The information you give will be used to tell voters about why you would be good in the role of a representative.

Please submit your Nomination Form no later than 12 noon, Friday 11th December 2009, or be sure to contact the Oldham LINK Support Team in advance of this date if you will be nominating yourself over the phone or face-to-face with a member of the Team.

Ballot papers will be sent out to all members of the Standing Conference in due course once all the nominations have been collected.

Timetable

12 noon, Friday 11 th December 2009	Nominations to be received by LINK Host Support Team
Week ending 8 th January 2010	Ballot papers sent out by e-mail and post
12 noon, Friday 29 th January 2010	Closing date for completed ballot papers to be received by Oldham LINK Support Team

Wednesday 3 rd February 2010	Election results announced & Representatives officially elected into post.
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At the Standing Conference on 3rd November the election was announced and at the end of the meeting there were a total of 9 nominations received. There were 5 for the service user posts, 1 for the public and 3 for the carer posts. The opportunity to register as a member of the standing conference is now being publicised. This will include the opportunity to both vote in the election and to self nominate to stand for election as a representative.