
GETTING READY FOR LOCAL INVOLVEMENT NETWORKS (LINKS)

Responsible Cabinet Member – Councillor Jenny Chapman, Communities and Engagement Portfolio
Responsible Director – Lorraine O'Donnell, Assistant Chief Executive

Purpose of Report

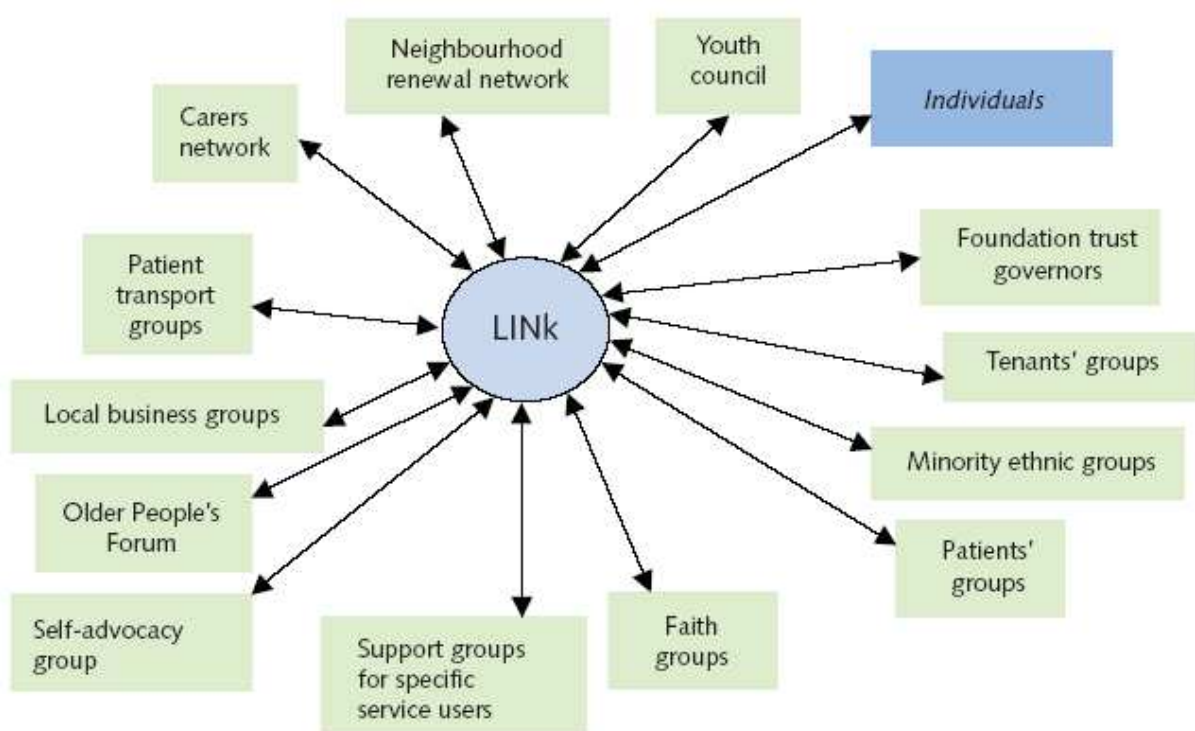
1. This report advises Cabinet that as a local authority with responsibility for social care we are obliged to procure a host organisation to develop and support a Local Involvement Network (LINK) to be operational by April 2008.

Information and Analysis

2. The Local Government and Public Involvement in Health is expected to receive Royal Assent in November. A key duty within the Bill is for local authorities with social services responsibilities to establish and have in operation a Local Involvement Network (LINK) from 1 April 2008. To assist local authorities to establish LINKs the Department of Health have published two guidance documents released in August 2007 'Getting ready for LINKs *Planning your Local Involvement Network*' and 'Getting ready for LINKs *Contracting a host organisation for your Local Involvement Network* attached at **Appendix 1** and **2**.
3. The purpose of a LINK is to:
 - (a) Replace Patient and Public Involvement Forums which exist in NHS trusts (including Foundation Trusts and PCTs), that were set up in 2003 to improve the quality of NHS services by bringing to trusts and PCTs the views and experiences of patients, their carers and families.
 - (b) Establish local community based networks of organisations and individuals, patients, users and carers and give them a louder voice and more influence in the provision of both health and social care services.
4. Local authorities are expected to start the procurement of host organisations to support the LINK upon Royal Assent of the Act and are being encouraged to begin the process of planning their LINK and procuring a host as soon as possible. It is not expected that a fully-fledged LINK model be fully in place by April but it will require a framework consisting of a Host Organisation and a LINK Steering Group which can then be developed into a model that LINK members feel appropriate to meet their needs.
5. To help with the task of establishing LINKs seven Early Adopter Programmes were established in Doncaster, Dorset, Durham, Hertfordshire, Kensington and Chelsea, Manchester and Medway. The aim of the EAPs are to identify learning about different models and approaches that LINKs might apply based on local issues.

What are LINKs?

6. LINKs are not merely groups of individuals but are primarily networks that bring together diverse groups in the area and representatives of other networks. LINKs are to be local community-based networks of organisations and individuals committed to strengthening and widening the influence of patients, users of social care services and the public in the process of planning and improving health and social care services. They are to be independently run and supported by a 'host' organisation and will have the power to enter and view some services, request information etc. It is expected that a LINK will have a wide range of participants and involvement that is inclusive, diverse, and representative of the geographical areas they cover and made up of both individuals and organisations, as shown in the following model:



7. The LINK is to be independent of any government organisation with its own board and decision making process supported by the host organisation. The details of the powers of LINKs will be provided in future regulations. However, LINKs will aspire to be a stronger and more influential voice of the health and social care user and will aim to enable improved involvement of a far greater number of people than is currently the case. It is expected that they will have a key role in the provision and commissioning of services in health and social care services; and also decision-making at a local strategic level for, example, with PCTs in the development of the PCT prospectus (gives an overview of how money is spent, priorities for the coming year and the provision of useful contact numbers) that will demonstrate how the public have influenced decisions.

8. LINKs will establish specific relationships with Overview and Scrutiny Committees (OSCs) and have specific powers to refer matters to them. The Overview and Scrutiny Committee (OSC) within the local authority has a role in scrutinising how the contracting process was undertaken, and ensuring that best value is achieved. The OSC may also commission a LINK to undertake work on its behalf, for example to consult people on their views on an issue that it plans to scrutinise and review in the future.
9. The Government are not seeking to prescribe how the work of LINKs will be carried out but for the LINK to determine what work they do and when and how they do it. However a LINK should focus on achieving outcomes, including:
 - (a) Services that are shaped to meet people's needs
 - (b) Services that are improved as a result of people's experiences
 - (c) Local people having confidence in the validity and transparency of health and social care bodies' decision-making
10. The role of a LINK is to:
 - (a) Promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services
 - (b) Obtain the views of people about their need for and experiences of, health and social care services and make these views known to those responsible for commissioning, providing, managing or scrutinising those services
 - (c) Enable people to monitor and review the commissioning and provision of care services
 - (d) Make reports and recommendations about how health and social care services could be improved, to people responsible for commissioning, providing, managing or scrutinising those services
11. A LINK will have specific powers to enable them to influence the improvement of local services. These powers will enable them to:
 - (a) Enter specified types of premises and view the services provided
 - (b) Request information and receive a response within a specified timescale
 - (c) Make reports and recommendations and receive a response within a specified timescale
 - (d) Refer matters to a health or social care overview and scrutiny committee and receive a response
12. It is up to the membership of the LINK to decide the form of governance structure, supported by the host organisation. This might be achieved, for example by the participants electing a board or steering group, or the participants may choose to take a co-operative approach. Examples of different LINK models are outlined later.
13. LINKs will be established within and across communities where many other networks also exist. A core part of their role will be to develop relationships with other networks, to ensure that duplication is avoided and to help to link other networks together. The primary relationships that LINKs develop may vary across areas, but are likely to include:
 - (a) Local people, community engagement networks, user groups and community initiatives
 - (b) Commissioners and providers of local care services
 - (c) Foundation trust members and governors
 - (d) Overview and Scrutiny Committees
 - (e) Health and social care regulators
 - (f) Strategic health authorities
 - (g) Other LINKs

- (h) Voluntary and community sector organisations involved in providing services, supporting or representing users and carers
- (i) LSPs
- (j) Local authority officers and members leading on the Community Call for Action

Host Organisation

14. Under the legislation, each local authority will be obliged to appoint a ‘host’ organisation, which must be independent of health services and the local authority to set-up the LINK and provide ongoing support. Local authorities are being encouraged to begin the process of procuring a host. This includes promoting LINKs to any potential organisation (particularly voluntary organisations and social enterprises who may be interested in tendering). Examples of organisations that may wish to tender to become a host organisation could include, CVS, The Pioneering Care Partnership, Carers UK, Northern Tyne Patients Voice and Age Concern Teesside.
15. A Host organisation must have:
 - (a) Experience of engaging with and involving local people from diverse communities
 - (b) Experience and understanding of community development approaches
 - (c) Experience of using a variety of forms of communication both formal and informal
 - (d) Understanding of equality issues and legislation
 - (e) Capacity to provide administrative support including data collection and management tools
16. Local authorities will be responsible for administering the contract for the ‘host’ but it will be the members of the LINK that decides the LINKs work plan. Local authorities are expected to start the procurement of host organisations upon Royal Assent of the Local Government and Public Involvement in Health Act expected in November 2007.
17. To establish a LINK local authorities will receive funding via a specific grant from the Department of Health to contract with a host (see below). Each host will be contracted to provide support for an initial period of three years. Although the host organisation is accountable to the LINK for ensuring that the support provided is appropriate it will be performance managed against the contract by the local authority. The host organisation’s role will be to:
 - (a) Undertake the initial set-up of the LINK, for example by advertising and promoting the LINK, holding introductory workshops/meetings. Making contact with existing voluntary and community sector and user-led groups to encourage participation. Encouraging participation from hard-to-reach/under-represented groups and communities
 - (b) Work with LINK participants to facilitate the establishment of the LINK’s arrangements for managing and deciding on its activities, including terms of reference for governance arrangements, methods of involvement, decision-making and dispute resolution arrangements
 - (c) Hold the finance for the LINK, in particular being the responsible accounting organisation for LINK expenditure decisions, meeting audit requirements and reporting on expenditure against activity
 - (d) Facilitate the correspondence and communication activities of the LINK
 - (e) Ensure data management and record keeping of LINK information
 - (f) Provide advice and support for the LINK, in particular liaising with NHS National Centre for Involvement, the Social Care Institute for Excellence and others for best

- practice guidance on supporting a LINK, including methods of consultation, participation and community development
- (g) Have a strong commitment to forming strategic partnerships and effective working relationships with other organisations and support the LINK to develop such partnerships with the local authority Overview and Scrutiny Committees; PCTs and practice based commissioning groups, health and social care providers, LSP, Health and Well-being Partnerships etc
 - (h) Report back to the local authority on the LINK/host activity in accordance with the terms of the contract

The Role of the Local Authority and Funding

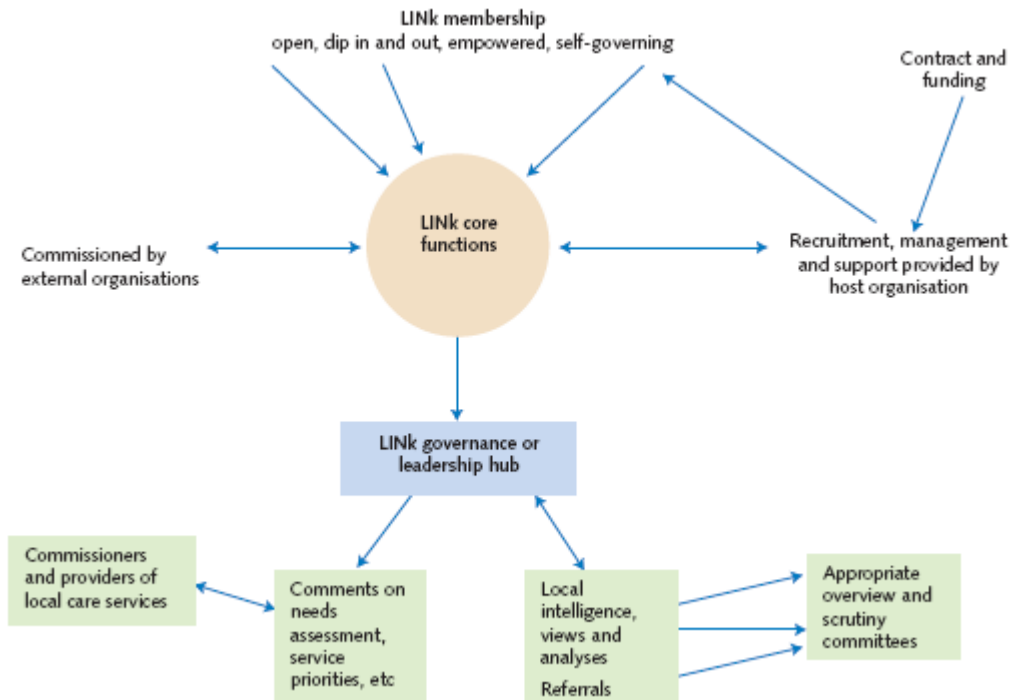
18. In order to establish a LINK local authorities will receive an allocation of funding via a specific grant from the Department of Health to contract with a host to provide support to the LINK. The allocation will comprise a baseline amount for all local authorities, to ensure all areas are able to put a contract in place as well as covering their costs, with the remainder of the funds allocated by the relative needs funding formula. Darlington will therefore receive a targeted amount of money, which is based on our size, population and other factors such as population sparsity and deprivation. The funding package contains three strands:
- (a) Local authority contract management costs
 - (b) Host organisation support function costs
 - (c) LINK expenditure costs
19. While we are still unaware what our grant will be (unlikely to be notified until November 2007), it is anticipated that we will receive in the region of £120k. In order to start the tendering process we have been provided with £10,000. Local authorities are required to develop a contract specification using Department of Health guidance 'Getting ready for LINKs *Contracting a host organisation for your Local Involvement Network*'. It is expected that local authorities should seek to involve local people in the appointment of a host organisation, especially those already involved in influencing health and social care such as members of Patient Forums, social care user-groups and community or voluntary organisations with an interest in health or social care.

LINK Models

20. The legislation and the service specification for the host organisation identify that it is the role of the LINK itself to develop its own methods of working and thus its own model. The Department of Health have provided guidance on what an established and effective LINK might look like using learning from the seven Early Adopter Programmes. A summary of three models outlined in the Department of Health guidance is provided below.

Model One (Based on Kensington and Chelsea EAP)

This model is based on a hub approach with participants and members agreeing to the LINK core functions and electing or appointing a hub to implement governance arrangements and to 'manage' the work of the LINK. The broader group of members and participants feed views and information into the work led by the hub.



Model Two (Based on a Second Option from Kensington and Chelsea EAP)

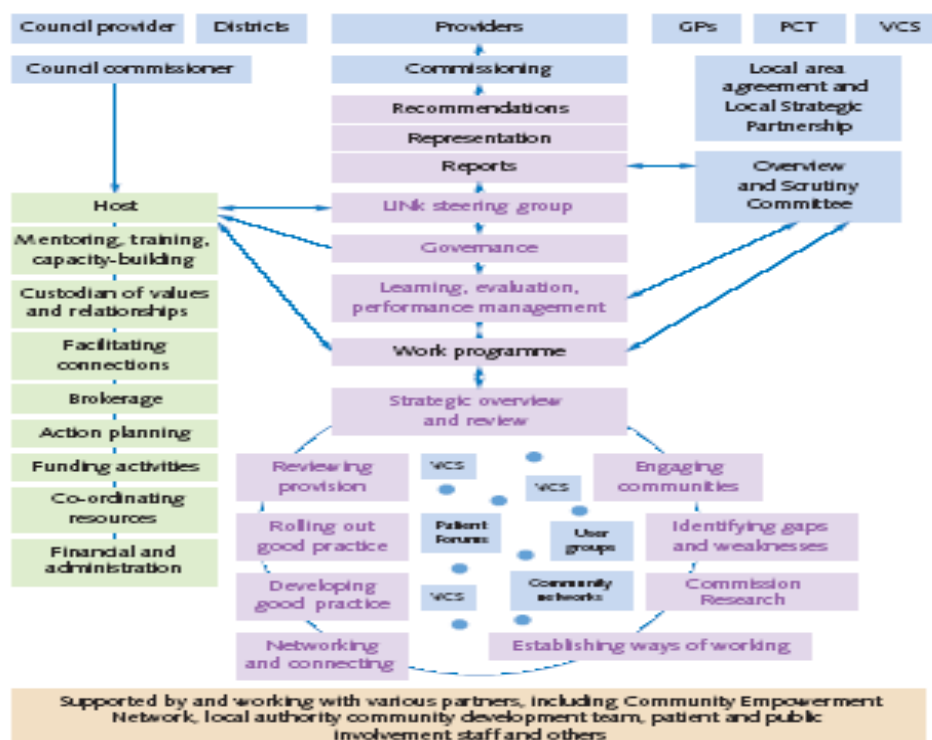
This model is based on a flexible structure where the host organisation co-ordinates the work that comes out of periodic citizen meetings where priority issues are identified and decisions taken. Task groups are established as a result of the citizens’ meetings to review, consult or consider priority issues. The task group report back to citizens’ meetings and report to the local PCT and Overview and Scrutiny Committees as appropriate. An annual report is collated from the outcomes.



This model is based on a flexible structure where the host organisation co-ordinates the work that comes out of periodic citizens’ meetings and there is no central hub of members. LINK participants and members take part in task groups that end when the task ends. The model is still in development by the EAP.

Model Three (Based on the County Durham EAP)

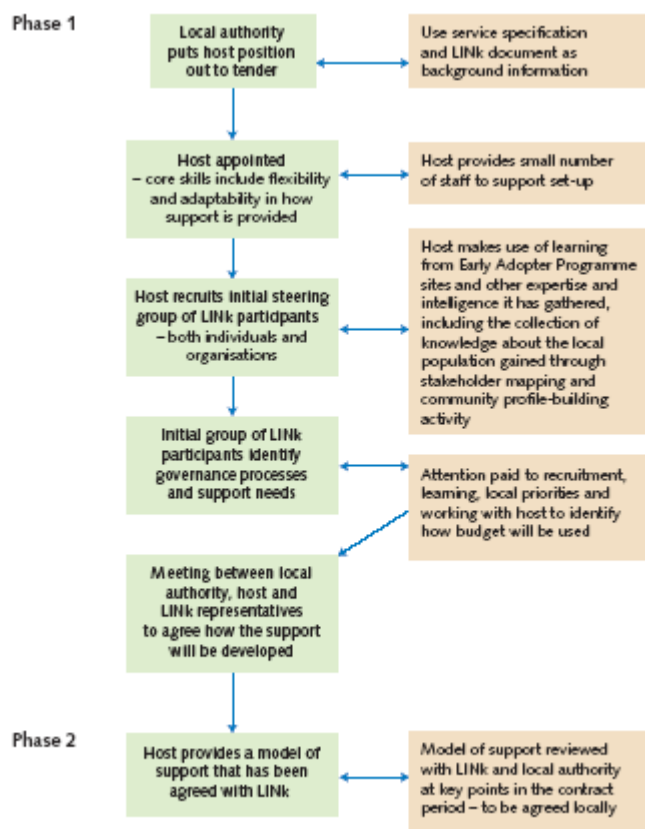
This model is also based on a LINK steering group. The following diagram illustrates a cyclical approach to developing the work programme and to developing and learning from good practice, based on input from voluntary and community sector and other groups. The model illustrates the process of developing the work programme using a cycle that starts with taking a strategic overview, engaging with individuals, groups and communities including VCS groups and developing good practice.



Establishing a LINK in Darlington

21. To consider the implications of establishing a LINK in Darlington discussions have taken place with Adult Social Services and the PCT. In addition discussions have taken place with Durham County who are one of the early adopters for LINKs. It is apparent that local authorities that are required to establish LINKs are taking different approaches some are for example putting the responsibility for LINKs with Adult Services and some with corporate procurement or within community engagement.
22. In considering where LINKs should be in Darlington it is suggested that it is located within the newly established Connecting with Communities Unit because it fits well with the corporate role on broader engagement and the planned networks that will develop i.e. 'Talking Together' which will be one aspect of the LINK. The newly appointed Voluntary and Community Sector Liaison Manager would have the responsibility for being actively engaged in the development and coordination of the authorities Local Involvement Network (LINK) ensuring users and carers can influence Social Care and Health provision.

23. Darlington is only required to have an embryonic LINK framework in place by April 2008 and this could consist of an initial steering group, which has been appointed through a consultative and transparent process. The Department of Health guidance provides an example of a possible process for establishing and supporting a LINK, which is in two phases. Phase 1 consists of the local authority tendering for and appointing a host organisation who then recruits the initial steering group of LINK participants, who in turn identifies governance processes for the LINK. Phase 2 provides for further development of the LINK.



24. Since the procurement and contracting for the host will take time to complete, it is recommended that local authorities and interested stakeholders begin to engage with local groups and interested individuals now and that they begin to identify a working model for the LINK at the same time as preparing for the procurement process. This will encourage people already engaged in influencing local care services to help to shape the LINK and to begin the process of change that will be necessary to be effective in the new involvement system.
25. Early work should include the widest range of people in discussion and use a variety of methods to encourage involvement. It will also be a step towards establishing the LINK and thus minimising any gaps in involvement that might exist when Patient Involvement Forums are abolished and LINKs established.
26. In preparing for the establishment of LINKs there are a number of steps that local authorities should be doing which are outlined below. Attached at **Appendix 3** is a project plan for establishing a LINK in Darlington. The timetable outlined in the project plan is based on the

assumption that the Local Government and Public Involvement In Health Act receives royal assent in November 2007 and for the 'host' organisation to be awarded a contract in February 2008.

(a) Raising Awareness

Prior to establishing a LINK, local authority officers and councillors should undertake work to stimulate interest in LINKs, with both potential members and participants and with potential host organisations. This may be undertaken through workshops, meetings, information on council websites etc. This can be achieved by holding a workshop session outlined below.

(b) Establishment of Getting Ready for LINKs Working Group

To help plan for LINKs, many authorities are helping to facilitate the establishment of a 'Getting Ready for LINKs' working groups made up of key local representatives from major stakeholder groups who will be involved in, or need to work alongside, the LINK. At a minimum, membership should probably include the people/organisations outlined below:

- People who use health and social care services
- Voluntary and Community Sector organisations and networks
- Members of existing Patient and Public Involvement Forums
- Local authority leads for procurement, commissioning, scrutiny and community engagement
- NHS PCT leads for commissioning and patient and public involvement
- Social care leads for user involvement and commissioning
- Health and social care regulatory bodies

A Getting Ready for LINK's Working Group has been established and held its first meeting on the 1st of October 2007.

The DH guidance suggests that the working group should develop a plan to establish their local LINK and key activities could include:

- Developing a stakeholder/community map of the area identifying existing groups/networks and the connections and relationships between them
- Developing a community profile identifying population groupings, local health and social care issues, priorities and preferences
- Developing and implementing a communication plan to raise awareness of the LINKs' role and how to get involved
- Developing an engagement plan building on existing relationships and networks to ensure that a range of approaches are used to enable local people and groups to effectively and appropriately engage with the LINK
- Set priorities in the first year that are highly visible or relatively easy to bring to conclusion, aimed at raising their profile, building credibility with the local community, commissioners, providers and encouraging participation, as well as making a difference

(c) Workshop Session/ Establishing a LINK steering group

In preparing for LINKs prior to host organisations being appointed, local authorities have had or are holding workshop sessions not only to raise awareness about LINKs but

so key stakeholders can help shape their local LINK. The project plan at **Appendix 3** allows for a workshop session to be held on 13 November 2007. The workshop session could also be the means for inviting potential host organisations along and for establishing a LINK steering group to which the Host organisation could work with when appointment for further development of the LINK. The workshop could go some way to establishing:

- Who should be involved in LINKs
- Structures for consideration for a LINK
- The thinking about how a LINK would deal with a particular issue.
- Establishment of a LINKs steering group who would be involved in the procurement process.

(d) Process of Procuring a Host

The project plan at **Appendix 3** outlines the procurement stages and timescales for procuring a host organisation. The aim is to have a host organisation appointed by 22 February 2008. The following table outlines the key procurement steps.

Milestone	Duration Working days	Start
LINKs working group established		1 October 2007
Develop tender specification	10 days	21 11 2007
Develop evaluation criteria	1 day	4 12 2007
Tender process		
Advertise for EOI and issue PQQ (37 Calendar days)	30 days	Mon 22/10/07
Tender Panel to open PQQs	0 days	Fri 30/11/07
Evaluate PQQs	10 days	Mon 3/12/07
Report to Tender Panel to shortlist bidders	0 day	Fri 21/12/07
Issue Tenders to shortlist	0 day	Fri 21/12/07
Time allowed for tenderness to submit (40 calendar days)	32 days	Fri 21/12/07
Tenders to be opened by tender panel	0 day	Fri 01/02/08
Evaluate tenders	10 days	Mon 04/02/08
Send out letter to bidders	0 day	Mon 18/02/08
Alcatel 10 calendar days standstill period	8 days	Wed 20/02/08
Appoint Host Organisation	0day	Fri 29/02/08

Outcome of Consultation

27. Formal consultation in the development of a LINK for Darlington has not yet commenced. This will take place at the LINK workshop event planned for the 13th of November 2007.

Legal Implications

28. This report has been considered by the Borough Solicitor for legal implications in accordance with the Council's approved procedures. There are no issues which the Borough Solicitor considers need to be brought to the specific attention of Members, other than those highlighted in the report.

Section 17 of the Crime and Disorder Act 1998

29. The contents of this report have been considered in the context of the requirements placed on the Council by Section 17 of the Crime and Disorder Act 1998, namely, the duty on the Council to exercise its functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area. It is not considered that the contents of this report have any such effect.

Council Policy Framework

30. The issues contained within this report do not represent change to Council policy or the Council's policy framework.

Decision Deadline

31. For the purpose of the 'call-in' procedure this does not represent an urgent matter.

Recommendation

32. It is recommended that Cabinet :-

- (a) Endorse the proposals and procurement timetable for establishing a LINK in Darlington

Reasons

33. The recommendations are supported by the following reasons :-

- (a) The need for this authority to have procured a Host organisation and established a LINK framework by April 2008.

Lorraine O'Donnell
Assistant Chief Executive

Background Papers

Getting ready for LINKs *Planning your Local Involvement Network?* August 2007

Getting ready for LINKs *Contracting a host organisation for your Local Involvement Network* August 2007

Sharon Brown – 2684
LF