

To: NHS Overview & Scrutiny Committee – 12 October 2007

By: Martyn Ayre, Corporate Policy

Subject: Local Involvement Network – an update

Summary: To update Members on recent developments regarding the establishment of a Local Involvement Network for Kent (LINK).

1. Members of the Committee received a comprehensive report at their meeting on 20 July 2007. That report set out:

- the historical and legislative context
- the proposed role and powers of a LINK
- information about the 9 Early Adopter pilots in England and the initial findings from them and
- brief details of future milestones and funding matters.

Members are encouraged to re-read that report to remind themselves of the background.

2. Since then there have been some significant developments nationally and locally and this report will focus on those.

3. In mid-August, the Department of Health (DoH) issued three documents:

- a. **“Getting ready for LINKs – planning your Local Involvement Network”**. This has been published as Best Practice Guidance and summarises the DoH’s policy expectations. It also suggests:
 - development approaches
 - a range of governance options
 - ideas about possible relationships between LINKs and other strategic partnerships
 - observations on the relationships between the LINK, its Host Organisation and the commissioning Local Authority
 - issues of accountability and performance management and
 - concludes with an Action List.
- b. **“Getting Ready for LINKs – contracting a host organisation”** This too has been published as Best Practice Guidance. It outlines what the DoH anticipates being covered in a local authority’s service specification for the provision of a Host Organisation and its proposed tender requirements. This document indicates that funding arrangements will be in the form of a Specific Grant paid to local authorities. This is detailed further below.
- c. **“Getting Ready for LINKs – an easy-read guide”** As its name suggests, this is a much less technical guide, mainly geared for a wider public audience who may not have any specialist background knowledge.

These documents can be made available on request.

4. The Local Government & Public Involvement in Health Bill is still going through Parliament with Royal Assent expected to be given in November. Further changes to the LINK provisions in the Bill cannot be ruled out but it is expected that the proposals outlined in the Best Practice guidance are likely to be those required to be in place by April 2008. The message from DoH continues to be that there will be considerable local discretion though this will only become absolutely clear when Regulations and more formal guidance are issued – it is thought likely that this will happen in January 2008. Members will appreciate that with a tendering process to be commenced between now and then and an implementation date of 1 April 2008, there are considerable areas of uncertainty and risk for all – the wide range of stakeholders, KCC and PCTs alike.

5. There are two key risks:

- (i) the need to publicly set out a service specification, in the near future, indicating a Host Organisation's likely activity levels without any certainty of the level of funding that will be available overall and without knowing how that funding will need to be apportioned between the costs of the Host Organisation, the LINK once established or the Local Authority (see paragraph 7 below).
- (ii) The tight timescales and the consequent possibility of a gap between PPIFs being abolished and LINKs established.

6. In the previous report to this Committee in July, there was a suggestion that the funding available to councils charged with the responsibility for establishing LINKs was likely to be of the order of £100-150k per annum. The most recent information indicates that the funding will be in the form of a non-ring-fenced Specific Grant. When that Grant Report is published, it will set out individual local authorities' allocations, based on the relative needs funding formula. This formula takes account of geographical and population size, as well as other factors such as population sparsity and deprivation. The best current advice is that KCC's allocation will be in the order of £450k per annum. Confirmation is not anticipated before the Chancellor's announcement of 2008/09 local government expenditure plans in late November/early December. This, of course, is well after the invitation to tender for Host Organisations will need to be issued.

7. There will be three elements to the funding:

- a) the Host Organisation's support function costs
- b) the LINK's expenditure costs
- c) the local authority's contract management costs.

It is prudent to assume that in view of these elements, there are no additional funds for what might be deemed service costs or costs falling to the local authority for servicing the information requests or referrals to NHS Overview & Scrutiny Committees coming from the LINK.

8. Members are reminded that there are two key elements to the County Council's role in establishing a LINK for Kent and this is being mirrored in the way implementation is being undertaken:

- (i) the County Council's role is to stimulate wide public interest in the creation of a LINK and there is a major programme of work to be conducted over the next 3-4 months which is primarily concerned with public and stakeholder engagement.
- (ii) There is a procurement process to be conducted. This is being progressed with colleagues from Commercial Services' Strategic Procurement Group. This tendering process will need to be open and transparent and comply with all relevant competition legislation. DoH guidance indicates that "the Health Overview and Scrutiny Committee within the local authority has a role in scrutinising how the contracting process was undertaken and ensuring that best value is achieved". This needs to be seen in the context that the letting of this contract will constitute a Key Decision (which is logged in the Council's Forward Plan).

9. The key to stimulating wide interest in participation to this new approach to public engagement in the commissioning, delivery and holding to account of health and social care will be a comprehensive engagement and communications strategy. This will entail:

- o the creation of a dedicated website
- o an extensive programme of engagement and consultation events (both those we organise ourselves plus encouragement to stakeholders, including seldom heard/hard-to-reach groups, inviting us to attend their own events)
- o involvement with Kent Volunteers
- o contacts with key Third Sector organisations via the Kent Compact protocols
- o a regular online newsletter
- o features in "Around Kent"
- o opportunities to publicise what is happening through local media and Kent TV
- o Focus groups and surveys will be conducted to help round out understanding of what Kent's residents want from a Local Involvement Network
- o a series of briefings and discussions will take place with all Members of the County Council and to repeat this with Members and officers of district councils (in both cases by encouraging invitations from existing County and local arrangements).

10. Patient & Public Involvement Forums have so far struggled to establish a really tangible public presence. There is an opportunity, through community leadership by KCC and PCT colleagues, to rectify this over the coming months to help ensure that the LINK in Kent begins life with a notable public profile. The programme of work outlined in the preceding paragraph will be exacting but is the key to avoiding past difficulties that the PPIFs have encountered.

11. This work will be undertaken under the oversight of a Project Steering Group, chaired by Graham Gibbens, Cabinet Member for Public Health, and includes Kevin Lynes, Cabinet Member for Adult Social Care, a Non-Executive Director from each Primary Care Trust, Lord Bruce Lockhart, Chairman of the Health Overview & Scrutiny Committee, and Mark Fittock, Vice Chairman, and Dan Daley, the Liberal Democrat Spokesman on this Committee.

12. This membership is intended to emphasise the role of KCC and the PCTs as *commissioners* of this new service. The initial meeting is scheduled for 5 October.

13. On a day-to-day basis, implementation will be managed through a Project Team comprising senior officers from Children, Families and Education, Adult Social Services and Chief Executive's, as well as the PCTs' Directors of Civic Engagement. Full-time support will be provided a member of staff seconded from the Kent Graduate Programme.

14. There are three distinct roles that have been suggested by DoH for the Health Overview & Scrutiny Committee to fulfil with regard to LINKs:

- (i) To have a quality assurance role during the start-up period, with regard to the letting of a contract to a Host Organisation to ensure that the process of selecting and appointing a Host Organisation represents Value for Money for KCC. The setting-up of a LINK and contracting with a Host Organisation to support it represents a Key Decision. This, of course, would be liable to Cabinet Scrutiny.
- (ii) In the longer term (and subject to what the final Regulations will say), there will be a more formal relationship between the Health Overview & Scrutiny Committee and the Local Involvement Network. On the one hand, the LINK will have the power to refer relevant matters, including its own findings and recommendations on them, to the Health Overview & Scrutiny Committee and the power to require a detailed response within a set timescale.
- (iii) A HOSC may also wish to commission a LINK to undertake survey or research work on its behalf in respect of a health or social care matter under its consideration or invite members of a LINK to participate, perhaps via co-option, in specific scrutiny activities. This aspect does not appear to have been fully thought through as yet by DoH. So whilst the DoH has clearly indicated it does not foresee a LINK as an alternative form of scrutiny, it will be prudent for the HOSC to seek to establish protocols for working with the LINK in Kent, to ensure their separate and distinct roles do not end up becoming blurred and confusing. By the same token, the new inclusion of social care in the LINK's remit could inadvertently see social care matters being referred to a HOSC. This raises questions about the inter-relationship within KCC between the Health Overview & Scrutiny Committee and the Adult Social Services Policy & Overview Committee. Draft regulations and some further associated guidance were published on 28 September for a 12-week consultation period, closing on 21 December 2007, and it is intended that appropriate advice will be taken during this period to help clarify this further.

Recommendations

Members are invited to NOTE this report.

Martyn Ayre

Corporate Policy (and Lead Officer on LINK)

Tel: 01622 694355 or email martyn.ayre@kent.gov.uk

*Background Documents – report to Health Overview & Scrutiny Committee,
20 July 2007*