

Local Involvement Networks

Bulletin



Issue 10 – February 2008 Gateway ref: 9530

About this bulletin

Welcome to the Local Involvement Networks (LINKs) Bulletin

This bulletin has been developed to help keep you up to date with the latest developments for LINKs. Production of the bulletin has been taken over by the NHS Centre for Involvement on behalf of the Department of Health.

This publication will be of particular interest to:

- NHS staff involved in Patient and Public Involvement, especially PPI Leads;
- local government staff working on user involvement and the procurement of 'Host' organisations for LINKs;
- voluntary and community sector organisations who are interested in providing a 'Host' service to the new LINKs or becoming a member of a LINK, including those that provide forum support services;
- Patients' Forum members;
- health and social care regulatory bodies with PPI interests; and
- members of Health Overview and Scrutiny Committees.

Please feel free to circulate this bulletin to colleagues, display it on relevant notice boards or publish it on your internal intranet sites.

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Voice Piece

Carol Gibbons, Cancer Voices Development Co-ordinator for Macmillan, explains her hopes for LINKs

When the idea of LINKs was first raised it was clear that the initiative represented an important chance to build on the excellent PPI practice that already exists. This was not a model built around the idea of a fixed group of people sitting around a table. Instead, it proposed setting up a process which was altogether more accessible, flexible and inclusive. For these reasons Macmillan welcomes the advent of LINKs.

The Early Adopter Sites, with innovative projects specifically based around, for example, young people; have already highlighted the potential for LINKs to reach out far more widely to people.

The key challenge facing all of us who want to make LINKs a success is to ensure that “ordinary” people – ie not just those for whom something has gone wrong during their experience of care – engage with the networks. We need them to feel real ownership of these services and to know that their voice will be heard.

We hope that our pre-existing user involvement activities will prove useful to LINKs. User Involvement Facilitators, attached to the cancer networks across the UK and the Community Networks Development Co-ordinators directly employed by Macmillan, are in touch with people affected by cancer, as well as their families and carers. We hope that they will be a useful resource to LINKs – for example, to help distribute requests for involvement and information from the networks. They will also be ideally placed to feed back the views and experience of people affected by cancer, as well as information from LINKs to improve the

commissioning, planning and delivery of local services.

Our “Cancer Voices” network, which has over 1,100 members, should be another useful resource. Members are not only people receiving treatment for cancer, but may also be, for example, people undertaking a caring role – a group of people with a very broad experience of health and social care.

These are still early days for LINKs, but at Macmillan we are looking forward to creating new partnerships with the networks which I am sure will prove to be of great mutual benefit.

News in brief

Patients’ Forums close

From 31 March, Patients’ Forums will be abolished. This means Forums and their members will no longer have statutory powers or responsibilities.

Some Local Authorities have asked the Department of Health if forum members can continue to work during the transition period.

Patients’ Forums will be abolished in law and therefore forums and forum members will have no official functions. However, those people who have been involved in Forums will be able to take part in the temporary arrangements, along with others, although their status will be the same as everyone else involved.

One of the aims behind LINKs is to provide more people with the chance to shape local care services. Clearly existing members of Patients’ Forums are well placed to be involved early on in the setting up of LINKs, but LINKs are to be formed of a much wider base and the Government has urged Local Authorities seek the involvement of people involved

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in user and carer groups, and representatives from the wider voluntary and community sector too.

NCC's route map for action

A document setting out a vision of what user-centred regulation looks like, along with a route map for getting there, has been produced by the National Consumer Council (NCC).

“Engaging people in healthcare regulation – a route map for action” cites the creation of 150 LINKs throughout the country as the “most significant development” in the government’s commitment to engaging and empowering citizens in public service decision-making.

“The LINKs set a challenge to establish ways of working – but they also represent a major opportunity for regulators to engage with communities and adapt the machinery of regulation,” says the report.

NCC was asked by the healthcare Commission to work with its test sites to maximise the learning from the new LINKs and draw lessons for the future. Its findings gave rise to nine areas of action that it says are crucial to effective engagement in public services regulation.

These are:

1. Creating a positive culture.
2. Aligning organisational structures.
3. Turning information into meaningful evidence.
4. Clarifying roles, rights and responsibilities.
5. Providing tailored training and support of high quality.
6. Providing adequate resources.
7. Enabling dialogue and tailored communication.
8. Monitoring, evaluating and disseminating.

For the full report, visit: www.ncc.org.uk

Update on regulations

The Stationary Office has published the regulations governing the right of LINKs’ representatives to enter and view services. The regulations covering LINKs governance and transition arrangements are expected to be published in early March 2008. The Department of Health will alert Local Authorities as soon as they have been published.

For further information visit:

www.opsi.gov.uk

You ask

What is the relationship between LINKs and local councillors?

The Government have not regulated against the possibility of councillors or local government officers being members of LINKs because each LINK needs to determine its own structure, membership and governance.

However, one of the reasons for having a Host organisation is to ensure the independence of LINKs. There are many reasons for this, not least because in many cases a LINK will be scrutinising services commissioned by the Local Authority. The Host approach also separates LINKs’ activities from local or central political interests.

The Department of Health would encourage LINKs and Host organisations to ensure that governance arrangements allow them to determine when a conflict of interest is manageable and when it is not.

Can LINK members be paid expenses?

It will be for each LINK to determine its own policy regarding payment and reimbursement. However, the Department of Health's 'Reward and Recognition' document provides a useful guide for service providers, users and carers on the principles and practice of service user payment and reimbursement in health and social care. This can be downloaded from:

www.dh.gov.uk/publications

You share

Alison Williams, of Warrington Borough Council, describes the progress the borough has made in preparing for LINKs

"Our preparations for the LINK began almost as soon as the initiative was announced," says Alison. "We felt enthusiastic about the potential LINKs presents in creating services that reflect local needs and issues, and how it can help find ways to reduce the barriers that prevent local people getting involved in local health and social care issues; particularly those most disadvantaged. Talking with a wide range of local stakeholders was crucial, not only to allay the anxiety that often accompanies change, but more to hear about the good practice and strong networks that already existed."

In June 2007, the Warrington Patients' Forum, supported by the council, held a warm up stakeholder event called 'Deciding together'. This created the opportunity for people to explore a diverse range of issues such as:

- the role and function of the LINK;
- how it would communicate with and involve its local community; and

- what accountability and governance arrangements would need to be put in place.

The importance of the community's involvement throughout the process was developed further with the formation of the steering group. The group drew its members from the community and voluntary sector; local stakeholders, such as the local strategic partnership, NHS trusts; patient forums; council elected members and other representatives from the community and was supported by council officers. It played a crucial role in the preparations for the LINK.

The group enabled the community to influence and shape all aspects of the process, including procurement, communications (borough wide LINKs guide and newsletter) and crucially, adopting community development principles throughout its work.

"The Steering Group has been an invaluable way of involving various sections of the community from the very beginning, it has been about keeping the process inclusive and transparent," says Alison.

Warrington does not deny that there are challenges ahead. "We think it's important that the new LINK is given time to settle in," she says. "It's only right that there will be a need to demonstrate the impact but this is something that will take time. The key challenge will be to maintain a genuinely collaborative and inclusive approach as the LINK moves forward and deliver change.

"We believe that the LINK will present an opportunity to all of our community and if it taken to its full potential, the LINK will be a real way of empowering the local community to take forward its own agenda and look at the issues that really matter."

In focus

Tips to help LINKs get going

It will take time to establish an effective LINK from 1 April, but a number of steps will help a network to get going.

Agree governance and accountability arrangements.

Under LINKs regulations, this is one of the first things a network will have to do. This could include agreeing the roles and responsibilities of a steering group/management committee and agreeing accountability to the wider LINK membership.

Be clear about your aims

LINKs are being created to help give the whole community the chance to input into the design and delivery of local health and social services. The Networks are expected to ask every section of the community for their views and experiences, not only amplifying the views of more groups/activists in the community, but also providing a platform to those who might not often have their voice heard – such as young people. It will help your LINK in the future if everyone involved has a shared vision.

Encourage a broad membership

For LINKs to be effective, Local Authorities need to work hard to ensure that their “getting ready” activities involve a wide cross-section of the population. In particular, to maintain a health/social care balance, it is very important that social care users, carers and professionals are involved.

Although the way that LINKs are set up may differ slightly from area to area, they should seek to include:

- representatives from community and voluntary organisations,

- carer groups and those campaigning on behalf of different sections of the community – such as minority groups;
- interested individuals (including ex Patient Forum members) who want to get involved in different ways – from those who have the time to help lead a LINK, to those who just want to regularly contribute their views.

Agree your first priorities

LINKs priorities need to be determined from the feedback from all population grouping across health and social care. Although the Patients’ Forums will cease to exist as of 31 March 2007, previous priorities identified by ex-members should be considered alongside all other groups engaged within the LINK.

Develop policies and procedures.

This work will include making decisions on issues such as a prioritising local feedback, a Code of Conduct, how complaints will be dealt with and whether volunteers will be paid expenses.

Map existing activity.

A detailed profile of the community, including those ‘easy to ignore’ individuals and groups, needs to be created through the mapping activity. Identifying - and avoiding duplicating - what is already happening in the community should be a key priority. This means mapping the activities of voluntary sector groups and organisations, community-based groups and local networks and forums, as well as looking at what works and where gaps exist.

Develop an engagement plan.

A wide range of creative mechanisms for community engagement and participation will be required. It will also be important to begin to develop and manage relationships with key local stakeholders, such as commissioners.

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Develop a plan to raise awareness of the LINK in the community.

A wide range of communication and information sharing mechanisms will need to be established.

Agree a LINK work plan.

LINKs will need to ensure that it sets a realistic and achievable work programme.

Other things to think about

It will also be important for LINKs to develop a system for monitoring the performance of local services, to consider finance and funding issues, and to look at what training and support will need to be provided to LINK members.

Transition

Transitional LINKs – which will exist where Local Authorities have not yet appointed a Host – will need to undertake many of these initial activities. Their activities will have to be carefully documented, ready to be handed over to the full LINK once it is established.

Further 'Getting going' advice will be made available by the NHS Centre for Involvement.

LINKs and the implications for independent providers

Citizens have told Government that they want a greater say over how publicly funded care services are planned and run. This includes services run by voluntary and private sector organisations but funded by the taxpayer.

Under the legislation to establish LINKs, networks will have similar powers to Patients' Forums, for example the ability to enter and view services, but their remit will also cover social care services.

The role of LINKs will be familiar to independent providers who work for the NHS but their function may be a new experience for care providers who are funded by local government.

How things will change

Since December 2003, Primary Care Trust (PCT) contracts with independent, providers of health care have had to include provisions that require the provider to:

- allow members of Patients' Forums to enter and view services; and
- give information about services to Patients' Forums when requested.

When LINKs are established, the Government plans to direct commissioners of services to make similar changes to the majority of new contracts awarded to independent providers of health and social care services.

More about the right to enter and view services

The legislation imposes specific duties on commissioners and statutory providers of care services to allow LINK representatives to enter and view services under certain conditions.

Because this legislation does not apply to independent providers, the Government is planning to direct commissioners to amend new contracts to allow representatives of LINKs to enter and view services.

Although there will be times when it is right for a LINK representative to see how a service is run, this does not mean that just anyone from a LINK will be able to undertake this role.

The Government believes that those who enter and view services will need to have the right skills, have received the right training, understand patient confidentiality and have undergone appropriate checks. It is intended that the entering and viewing of services will be governed by a code of conduct for LINKs representatives.

Safeguards and exclusions to entry

There is also a need for exemptions and safeguards to be in place to protect patients. Under current plans:

- Service providers will not have to allow entry to a LINK representative if they believe it would compromise the effective provision of a service or the privacy or dignity of a service user.
- Some types of premises will be excluded because it would be inappropriate to a representative to enter. These include care provided in someone's home, children's social services and premises that are occupied under a tenancy or a licence.
- Representatives will also not be able to enter non-communal areas of care homes – for example, private bedrooms.
- Services will be excluded if they are provided solely to people paying in full for their own care – eg services provided to self-funders in care homes.

These exclusions do not mean that LINKs cannot enter when invited; it just means that service providers will not be obliged to allow them to enter. Nor do they mean that a provider can deny a LINK access without good reason. LINKs will be able to refer the issue to both the commissioner of the services and the local Overview and Scrutiny Committee.

Next steps

The Department of Health has already written to the organisations that represent independent care providers to brief them on the implications that LINKs will have. Under current plans, the Secretary of State will direct commissioners to amend new contracts from 1 April 2008. Further, more detailed, information about these directions will be published on the Department of Health website at the same time.

Further information

To get advice and support on establishing LINKs call: 024 7615 0266 or visit:

www.nhscentreforinvolvement.nhs.uk

To find out more about LINKs policy visit:

www.dh.gov.uk/patientpublicinvolvement

To get more Patient and Public Involvement resources visit:

www.library.nhs.uk/ppi

Contact us

Help shape this bulletin

We welcome your ideas and comments that will shape the format and content of this bulletin in the future. This bulletin is published on a monthly basis. Please email: info@links.nhs.uk or contact the NHS Centre for Involvement on 024 7615 0266.