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To: Adult Social Services Policy Overview and Scrutiny Committee –
25 June 2010

Subject: **LOCAL INVOLVEMENT NETWORKS (LINKS)**

Classification: Unrestricted

Summary: This is an update for Members on the work undertaken by the Kent LINK since August 2008 and its developing relationship with KASS.

Introduction

1. (1) Local Involvement Networks were introduced across the country as part of 'The Local Government and Public Involvement in Health Act 2007'. They were introduced as an additional mechanism for giving the public "a stronger local voice in the development of health and social care services", acknowledging the need to strengthen and improve the existing mechanisms for involving and engaging with patients and citizens. The Kent LINK has been operation since December 2008. This paper outlines briefly outlines the LINKs development in Kent.

Background

2. (1) The LINK is developing an inclusive membership of user groups, local voluntary and community sector organisations and interested individuals, but involvement does not require membership. It is expected to be representative of all sections of the local populations. LINKs is accountable to its membership and the wider community and is developing governance arrangements to support this.

- (2) The role of LINKs is defined in legislation and guidance as being:
- 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 their needs for and their experiences of local health and social care services
 - Enabling people to monitor and review the commissioning and provision of health and local social care services
 - Conveying people's view to monitor and review the commissioning and provision of local services
 - Recommending how services can be improved

- (3) The Local Government and Public Involvement in Health Act 2007 give LINKs specific powers to enable them to influence the improvement of local services by:
- entering specified types of premises and viewing the services provided;
 - requesting information and receiving a response within a specified timescale;
 - preparing reports and recommendations and receiving a response within the specified timescale
 - referring matters to an Overview and Scrutiny Committee and receiving a response

(4) The Host Organisation appointed to support the Kent LINK is Kent and Medway Networks (KMN). KMN has previously been a Forum Support Organisation for the former Patient and Public Involvement Forums. The organisation therefore has a wealth of knowledge and experience to bring to the role of Host Organisation. KMN took over the support of the LINK Working Group from Kent County Council in August 2008. Much of the work in the first year was establishing the LINK, raising awareness of its role and powers and developing supporting governance.

The Development of LINKs.

3. (1) Over the last eighteen months LINKs have made significant progress which include the following:

- (i) Governance arrangements are in place, which includes:
- *Governors Group* that ensures the LINK operates within its statutory remit, within the law and its own rules, within the budget available.
 - *Priorities Group*. This is the group of selected LINK participants who review the issues raised with the LINK and determine, against a set of agreed criteria, if the LINK should take any action.
 - *Authorised Visitors*. The LINK has the right to 'enter and view' NHS / Social Care units. This right is fulfilled by individual LINK participants who have been selected and trained to undertake this role. Any visit to such units is undertaken as part of a LINK Project.
 - *External Representatives*. The LINK participants who have been selected to represent the LINK on External Bodies are the 'eyes and ears' of the LINK. They attend meetings of the particular group they have been nominated to sit on, provide LINK views and feedback to LINK participants.
- (ii) LINKs have increased their engagement with the public, by regular meetings, the development of access points (including Gateways) and the website. More detail of this work can be found in their annual report available on the LINKs website
(http://www.thekentlink.co.uk/assets/files/Publications/DRAFT_Kent_Annual_Report_20092010_WEB.pdf).

The report was recently presented to the LINKs AGM

- (iii) The Annual Report outlines a range of initiatives which LINKs have been involved in over the last year. These include:
- a) Hygiene, Disinfection and Patient Experience in Hospitals
 - b) Access (Transport) to Health Services
 - c) A Review of Stroke Services in Kent and Medway

- d) Working with East Kent & Costal PCT to Develop a Strategy for Community Services in East Kent
- e) A User's Perspective of Day Services for Older People

Working with Kent Adult Social Services (KASS)

4. (1) For many members of LINKs learning about social care has been an area of development. However over the last year the interaction and relationship between KASS and LINKs has been steadily growing. From the beginning the Directorate supported the development of LINKs through actively encouraging the users and carers we work with to attend LINKs events both at a county and local level.

(2) As noted above in paragraph 3. (iii) LINKs have worked with KASS in reviewing Age Concern Day Care Services commissioned by KASS. The aim of the Project was to identify the views and experiences of current and potential service users.

(3) For the coming year we are beginning to plan a range of initiatives which will involve LINKs, actively seeking the views of the people who use social care services. A significant development has been recent discussions in looking at how LINKs can facilitate our Directorate Involvement Group. As outlined in previous reports this is a partnership model we have been developing with the public in order to give the public more influence on the development of services and a direct feed into the Directorates Strategic Management Team. This group is now co-chaired by members of the public and an SMT member and key staff in attendance. The proposal is to involve LINKs in facilitating this group, which will give the model an important element of independence. As part of this work LINKs are discussing with Areas how they could support the proposed Area Directorate Involvement Groups.

(4) LINKs do have the power to refer matters to Overview Committees which have social care and health as part of their remit. As LINKs become more involved in social care issues and work with KASS they may wish to consider referring matters to ASSPOSC. The Committee may wish to consider how to respond.

Recommendations

5. (1) Members are asked to comment on the report and give consideration to the issues raised in paragraph 4. (4) of the report

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Background documents: None