

Local Involvement Networks

Starting a work programme



About this guide

This guide is part of a series aimed at helping make LINKs successful. This guide is designed to help Hosts and LINK participants understand the opportunities that LINKs present for local communities to influence their health and social care services. It explains the importance of setting relevant and achievable goals when planning how to undertake LINK activities.

Background

LINKs are being set up to give communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of a LINK is to find out what people like and dislike about local services, monitor the care they provide and use their powers to hold services to account.

Key points

- Setting a work programme is only one part of the ‘getting going’ phase.
- Establishing principles in the first year will help LINKs to develop their work programmes in future years.
- Take time to find out people’s health and social care needs, aspirations and preferences; how Local Authorities and PCTs identify needs and commission services; where and how services are provided and people’s experiences of services.
- Provide different ways for local people and groups to feed in their ideas.
- Develop ways to identify and prioritise different kinds of issues – eg national, local, individual and specialist.
- Consider how to work with Overview and Scrutiny Committees, Regulators and other LINKs.
- Set realistic and achievable goals, reflecting local geography and the diversity of communities.
- Try to maintain a balance between health and social care issues.

Setting a work programme

LINks are independent from central government, Local Authorities and the NHS and can develop their own ways of working within the framework set out in legislation, regulations and guidance. However, LINks need to have a clear idea about how they will undertake their activities and communities need to have confidence that their LINk is looking in to the issues that matter to local people. However, setting a work programme is only one part of the process of getting a LINk up and running. Before deciding how to carry out their activities, important things for LINks to consider are:

- ways of running the LINk (including how people will be authorised by the LINk to 'enter and view' premises where services are provided);
- how they will build on existing local involvement activity;
- how to communicate with communities about health and social care issues and how they can influence the work of the LINk;
- creative and innovative ways to reach out to and involve people and groups in LINk activities; and
- how much money should be spent on different aspects of the LINks work.

The Host organisation that the Local Authority has appointed to support the LINk (or the Local Authority itself if it is providing support during the transitional phase) will have skills to help LINk participants tackle these issues in the 'getting going' phase. The NCI has published a guide to 'getting going' (guide No. 9 in this series).

The time invested by LINks to develop ways of working should focus on how they are able to make a difference and have influence when carrying out their roles. In the 'getting going' phase, LINks may want to set priorities that are highly visible or easily brought to a conclusion, in order to raise their profile; build credibility with local communities, commissioners and providers; encourage participation; and influence and add value to health and social care services. Establishing principles in the first year will help LINks to develop their work programmes in future years.

Identifying priorities

In identifying priorities, LINks need to be networked with other groups and organisations, sharing information about the health and social care needs of the area and sharing work programmes so that LINks can work effectively together with each other and other bodies that have a role to hold services to account on behalf of people who use services and the wider community. Processes for setting priorities will vary from LINk to LINk, but should include some 'core' elements:

- local people and groups that have been involved in setting priorities for the LINk, reflecting the diversity of local geography and population;
- priorities that are determined based on themes and trends from the analysis of feedback from local people;
- an agreed set of criteria against which themes and trends can be weighted/prioritised to identify appropriate and timely actions;
- the need to equally consider the specialist interests of a minority of people alongside the general interests of larger numbers of people;

- opportunities to work with other LINKs, OSCs, Regulators and other agencies to influence and add value to health and social care services or impact health inequalities; and
- creative and innovative ways to use resources to support the work of LINKs.

LINKs need to consider realistic and achievable goals for their work programme, particularly in the first year. There will be many competing priorities and experience has shown that it is sensible to have a short list of key concerns, ideally with measurable outcomes. This requires LINK participants to have a mature debate about shared priorities and also to remember that the real priorities may reflect the needs of people and groups not yet involved or engaged in the LINK.

LINKs will need to agree how they will prioritise issues for their work programme. For example, will issues identified by individuals carry the same weight as those put forward by groups or organisations? LINKs will need to consider how to stop particular individuals or groups dominating the running or work of the LINK.

Host organisations will have the skills to help LINKs keep good records of the receipt of issues coming forward from communities, for example by logging or mapping contacts from the community. Hosts will be able to provide an analysis of these contacts, for example are there 500 calls from 1 person about an issue or 1 call from 500 people. Hosts will be able to help the LINK establish 'trigger points' for particular issues to identify when action by the LINK is appropriate in response to community concerns. LINKs might be able to learn from the experience of local Patient Advice and Liaison Services about this and some Overview and Scrutiny Committees have developed criteria for selecting topics for their work. Host organisations will have the skills to help LINKs develop or adopt similar techniques.

Local health and social care policies are influenced by national policy initiatives. Although LINKs have a very local focus, they will need to work out how best to handle issues that are of regional or national significance, for example ambulance services, mental health services and specialist services (eg rare illnesses or aids and adaptations for people needing assistance at home). To tackle these issues, LINKs will need to work with other LINKs across Local Authority boundaries.

The Department of Health's document 'Planning Your Local Involvement Network' contains some advice about how LINKs might carry out their roles and how they might identify and consider specific issues. LINKs need to communicate clearly with local people and groups about the methods through which they can put ideas forward to the LINK and about the times of the year when decisions about the work programme are to be taken.

Sources of information

Before setting priorities for their work programme, LINKs should take time to find out about:

- people's health and social care needs, aspirations and preferences;
- how Local Authorities and Primary Care Trusts identify needs and commission services;

- where and how health and social care services are provided; and
- people's experiences of services.

There are several sources of information that LINKs can use to find out about health and social care issues in their areas. Some examples are listed below¹:

- local communities – develop creative and innovative ways to capture ideas and opinions about health and social care priorities;
- groups that support or represent people – especially the 'hard to hear';
- Directors of Public Health – their annual reports reflect local priorities;
- Public Health Observatories – regional health and healthcare information (www.apho.org.uk);
- Inspectorate reports – how do commissioners and providers perform;
- Directors of Adult Social Services – how adult social care needs are assessed and how money is spent to meet care needs;
- Directors of Children's Services – information about children's healthcare (LINKs have no visiting or reporting powers for children's social care);
- Patient surveys – for example Picker Institute or Patient Opinion;
- Patient Advice and Liaison Services – how Trusts learn from issues raised with them by patients, families and carers;
- Primary Care Trusts – how health and inequalities are assessed and how money is spent on meeting needs for treatment and improving public health;
- Acute Trusts and Foundation Trusts – what do they learn from the experiences of patient, carers and families;
- Strategic Health Authorities – information about how health services are planned and delivered within a regional framework; and
- Clinicians and professionals – information from doctors, nurses and social workers.

Host organisations should have skills to help LINKs access and interpret information from a range of sources in creative and innovative ways.

Opportunities to be proactive

Influencing commissioning

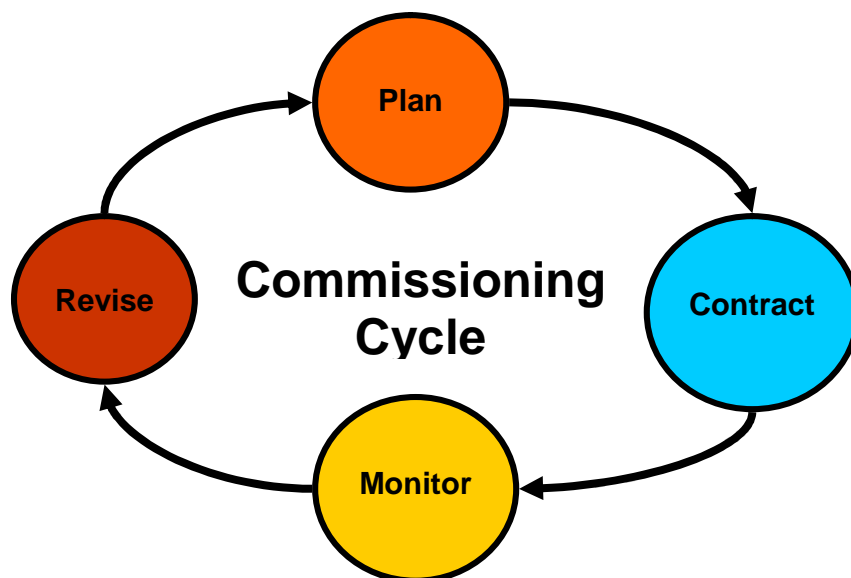
A primary role for LINKs is to influence the way that health and social care needs are assessed and how services are planned and delivered to meet those needs. Primary Care Trusts (PCTs) and Local Authorities have a duty to work together to produce Joint Strategic Needs Assessments (JSNAs) of the health and social care needs of their local communities, including evidence of stakeholder involvement and engagement with communities. The results of the assessment need to be published with an indication of how the PCT and Local Authority propose to meet the needs identified. More information about the joint assessment process can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

¹ This list is illustrative only

The outcomes of the needs assessment process should inform the Local Area Agreement (LAA), which sets out the priorities for a local area agreed between central government and a local area (the Local Authority and Local Strategic Partnership). More information about Local Area Agreements can be found at: <http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/localareaagreements/>

Commissioning health and social care services involves a range of tasks and responsibilities, including assessing local population needs, prioritising health and care outcomes, procuring products and services and performance managing service providers. More information about commissioning can be found at: <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/index.htm>

These processes are often called the 'Commissioning Cycle'. LINKs should understand the cycle and be prepared to engage with each aspect, for example feedback via the LINK from local people could influence the scope and level of quality requirements that are set by commissioners in contracts with providers or contract monitoring processes to help commissioners understand whether the treatment and care they purchase meets peoples' needs and is of a good quality.



Influencing the planning, delivery and operation of services

The role of LINKs extends across health and social care services and LINKs need to find out what local people and groups think of the way services are planned and provided so that they can make those views known to commissioners and providers. This will involve LINKs making time in their work programmes to:

- find out what local people think (in creative and innovative ways);
- ask for information from commissioners and providers;
- 'enter and view' premises where care is being provided to observe and gather people's views about services;
- Praise good services and consider recommendations for improvement and write reports to commissioners and providers; and
- review the outcomes of their work and keep local communities informed about their activities and the impact they are making.

Influencing the performance management and assessment of services

From 2009, the way that public sector bodies work together through the Local Area Agreement (LAA) to improve a local area will be assessed by the Audit Commission through a Comprehensive Area Assessment process that will include a focus on how satisfied local people are with the services they receive. LINKs may be able to provide valuable information and data to help inform the assessment.

In the meantime, there are opportunities for LINKs to work closely with the Healthcare Commission and the Commission for Social Care Inspection around their assessment of health and social care services. The two regulators are considering how they can best work with LINKs and learn from the outcomes of LINK activity.

Reacting to changing health and social care services

A very large part of LINK activities will be around issues that LINKs proactively decide to get involved with. However, experience has shown that there are likely to be issues which arise that LINKs need to react to. LINKs should consider ways of making decisions about issues that arise unexpectedly or outside the usual decision making cycle. In reality there should be very few 'surprises' for LINKs because they will develop good relationships and networks and gather good 'advance intelligence' about health and social care issues.

Health and social care organisations might ask LINKs to have an input into 'involvement' groups or to take part in PEAT inspections in hospitals (to assess cleanliness of the environment). LINKs need to balance the expectations of stakeholders against their primary role and accountability to the community. NHS bodies and Local Authorities should not treat LINKs as a 'tick box' method of meeting their duties to involve local people in health and social care issues.

Building relationships

Key to a LINK's ability to effectively influence health and social care services will be the extent to which they can build good relationships and networks within the LINK itself (bringing together local people and groups and reaching those not already involved), with commissioners and providers of health and social care and with other stakeholders such as Overview and Scrutiny Committees, inspectors and regulators and local strategic partnerships. Many health and social care issues are not confined to specific Local Authority areas or the boundaries of health and social care commissioners and providers – LINKs will need to consider ways to work with other LINKs so that they can follow 'pathways of care' which might lead people outside their area of residence – in other words influence the care process from 'start to finish'. LINKs may want to consider how working with other LINKs around inequalities could lead to improvements in health and social care services across areas bigger than a single Local Authority.

The outcomes from LINK activities (ie gathering and communicating the views of people and groups about health and social care services) are more likely to influence commissioners and providers if activities take place within a framework of good working relationships and if there is regular open dialogue. It might be helpful for LINKs and health and social care managers to see LINKs as 'critical friends'.

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Although LINKs are independent of Overview and Scrutiny Committees (OSCs), LINKs and OSCs should consider ways of working together so that they can make the most of their distinct but complementary roles. This is an excellent way of focusing on shared priorities.

The relationship between LINKs and health and social care regulators will be very significant. The Healthcare Commission and the Commission for Social Care Inspection are currently developing ideas about how they can work effectively with LINKs and likewise LINKs will need to work out how to develop and maintain strong relationships with them. LINKs could provide information about the direct experience of people who use services and the views of the wider community that could help the regulators in their role. It would also be sensible for LINKs to identify what regulator activity is planned in their area before determining their own 'enter and view' activities.

Both organisations, together with the Mental Health Act Commission, are moving towards merger in to a single regulator under proposals in the Health and Social Care Bill. In the meantime, there is scope for LINKs to engage with the Healthcare Commission's 'Annual Health Check' of NHS bodies and the Commission for Social Care Inspection's regulation of social care in the public and independent sectors.

Contact us

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A simple explanation of LINKs

www.direct.gov.uk/localinvolvementnetworks

The Local Involvement Network Regulations 2008

http://www.opsi.gov.uk/si/si2008/uksi_20080528_en_1

Information about Government policy

www.dh.gov.uk/patientpublicinvolvement