

Local Involvement Networks

Bulletin



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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 for LINKs. Production of the bulletin has been taken over by the NHS Centre for Involvement on behalf of the Department of Health.

This publication will be of particular interest to:

- NHS staff involved in Patient and 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;
- Previous Patients' 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.

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Voice Piece

Opportunity for better care through a stronger voice – Health Minister, Ann Keen MP

As communities begin to start establishing their Local Involvement Network (LINK), it is important to remember why so many of you have been working so hard and to recognise the opportunity the next few months presents.

LINKs are just one of a number of initiatives being rolled out that aim to help improve the care you and I receive by providing more ways in which we can directly shape services.

The complaints process is being reformed so that it applies to all care services and to make it easier for people to complain when things go wrong. In addition, a strengthened NHS duty to involve patients in decisions about changes to services will soon come into force.

The reasons behind these projects are many but the main two are simple – citizens have said they want more influence and services find it easier to provide better care if they know what the community wants.

As part of a wider strategy, LINKs have the potential to redefine the relationship between services and communities. However, a network will only be successful if it builds on what already exists, if the whole community owns it and everyone plays their part in making it a success.

Because LINKs need to be driven from the bottom up, the Government has been careful not to put in place bureaucratic structures. Although we have provided funding, it is up to each community to decide how they want their LINK to

operate and what priorities they want to concentrate on.

If LINKs work, it is unlikely that in a year's time any one LINK will look the same. However, if they are successful I do expect every LINK be unified by a common theme – that people's views matter.

We have an opportunity. If communities can say what they want and services listen – ultimately the care we all receive will get better.

News in brief

LINKs legislation comes into force

On the 1 April 2008, the legislation establishing LINKs (the Local Government and Public Involvement in Health Act) came into force.

The accompanying regulations for LINKs also came into force. These regulations cover LINKs' governance and transition arrangements, as well the right of LINKs' representatives to enter and view services.

In addition to the regulations, the Department of Health has also published directions to:

- LINKs, setting out their duties when it comes to providing annual reports
- Commissioners of health and social care services, setting out the requirements they need to include in their future contracts with independent providers. These amendments relate to allowing LINKs representatives to enter and view services, as well as providing LINKs with information relating to services they might run which are publicly funded.

To view the directions and regulations visit www.dh.gov.uk/links.

Advice to help LINKs get going

From this month, communities across England are starting to establish their Local Involvement Network.

To help areas get their LINK up and running, the NHS Centre for Involvement has published the first in a series of short guides. The Centre also now has in place a helpdesk and online network to support implementation.

Guides currently available

- Guide No. 1 – Summary: Local Government and Public Involvement in Health Act 2007
- Guide No. 2 – What LINKs mean for: Health and Social Care Commissioners and Managers
- Guide No. 3 – What LINKs mean for: Local Authorities
- Guide No. 4 – What LINKs mean for: People and Communities
- Guide No. 5 – Procuring a Host to support LINKs
- Guide No. 7 – Transitional arrangements for LINKs
- Guide No. 8 – Making people aware of LINKs
- Guide No. 9 – Getting going – the first ten things that LINKs should do

As the Centre continues to produce guides they will be available at www.nhscentreforinvolvement.nhs.uk.

Future guides are likely to include information on the 'code of conduct' and enter and view policies, governance, accountability and working with volunteers.

Helpdesk

The NHS Centre for Involvement has established a dedicated phone number and email address to assist with LINKs related queries.

If you have questions regarding LINKs please contact us on 024 7615 0705 or via email at info@links.nhs.uk.

New web resource – LINKs Exchange

An Internet resource to help support the implementation of LINKs has been launched by the NHS Centre for Involvement.

The website is an online network that provides access to information and guidance and will enable those involved in implementing LINKs to share best practice. Initially, the online community will be largely accessible to Local Authority LINK Leads and then to Host organisations, as they are appointed. It is expected that membership will be extended to LINK participants in the future.

New National Director of Patient and Public Affairs

The Department of Health has appointed Joan Saddler OBE as the new National Director of Patient and Public Affairs. She will champion the importance of engaging and listening to patients and the public as key to delivering better health and social care.

At a local level, she pioneered programmes in east London, demonstrating the value of engaging patients and the public in the development of health services, a fundamental principle that lies at the heart of reforms in the NHS. She will be bringing her extensive experience of patient and public involvement to this new national role.

Joan Saddler said:

"I am very pleased to accept this exciting new role. I am passionate about community engagement and look forward to working with groups across the NHS, so that patients and the public are true partners in the delivery and improvement of healthcare."

Ms Saddler will be starting later in the spring. She is currently Chair of Waltham Forest PCT, where she has led the development of a successful public and patient involvement strategy, recognised nationally for its innovation. She was also a founder member and joint Chair of the first National BME Forum for clinicians and leaders, and has played a key role as national advisor on issues of NHS leadership, equality and community engagement.

You ask

Will it be necessary for LINKs members to be insured?

The Department of Health expects that it will only be necessary to indemnify members of LINKs whom will be authorised to 'enter and view'. We anticipate that there will be small numbers of these 'authorised representatives in each LINK and they will need to receive CRB checks and have been specifically authorised through a process agreed by the LINK.

Local Authorities and Hosts will need to agree the arrangements for indemnity locally and fund this from within the allocation for LINK activities.

You share

Doncaster Metropolitan Borough Council has become one of the early Local Authorities to announce its LINK Host. Policy and Partnerships Consultant John Leask describes the journey so far

"We had a head start on many other LAs in getting ready for LINKs because in November 2006 we were invited to take

part in the Early Adopter project," explains John. "I think that this proposition was a reflection of the good partnerships that we had already established with the statutory and third sectors across Doncaster. There was also recognition that the work of Patients' Forums in the area had been very successful."

"We learnt a lot of lessons very quickly," he says. "The first was about the importance of consulting with all stakeholders about involvement as early as possible. Another was around completing a mapping exercise to establish what was already happening and how we could add value through collaboration. We wanted to identify gaps and widen the networks because the real worth of LINKs lies in the recognition of people previously not included in existing systems of involvement. There are always a number of passionate people who want to make a difference in health and social care and, while it's important to keep them on board, widening the circle of involvement is key.

"We also learned how to listen carefully to the underlying feelings and fears of those potential networks of individuals and organisations which would make up the LINK and to focus on how these could be addressed. We found that it was important to acknowledge that you can't please all the people all the time while recognising and appreciating that people have voluntarily given up their time.

"Finally, I think we discovered that LINKs are truly an evolving process. The Government doesn't claim to have all the answers and feedback on what is working on the ground is very important to the networks' long term success."

Throughout the Early Adopter project, regular monthly meetings were held with the multi-agency Steering Group. By March 2007 the Steering Group was working well together and moving forward

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on the assumption that the Local Government and Public Involvement in Health Bill would receive Royal Assent.

By June 2007, when an event to launch the concept of LINKs to the wider public was held, diverse groups across the Borough had already been involved in initial consultations. They included individuals, carers networks, faith groups, local business groups, minority ethnic groups, Neighbourhood Renewal Networks, Older People's Forums, patients' groups and support groups for specific service users, Tenants' Groups and the Youth Council.

"In August 2007 we set up a multi-agency procurement subgroup, encouraging local organisations to tender for the Host contract as soon as the Local Government and Public Involvement in Health Bill was passed," says John. "It was very important to make it clear from the beginning that there was a set budget from the Department of Health and clear expectations on what was required from the Host based on national guidance. Local priorities were added in by the subgroup.

"Although it was possible for a national organisation to tender for and win the contract, we made it clear in contract that they must have a base in Doncaster. The tender was won by The Carers Federation and we decided to organise another event to formally announce this, as well as to reinvigorate interest in the LINK. Everyone who had been involved in the process throughout the last year was invited and attendees included PPI Forum members, members of the BME Women's Group, a wide range of groups from the voluntary sector and representatives from all the NHS Trusts in Doncaster.

"The event attracted around 90 people, which demonstrated that, while there are clearly challenges ahead, in Doncaster there are a lot of positive expectations for the new LINK."

For further information email john.leask@doncaster.gov.uk.

In focus

Communicating with diverse audiences

The role of each LINK is to find out what citizens want from local services, monitor and review the care they provide and to tell care management what the community thinks. It is important to remember that a network will only be successful if it is owned and involves the whole community.

Britain is an increasingly diverse society with ethnic minority communities accounting for eight per cent of its population. All LINKs communications will need to address these communities effectively. Standard communications best practice applies: try to avoid using a 'one size fits all' approach or focusing on only the most visible groups.

Starting principles

1. Avoid grouping communities together – what might on the surface appear to be a discrete community can in fact be several communities with distinct needs.
2. Mind the generation gap – research shows that there are differences between generations within each ethnic minority community in terms of language, culture, religion and media consumption.
3. Overall, the ethnic minority population is much younger than the white population in the UK.
4. Be aware of language variation – strategies that assume people speak and read a single language within the same ethnic group, and even within the same family, are likely to have limited success. There is also language variation within families.

5. Don't assume advantage or disadvantage – research reveals that members of some ethnic minority communities (such as Chinese and Indian) are higher achievers in terms of education and the labour market than the average UK citizen. Other communities (such as Bangladeshi and Somali) experience, on average, significant levels of underachievement and disadvantage.

Getting your message across

The way that you express your key messages should always be informed by research into your audience, which should then be used to create insight. If you skip this vital stage of the communications process, you risk confusing people with a message they don't understand, offending them by ignoring cultural sensitivities and alienating them because your communication doesn't seem relevant to them.

Considering cultural and religious sensitivities is essential. Are there any cultural or religious factors that might influence your message or your creative solution?

Above all, keep your message clear and simple. Avoid technical jargon and acronyms, which will alienate or exclude many potential audiences

Choice of channel

The communications channel you finally decide on for your initiative will depend on the findings of your initial research into the target audience's needs. The possible channels include:

Translated leaflets

Aim for documents that:

- are clear, short and simple;
- are well laid out, using clear typography and large fonts;
- are expressed in straightforward language;

- use bullet points for clarity;
- use summaries; and
- include step by step action plans.

A simple image on the cover that clearly indicates the subject matter of the leaflet is helpful for those who can't read any language at all, while bilingual materials, produced in English and mother tongue, are useful for topics that target all family members.

Audio, video and DVD

These use easily available technology; overcome the barriers of illiteracy and – for some communities – fit into existing patterns of behaviour.

Online media

The internet is popular with the younger generation within black and ethnic minority communities. Some older, educated community members also use the web to communicate with family around the world and for capturing 'home' based news.

Mainstream and ethnic minority media
Whether you use mainstream or specialist (ethnic minority) media will depend on your target audience. Often you'll need to use a combination of both. Here are some pointers on why to use what:

- mainstream media – important for younger audiences and for those who are well integrated into the mainstream, such as the black Caribbean and Indian communities;
- TV and radio – good for overcoming language and literacy barriers;
- local and regional media – important because many ethnic minority communities have a strong sense of their local community;
- local press – often includes a supplement targeted at a specific ethnic minority group;

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- specialist ethnic media – will deliver your message to the audience within their cultural framework; and
- community outreach work – taking your message to the community at a grassroots level is particularly important for those communities that aren't served by mainstream or specialist media.

LINKs should seek to ask every section of the community for their views and experiences. You should ask as early as possible in all communications activity how ethnic origin might influence how your communications are received.¹

Governance and accountability

Each LINK needs to establish the processes and systems by which it will operate and govern itself. These need to be clear to LINK participants and also to be shared with external stakeholders, including commissioners and providers of local care services.

They will recognise that good governance is crucial to ensuring that networks operate effectively.

This would involve agreement on the nature of membership, whether the LINK will have an independent structure such as a company limited by guarantee or will it make use of the host organisations structures etc.

Some of the policies and procedures that need to be considered by each LINK are:

- confidentiality;
- training and support needs;
- decision making processes;
- managing processes between the Host, Local Authority and LINK;
- conflicts of interest; and

¹ Source: Government Communication Network

- selecting appropriately checked LINK members to undertake 'enter and view' activities.

It is important to note that both decision-making processes and appropriately checking participants who will enter and view are covered by LINKs regulations.

Further information

To get advice and support on establishing LINKs call: 024 7615 0266 or visit: www.nhscentreforinvolvement.nhs.uk.

To find out more about LINKs policy visit: www.dh.gov.uk/links

To get more Patient and Public Involvement resources visit: www.library.nhs.uk/ppi.

Contact us

Help shape this bulletin

We welcome your ideas and comments that will shape the format and content of this bulletin in the future. This bulletin is published on a monthly basis. Please email: info@links.nhs.uk or contact the NHS Centre for Involvement on 024 7615 0266.