



Briefing 07/52 September 2007

# Planning Local Involvement Networks (LINKs)

This briefing provides an analysis of the Department of Health's guidance on getting ready for Local Involvement Networks (LINKs) and its further guidance on how local authorities should contract a host organisation to support their LINK. It is provided specifically to local authority chief executives with social services responsibility and directors of social services, in England only and for information to APSE contacts throughout the UK. This briefing will also be of interest to local authority councillors in the field of social, community and health care and those involved in overview and scrutiny committees.

## Key issues

Since 1992 councils have been expected to have mechanisms in place for consulting and involving local people in community care services. The Local Government and Public Involvement in Health Bill (the Bill) also sets out plans to reform the way in which councils and the NHS involves patients and the public in the shaping of local care and health services.

The establishment of LINKs is subject to the successful passage through Parliament of the Bill. However the Department of Health has advised that councils need to prepare now for a range of matters that will take effect once the requirement to establish a LINK comes into effect, which is expected to be by April 2008.

APSE briefings on the Local Government and Public Involvement in Health Bill are available within the membership resources section on the APSE website at [www.apse.org.uk](http://www.apse.org.uk)

## 1. Introduction to a LINK

Currently each NHS Trust has a 'Patients Forum' supported by The Commission for Patient and Public Involvement in Health. 'Our Health, Our Care, Our Say' a Social Care White Paper in 2006 found that people should have 'more choice and a louder voice' in the services that are provided by the NHS and by local council social care services.

To facilitate the 'choice and voice' agenda the Local Government and Public Involvement in Health Bill proposes the establishment of Local Involvement Networks known as LINKs.

Whilst the Bill has yet to receive Royal Assent local authorities have been asked to put into place arrangements in preparation for the new requirement, to establish LINKs, in areas where the local authority has responsibility for social care services.

Government has already established a number of 'Early Adopter Programmes' (EAPs) designed to look at what models of LINK work best in practice including the structure, governance arrangements and its relationship with the local authority and the host organisation supporting the LINK.

A LINK will replace the existing Patients Forums and unlike the previous patient forums will be established through the local authority that will be responsible for commissioning a host organisation to support the LINK.

It is expected that LINKs will be established by April 2008 (subject to Royal Assent on the Bill).

## **2. Role of the LINK**

The purpose of a LINK is to provide a stronger voice for local people in the planning, design, commissioning and provision of health and social care services. LINKs will replace the existing mechanisms of Patient Forums and The Commission for Patient and Public Involvement in health will close.

LINKs will have a role in:-

- Promoting and supporting the involvement of people in the commissioning process of care services
- Obtaining the views of patients and the public about their needs for and experiences of local health and social care services
- Enabling better monitoring and reviewing of services that are commissioned
- Raising local concerns with those responsible for the commissioning and provision of care services

Government is keen to avoid LINKs becoming simply a group of volunteers who inspect NHS and social care premises, or for the LINK to be a performance management body for health and social care services, though they will have a role in overseeing performance. In addition the Government is keen to see that the LINK arrangement does not become a bureaucratic or political driven group but it should reflect diversity in the local community and the needs of different groups.

The powers available to LINKs will not be made available until after the Bill has received Royal Assent but it is expected that the powers divested in LINKs will be sufficient to allow them to carry out a range of functions. These functions will include accessing information about services, and access to services, to see how they are being performed. LINKs will also have access to local authority overview and scrutiny committees to assist in performance management.

### **3. Establishing a LINK – the role of the local authority**

The make-up of a LINK is not prescribed by the DOH but there is a strong role for the local authority in a number of areas. Whilst ideally a LINK would look to include the existing members of Patient Forums, NHS organisations, community groups, and the voluntary and third sector, as well as individual and business inputs the local authority has a range of skills which would be of assistance in establishing a LINK. In particular the local authority knowledge about the local population and diversity mapping, showing the groups of potentially disadvantaged or under represented groups, will be helpful in determining the establishment of a LINK.

Local authority skills useful to the LINK will be found from officers with commissioning and delivery experience of social care services, community development, adult and children's services and overview and scrutiny. There will also be a need for input from procurement officers and procurement assistance at certain times but more especially when contracting a host organisation to support the link. (See 4 below)

Local authority involvement needs therefore to be at the very early stages of establishing a LINK with a longer term commitment to the LINK involving both officers and Elected Members; in particular those councilors who have overview and scrutiny responsibilities.

Within the EAPs each of the groups typically established a project group and from the EAPs one of the key learning stages was that whilst project groups needed to be large enough to ensure that all necessary experiences were brought into the frame too large a project group would become cumbersome and bureaucratic. Instead the DOH guidance paper is encouraging effective communications so that experiences and views from outside of the immediate project group can be brought into consideration.

The DOH guidance recommends considering the following questions when assessing what model of LINK would work best in any given area:-

- I. What do we know about the area, the organizations, perspectives and priorities of local people?
- II. What are the particular challenges that the area provides (for example rurality, poor transport, variety of ethnic groups, inequalities)?
- III. What networks already exist and how do they relate to one another?
- IV. What don't we know?
- V. How can we find out more?
- VI. How can we provide a balance between involvement from individual participants and input from representatives of groups?
- VII. What do we need to do to communicate and engage with the diverse range of people who live in the community?
- VIII. How do we undertake our planning and decision-making?
- IX. How do we achieve a balance between meetings and outreach?
- X. What skills are we going to need and how are they going to be used?

The EAP models developed can be used as a basis to develop local ideas but the thinking from Government is that the LINK model ought to provide a much more flexible local model so that a LINK model can in effect be organic, responding to

changing needs, and in the earliest days of its establishment it may be decided that the model needs to change in order to meet local needs and circumstance. Useful diagrammatic models are attached from the EAP DOH site as appendix A, B and C to this briefing from Kensington and Chelsea and the County of Durham.

#### **4. Contracting a host organisation for your LINK**

Each local authority with responsibility for the provision of social services (county councils, unitary authorities and London Borough Councils and the Council of the Isle of Scilly and the Common Council for the City Of London) will have a statutory duty to make contractual arrangements with a host organisation on receipt of money from the Secretary of State for Health

The host organisation will carry out the following activities:-

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local health and social care services
- Enabling people to monitor and review the commissioning and provision of care services
- Obtaining the view of people about their needs for and their experiences of local health and social care services
- Making their views known to those responsible for commissioning, providing, managing and scrutiny of those services

The new statutory duty will not come into effect until the passage of the Local Government and Public Involvement in Health Bill but as with the preparations for the LINK itself it is important that councils are prepared and ready to contract a host organisation.

The DOH believes that given the necessity for the host organisation to be well versed in community engagement, involvement and networking, and have links to a wide range of organisations and communities, it is likely that the host organisation will be drawn from local non-profit organisation.

#### **5. Service specification for a host organisation**

The DOH *expects* that a host organisation will be contracted by the local authority for a period of three years subject to satisfactory performance.

As the host organisations role will be to undertake the initial set-up of the link, and to advertise and promote the LINK, as well as holding introductory workshops / meetings and making contact with existing groups and hard to reach groups, it will be necessary to ensure that as part of the contracting arrangements bidders are able to demonstrate that they can successfully meet this criteria.

As the host organisation will also hold the finances for the LINK any potential contactor must ensure that they are able to meet audit and accounting requirements and effectively report through the governance structures.

Moreover as the host organisation they must be able to demonstrate a capability in effective communication. The host organisation will be responsible for liaison with interested bodies such as the NHS and the SCIE and must therefore be able to

complement and support the formation of strategic partnerships, with, for example, the local authority overview and scrutiny committee, and health partnership bodies.

The host organisation must also be able to demonstrate accessibility. This must be assured through the Disability Discrimination Act 1995 and Equality Act 2006 in relation to the host organisations premises and premises and practices must comply with health and safety requirements. Communications should also be appropriate with regard to access issues.

Contract monitoring should be in place and the DOH has indicated that it is necessary to have at least six monthly reporting arrangements. Many local authorities may however require more frequent monitoring arrangements as part of a performance management framework. All funds spent by the host organisation must only be used on contract related matters.

## **6. Funding of the host organisation contract**

Local authorities will receive funding via a specific grant from the DOH. The allocation will comprise of a baseline amount for all authorities with the remainder of the funds allocated by the relative needs formula.

The total funding package is designed to contain three strands; Local authority contract management costs, host organisation support function costs and LINK expenditure. It is recommended by the DOH that overview and scrutiny committees look at how much money is being spent on LINKs and the value they receive for the funding available. However the OSC will not be an appeal body for organisations that fail to win a contract.

## **7. Tendering processes**

Local authorities will already have in place their own local standard documentation for contract arrangements and it is perfectly possible for the requirements for a host organisation to be integrated into this documentation.

However local authorities need to be aware of usual requirements in considering the tender process and the need for transparency fairness and accountability. This may also need to include consideration of not only local requirements but EU regulatory requirements. Appropriate advice, including legal advice, on these issues should be sought.

## **8. Governance of the LINK**

The DOH is keen to point out that the governance of a LINK is a related but different matter to that of accountability. In referencing governance of the LINK it is recommended that the LINK has appropriate processes to address:-

- A code of conducts for participants, including those that take up roles in relation to outreach work, and use of powers to enter and view premises and seek information
- Dealing with internal and external companies
- Dealing with potential conflicts of interest

- The use of resources including financial resources
- The use of influence in working with stakeholders
- Communication particularly with the host and the broader community and stakeholders
- Dealing with criminal records bureau checks
- Identifying those that may be excluded from some activities of the link – for example a participant that is a care provider may be involved in some issues but not specifically involved in areas where conflict or undue influence could arise.

Whilst there is no one model of governance many LINKs may well establish 'stewardship' or 'steering' groups to establish the principles of governance. They may choose to elect a board of governors (such as the method operating with NHS foundation trusts) but again this is very much down to local determination.

## **9. APSE commentary**

Whilst greater involvement of the public in the planning design and commissioning of health and social services is welcome the timetable for implementation of LINKs by April 2008 is ambitious. The tendering processes will not necessarily be capable of being expedited if due consideration of value for money and appropriate consideration of tenders is to take place.

Local authorities therefore face a very tight timescale to deliver the contracting of a host organisation and ensure that as a result of the host organisation contract the LINK is established by the April 2008 deadline.

Local authorities need to carefully consider their own duties in relation to the Public Sector Equality Duty, tendering regulations, including those of the EU and their own financial standing orders as well as the need to ensure appropriate monitoring processes are put into place.

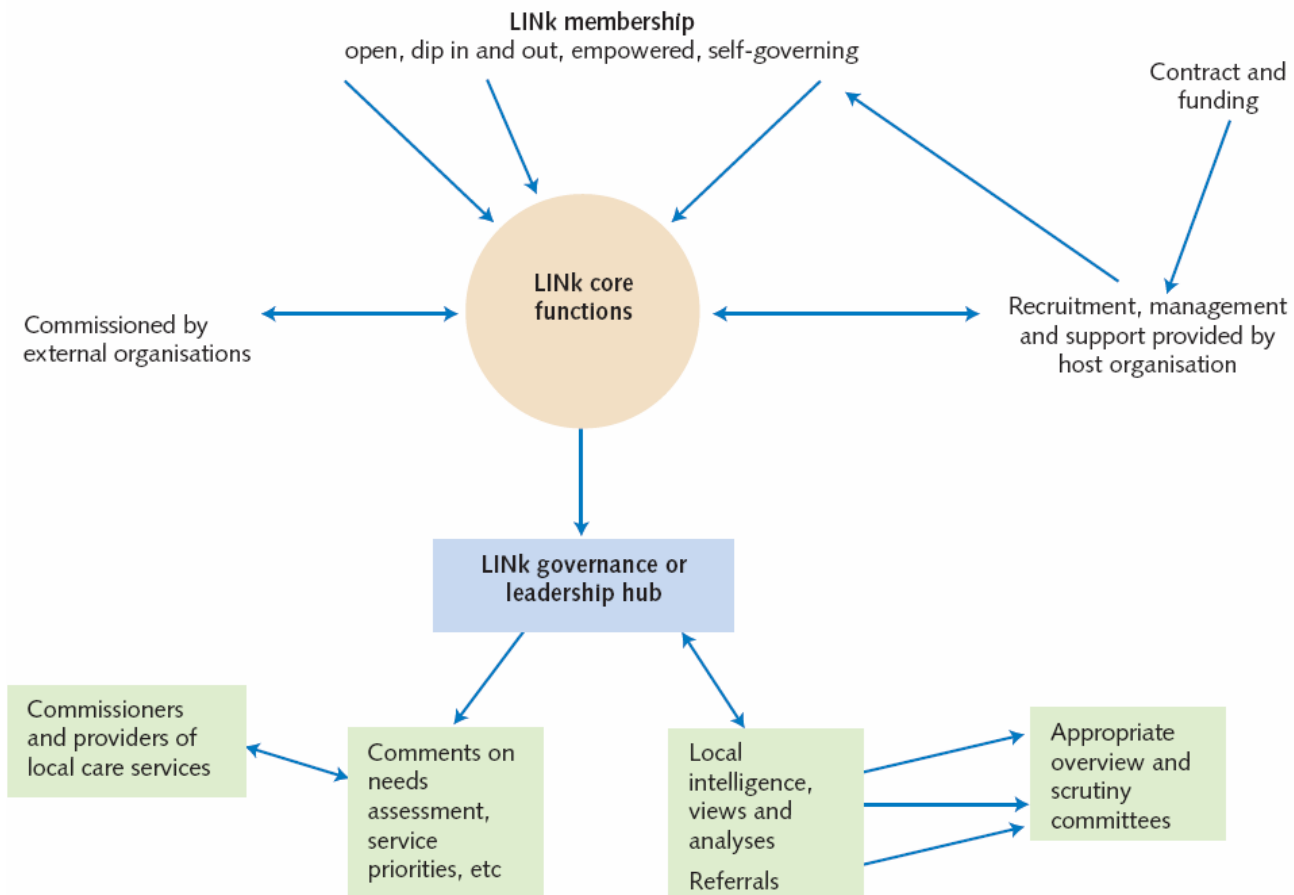
Moreover the involvement of overview and scrutiny committees in LINKs is yet to be established, looking at what terms of reference would operate between the overview and scrutiny roles, the local LINK and the host organisation.

Further information can be found on the DOH website at [www.doh.gov.uk](http://www.doh.gov.uk). APSE member authorities can also make use of the free APSE network query service to enquire of other local authorities about their preparation for the LINKs or other social care issues. Contact Mo Baines on [mbaines@apse.org.uk](mailto:mbaines@apse.org.uk)

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### Appendix 1

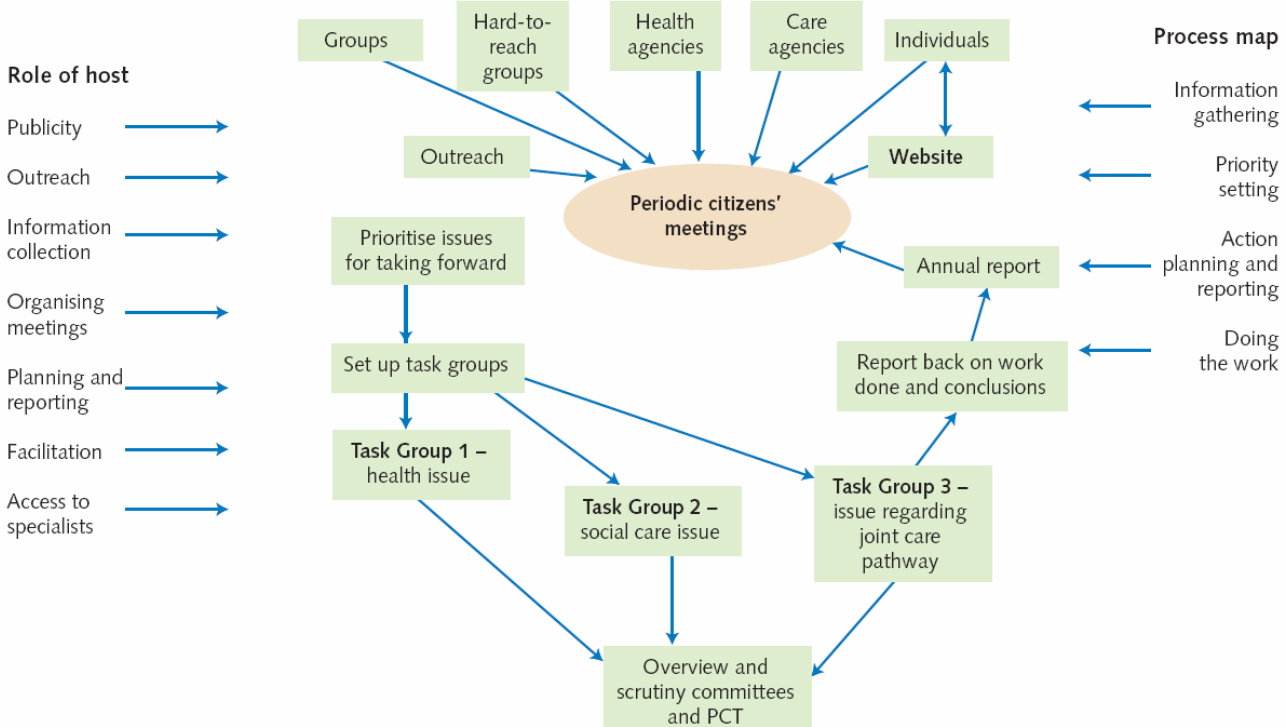
Diagram of amended model based on Kensington and Chelsea EAP where participants can choose to participate on an 'as and when' basis but with a LINK governance or leadership hub.



## Appendix 2

Diagram 2 based on an amended model of the Kensington and Chelsea EAP where the host organisation acts as a facilitator for periodic citizen meetings.

Task groups as a result of citizen meetings will review consult or consider priority issues.



**Appendix 3**

Diagram 3 developed by the County of Durham is based on a LINK steering group model with a cyclical approach to developing the work programme engaging with groups and developing good practice.

