



## Health Select Committee 9<sup>th</sup> July 2008

### Report from the Director of Policy & Regeneration

Wards Affected:  
ALL

## Working with the Brent LINK

### 1.0 Summary

- 1.1 Brent Council has appointed the Community Investors Development Agency Ltd, (CIDA) as interim host for the Brent LINK. CIDA will be at the Committee meeting on 9<sup>th</sup> July to outline their work programme for the duration of their contract. By the 30<sup>th</sup> September 2008, a permanent LINK host must be in place. LINKs have been created to give people an opportunity to influence and change aspects of health and social care in their area. They will replace the Patient and Public Involvement Forums.
- 1.2 This is an opportune time for the Health Select Committee to consider how it should work with the LINK. This report sets out some possible ways that working relationships could be developed. However, at this stage it is very difficult to say with confidence how working relationships are likely to be formed. It is important that the LINK develops over the coming months and that the Health Select Committee supports this. The LINK will ultimately have to decide its own work programme but given the overlap in the work that the Health Select Committee and the LINK will do, some joint work can only be beneficial.

### 2.0 Recommendations

- 2.1 Health Select Committee is recommended to consider this report and advise officers as to how they would like to work with the LINK in the future.

- 2.2 Officers will work to build a relationship with the interim LINK host and the permanent LINK host, once appointed, and with the LINK itself.
- 2.3 Finally, the Committee should consider whether an elected member champion for the LINK should be appointed.

### **3.0 Detail**

#### **Local Involvement Networks (LINKs)**

- 3.1 Brent Council has appointed Community Investors Development Agency Ltd, (CIDA) as interim host of the Brent LINK. CIDA will act as LINK host until 30<sup>th</sup> September 2008, by which time a permanent host will be appointed on a contract that will run until 31<sup>st</sup> March 2011. CIDA will support the LINK to do its work and help it to become established. Among other things, CIDA will:
- Advertise to the local community that the LINK has been started
  - Encourage local groups, organisations and individuals to get involved in the work of the LINK, especially those who would not normally become involved in similar activities
  - Establish the governance arrangements for the LINK
  - Hold the money for the LINK and keep records of how the money is spent
- 3.2 LINKs have been created to give people an opportunity to influence and change aspects of health and social care in their area. The introduction of LINKs is part of a wider agenda to give communities a stronger local voice. Much of this has been legislated for in the Local Government and Public Involvement in Health Act.
- 3.3 The role of LINKs, once they are established is to:
- Ask local people what they think about local healthcare services and provide a chance to suggest ideas to help improve services
  - Investigate specific issues of concern to the community
  - Ask for information from health and social care providers and get an answer in a specified amount of time
  - Carry out visits to service providers to check that they are working well (carried out under safeguards)
  - Make reports and recommendations and receive a response from health and social care providers
  - Refer issues relating to health and social care services to the Health Select Committee or the Overview and Scrutiny Committee
  - Tell those who commission, run and scrutinise local care services, what local people have recommended to help improve services
- 3.4 LINKs will cover most publicly funded health and social care providers, no matter who provides them. One prominent exception is children's social services. To assist LINKs with their work, healthcare commissioners will be expected to provide them with information when it's requested and respond to

their reports and recommendations. Social services provided by Brent Council, as well as health services, will be subject to scrutiny from the LINK.

3.5 It is unlikely that any two LINKs will be the same. It is important that they develop using the local structures that already exist. That said a LINK is likely to be made up of:

- People from existing local community and voluntary organisations, carer groups and those who already campaign on behalf of the people who use care services
- People from different sections of the community including groups which, in the past, have been 'hard to reach'
- Interested individuals who want to get involved in different ways, from those who have the time to help lead a LINK, to those who just want to occasionally contribute their views.
- Local businesses with an interest in health issues.
- The Youth Parliament
- Anyone else – anyone can be a part of the LINK

3.6 The early focus for CIDA will be to build a local network of people and groups who want to be involved in scrutiny of health and social care services. Indeed, the main tasks for CIDA, which are set out in their contract with the Council are:

- To establish a core group of Brent LINK members - This can be achieved through undertaking a mapping exercise of current consultation, engagement and involvement mechanisms, whose focus is on the provision of health and social care services within Brent.
- To communicate and promote the LINK via a quarterly circularised news sheet or newsletter.
- To collect and collate any views and issues from LINK members and represent them to the London Borough of Brent, Brent Teaching Primary Care Trust or other appropriate authority.

3.7 Given that LINKs are in effect, another form of scrutiny and holding to account of health and social care services, it is important that the Health Select Committee and the LINK develop a good working relationship. There are likely to be opportunities to co-ordinate projects and benefit from joint working. Some initial ideas as to how the Health Select Committee and the LINK could work together are set out below.

#### **4. How the LINK and Health Select Committee could work together?**

4.1 **Referral to Overview and Scrutiny Committee** – LINKs have the power to refer issues around health and social care services to an overview and scrutiny committee. The committee must acknowledge the referral within 20 days and keep the referrer informed of the action taken. However, the committee is under no duty to take any action once an item has been referred.

- 4.2 This is one of the most obvious ways that the LINK and overview and scrutiny will overlap, but the picture in Brent is slightly confused. If a referral relates to social care services provided by the Council then it would be considered by the Council's Overview and Scrutiny Committee because that is the Committee in Brent with responsibility for social care. This has potential to be confusing for members of the LINK and councillors, as the Health Select Committee rather than the Overview and Scrutiny Committee is likely to take the lead on working with the LINK. All health service referrals will go to the Health Select Committee.
- 4.3 It will be important to set the ground rules for considering referrals from the LINK. Protocols will need to be drawn up to manage expectations. These will need to include the criteria the LINK will apply when making a referral, criteria the overview and scrutiny committee will apply when deciding whether to act on the referral and the timescales for considering the referral.
- 4.4 **LINKs Annual Report** – By the 30<sup>th</sup> June each year, the LINK has to produce an annual report. The annual report has to include:
- Anything the Secretary of State directs;
  - Details of amounts spent by the Host in respect of LINK activity and what the amounts were spent on;
  - Details of amounts spent on 'non-networked' activity and what the amounts were spent on.
- 4.5 Publishing an annual report is one of the ways that the Brent LINK can be accountable to local people but it should not be the only way. Indeed, it is expected that the LINK would be constantly accountable to, and in contact with, local people, and not reliant on an annual report to highlight its achievements. Nevertheless, the annual report will be a useful mechanism for the Health Select Committee to consider the work done by the LINK, and consider whether there any issues that could be followed up by members.
- 4.6 **Work Programme Co-ordination** – It is crucial that the LINK is able to evolve independently and develop its own work programme. That said, it also makes sense to ensure that the Health Select Committee, the Overview and Scrutiny Committee and the LINK are aware of their work programmes so that the three groups complement rather than duplicate work. Where there are opportunities to do so, joint working should be considered as a way of strengthening ties between the overview and scrutiny function and the LINK. This might be possible, for example, when looking at the Healthcare Commission annual health check submissions. Opportunities for joint working will be explored as the LINK develops.
- 4.7 **“Eyes and Ears” of Overview and Scrutiny** – This is one of the most interesting ideas in relation to joint working. The LINK has powers that go beyond those available to overview and scrutiny. They are able to visit health and social care providers to ensure that services are working effectively. There are some limitations to this. For example, settings where children receive social care are not included. Visitors also need to be trained and CRB checked. Nevertheless, this access is a useful tool and the Health Select

Committee or Overview and Scrutiny Committee might wish to be kept informed of some of the findings when LINK members carry out their visits. Again, this could only work if there is co-ordination between work programmes.

**4.8 Elected member champion for the LINK** – This idea has been tried at other local authorities. An elected member champion could be asked to raise the profile of the LINK and its work within the authority and with health organisations. If this was a member of the Health Select Committee, it would reinforce the relationship between the two groups. This is something that the Committee should consider and decide whether they feel they should nominate a champion. Currently Councillor Alec Castle is a member of the Brent LINK Steering Group and may wish to continue as the member champion for the LINK.

**4.9 Research Project** – The Health Select Committee could consider commissioning the LINK to carry out research projects from time to time. The LINK host could run the project, using the networks established when they set up the LINK.

4.10 For example, an issue that is being reported to the Neighbourhood Team when they're on walkabouts is dissatisfaction with health services in Brent. However, the reasons for the dissatisfaction or the levels of dissatisfaction aren't clear. It would be useful for some research to be carried out to find out what people in Brent think of health services in the Borough. Health Select Committee would be able to use the information, as would the LINK and the PCT. This is an idea officers are keen to explore, with the issue outlined above in mind as the first research project.

#### **4.10 Conclusions**

4.11 How the LINK and the Health Select Committee end up working together remains to be seen. This report sets out a few early ideas but this list is by no means exhaustive. As the LINK becomes established over the next few months, it will be important that members and officers support its development and work to foster a collaborative approach to holding health and social care services to account.

#### **5.0 Financial Implications**

5.1 None

#### **6.0 Legal Implications**

6.1 None

#### **7.0 Diversity Implications**

7.1 None

#### **8.0 Staffing/Accommodation Implications (if appropriate)**

8.1 None

## **Background Papers**

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