

Contribution for Voluntary Sector Strategic Partners Bulletin

Action Learning Sets for Local Involvement Networks (LINKs) – Establish and Support

The Department of Health has made a commitment to support LINKs through transition to increase their effectiveness and help establish a more robust foundation on which Local HealthWatch can be built (from October 2012, subject to the passage of the Health and Social Care Bill).

The commitment was made in the HealthWatch Transition Plan published in March 2011. At that time it was envisaged that the Learning Sets for LINKs and HealthWatch Pathfinders would be closely aligned. Since then, it has become clear that it makes better sense to align the HealthWatch Pathfinders more closely with the Health and Wellbeing Board National Learning Network and to put separate, but complementary, support in place for LINKs.

We are looking for a design and delivery partner to support the learning sets for LINKs from among the Voluntary Sector Strategic Partner Programme, as outlined at a previous meeting.

More detail is in the attached paper.

If you are interested in leading this work please signal your interest by Wednesday 30 November by emailing: strategic.partners@dh.gsi.gov.uk. We can then see if we can use the December 6 Strategic Partner working day to take this forward or, if volunteers are available, meet before that date.

Action Learning Sets for LINKs – Draft Specification

In response to the White Paper *Equity and Excellence: Liberating the NHS* many stakeholders and commentators – including LINKs – raised concerns about the ability (capacity and capability) of LINKs to evolve into Local HealthWatch. These responses - together with evidence from the Department's analysis of the 2009-10 LINK Annual Reports, and feedback from the White Paper engagement events – led to a commitment in the Transition Plan to support LINKs during the period leading up to the establishment of HealthWatch through learning networks. The networks will help them both (i) improve their performance and (ii) create a more robust foundation on which Local HealthWatch could be built.

The Challenge

In response to the consultation on plans to introduce HealthWatch, LINKs told us that one of the most important issues for them was to support all LINKs to perform at the level of those that are most effective. The full list of issues most often raised by LINKs in their responses is:

- clarity over funding
- training
- awareness raising
- branding
- operational models and governance
- guidance
- capacity and reputation
- transition board
- regular communications
- support for volunteers
- managing expectations
- get better at engaging seldom heard/hard to reach people/groups

We know from stakeholder meetings, HealthWatch Programme Advisory Group feedback and information from CQC's LINKs advisory group that the **key training/guidance needs already identified** are:

- enter and view (see separate note below)
- capacity building
- how LINKs work with independent, private, third sector providers, including transparency and availability of data
- relationship building, especially clinical commissioning consortia (but mainly identifying the principles and characteristics that apply to

relationship building with any organisation – some LINKs will already have well developed protocols)

- working with other bodies
- social care (getting views and encouraging involvement)
- clarify role of CQC and HWE in providing training; training costs and budgets
- HWE produce a directory of training provision for LINKs
- database of core competencies for local HealthWatch and support for these e.g. HR, legal advice
- equalities
- diversity and human rights
- community public engagement techniques
- active citizenship
- experts by experience
- inspections
- health and safety
- advocacy
- information and advice giving
- working with the media
- NHS and social care organisations
- public health
- joint strategic needs assessment
- working with health and wellbeing boards
- the duty to involve
- confidentiality
- how to influence locally
- how to use data/using and sharing information generally
- establishing a business entity
- standards and good practice for HealthWatch
- templates (e.g. for governance structures)
- accountability
- organisational models
- easy read summary of the legislation with clarity about what's different between LINKs and HealthWatch
- national database of contacts for local HealthWatch
- mentoring, sharing of information, including on pathfinders
- what information is available and how can LINKs use it locally
- advocacy, supporting choice and communication
- minimum specification for local HealthWatch
- minimum specification for role of LINK
- governance and working with members
- outreach and ensuring a wide range of people are involved
- national arrangements (roles of HWE in relation to LHW)

- guidance on how to ensure funds
- how local authorities can support LHW on top of providing funding (using other resources and expertise within local authorities)
- collecting and using information from local communities

Top issues identified by CQC

enter and view (cited by CQC especially as a recurring theme in all their work with LINKs):

- processes for issuing enter and view permissions (?authorised reps)
- identification/CRB checks in the new arrangements
- selection of members for enter and view (authorised reps)
- guidance on format of enter and view reports
- guidance on carrying out informal fact-finding visits

Also:

- equalities and representation
- engaging the public
- JSNA and health and wellbeing boards
- engaging diverse communities
- how to move more toward social care (what are the capacity issues and who's done it successfully)
- working with their members – keeping them on board and developing them

Responding to the Challenge

Existing Opportunities

A very long list but with some common themes, and not all are relevant to ensuring LINKs perform well (some are about HealthWatch). Some issues already being addressed through:

- HealthWatch programme advisory group
- task and finish groups
- pathfinders programme

There is existing training/guidance/good practice material on a number of issues. This needs identifying and publicising.

Learning Networks

The LINKs learning networks will help to fill the gaps. They will need a two-pronged approach: supporting LINKs to identify what their learning needs are and what they can do to help themselves to meet those needs e.g. tapping into peer support; and identifying those areas where it would make sense to deliver something regionally or, possibly, nationally.

Deliverables

Deliverables include:

- build on any existing LINK networks;
- establish networks where they do not exist, or are weak;
- allow all LINKs to learn from those performing at the highest levels, to address learning and training needs identified during their existence so far and to provide a more robust foundation for Local HealthWatch.

These learning networks will complement, but be separate from, the 75 HealthWatch pathfinders established to test out the new functions envisaged for HealthWatch and models of delivering those functions.

Outputs

The outputs from the support Partner will include:

- localised, active learning networks in which all LINKs have the opportunity to be involved; and
- a better understanding of what makes LINKs successful and how that can be translated into practice.

Evaluation

We would evaluate the success of the support through measuring how many LINKs were involved, the training and learning opportunities put in place, and how many LINKs are ready or graduate to a good position for transition to Local HealthWatch.

Proposal

Working from this draft specification we would need to produce a clear plan for what the delivery and support partner will do, the timescales, the costs associated with the activity, the risks, the milestones, the outcomes and the evaluation methods.

Timing

Urgent. We need to work rapidly with a partner to ensure support for LINKs can begin early in 2012.