BRENT COUNCIL

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Dear Colleague

RE: A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services

Brent Council and Brent teaching Primary Care Trust welcome the opportunity to comment on the above paper outlining the Government's initial proposals for strengthening patient and public involvement in the planning, development and provision of health and social care services.

A copy of our joint response is attached.

Yours sincerely

Martin Cheeseman
DIRECTOR OF HOUSING & COMMUNITY CARE

Andrew Parker
CHIEF EXCUTIVE BRENT tPCT

Brent NHS
Teaching Primary Care Trust

LONDON BOROUGH OF BRENT COUNCIL & BRENT teaching PRIMARY CARE TRUST – JOINT RESPONSE

Brent Council & Brent tPCT are committed to ensuring that local people and patients are placed at the heart of service planning, delivery and monitoring. We have a strong commitment in Brent to provide seamless health and social care services and are working hard to deliver this with all our partners including the voluntary and community sector organisations.

Brent is one of the most ethnically diverse boroughs and we have a good record in involving and engaging a diversity of community members in our local health and social care user consultative forums. We have good patient and public involvement mechanisms in place and have success in engaging refugee communities, much of which is done through continuing to develop the capacity of voluntary & community organisations.

We therefore welcome any further opportunity to strengthen the voice of local people in Brent to build on our existing community networks and reach out to communities not currently engaged and gain their confidence. The following response reflects the general views expressed and includes comments from individual members of the Health & Social Care Partnership Board.

Page 16

What arrangements can we put in place to make sure there is a smooth transition to the new system?

We need to ensure the public are aware of changes and know how to feed their views into decisions about the new arrangements. (public workshops etc) We also need to be clear about the process and how we move towards the new body. The transition period will rely on clear information and clear timescales. Shadowing and mentoring along with training for members could also be used to facilitate a smooth transition.

Where PPI Forums are working well we will need to continue to engage with existing members through the change process this could be done by allowing the Chair of the PPI Forums to be part of the Health Scrutiny task group or body tasked with developing the strategic framework of the LINk locally.

The assumption is that there is a host organisation in the local authority area with sufficient capacity to develop and run the LINk effectively. Where this is not the case there will need to be careful consideration about how the local authority and the Primary Care Trust seek to manage and develop this. In such cases guidance on the options open to the local authority would be helpful.

It would be useful to have clear ”job descriptions” for those who are to be “selected/recruited” to serve on the LINks, to ensure that there is a clear understanding of mutual roles and expectations. It is also important that we don’t lose sight of what is needed to deliver the desired outcomes and not merely focus on the LINks structure and processes.

LINks will be established nationally therefore there should be a mechanism in place where local authorities can share information about the models being developed across the country. Information could be gathered centrally at the Department of Health and placed on its website.

A view expressed locally was that the LINks would provide a weaker voice for local people and patients, and that the recommendations from the National Expert Panel had not been taken fully on board by Government.

Another view expressed locally was that the PPI Forums Support Organisation should host the LINks; they are independent organisations and have the expertise. Also the funding allocated to local authorities to consult with local organisations to identify the most appropriate arrangements for hosting the LINks should be ring fenced.

How can we build on existing activity in the voluntary and community sector?

Activity within the voluntary and community sector needs to be better co-ordinated and partnership working promoted. Look at ways of developing longer term funding to bring more stability to the sector.

There are clear links with the Local Area Agreement (Longer, healthier lives" – inclusion and promotion). The issue is around capacity and assisting in their understanding and commitment within a changing landscape. Some outreach work could be done to identify the "who" and "where" in terms of groups and services they provide particularly how they link into these new arrangements.

Page 16

What do you think should be included in a basic model contract to assist local authorities tendering for a host organisation to run a LINk?

The following should be included in a basic contract:

A mission statement/statement of intent.
Details of the "host authority" what they do and what services they provide.
Responsibilities, competencies, expectations liabilities, costs, resources, personnel potential conflict of interests.
Diversity implications – service provision and staffing.
Details of how LINks will work with other central and local initiatives.
Details of Publicity/Communication strategy.
The voices of carers and patients can sometimes be different therefore a mechanism is needed to reflect this.

The relationship between the council, the host authority and the LINk remains unclear. There needs to be guidance as to how this will operate in practice and also an accountability line in terms of the "Local Involvement Fund".

We would seek to avoid a prescriptive national model being superimposed on local participative arrangements, including voluntary and community sector involvement. A focus on delivery of the core function (and associated outcomes/performance measures) would be useful. This would enable local ownership and provide the flexibility to build the host organisation's capacity and associated scope of the contract.

Page 16

How can we best attract members and make people aware of the opportunities to be members of LINks?

There is a need to ensure that these new bodies reflect the local diversity, but also recognise that patients are a transient group. Recruitment needs to be community focused and the purpose and commitment involved made clear.

A communication and involvement strategy is needed which sets out clearly how the LINk will engage, inform, consult with local people, and feedback. In terms of attracting children and young people we will need to work with young people through schools, local and community youth networks and be creative about how we involve them.

The strategy should also set out how we recognise and or reward the contribution, expertise and time of local people and at what level based on the Department of Health guidance for service providers, service users and carers "*Reward and Recognition - The principles and practice of service user payment and reimbursement in health and social care*"

There could be benefits in working with voluntary and community networks locally and using their resources to reach communities.

Advertise through local/cultural specific media outlining the benefits for taking part in the LINk. There could be some scope for advertising at a National level which would also raise the level and profile of the LINk, and send a powerful message about the commitment at both a local and national level.

Page 16

What governance arrangements do you think a LINk should have to make sure it is manage effectively?

Much of this will be determined within the contract between the host authority and the council. The primary aim must be to ensure public accountability and make governance accessible and identifiable to local people and patients.

Whilst there is scope to be both flexible and informal, it is likely that a board/chair approach would be appropriate. Obviously there will be issues around who constitutes such bodies and where (and how often) they meet.

Meetings would be held in open forums and recorded. It is important to allow enough flexibility for LINks to emerge in relation to the local area, rather than be prescribed. This is particularly relevant if we are to attract children and young people to take part in the LINk.

Page 18

What is the best way for commissioners to respond to the community on what they have done differently as result of the views they have heard? For example, should it be part of the proposed PCT prospectus (As referred to in *Health reform in England: commissioning framework (DH, 2006c))*

We agree that It should be part of the proposed PCT prospectus. We agree that it should also be mandatory for Commissioners to present regular feedback to the OSC. Other mechanisms could also include, use of a website, newsletters, or local press and local authority magazine if there is one.