



DERBY CITY COUNCIL

ADULT SERVICES AND HEALTH COMMISSION 16 April 2007

Report of the Director of Corporate and Adult Social Services

Local Involvement Networks – LINKs

RECOMMENDATION

- 1.1 To note the requirements of the Local Government and Public Involvement in Health Bill for the local authorities with social services to procure LINKs
- 1.2 To request regular updates on the developments of LINKs in the City from the Council Cabinet Member for Adult Services

SUPPORTING INFORMATION

- 2.1 Prior to their abolition, the Community Health Councils were representing the interests of the public in local health services. These were abolished by the NHS Reform and Health Care Professions Act 2002 and replaced with the Patient and Public Involvement Forums (PPI).

PPI Forums

- 2.2 The PPI Forums were established under the auspices of Commission for Patient and Public Involvement in Health (CPPIH) a non-departmental public body sponsored by the Department of Health in 2003, to give local people greater say in decisions that affect their health and the health of the local community.
- 2.3 The PPI Forums comprise of volunteers who seek to influence and improve the way healthcare is delivered locally. They have statutory powers to inspect all premises used by NHS patients including the independent sector, to consider the quality of services and the environment from the patients' perspective and effectively ensure that health service providers listen to their views. There is one independent forum for each NHS health body.
- 2.4 The main role played by the PPI Forums includes:

- obtaining views from local communities about health services and make recommendations and reports
- making reports and recommendations on the range and day to day delivery of health services
- influencing the design of and access to NHS services
- providing advice and information to patients and their carers about services
- Independently monitoring the quality of local health services through regular visits. Reports of these visits are given to the Trust and made available to the general public.

2.5 Although the PPI forums are funded by the CPPHI, they are supported by a Forum Support Organisation. Derby's PPI Forums are supported by the Nottinghamshire based Carers Federation Ltd. It provides administrative support as well as training and development opportunities for the PPI Forums members to enable them to fulfil their role effectively.

Local Involvement Networks - LINKs

2.6 The Local Government and Public Involvement in Health Bill currently going through parliament will abolish the PPI forums and replace them with Local Involvement Networks - LINKs.

2.7 LINKs will be significantly different than the PPI Forums. Their primary function will be to gather the views and experiences of people using health and social care services in the local area and influence local service provision. LINKs will comprise of networks of interested individuals, local user groups and voluntary and community sector organisations based within a locality. They will be based on geographical areas covered by local authorities with social service responsibilities, i.e. county councils, unitary authorities, metropolitan boroughs, London Boroughs, the Common Council of the City of London and the council for the Isles of Scilly. Every LINK will need to reflect the area for which it is responsible and its membership will need to be appropriately determined.

2.8 LINKs will for the first time be responsible for social care as well as NHS health services for the area. This means that the Council's social services will need to consult, involve and potentially influenced by the the local LINK.

2.9 Although the Government says that it does not wish to prescribe how LINKs are to be run, it has identified a range of activities it expects them to perform. These will set out in legislation and guidance will be provided. They will also be able to carry out additional work commissioned and funded by the NHS and/or OSC if they decide that this is appropriate and within their remit. The type of activities run by the LINKs will include:

- promoting and supporting the involvement of local groups and individuals from across the community to influence the commissioning, provision and scrutiny of health and social care services;
- obtaining the views of local groups and individuals about their health and social care needs;
- gathering the views of local groups and individuals about their experience of health and social care services;
- conveying those views to organisations responsible for commissioning, providing, managing and scrutinising health and social care services;
- enabling local groups and individuals to share their skills and experience in order to influence the development and improvement of local health services;
- supporting people within the community to make their voices heard, including people who find it hard to participate in traditional ways or do not choose to;
- supporting the commissioners and providers of health and social care services to engage with the local community, and in particular those groups and individuals who find the services they need difficult to access;
- act as a hub within a network of user-led and community based groups in the area covered by the host local authority, providing a channel for views and information between these groups and the local health and social care organisations;
- LINKs will set their own agenda and focus on issues of concern to local people and seek to influence change; and,
- LINKs will be required to report on their activities and expenditure to the public, to health and social care bodies, the relevant local authority, the Secretary of State for Health, and other interested organisations.

2.10 LINKs are being established to enable genuine involvement in a much wider range of ways, bringing real accountability at the commissioning level and enabling a broad spectrum of people to influence how their local services are designed and delivered. They are expected to have diverse membership including people with learning disabilities, people with sensory impairments, and people from all age groups, as well as people from different ethnic communities.

2.11 It will also be possible for people to feed their views and experiences into a LINK without seeing themselves as 'members'. By making a complaint, or filling in a comment card or talking to a PALS officer, an individual is contributing to the evidence-base collected by the LINK. Similarly, LINKs' may want to have their own web sites to which people will be invited to visit and log their thoughts, ideas and experiences

2.12 Each LINK will have a wide membership which is inclusive, diverse and made up of both individuals and organisations. To reflect this diversity, it will need to make use different methods of involvement and

communication amongst members as well as with their local communities. This means that LINKs will not solely base their communication and involvement with members through meetings

- 2.13 LINKs will be required to demonstrate that they are fulfilling their statutory role, and in particular that they are maintaining their inclusivity, independence, and accountability and will be required to produce annual report.
- 2.14 LINKs will need to act both proactively, in identifying local priorities through contact with the wider communities, and reactively in response to imposed change. Members will also need to be able to identify the different views of groups within the community, recognising that if an area has been through an extensive consultation around changes to a service and gains local approval, there will still be some people who disagree with the final decision.
- 2.15 The Local Government and Public Involvement in Health Bill also outlines a process that enable frontline councillors to trigger action in relation to any community concerns, either by resolving the problem themselves or referring it to their authority's Overview and Scrutiny Committee – the Community Call for Action. If LINKs themselves are unable to resolve an issue, for example relating to social care services, they may work with the frontline councillors using the CCfA process
- 2.16 There is no firm timetable set as yet other than the need to establish LINKs by 1 April 2008. The Government intends to publish guidance by Autumn 2007 including model procurement documents which councils will be able to use to appoint support organisations. It also intends to run number seminars across the country during summer to help develop the process. The East Midlands is likely to around May.
- 2.17 A number of authorities have been asked to be pilots or early adopters to develop Links and their experience will be used to develop the LINKs process:
- 2.18 a
 - South Dorset
 - Medway
 - London Borough of Kensington & Chelsea
 - Hertfordshire
 - Manchester
 - Doncaster
 - County Durham

it will be the responsibility of local authorities to establish LINKs by contracting with a 'host' which in turn will put in place arrangements to attract people to participate in and form the LINK

- 2.19 The Department of Health will make targeted grants available to local authorities to enable them to fund LINKs. Those grants will be for three

years. Local authorities with social services responsibilities will be appropriately funded by the Department of Health to make arrangements providing for the establishment of the LINK in its area. Local Authorities will not have control over the LINK's actions, or how the LINK spends its funds, to ensure the LINK is free from political control.

- 2.20 Local authorities will be given the responsibility and funding to establish LINKs by contracting with a 'host' which in turn will put in place arrangements to attract people to participate in and form the LINK. The Department of Health will make targeted grants available to local authorities to enable them to fund LINKs. Those grants will be for three years. However, local Authorities will not have control over the LINK's actions, or how the LINK spends its funds to ensure the LINK is free from political control They will be funded by the Department of Health The Council is expected to play the role of the CPPHI in that it will appoint a support organisation to develop and support the local LINK. Government is developing guidance including a model contract for procuring the support organisation later in the year. A project officer has been appointed by the Director of CASS to take a lead on the procurement process for establishing Links.
- 2.21 There is likely to be some common ground between the LINKs and the health overview and scrutiny committees (OSC's) in looking after the interests of the patients and the public. The health bodies are required to provide information on requests to both the OSC's and the PPI forums which is likely to continue under the new arrangements. The main difference is that the OSCs have greater powers to hold the health bodies to account such as requiring the relevant officer of the health body to attend before the committee to answer questions rather than just provide information in writing.
- 2.22 There is an expectation by the Government on overview and scrutiny committees to take an active interest in the development of the LINKs and monitor how they are being established. OSC's will also be expected to maintain closer working relationships with their LINK when it becomes operational.
- 2.23 It is suggested that the Adult Services Commission seeks regular updates and monitors the progress of establishing a local involvement network in the city.

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Background papers:	None
List of appendices:	Appendix 1 - Implications

IMPLICATIONS

Financial

1. None arising from this report.

Legal

2. Section 7 of the Health and Social Care Act 2001 requires NHS health bodies to consult with health overview and scrutiny committees on any proposals they may have for substantial variation or development of health services.

Personnel

3. None arising from this report.

Equalities impact

4. Effective scrutiny will benefit all Derby people.

Corporate Priorities

5. This report links with Council's priority for 2007-10 to help us all to be healthy and active.