

Getting ready for LINKs

*Contracting a host organisation for your
Local Involvement Network*



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Description	Subject to legislation, local authorities (with a social services remit) will be responsible for contracting a 'host' to establish and support a Local Involvement Network from April 2008. This resource provides guidance on procuring a host, including the services a host should provide, and a process for establishing a network.
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About this document

This document is for local authorities to use when procuring the host organisation to support a Local Involvement Network (LINK). The document is in two parts.

First, the specification sets out some basic requirements that the Department of Health expects of a host organisation of a LINK. The specification is a starting point for the contract with a host organisation and the subsequent development of a LINK and is not a final document. Local authorities will need to ensure that it is applied to their style of commissioning and integrate it with any existing standard documentation.

Second, the proposed tender requirements set out some of the criteria that local authorities can use to advertise for a host organisation. They are a starting point for the tendering process for a host organisation, and again do not constitute a final document. Commissioners may wish to integrate the content of the proposed tender requirements with any existing local standard documentation.

Annex A sets out what we expect from a LINK and its governance arrangements to provide leadership for the LINK.

Annex B suggests a process that a host organisation might follow when establishing and supporting a LINK.

This document should be read alongside the Department of Health's *Getting ready for LINKs – Planning your Local Involvement Network* policy document (www.dh.gov.uk/patientpublicinvolvement), which sets out more information about the nature, purpose, role, responsibilities and relationships of LINKs.

More detailed guidance will be produced for LINKs and host organisations once the Local Government and Public Involvement in Health Bill receives Royal Assent. This guidance will set out, among other things, possible LINK governance structures and arrangements for carrying out engagement activities.

Introduction

The nature of health and social care delivery has changed radically in recent years. The changes to the configuration of Primary Care Trusts (PCTs) and the way their role has changed to focus on the commissioning of services; the move towards greater choice of service delivery, especially in the independent and third sectors; and increased joint commissioning across health and social care are just some examples of how significantly the system has changed.

These changes and the launch of the *Your Health, Your Care, Your Say* consultation prompted the Department of Health to undertake a strategic review of patient, user and public involvement in August 2005.

The White Paper *Our health, our care, our say: a new direction for community services*, published in January 2006, set out the key elements required to deliver a 'stronger voice' for users of health and social care services, and for the wider public, in the development of those services.

A stronger local voice, published in July 2006, set out government policy on the future development of the patient, user and public involvement system, including proposals to establish Local Involvement Networks (LINKs). These networks will enable communities to engage flexibly with health and social care organisations, in ways that best suit the communities and the people in them. They will build on the best work of Patient Forums and many other user involvement activities, creating a strengthened system of user involvement, and will promote public accountability in health and social care through open and transparent communication with commissioners and providers. Further details were set out in the *Government response to 'A stronger local voice'*, published in December 2006.

In summary, each local authority with social services responsibilities (county councils, unitary authorities and London Borough Councils, plus the Council of the Isles of Scilly and the Common Council for the City of London) will have a statutory duty to make contractual arrangements with a host organisation on receipt of money from the Secretary of State for Health (see funding section below at Part 1, 5.0). 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 to carry out the following activities:

- > promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local health and social care services

- > enabling people to monitor and review the commissioning and provision of care services
- > obtaining the views of people about their needs for, and their experiences of, local health and social care services
- > making their views known to those responsible for commissioning, providing, managing and scrutinising those services.

The proposed legislation to create this duty forms part of the Local Government and Public Involvement in Health Bill, which was introduced to Parliament in December 2006. The specification and tender requirements are intended to assist local authorities in making their contractual arrangements.

Given the skill, knowledge and experience required of host organisations, it is likely that they will chiefly be drawn from local non-profit organisations which are well versed in community engagement, involvement and networking and have links to a wide range of organisations and communities.

1. Service specification for the provision of a host organisation of a LINK

1.0 Timing

- 1.1 The duty on the relevant local authorities to make contractual arrangements with a host organisation will be in place after commencement of the Local Government and Public Involvement in Health Act. LINKs will then be able to be established and become fully operational once any necessary regulations have been laid and debated in Parliament.
- 1.2 We would expect contracts to be let to host organisations for a three-year period, subject to satisfactory performance.

2.0 Purpose

- 2.1 The purpose of a host organisation is to enable, support and facilitate the LINK in its activities. It will be for the LINK (see Annex A for background) to decide what work it does, when and how.
- 2.2 A host organisation will undertake different functions during the initial establishment of the LINK from those support functions that are required once an initial steering group of LINK participants has been recruited. Annex B illustrates how the set-up process might be developed.
- 2.3 There are some core responsibilities we believe a host organisation should fulfil in order to enable, support and guide the LINK successfully in its activities. Local authorities are strongly encouraged to ascertain what local people want and need from their LINK and to involve interested parties – especially those already participating in health and social care, such as Patient Forums and local user-led and representative/advocacy organisations – in the appointment of a host organisation.
- 2.4 The host organisation's role will be to:
 - > undertake the initial set-up of the LINK, for example by:
 - advertising and promoting the LINK
 - holding introductory workshops/meetings

- making contacts with existing voluntary and community sector and user-led groups to encourage participation
 - encouraging participation from hard-to-reach/under-represented groups and communities.
- > work with the LINK participants to facilitate the establishment of the LINK's arrangements for managing and deciding on its activities. These would include terms of reference for the LINK's governance arrangements, methods for involvement, decision-making arrangements, dispute resolution procedures, and rules for the different types of representation – organisational and individual
- > hold the finances of the LINK, in particular:
- being the responsible accounting organisation for LINK expenditure decisions and reporting where necessary on how the money is spent
 - meeting audit and accounting requirements
 - reporting on expenditure against activity – both to the LINK and externally as agreed by the LINK governance structure
- > facilitate the correspondence and communication activities of the LINK, including, for example, producing a regular LINK participants' bulletin and making arrangements to ensure a local web presence so that LINK information is publicly available to interested parties and the public can put forward its views and experiences easily
- > ensure data management and record-keeping of LINK information (to be passed on to a successor host on the ending of a contract)
- > provide advice and support for the LINK, in particular:
- explaining or signposting any national guidance to LINK participants
 - liaising with the NHS National Centre for Involvement (NCI), the Social Care Institute for Excellence (SCIE) and others for best practice guidance on supporting a LINK, including methods of consultation, participation and community development

- resolving disputes and having in place its own complaints policy (according to the established guidance)
 - facilitating the establishment of a participant and governance code of conduct/constitution and enabling the LINK to manage complaints about conduct within the agreed governance framework (based on Department of Health guidance and models of good practice)
 - reimbursing LINK participants' reasonable out-of-pocket expenses (policy to be agreed with the LINK governance structure)
 - allowing convenient access for LINK participants to relevant information from the Department of Health, NHS, voluntary sector organisations, etc
 - arranging any training and development as appropriate, including enabling LINK participants to become authorised representatives so as to enter and view specified health and social care premises, which will require the undertaking of Criminal Records Bureau checks for such participants¹
- > have a strong commitment to forming strategic partnerships and effective working relationships with other organisations, and support the LINK to develop such partnerships, for example with:
- the local authority overview and scrutiny committees (OSCs), PCTs and practice-based commissioning groups
 - health and social care providers
 - health and social care regulators
 - Local Strategic Partnership (LSP) partners, as well as LSPs as stand-alone bodies
 - other hosts/LINKs, supporting communications and joint working where necessary between LINKs locally, regionally or nationally
 - Health and Well-being Partnerships

¹ This provision is essential to ensure that LINKs are able to enter and view premises.

- > support the LINK in the development and promotion of its priorities and work plan and activities, for example through:
 - questionnaires and surveys
 - community/citizen panels
 - consultation and involvement workshops
 - focus groups
 - advertising, events and campaigns
 - staff operating on an outreach basis to meet, listen to and record the views and experiences of local people
 - LINK governance meetings
 - provision of appropriate venues and support for the LINK's activities, wherever possible using existing community and public facilities and venues of stakeholder organisations
 - preparation of reports, where directed by the LINK
- > build on and, where necessary, develop local networks to support ongoing, sustainable recruitment activity
- > provide a service appropriate to people's needs and not discriminate on the grounds of their disability, race, culture, religion, sexuality, age or gender, in terms either of participation or of obtaining and presenting people's views and experiences
- > operate within the agreed performance frameworks laid down in its contract with the local authority
- > report back to the local authority on LINK/host activity in accordance with the terms of the contract and ensure the LINK annual report on expenditure, activity and achievements is sent to the Department of Health and made publicly available.

3.0 Accessibility

- 3.1 The host organisation's premises and any proposed venues for meetings arranged for the LINK must be accessible and compliant with the Disability Discrimination Act 1995 and the Equality Act 2006, and must maintain a safe and clean working environment in compliance with health and safety at work legislation.
- 3.2 All communication methods used should be appropriate to the needs of LINK participants. For example, translating and interpreting facilities should be available to provide information in the major community languages or in specialist formats such as braille, audio and easy-read versions.
- 3.3 The host organisation's opening hours should be fully communicated to LINK participants, as should staff contact details and any changes in staff or absences. The host should agree with the LINK governance arrangements how it would like relevant information to be cascaded to LINK participants and the wider community.
- 3.4 The host organisation should encourage compliance with both the Data Protection Act 1998 and the Freedom of Information Act 2000, and ensure that LINK participants are aware of their responsibilities under both these acts.

4.0 Contract monitoring and management

- 4.1 The host organisation should report on its activities and finances to the local authority at least on a six-monthly basis throughout the term of the agreement, and more frequently if this is required as part of a formal performance management review process. We recommend that the frequency of the reporting cycle be reviewed during the life of the contract.
- 4.2 The host organisation will be expected to report on its activities in support of the LINK and on its financial position in relation to the contract with the local authority. All funds provided to the host as a result of the contract awarded are to be spent on contract fulfilment. No funds may go towards any costs incurred by a host which are not contract-related.

- 4.3 The six-monthly reviews will also take into account feedback and recommendations from the LINK governance arrangements, including, where relevant, proposals on how the host might support the LINK better.
- 4.4 Meetings, the frequency of which should be agreed between the local authority and the host organisation, will be organised by the local authority to review information gathered through the contract monitoring process, to amend and improve the specification. The host organisation and representatives of the LINK governance arrangements will be expected to be full partners in this process. It is essential for the LINK to be able to input into the local authority's performance management of the host.
- 4.5 The host organisation will need to be able to demonstrate to the local authority its performance against the contract by the fulfilment of key performance indicators to be agreed locally. The Department of Health will be developing national benchmarks of quality for LINKs, including tools for localised performance management, peer review and recognisable success criteria for key areas such as the performance of hosts.
- 4.6 The host organisation will be accountable to the local authority as the contract holder. The host is expected to undertake regular reviews or audits of its service and to link these to its development plans.
- 4.7 The host organisation should have a written complaints procedure, which should include a role for a person who is independent of the organisation, as either an investigator or decision-maker at an appeal stage.
- 4.8 Where the host organisation's own management reporting, stakeholder feedback, review process or other contract management activities reveal the need for remedial action, it is recommended that the host agree a timetable with the local authority for submission of an action plan which identifies:
- > (in detail) the issues and associated risks
 - > appropriate solutions
 - > responsible owners for all remedial actions required
 - > timescales for all remedial actions
 - > monitoring arrangements to ensure remedial actions are completed.

- 4.9 The host organisation should have its own internal quality assurance system, which should include standard setting, monitoring, management and review processes, to ensure the required service quality is maintained and confirm how improvement will be communicated on completion. The host organisation should also work towards an externally accredited quality assurance system.

5.0 Funding

- 5.1 Local authorities will receive an allocation of funding via a specific grant from the Department of Health. The allocation will comprise a baseline amount for all authorities, to ensure all areas are able to put a contract in place as well as covering their costs, with the remainder of the funds allocated by the relative needs funding formula. This will mean that each local authority will receive a targeted amount of money depending on its size, population and other factors such as population sparsity and deprivation.
- 5.2 The total funding package will contain three strands: local authority contract management costs, host organisation support function costs, and LINK expenditure costs. We also recommend that relevant OSCs look at how much money authorities are spending on LINKs and the value they receive for the funding available. It will not, however, be an OSC's role to challenge tendering processes, nor to act as an appeal authority should an organisation fail to win a contract.
- 5.3 The host organisation will be accountable to the local authority – its contract manager – for the support costs. The LINK will be accountable to the public to demonstrate effective spend of its budget. In addition, through the performance management system, the host will also be accountable to LINK participants.
- 5.4 Prospective host organisations should set out alongside their budget the range of activities they feel they can deliver, outlining within the total proposed budget their projected costs to provide the support function to the LINK for both phase 1 and phase 2, and giving a breakdown of how these figures are arrived at. Headings will include:
 - > staffing, administration and overheads

- > management, training and supervision
- > LINK participant expenses
- > communication costs – translation, accessibility (of written materials and events) and newsletters
- > reserves held for development and outreach work, etc.

2. Proposed tender requirements for the provision of host organisations

1.0 General requirements

- 1.1 The tender requirements set out some of the criteria that local authorities can use to advertise for a host organisation. They are a starting point for the tendering process for a host and do not constitute a final document. Commissioners may wish to integrate the content of these requirements with any existing local standard documentation.
- 1.2 Local authorities should seek to involve local people in the appointment of a host organisation – especially those already involved in influencing health and social care such as members of Patient Forums, social care user-groups and community or voluntary organisations with an interest in health or social care. Organisations that bid will need to provide written evidence of their skills, abilities and experiences to enable the procuring local authority to make its decisions.
- 1.3 Each prospective host organisation should:
 - > provide information on its size, organisational structure and experience, and on its constitution and its code of practice (if it has these)
 - > demonstrate experience of providing a similar type of support service or explain how it will develop this expertise
 - > demonstrate knowledge and experience of the health and social care system in the geographical area
 - > show experience of working in community engagement and involvement, and demonstrate the capacity and ability to network locally with individuals and organisations
 - > demonstrate knowledge of the LINK locality and networks, partnerships and groups in the area

- > demonstrate how it will undertake the process of recruiting the initial core membership of the LINK, and then support the LINK to develop the processes required to build its own capacity and capabilities, recognising that its role is to support and enable the LINK and not to lead it
- > demonstrate that it can manage any conflict of interest in delivering the contract. It will need to state what interests it has and show that it has a protocol or plan in place to address potential conflicts of interest
- > demonstrate that its approach to delivery has the flexibility that would enable a LINK to develop from an initial set-up phase to the participant-led approach of a mature network
- > illustrate its experience of providing a service that demonstrates an active commitment to equal opportunities
- > illustrate its experience of working with, or demonstrate how it would work with, all sectors of the community, providing examples of translating equality and human rights principles into practice. For example, it could demonstrate experience of working with people from ethnic minorities, with those who do not have English as their first language, with those who need specialist communication tools, or with those who participate and influence through informal methods
- > confirm that it recruits and employs staff in a manner that ensures they are fit for purpose
- > provide an annual report together with financial accounts for the last financial year, as well as details of its public and employer's liability insurance
- > provide information on its methods of working and demonstrate any added value it can bring LINK participants in making available other services or support that its core or other business provides.

2.0 Method of working

2.1 Each prospective host organisation should provide:

- > a description of its existing experience (if applicable) with:
 - volunteers in local communities;
 - community engagement and involvement;
 - user-directed services; and
 - networking
- > a description of similar types of support it has provided
- > any related policy documents, together with any case studies.

2.2 Each prospective host organisation should also:

- > specify the number of staff it proposes to dedicate to supporting the LINK during each phase of development (within the stated budget), whether these will be part-time or full-time, and whether they will work flexibly (for example evenings and/or weekends)
- > describe its proposed management and monitoring arrangements
- > identify what indicators and methods would be used to evidence that individual and service outcomes have been achieved.

3.0 Funding

3.1 Local authorities will receive an allocation of funding via a specific grant from the Department of Health. Part of this will be used to fund the tendering process and the rest to fund the contract with the host organisation and the work of the LINK. Appropriate outcomes will be agreed with the host organisation to ensure value for money and good results for the LINK once established.

(See page 10 for further information.)

4. Indicators of success

- 4.1 Local authorities should consider how they will measure whether the host organisation is successfully fulfilling its role. Indicators might include the following:
- > the LINK is established, supported and maintained
 - > the host stays within budget
 - > the host achieves targets agreed with the local authority (this might include areas such as diversity, inclusivity etc)
 - > the host fulfils satisfaction criteria assessed by the LINK and other stakeholders using 360-degree feedback.

Annex A:

Expectations of LINks

1. The role of LINks

- 1.1 LINks should be local community-based networks of organisations and individuals committed to strengthening and widening the influence of patients, users of social care services and the public in the process of planning and improving health and social care services. We envisage that LINks will have a wide range of participants and involvement that is inclusive, diverse, representative of the geographical areas they cover and made up of both individuals and organisations; and that they will need to utilise different formats and methods of involvement and communication.
- 1.2 As the legislation sets out, the LINks' role will be to:
 - > promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services
 - > obtain the views of people about their needs for, and experiences of, health and social care services and make these views known to those responsible for commissioning, providing, managing or scrutinising those services
 - > enable people to monitor and review the commissioning and provision of care services
 - > make reports and recommendations about how health and social care services could be improved, to people responsible for commissioning, providing, managing or scrutinising those services.
- 1.3 We are not seeking to prescribe how the role of LINks will be carried out, LINks will be able to determine what work they do and when and how they do it, but they should focus on achieving outcomes, including:
 - > services that are shaped to meet people's needs
 - > services that are improved as a result of people's experiences
 - > local people having confidence in the validity and transparency of health and social care bodies' decision-making.
- 1.4 The activities of LINks are the means by which these and other agreed outcomes can be achieved.

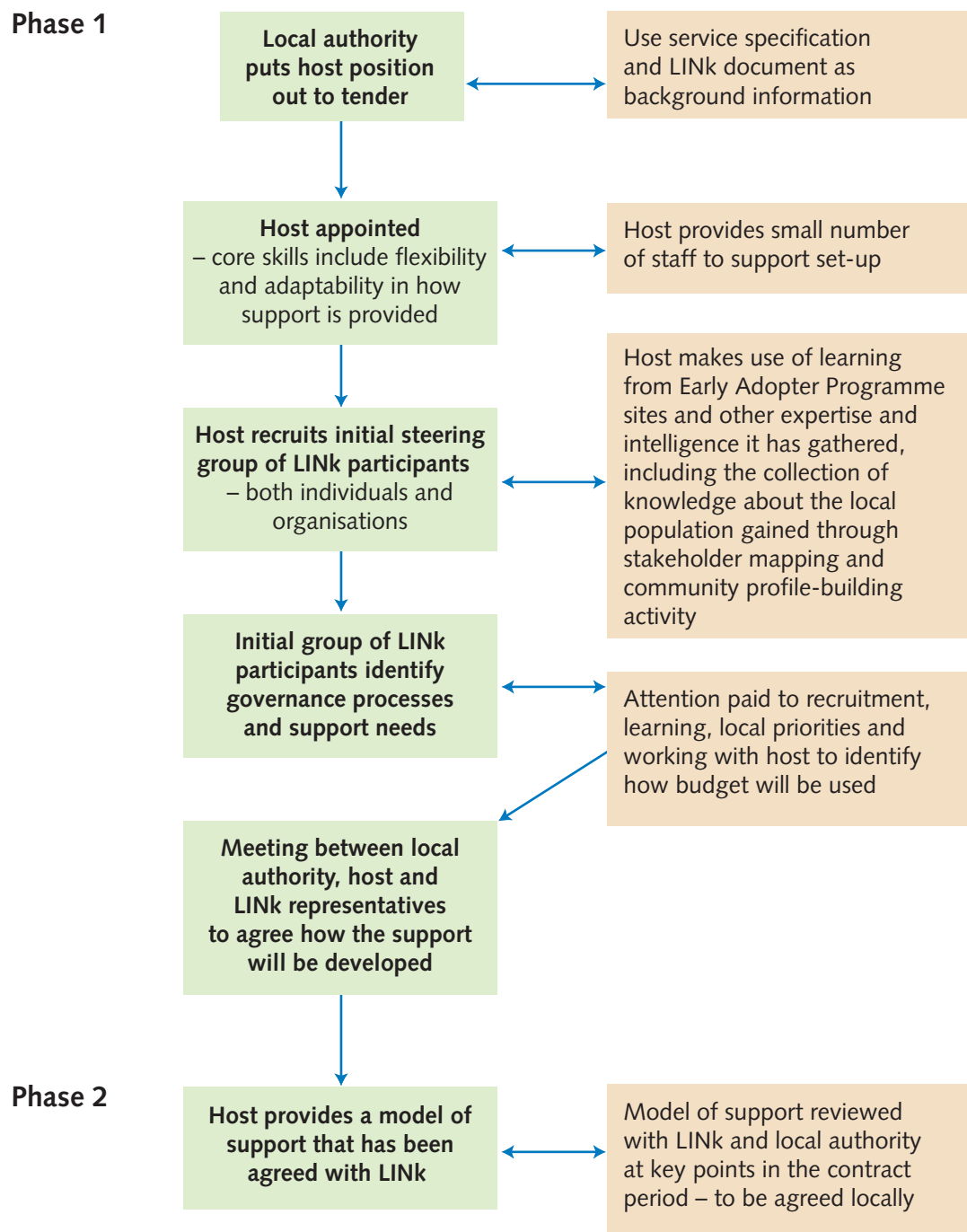
- 1.5 LINKs will be a key part of enabling effective citizen engagement in health and social care decision-making at a local strategic level – getting involved, for example, in PCT and local authority commissioning decisions and engaging with PCTs in the development of the PCT prospectus that will demonstrate how the public have influenced decisions. LINKs will be independent and should be accountable to their participants and the local community as well as to the Secretary of State for Health. They should also feed their findings into key bodies such as the Healthcare Commission and the Commission for Social Care Inspection. This will enable them to establish a local agenda driven by the priorities and interests of local communities. A LINK can only be successful in this if it is strong, credible and inclusive across its community.
- 1.6 LINKs should reach out into communities that experience exclusion from traditional decision-making processes in health and social care, to ensure that their views and opinions are both audible and influential. LINKs and their host organisations need to acknowledge that communities are not homogeneous but are made up of individuals with diverse needs, preferences, rights and entitlements, and that some groups are particularly disadvantaged or are vulnerable to breaches of their human rights.
- 1.7 LINKs will operate independently of local authorities, within their own governance structures and decision-making processes. The host organisation will enable and support the LINK participants.
- 1.8 LINKs will have specific powers to enable them to influence the improvement of local services. These powers will enable them to:
 - > enter specified types of premises and view the services provided
 - > request information and receive a response within a specified timescale
 - > make reports and recommendations and receive a response within a specified timescale
 - > refer matters to a health or social care OSC and receive a response.
- 1.9 These powers will be set out in further detail in regulations following Royal Assent of the primary legislation.

2. LINK governance arrangements

- 2.1 Arrangements should be put in place to provide leadership for the LINK and a framework that sets out its responsibilities and accountabilities so that it can operate effectively. The arrangements should be clear about what the LINK is for, what it will do, how (broadly) it will do it, executive decision-making responsibilities and accountabilities (in particular to the wider participants). These arrangements should be reflected in an appropriate governance structure.
- 2.2 The form of this governance structure will be for the membership to decide, supported by the host organisation and by Department of Health guidance that sets out examples of best practice. Governance may be provided, for example, by the participants electing a board or steering group, or alternatively they may choose to take a co-operative approach. The LINK should ensure that it has governance arrangements that will:
 - > agree the overall priorities and work plan of the LINK in consultation with the wider LINK participants
 - > establish principles for LINK participation, including being the arbiter of membership decisions within the governance framework
 - > decide where, when, how and by whom the LINK's powers should be used, for example to enter and view specified health and social care premises
 - > ensure the signing-off of external reports
 - > ensure that the LINK operates within the agreed governance framework
 - > promote the LINK and report on its activities, including the production of its annual report
 - > contribute to the performance management of the host organisation by the local authority
 - > ensure that equality and human rights principles are integral to the LINK's work
 - > be regularly reviewed and updated.

- 2.3 The involvement of LINK participants should be integrated throughout the governance arrangements, which should always aim to involve and communicate with the wider LINK participants in all the LINK's activities. The governing group should not itself act as a consultative body or speak on behalf of the LINK without the wider participants' involvement and consent. The governing body will carry out its function with the support of the host organisation.
- 2.4 Members of the governing body will need to declare any interests and mitigate any potential conflicts, in line with the Nolan Principles of Public Life, and should refrain from involvement in issues that relate to their declared interests.

Annex B: Possible process for establishing and supporting a LINK





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