

Health Select Committee 23rd October 2007

Report from Director of Communications & Consultation

Establishing the LINks – Progress Report

1. Summary

1.1 This report provides members with an update on progress to establish a LINk, (Local Involvement Network), in Brent and makes a number of recommendations as set out in section 4 "Next Steps" of this report.

2. Recommendations

- 2.1 To note the progress to date in working toward the establishment of a LINk.
- 2.2 That members endorse the course of action as set out in Section 4 of this report "Next Steps" and to note that the Director of Communications and Consultation will invite the members of the Brent LINks stakeholder group.
- 2.3 That this committee nominates an elected member to sit on the Brent LINks stakeholder group.

3. Background

- 3.1 Proposals to create Local Involvement Networks, (LINks), form part of central government's wider 'Our Health, Our Care, Our Say' agenda. The LINks, whose roles will be set out in legislation, (the Local Government and Public Involvement in Health Bill expected to receive Royal Assent this Autumn), will enable local individuals and groups to actively influence local health & adult social care services, from planning and commissioning to delivery.
- 3.2 Each LINk will be supported and guided by a 'host' organisation. It is the responsibility of the local authority to procure a "host" organisation and set the contractual parameters as to how the host will administer the LINk. Each host organisation will be contracted to provide support for an initial period of three years.
- 3.3 The local authority will receive a grant from the Department of Health to fund the host in establishing and maintaining the LINk. Although the host is accountable to the LINk for the support it provides, the host will also be performance managed against its contract by the local authority.
- 3.4 The Department of Health have recently produced two guidance documents, 'Planning your Local Involvement Network' and 'Contracting a host organisation for your Local Involvement Network', together with a model contract to assist in the procurement process. Detailed guidance for LINks and host organisations will be published once the Local Government and Public Involvement in Health Bill receives Royal Assent.
- 3.5 Decisions on funding will be made once the Comprehensive Spending Review is concluded. Funding will be for a three year period from 08/09 and comprise a baseline amount for all authorities plus an amount calculated on a 'relative needs' funding formula. Each local authority will

therefore receive a targeted amount, with factors such as size, population and deprivation being taken into account.

- 3.6 In addition the Department of Health has released an interim award of £10,000 per authority to fund activity around planning the LINk and procuring the services of a host organisation.
- 3.7 It is intended that LINks will replace the existing Public & Patient Involvement Forums (PPIFs). The Government's target deadline for this is the end of April 2008, by which time the Public & Patient Involvement Forums will have been abolished and the host organisation should be in place.

4. Next steps

- 4.1 The transition to the LINk system is likely to be incremental, not only building on the achievements of existing patient, public and service user involvement but broadening statutory involvement to include social care as well as health care services. Next steps for Brent in this process include deciding what actions we need to take, who needs to be involved and what resources will be available to support the establishment of the LINk.
- 4.2 The Department of Health recommends that local people should be involved in the development of the LINks project - especially those already involved in influencing health and social care. On this basis it's recommended that the Council establishes a Brent LINks Stakeholder Group. The membership of this group to be drawn from existing service providers and patient forums, social care user groups, voluntary and community organisations and faith groups.
- 4.3 Health Select Committee members are also recommended to nominate an elected member to sit on the Brent LINks stakeholder group. In the

Meeting HSC Version no.2 Date 11.10.07 event that the LINks itself, as opposed to the stakeholder group, invites an elected member to join, this may need to be decided by or approved by Full Council at a later date.

- 4.4 In accordance with the terms of its contract, the host organisation will be responsible for the establishment, maintenance and support of a local LINk to carry out the following activities:
 - Promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services;
 - Enable people to monitor and review the commissioning and provision of care services;
 - Make their views known to those responsible for commissioning, providing, managing and scrutinising those services.
- 4.5 Apart from the general legislative framework, how a LINk will eventually look is largely left to the host and the local authority to determine in consultation with local interested groups. A number of models have been developed through the 'early adopter' pilots.
- 4.6 Procurement - Brent Council will have a statutory duty to make contractual arrangements with a host organisation on receipt of money from the Secretary for State for Health. On this basis it's recommended that an officer led procurement group be established to oversee the procurement and tendering process and to ensure that all the technical and legal specifications of the procurement and tendering processes are correct and in accordance with the Department of Health guidance and regulations.
- 4.7 The work of the Brent LINks stakeholder group would cover the following:

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- Planning for and developing the LINk
- Raising awareness of the LINk
- Ensuring that existing groups and networks currently involved in health and social care are fully integrated onto the LINk.
- Some non-technical aspects of the procurement and tendering processes.

It's also recommended that a facilitated stakeholder engagement event be held early in 2008. Detailed consultation can be undertaken on all aspects of the future look and development of the LINk. This event would utilise the resources and sources of support and advice listed below.

4.7 Other resources and support available include:

- The interim award of £10k from the Department of Health. Confirmation has been received that that this money has now been paid to Brent Council. The money will be ring fenced for the LINks project.
- Three days of free professional support from CiPS, the Centre for Public Scrutiny, is available to access between now and April 2008.
- The CSIP, Care Services Improvement Partnership, is supporting work to implement local LINks through its regional development centres. CSIP is working in partnership with the Centre for Public Scrutiny, the Commission for Patient and Public Involvement in Health and the National Centre for Involvement to offer support to local authorities through the creation of regional support networks.
- Brent Council has an established network of consultation mechanisms including area and service user consultative forums and a citizens' panel. In addition there is an existing network of consultation and user groups linked to the primary care and NHS trusts and coming under the umbrella of the patient public liaison forums.

5.0 Legal

5.1 The Local Government and Public Involvement in Health Bill currently going through Parliament includes a proposal to replace patient forums with Local Involvement Networks (LINks) which are expected to become operational from April 2008. The Bill imposes a duty on the Local Authority to make contractual arrangements with a host organisation on receipt of money from the Secretary of State for Health. In accordance with its contract with the local authority, the host will be responsible for the establishment, maintenance and support of a LINk in the local authority area. The procurement exercise will need to be conducted in accordance with the Council's Standing Orders and possibly the EU rules. A further report to the Executive may be required in order to agree the procurement process.

6.0 Financial implications

Brent will spend the money in accordance to guidelines set out by the Department of Health. That is, to procure the services of a host organisation. The financial implications of not doing this, or not spending all of the £10,000, will be that the grant will have to be paid back to the Department of Health.

7.0 Background Papers*

*Available on request

- Have your say "Consultation on the regulations for Local Involvement Networks"
 (LINks). Department of Health, September 2007.
- <u>"Contracting a Host Organisation for your Local Involvement Network".</u> Department of Health, August 2007.
- "Planning your Local Involvement Network". Department of Health, August 2007.
- "A stronger local voice: A framework for creating a stronger local voice in the

- <u>development of health and social care services</u>", Department of Health, July 2006-Information document.
- "Concluding the review of patient and public involvement recommendations to ministers from expert panel", Department of Health, May 2006.

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