

## **DEVELOPING LOCAL INVOLVEMENT NETWORKS ON WIRRAL: UPDATE**

### ***Executive Summary***

*The role of Local Involvement Networks (LINKs) is to provide a stronger voice for local people in the planning, commissioning and provision of health and social care services. LINKs will commence in areas where the local authority has responsibility for social services in April 2008. This report summarises the most recent national information about LINKs and describes the arrangements for developing a LINK in Wirral. Committee is asked to note this report.*

### **1 Background**

- 1.1 LINKs are the new mechanism for involving patients, the public, people who use social care services, carers, and interested groups and organisations in improving health and social care. The main changes from the current system of patient and public involvement forums are:
- LINKs will cover social care as well as health care.
  - LINKs are a broad network covering health and social care services across a local authority area, rather than being linked to specific NHS trusts or PCTs.
  - LINKs will be supported and administered by host organisations commissioned and contracted by local authorities, rather than by forum support organisations commissioned through the Commission for Patient and Public Involvement in Health which will be disbanded in April 2008.
- 1.2 LINKs will come into effect following Royal Assent to the *Local Government and Public Involvement in Health Bill*, in October or November 2007. The DH has provided initial guidance on preparing for and contracting for LINKs, and Regulations and final guidance will be issued with the Act. The guidance provides a framework for LINKs but does not specify exactly how these should operate, since this is for LINKs in local areas to determine according to their needs and circumstances.

### **2 What does a LINK do?**

- 2.1 LINKs have a role in:
- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local health and social care services.
  - Obtaining the views of people about local health and care services.

- Enabling people to monitor and review the commissioning and provision of care services.
- Raising the concerns of local people with those responsible for commissioning, providing, managing and scrutinising services.

## 2.2 LINKs will be able to:

- Enter specific types of services and view the care provided.
- Ask for information or make recommendations and get a response within a specific timescale.
- Refer matters to the Local Health and Social Care Overview and Scrutiny Committee and get a response.

## 3 What might a LINK look like?

### 3.1 A LINK will be a network made up of individuals, groups and organisations with an interest in health and social care, for instance:

- Carer, service user or patient networks
- Foundation trust governors
- Neighbourhood renewal/community networks
- Youth or older people's forums
- Tenants groups
- Advocacy groups
- Business networks.

### 3.2. The DH guidance makes the distinction between members and participants: Members are individuals or groups who have an active role in LINKs on a regular basis. Participants take part in LINKs through a particular issue or piece of work.

### 3.3 There are probably two main models for how a LINK could operate:

- Participants and members appoint a steering group, board or 'membership hub' which acts as a governing body for the work of the LINK.
- A co-operative, non-hierarchical approach without a steering hub: For example, periodic 'citizens meetings' would be arranged by the host organisation to identify priorities. Task groups would be set up to take action on the priorities and report back.

### 3.4 Within these two models there are a wide variety of options. For instance, a LINK could operate with a formal board or an informal hub. There are also many issues which will need to be considered. For instance, the type of selection or election; the nature of governance arrangements; whether the LINK would have subgroups and/or task and finish groups and how these would report; how the LINK can complement rather than duplicate the role of existing organisations with a similar remit; working with other LINKs on cross-border services; procedures for addressing complaints; codes of conduct etc, etc.

- 3.5 The accountability arrangements for LINKs are as follows. Host organisations are accountable for their performance to the local authority through their contract, and to their LINK. LINKs are accountable to the local communities they serve and, ultimately, to the Secretary of State for Health, to whom they provide an annual report.
- 3.6 LINKs are envisaged as having a number of roles and skills such as involvement in strategic planning, undertaking research, intelligence gathering, monitoring, reaching out into communities, and community development. Host organisations provide support with these roles.
- 3.7 Below are a number of possible scenarios LINKs could be involved in:
- Concerns have been identified about a gap in health and social care services from a 'LINK surgery' attached to an Area Forum. Investigation by the LINK shows that this is also a concern to some patient and user groups. The LINK sets up a task group to look into this issue, involving local commissioners. If the issue is not resolved, the LINK might refer it to the Social Care, Health and Inclusion Overview and Scrutiny Committee.
  - The National Strategy for Carers has been published, and local areas need to make a local response. The Department of Adult Social Services and the PCT ask the LINK's Carer Network to work with them on an involvement strategy for carers.
  - The LINK has identified that it has very little engagement with people from black and minority ethnic communities on health inequality issues. The LINK takes a long-term community development approach to increasing engagement.
  - The LINK is involved in the Health, Care and Wellbeing Partnership, ensuring early-stage involvement at a strategic level.

#### **4 Consultation on Draft Regulations for LINKs**

- 4.1 The Department of Health is consulting on Regulations concerning LINK powers (see 2.2 above). The consultation runs until 21<sup>st</sup> December. Wirral Consultation and Development Group will seek to provide a joint response. Key proposals are:
- The government considers that the duty on NHS bodies and local authorities to respond to a request for information from a LINK is covered by the Freedom of Information Act and there is no need for a further regulation-making power.
  - NHS bodies and adult social care would have to respond to reports and recommendations by a LINK within 20 working days.
  - There are a number of exemptions to the duty on service providers to allow entry to authorised LINK representatives. These include: services provided in someone's home or in non-communal areas of care homes, and children's social care services. LINK representatives must act reasonably and proportionately, use discretion and judgement and be trained and skilled.

- Local authority health and social care overview and scrutiny committees will have 20 working days to acknowledge a referral from a LINK and would keep the LINK informed of their actions in the matter referred.

## 5 How are LINKs being developed on Wirral?

- 5.1 LINKs build upon a range of existing expertise. On Wirral, this includes approaches undertaken by patient forums, the Advocacy Partnership, the Voluntary and Community Sector Network (VCSN), patient involvement in the NHS, user and carer involvement in social services, and community engagement. DH guidance encourages local authorities and interested stakeholders to engage with local groups and interested individuals in preparing for LINKs so that the gap between the end of the current system and the start of LINKs is minimised. There are two distinct, but connected strands to the preparation phase: Development and Procurement.

## 6 Developmental Strand

- 6.1 A LINKs **Project Team** was established earlier in the year to start to develop a Wirral LINKs. The Team is made up of representatives from Wirral Council Department of Adult Social Services and Corporate Procurement, Wirral PCT, the Forum Support Organisation, the VCSN and Advocacy Partnership. In March, the Project Team organised a successful LINKs information event attended by a wide range of stakeholders. The Project Team will continue to support the wider LINKs development process with the **Consultation and Development Group (CADG)**.
- 6.2 The CADG is a working group involving approximately twenty key stakeholders with expertise in different aspects of involvement. In addition to the organisations listed above it includes members from: Patients' forums, NHS trusts, service users and carers, and local authority and PCT community engagement.
- 6.3 This group will undertake preparatory work for the LINKs as identified in the guidance; for instance developing principles, identifying working models, mapping who needs to be involved in LINKs, and, vitally, informing and involving others in preparing for LINKs through newsletters and events. The first newsletter is in appendix 1. Proposals identified through the group will be passed to the host organisation for consideration by the LINK. At its first meeting the CADG developed principles for the LINK (appendix 2). These will be included in the service specification.
- 6.4 It is essential that the widest range of interested individuals, groups, organisations and communities are involved in preparing for LINK. The CADG will work through a **LINK Reference Group** consisting of everyone with an interest in LINKs. A further stakeholder event will be planned in the new year.

- 6.5 Members of the CADG will report back to organisations, which might involve, as appropriate: Cabinet; PCT Board; Patient Forum Boards; VCSN Panel; Overview and Scrutiny Committee; Wirral Health, Care and Wellbeing Strategic Partnership Board.
- 6.6 The Centre for Public Scrutiny will be providing some expert advisor time to support the development of LINKs. This might include:
- Help in understanding the rationale for LINKs and their impact
  - Assisting discussions with local people and groups about how to develop the local LINK
  - Understanding the skills required from 'host' organizations and the timescales for contracting with a suitable 'host'
  - Helping to establish good relationships between the executive, overview and scrutiny committees, the 'host' and the LINK.

The CADG will consider how expert advisor time could support the development of Wirral LINK.

## **7 Procurement Strand**

- 7.1 The role of the host organisation will be to establish, maintain and support the LINK. Local authorities will be provided with a specific grant by the DH to commission a host organisation. Hosts will be contracted for an initial period of three years. Wirral Council is responsible for developing a contract specification, tendering and letting the contract, and performance managing the contract against the specification. A report will be submitted to Cabinet on the outcome of the tender.
- 7.2 The Council will use corporate procurement policy to ensure that the tendering process is legal, transparent and equitable. The views of stakeholders are being sought on documentation associated with the commissioning process e.g. contract specification, performance management criteria, and appropriate stakeholder representation in the contract selection process (e.g. representation with no vested interest in the tender).

## **8 Conclusion**

LINKs is a new and exciting development with tremendous potential for enhancing the voice of patients, public, people who use services and carers on Wirral. It is essential that people are informed about, and involved in, LINKs. Regular information such as newsletters, briefing notes and reports will be produced and stakeholder meetings arranged to maximise participation.

## **9 Financial Implications**

Each local authority will be issued with a grant to commission a host organisation. At the time of writing, the grants have not been allocated, but they are, apparently, due immanently.

## **10 Staffing Implications**

The Commission for Patient and Public Involvement in Health has indicated that TUPE arrangements may apply to the dissolution of patient forums and the establishment of LINKs. Information about TUPE will be provided as part of the tendering exercise.

## **11 Equal Opportunities Implications**

Successful tenderers will need to demonstrate that they follow an equal opportunities policy and that they promote diversity.

## **12 Community Safety Implications**

There are none immediately arising from this report.

## **13 Local Agenda 21 Implications**

There are none immediately arising from this report.

## **14 Planning Implications**

There are none immediately arising from this report.

## **15 Anti Poverty Implications**

There are none immediately arising from this report.

## **16 Social Inclusion Implications**

LINKs will promote social inclusion; a particular emphasis will be on involving people whose views on health and social care might not otherwise be heard.

## **17 Local Member Support Implications**

The LINK will cover all areas of Wirral.

## **18 Background Papers**

- 'Consultation on the Regulations for LINKs', Department of Health 2007.

[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_078794](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_078794)

- 'Planning your LINK', and 'Contracting a host organisation for your LINK', Department of Health 2007.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationSPolicyAndGuidance/DH\\_077266](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationSPolicyAndGuidance/DH_077266)

## **19 Recommendations**

That:

- (1)** Committee notes the progress made in preparing for Wirral LINK.
- (2)** A further report is submitted to Committee on establishing Wirral LINK.

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