

Getting ready for LINks

Local Involvement Networks Bulletin

Issue 6 – 28 September 2007 Gateway ref: 8753

About this bulletin

Welcome to the Local Involvement Networks (LINks) Bulletin

This bulletin has been developed to help keep you up-to-date with the latest developments on plans to introduce LINks.

This bulletin will be of particular interest to:

- NHS staff involved in Patient & Public Involvement, especially PPI leads
- Local Government staff working on user involvement and the procurement of 'host' organisations for LINks;
- Voluntary and community sector organisations who are interested in providing a 'host' service to the new LINks or becoming a member of a LINk, including those that provide forum support services;
- Current PPI Forum members;

- Health and social care regulatory bodies with PPI interests; and
- Members of Health Overview and Scrutiny Committees

Please feel free to circulate this bulletin to colleagues, display it on relevant notice boards or publish it on your internal intranet sites.

This issue

About this bulletin	1
This issue	1
Voice piece	2
News in brief.....	2
Support for Local Authorities	2
Consultation launched on LINks powers	3
What next for early adopter sites..	4
In focus	5
Learning from experience – lessons from the Early Adopter sites	5
Your local library – a resource not to be overlooked	9
Common techniques for engaging your community	8

Diary.....	9
Further information.....	10
Contact us.....	10

Voice piece

Have your say

Meredith Vivian, Department of Health

With MPs and Peers due to return from their summer break, the debate over the Local Government and Public Involvement in Health Bill will soon begin again in earnest, with the report stage in the House of Lords.

However, discussions about LINk powers will also hopefully involve many of you – responding to the public consultation over the LINks regulations.

The Government aim to give LINks the powers they need to hold local health and social services to account. The legislation includes specific duties that commissioners and service providers will have towards their LINk. For example, providing a LINk with information or allowing a LINk representative to enter and view a service.

For those unfamiliar with the parliamentary process, most Bills are supported by secondary legislation - known as regulations - they outline in detail how a new law will work in practice. For example, if the Bill enables a member of LINks to enter and view services, then the

regulations need to make clear the circumstances under which this can happen, as well as any safeguards required to protect patients.

The Department of Health has just launched a three-month consultation on a draft of these regulations and we want to know what you think of them.

Regulations are by no means easy to get right. Have too many, and you can weaken the legislation or create unnecessary bureaucratic hurdles. Include too few, and you can create loopholes or problems that will need to be addressed at a later stage.

We are determined to get this balance right – so make sure you have your say by taking part in the consultation.

For further information on how you can be involved in this consultation process, read page 3.

News in brief

Latest developments on LINks

Support for Local Authorities

Under the legislation to establish LINks, each authority will be responsible for contracting a 'host' organisation to set up and provide long-term support to their LINk. Local authorities should have these 'hosts' in place by the time Patients' Forums are abolished next year.

To help local authorities get ready for LINks, a range of resources have

been made available. These include:

Funding: To help local authorities plan their LINK and procure a 'host', a payment of £10,000 has been given to each local authority with a social services remit. The money should have been received by all 150 authorities by the end of August 2007. Once the legislation to establish LINKs receives Royal Assent, a further announcement is planned outlining the funding available to each local authority for the three-year period from 08/09. If you believe your authority has not yet received its £10,000 grant, please email: ppimailbox@dh.gsi.gov.uk

Guidance: Two '[Getting ready for LINKs](#)' guidance documents (called 'Planning your Local Involvement Network' and 'Contracting a 'host' organisation for your Local Involvement Network') have been published to help councils and communities prepare. Both resources can be downloaded by visiting www.dh.gov.uk/patientpublicinvolvement

Free consultancy: Local authorities can now book up to three days of support from the Centre for Public Scrutiny (CfPS) Expert Advisory Team to help them get ready for LINKs. The support will help them understand: the rationale for LINKs and their impact; how to work with communities to develop the LINK; the skills required from a 'host' (as well as the timescales for procuring one); and how to establish good

relationships between the executive, overview and scrutiny committees, the 'host' and the LINK. Placements must be booked with the Peer Clearing House by 31 December 2007. To book, email peer.clearinghouse@idea.gov.uk or call 020 7296 6609.

Free events in October: Four 'Getting ready for LINKs – supporting councils' events have been organised for local authorities by the Department of Health, Centre for Public Scrutiny, the NHS Centre for Involvement and the Commission for Patient and Public Involvement in Health. For more information read the 'Diary' section at the end of this bulletin.

Consultation launched on LINKs powers

The Department of Health has launched a three-month consultation on the draft regulations for LINKs.

The Local Government and Public Involvement in Health Bill, currently going through Parliament, will empower the Secretary of State to introduce secondary legislation to ensure that LINKs can hold local care services to account.

These proposals include:

- Placing a duty on service providers to provide LINKs with information they request;
- Placing a duty on commissioners to respond within a certain timeframe to reports and

- recommendations made by LINks;
- Placing a duty on service providers to allow members of LINks to enter and view services; and
- Enabling LINks to refer issues to a local authority Health Overview and Scrutiny Committee (OSC) for action.

The draft regulations, which set out how the duties will work in practice, have been published in a document called 'Have your say - Consultation on the regulations for Local Involvement Networks (LINks)'. This document sets out the regulations, explains how they will work and asks for your views.

Some stakeholders had raised fears about the proposal requiring LINks to inform regulators in advance of any intention to visit a health or social care premises. Concerns have been expressed that this 'gatekeeper' role for health and social care regulators and the loss of the ability to conduct 'spot checks' would hamper the work of LINks. After listening to these views, the Government has removed this proposal from the draft regulations.

The draft regulations only relate to the public sector, so do not cover independent sector health and social care providers. The Government intend to deal with the independent sector through separate Directions to health and social care commissioners (as is currently the case with patient forums regarding health) to ensure

LINks powers also apply to independent providers under contractual arrangements.

Via these Directions, the Government will ensure that users of services and the public know that there are necessary measures in place for all publicly funded care – no matter in what setting it is provided to them.

The consultation will end on the 21st December 2007
To download the document visit
www.dh.gov.uk/consultations

What next for early adopter sites

The Early Adopter Project (EAP) Interim Evaluation Report was presented to the Project Board at the end of June and formed the basis for a discussion on the overall future of the EAP project.

The report can be found on the NHS Centre for Involvement website at
www.nhscentreforinvolvement.nhs.uk

Findings from the report identified some gaps in learning and helped to determine the critical activities required for the remaining phase of EAP development activity.

The development phase of the project has been scheduled to cease at the end of September 2007. The EAP Board review of activities however, did identify useful development activity that could potentially continue to the end of December 2007 providing valuable

learning to address the gaps identified by the interim evaluation.

The position as it stands now in relation to the EAP is as follows:

- EAP development activity phase concludes at the end of September, although large stakeholder events are being held by the Hertfordshire & Kensington and Chelsea Project Groups towards the end of October.
- Sites are being encouraged to provide feedback on possible content for a Compendium of Resources to support LINks.
- A national transitional programme for the implementation of LINks is under development.
- Final reports from EAP sites are expected to be fed into the final evaluation report – which will be published in the Autumn.

In focus

Learning from experience – lessons from the Early Adopter sites

Since the start of 2007, a number of places across England have been testing how LINks might work in practice. What they have found is that, although there is no single approach to establishing a LINk, there are some useful tips that it can be useful to remember.

Engaging your community, gathering their views

- Engaging your local community via existing community groups can help increase access to local stakeholders, particularly seldom heard communities
- Information gathering through face-to-face methods can be more effective than using questionnaires. The information gathered is of a better quality and it provides an opportunity to explain LINks to members of your community.
- Members of the public can find some of the jargon used by health and social care professionals off-putting. Keep it simple and use plain English. The public particularly disliked the use of acronyms and abbreviations.
- Consider carefully how to structure your initial stakeholder event – for example, a ‘market place’ format with participants travelling from one ‘stall’ to another proved to be popular. Other approaches might include group problem-solving exercises to stimulate debate or allowing people to use different media, such as film and photography, to express their views.
- Make it convenient for people to get involved. For example, in rural areas, provide ways for people to share their views without having to travel far and if you do hold events - centre activities around population centres.

Share the learning

- Across the LINk projects and sites, those involved have found that sharing information is essential. There are several examples of neighbouring organisations working together to pool resources, efforts and knowledge.
- Thought should be given to creating a 'localised' LINks bulletin for your area.

Developing a sustainable approach

- Early learning from the projects has shown that LINks will be most effective when the staff responsible for leading work on the ground have local knowledge and experience. Conversely, where staff are recruited that do not possess these attributes, progress tends to be impeded.
- Projects have also found that another key feature of sustainability is ensuring that adequate resources are in place. Successful engagement is incremental and may initially take time to achieve visible progress.
- Positive experiences of initial engagement events are also vital in order to build the foundations for sustainability.

Working in partnership

- Staff in the Early Adopter Projects and test sites found that there is no 'one size fits all' approach to engaging with local NHS organisations. Due to the wide range of organisations that might be involved in commissioning and

delivering local health and social care services, it is important to customise your approach.

- A clear message has come through that in order to avoid duplication of effort and save both time and resources, it is essential to involve and consult local statutory organisations on an ongoing basis.
- The capacity of local voluntary organisations is another important consideration. If the voluntary and community infrastructure is under-developed, additional support may be required.

Enabling wider ranging, representative engagement

- Stakeholder mapping and profiling of the local community are essential first steps in establishing a LINk. Local authorities may wish to commission these activities in advance of their work to procure hosts for LINks.
- Included in such an exercise should be the identification of the most seldom heard groups. It is important though not to assume that you already know who these groups are. For instance, in some areas, students and those who work normal office hours have proved to be the least likely to engage.
- Due to their knowledge and experience, members of existing patient and user groups have an important role to play in advising about how to set up LINks. However, the LINks model is distinctively different and it is important to communicate and recognise this.

Governance, accountability and procurement

- Issues can arise when deciding how the membership of a local network should be constituted – and in particular what weight is accorded to organisational versus individual membership. There is unlikely to be a universal approach to this, but it should be recognised as a key issue to be discussed and agreed.
- Procurement processes can often be complex to understand, resource intensive and challenging. In addition, a number of ‘myths’ associated with procurement have surfaced in some areas, including the view that processes will not be fair. It is important that local authorities work hard to explain the processes clearly.

Designing for impact

- LINks need to be set up and designed with a view to achieving their ultimate goals: influencing service design, enhancing accountability, and feeding in to regulatory processes.
- There can be concerns about LINks becoming, or being perceived as being simply a further complaints function. It is important to be clear about what constitutes an appropriate issue for a LINK to take on and where staff or volunteers should be signposting to other organisations.
- Simulating potential scenarios that can face a LINK can be a useful way of bringing together potential ‘host’ organisations to examine how

they will work together and to identify strengths, weaknesses and potential synergies and sources of conflict at an early stage.

Your local library – a resource not to be overlooked

Those involved in establishing a LINK should not forget the contribution that libraries and information services can make.

Public libraries – It is estimated that 35% of the population visit a public library at least once a month. With more people using public libraries than going to football matches, they can provide a useful place to publicise LINks. Libraries can also provide resources to support the establishment of a LINK, such as meeting spaces for LINks and information or enquiry surgeries. They are also an important source of material on public health issues – everything from diet and exercise to specific conditions.

Public and third sector information services – can also help professionals and lay people access the information they need. For example, the NHS National Library for Health (NLH) exists to help patients and professionals use best current knowledge in decision-making. The library consists of a number of resources including (i) 1,275 librarians based in health libraries who know the local communities, and their needs and priorities and (ii) the national digital

knowledge base - a single source of knowledge catalogued, classified and organised. The knowledge base includes a specialist patient and public involvement section

Further information: For more information about the NLH or to find your nearest health library, visit: www.library.nhs.uk To access the NLH patient and public involvement library, visit: www.library.nhs.uk/pi To find your nearest public library visit:
<http://dspace.dial.pipex.com/town/square/ac940/weblibs.html>

The professional body for library and information professionals CILIP (Chartered Institute of Library and Information Professionals) can also help to facilitate joint activity between public and NHS information library services via its specialist health and public library networks. For more information about these networks visit www.cilip.org.uk

Common techniques for engaging your community

The Early Adopter Projects have found that the quickest ways of connecting with the whole community, especially hard-to-reach groups, is via existing networks, organisations and community leaders.

However, once you have formed a partnership with these stakeholders, there are a number of ways you can keep them (and the communities they

represent) engaged with establishing a LINk.

Each approach has pros and cons. The following, gives a brief summary of a number of techniques and their benefits.

Letters: Useful in early stages of consultation to provide information regarding the process and to disseminate instructions on how to respond or get involved.

Questionnaires and surveys: Structured way of obtaining basic information, which can be easily statistically analysed. Able to reach a large number of people. They are convenient, economic and thus a good starting point, but need to be well structured and ensure that the questions are not leading.

Exhibitions and road shows: Useful way of presenting basic information and options to the public, especially local communities. Able to reach large numbers of people if well advertised. Allows face-to-face feedback of information.

Public meetings : Enable presentation of basic information to the general public. Such meetings allow large numbers of people to be involved in some limited discussion. Need to be carefully managed to ensure all views are heard. Cheaper than exhibitions and road shows.

The media: Engages large numbers of the population, through television,

newspapers and radio. Useful at reaching those who may be more difficult to involve. Internet, websites, online questionnaires, chat rooms and notice boards have become increasingly popular ways of providing information and seeking feedback. Media can be used from the start of the LINks process.

Structured interviews: Useful for obtaining specific information and attitudes from wider stakeholders in the early stages of the LINk project.

Semi-structured interviews: Useful in exploring more complex issues from key stakeholders later in the plan or project development process. The more open questions, together with some structure, allow a compromise between a thorough exploration of the issues and ease of analysis of responses.

Forums: Flexible in terms of representation, size, outcome and timing. Allow open discussion.

Focus groups: Involves small groups with questions posed by an experienced facilitator. Allows facilitator to probe emerging issues. It is a resource intensive method and may be more appropriately used later in the process of establishing a LINk.

Advisory committee: Representative group of stakeholders, which can meet regularly throughout the plan or project development process to provide advice.

Workshops: Structured group discussions designed to solve problems and identify ways forward. Useful in bringing different groups of experts together and require experienced facilitators as well as careful explanation to the attendees.

Round-table discussions:

Facilitated debates between groups with different views with the aim of reaching consensus. Useful for engaging specialist interest and single-issue groups.

Source: Department for Environment, Food and Rural Affairs
<http://www.defra.gov.uk/environ/fcd/policy/strategy/stakeng.htm>

Diary

Regional Events for Local Authorities – The Centre for Public Scrutiny & the NHS Centre for Involvement

Four regional events have been arranged to help councils to:

- understand the rationale for LINks and their impact;
- begin discussions with local people and groups about how to develop the local LINks;
- understand the skills that will be required from 'host' organisations and the timescales for contracting with a suitable 'host'; and
- establish good relationships between the executive, overview and scrutiny committees, the 'host' and the LINk.

These events are open to those LA colleagues directly involved in the contracting of a 'host' organisation.

Dates and venues: London – 3 October (London and the South East regions)
Leeds – 8 October (North West, North East and Yorkshire and Humber regions)
Bristol – 9 October (South West region)
Birmingham – 11 October (East of England, East and West Midlands regions)

Further information: about these events can be found at
<http://www.cfps.org.uk/>

Involvement to Impact Conference and Awards

Date: 28th – 29th November 2007

Further information:
www.nhscentreforinvolvement.nhs.uk

Further information

To find out more about Links

Visit:

www.dh.gov.uk/patientpublicinvolvement

To get more Patient and Public Involvement resources

Visit: www.library.nhs.uk/ppi

To find out more about current patient involvement practice or the LINks early adopter sites visit:

www.cppih.org or
www.nhscentreforinvolvement.nhs.uk

Contact us

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