

By: Paul Wickenden, Overview and Scrutiny Manager
To: NHS Overview and Scrutiny Committee – 20 July 2007
Subject: Local Involvement Networks

Summary: To update the Committee on recent developments regarding Local Involvement Networks

Introduction

1. (1) Members will recall that the Local Involvement Networks (LINKs) proposals contained in the Local Government and Public Involvement in Health Bill propose to give the power to local authorities with social services responsibilities to establish a LINK. It will be for the local authority to procure a “host” organisation and it will be the host who is responsible for the establishment, maintenance and support of a LINK in the local authority area.

(2) The LINK will operate independently of the local authority, within its own governance structure and decision-making processes. The host will be accountable to the LINK.

Parliamentary timetable

2. (1) The Local Government and Public Involvement in Health Bill is currently under consideration by Parliament. The Department of Health have indicated that they cannot be sure when the Bill will receive the Royal Assent. Latest indicators are that it will be in the autumn (probably November).

(2) The current intention is that Patient and Public Involvement Forums will be abolished on 31 March 2008, with LINKs coming into being on 1 April 2008.

The role of LINKs

3. (1) Just to remind Members, the role of a LINK is proposed to consist of:-
- promoting and supporting the involvement of people in the commissioning and provision, and scrutiny of local care (i.e. NHS and Social Care) services;
 - obtaining the views of people about their needs for, and their experiences of, local care services;
 - enabling people to monitor and review the commissioning and provision of local care services;

- conveying people's views to organisations responsible for commissioning, providing, managing and scrutinising local care services; and
- recommending how care services can be improved.

Who is in a LINK and how are LINKs constituted?

4. (1) A LINK will comprise an inclusive membership of user groups, local voluntary and community sector organisations, and interested individuals – but involvement will apparently not require formal membership.

(2) A LINK will need to be diverse and representative of all sections of the local population.

(3) LINKs will need to have clear governance structures to make them accountable to their “membership” and the wider community.

Powers of LINKs

5. (1) To enable them to influence the improvement of local services, LINKs will have specific powers to:-

- enter specified types of premises and view the services provided (although the ability to exercise this power will be limited, as the government is concerned that LINKs should not duplicate the work of the regulatory bodies for health and social care);
- request information and receive a response within a specified timescale;
- make reports and recommendations, and receive a response within a specified timescale; and
- refer matters to the relevant Overview and Scrutiny Committee and receive a response.

LINKs “Early Adopter” projects

6. (1) The Committee will be aware that there are a number of “Early Adopter” projects. These are in the following local-authority areas:-

- Doncaster Metropolitan Borough Council;
- Dorset County Council;
- Durham County Council;
- Hertfordshire County Council;
- London Borough of Kensington and Chelsea;
- Manchester City Council;
- Medway Council.

(2) These projects are being led by the Commission for Patient and Public Involvement in Health.

(3) The Healthcare Commission has also been running two Patient and Public Engagement “test sites”, in the North (Leeds and Bradford) and the South West (Plymouth and Exeter), which now appear to have been designated as additional Early Adopter projects.

(4) The purpose of the LINKs Early Adopter projects is to provide information, advice and guidance to LINKs, and organisations responsible for establishing, supporting and working alongside them, on how to maximise the effectiveness of LINKs and relationships within them. The Early Adopters are assessing, testing and evaluating:-

- attracting and engaging participants;
- the LINK role and functions;
- LINKs as organisations – form and governance;
- support required for a LINK (the host organisation);
- procurement and resourcing for a LINK;
- LINKs relationships and accountability;
- understanding effectiveness;
- miscellaneous – training, developing protocols and processes, determining priorities.

Early messages from Early Adopter projects

7. (1) The following comments were presented to a recent Department of Health regional event on the early messages that Early Adopter projects had indicated.

- Flexibility to develop local models/approaches is exciting and challenging.
- Engaging with key stakeholders who will move things forward is critical.
- Creativity is needed to ensure engagement is inclusive and appropriate to the local population and is targeted at individuals as well as groups.
- How will LINKs engage with Foundation, Ambulance, Mental Health and Children’s Trusts, other specialist services and prisons?
- It is very important to ensure that the focus is on social care as well as health.
- There is a need to build on existing activity/networks/relationship LINKs will not replace existing structures but must add value.
- There is a need to ensure that people already involved in Patient and Public Involvement activity are encouraged to get involved in LINKs.

Parliamentary Health Select Committee

8. (1) Members will be aware that the Parliamentary Health Select Committee on Patient and Public Involvement was strongly critical of the government in its views and recommendations on LINKs.

(2) However, from the Government’s response to the Parliamentary Health Select Committee it clearly plans to go “full steam ahead” with the LINKs proposal.

Key milestones

9. There are key documents that are expected to be published shortly. These are:-

- an easy-to-read guide to the proposals for the establishment of LINKs, which should be available in the early part of July on the Centre for Involvement Network at www.nhscentreforinvolvement.nhs.uk;
- a model contract specification for the procurement of the host organisation;
- an interim document, following the regional events relating to the establishment of LINKs, including informal discussions and the feedback from the Early Adopter sites on what an effective LINK might look like.

Funding

10. (1) A key issue for all local authorities with social services responsibilities will be the funding made available for the establishment of a LINK. Information about this is currently sketchy, but it is expected to be somewhere within the range of £100,000 to £150,000 per authority. The funding will be a targeted grant, based on a formula which we have yet to see.

(2) The funding of LINKs will set a challenge for authorities regarding the administrative arrangement they would like to see in place.

Next steps

11. I will continue to keep the NHS Overview and Scrutiny Committee fully apprised of developments.

Recommendation

12. Members are asked to note the report

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Background Information: *Include ALL background information taken into account in preparing the report. (This does not include previous Committee Reports)*