

NATIONAL ASSOCIATION of LINKs MEMBERS

Patient & Public Involvement in Health & Social Care

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January 14th 2009

Dear Meredith,

I am writing concerning the approach the Department has taken to the establishment of NALM, not least because the Department seems to be out of step with Government policy on the third sector and third sector innovation.

A key emphasis of current policy is to value the third sector's contribution to the improvement of public services. This approach has grown from the long history of collaboration between the third sector and Government and from the Government's acknowledgement of the importance of the sector's role in strengthening and providing a voice to communities across the UK. The Cabinet Office has emphasized the importance of collaboration between Government and the third sector as a way of stimulating innovation and supporting the third sector's contribution to policy development. The Government recognises that fundamental to the impact of the third sector and those individuals who work with and support the third sector as volunteers, is their ability to balance the importance of strengthening and providing a voice to communities, while also working in a constructive partnership with Government. The Cabinet Office supports an approach which combines representation and collaboration, cultivates new ideas and provides the structures to develop and implement them. As you know, NALM has been working to these ends since April 1st 2008.

As you are aware, the Office of the Third Sector has three key objectives:

- To enable campaigning and empowerment;
- To strengthen communities;

- To transform public services;

Central to the Cabinet Office approach is the empowerment of citizens and communities who use public services, as a stimulus to innovation through initiatives like participatory budgeting. Indeed, as you also know, the Department is in the process of supporting the development of a user-led organisation for disabled people in every local area by 2010 which will be run and controlled by local people.

We wrote to you in April 2008 describing the aims of NALM to:

1. Provide a national voice for LINKs' members;
2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run;
3. Promote the capacity and effectiveness of LINKs' members to monitor and influence services at a local, regional and national level and to give people a genuine voice in their health and social care services;
4. Support the capacity of communities to be involved and engage in consultations about changes to services, influence key decisions about health and social services and hold those services to account;
5. Support the involvement of people whose voices are not currently being heard;
6. Promote open and transparent communication between communities across the country and the health service;
7. Promote accountability in the NHS and social care to patients and the public

We described our plan to work with LINKs' members across England, LINKs' members in Regional groupings, the Departments of Health and Communities/Local Government, parliamentarians and councillors, the Healthcare Commission, the Commission for Social Care Inspection, the National and Regional Specialist Commissioning Groups, the National Centre for Involvement and other key bodies including the Local Government Association, National Centre for Voluntary Action, Centre for Public Scrutiny and the National Association of Patient Participation Groups.

Our rationale for seeking funding for the National Association was to support the ability of LINKs to have outcomes, which can demonstrably show how PPI influences services, commissioning and policy. We explained that this would require structures that will pull together common themes, make representations on these at regional and national level, negotiate with government, steer and advise. We explained that NALM has England-wide support and has the legitimacy the Government itself cites for LINKs, 'people deciding for themselves how they want things to work'.

We explained that without the NALM, those involved in patient and public involvement would have no front-line organisation able to articulate health and social care issues at a regional or national level and that we believe it essential to bring together people who are actively engaged in working to improve service quality and commissioning outcomes, to share information and experiences, and to work together on regional and national themes. We described our objectives as:

1. To promote continuity of appropriate work programmes between Forums and LINKs.
2. To encourage skilled, experienced and trained Forum members to become active in LINKs.
3. To support fledgling LINKs in the first year, and to build powerful coalitions.
4. To promote the inclusion of users, user organisations and voluntary organisations in LINKs.
5. To work with the statutory and voluntary sector to create models of excellence in public involvement in the NHS and Social Services.
6. To lobby for adequate and appropriate levels of funding to match the roles and needs of LINKs and the expectations placed on them.
7. To provide a general oversight of the development of LINKs and raise relevant issues with the DH and DC&LG
8. To encourage strong and viable local, regional and national LINKs' organisations to exercise influence on the health and social services sectors.
9. To promote the development of LINKs' structures for the monitoring of ambulance, mental health and other regionally and sub-regionally provided services.
10. To promote the development regional LINKs' structures to monitor and influence the commissioning of cancer and other regional and national specialist services.
11. To advise on border issues between LINKs, Hosts and Local Authorities i.e. where LINKs members find that local accountability arrangements are unclear or confused.
12. To consult with and be consulted by SHAs in relation to their duty to consult on strategic issues under Section 233 and 234 of the Local Government and Public Involvement in Health Act.

13. To develop and build coalitions between individual LINKs members and regional and national voluntary sector organisations, to influence national policy on health and social care.

Since we were established we have had a number of meetings with you, have had almost 100 email contacts with you and have kept you informed about our membership numbers and sent you information about the development of NALM on a regular basis. When we met with Joan and yourself in November 2008, I specifically asked you if we could speak to the conference on February 5th and you said yes. When you left the room, Sarah said that you may have exceeded your authority and that a group was working on the programme for the conference. We asked for the names of the members of the organising group and we were advised to speak to colleagues at the Healthcare Commission. We spoke to colleagues at the HCC and were referred back to you. Sarah asked for our objectives were we to speak to the conference. I provided these yet did not receive any response from her. We further asked who was on the planning group and had no response. We then asked for the minutes of the meeting which consider our request to speak but received no reply.

It is a matter of great concern to us that you have failed to treat NALM in a way that is consistent with the policy of government towards the third sector and have failed to acknowledge the complementarity of the mission of NALM and the Department in relation to the development of effective public engagements and influence.

I would be very grateful for an explanation for the Department's unwillingness to value NALM as a third sector organisation and its attempt to exclude NALM from participation on the conference to be held on February 5th

I look forward to receiving your response.

Yours sincerely

Malcolm Alexander
Chair