

Local Involvement Networks

Checking progress



About this guide

This guide is part of a series aimed at helping make LINKs successful. It aims to help people involved with LINKs to measure the progress made with setting up LINKs.

Details of the other guides in the series are available at:
www.nhscentreforinvolvement.nhs.uk/linksguides/

Background

LINKs have been 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 promote involvement, to find out what people like and dislike about local services, monitor the care provided by services and use LINK powers to hold services to account.

Key points

- LINKs should regularly check that they are developing as effective local networks.
- The right foundations can help LINKs to include everyone in their activities.
- A useful 'checking process' is to think about how LINKs can demonstrate their progress.
- Examples of progress can be useful for LINK annual reports.
- A detailed 'self assessment' document for LINKs will be published in the autumn.

Getting Going – How are LINKs doing?

To be effective, LINKs should enable different people and groups to get involved and agree practical arrangements for finding out about local priorities for health and social care services. As LINKs begin to plan their activities, it may be helpful for them to assess whether they have the right foundations in place at this early stage.

A simple 'checklist' can help LINKs, together with Host organisations and Local Authorities, to begin to check their development as inclusive and effective networks that respond to feedback from local communities. A checklist can help to identify where LINKs are now and how they may wish to develop. An example checklist is provided on pages 4-8 based on two Department of Health publications from 2007 about 'Getting Ready for LINKs' – 'Planning Your Local Involvement Network' and 'Contracting a Host Organisation for Your LINK', together with 'Guide No. 9: Getting going – The first ten things that LINKs should do' published by the NCI in 2008.

LINKs are encouraged to use the checklist as a prompt for demonstrating their progress. This can be helpful when LINKs begin to think about their Annual Reports. For example, a small group of LINK participants could complete the checklist and share their findings with other people and groups in the LINK.

Ideally, those completing the checklist should be a mix of individuals and representatives from groups with health and social care interests.

Examples of ways for LINKs to demonstrate progress are given in the checklist, but LINKs may have additional ways to measure their success, for example through locally agreed priorities and benchmarks. Agreeing 'plans' or 'strategies' can demonstrate commitments to tackle issues but what is important is that LINKs can demonstrate that they have taken practical action to obtain the views of whole communities and made progress towards influencing service improvement.

LINKs could use the checklist as a way to be accountable to communities by considering ways of sharing the checklist more widely to get a 'reality check' from local people and groups. At the end of the process, the outcomes could be discussed with Host organisations and local authorities. This could result in an action plan for developing the LINK further.

Using a checklist¹

When thinking about their progress, LINKs should consider the following issues and think about how they can demonstrate progress in these areas:

- 1. Reflecting interests in local health and social care**
LINKs reflect equally the health and social care interests of people and groups in everything they do.
- 2. Understanding local communities and their health and social care needs**
LINKs understand their communities and their health and social care needs.
- 3. Creating an effective local network**
LINKs know who is already involved in health and social care and plan to include others not traditionally involved. LINKs plan ways to share information around the network.

¹ The examples are indicative only and LINKs can identify other ways in which criteria are met.

- 4. Making sure everyone can be involved in ways that suit them**
LINKs communicate widely about the LINK and plan to work and seek views in ways that people and groups say are best for them.
- 5. Recognising that people need support to get involved**
LINKs work in ways that make it easy for people and groups to be involved in their activities and to have their contribution recognised.
- 6. Getting governance, finance and accountability right**
LINKs agree how to govern their work and how to be accountable to communities for the money they spend.
- 7. Agreeing priorities based on local evidence**
LINKs plan ways to research, map and identify priorities of local people and communities and to communicate about the impact that the LINK makes.
- 8. Incorporating visits to 'enter and view' premises in to a wider programme**
LINKs recognise that 'enter and view' visits should take place as a result of feedback from local communities and are clear about the purpose of any agreed visits.
- 9. Developing relationships**
LINKs talk with commissioners, providers, scrutineers and with other LINKs about how LINKs can best influence service improvement
- 10. Developing skills and knowledge**
LINKs plan to identify ways to develop skills and knowledge of people and groups so that they have useful information that helps them contribute their views in relevant ways.

Contact us

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www.nhscentreforinvolvement.nhs.uk/links/

A simple explanation of LINKs

www.direct.gov.uk/localinvolvementnetworks

Information about Government policy

www.dh.gov.uk/patientpublicinvolvement

Further information

Code of Conduct relating to LINK 'enter and view' powers

www.nhscentreforinvolvement.nhs.uk/usefulguidance/

Answering the following questions may help LINKs to think about how they can demonstrate progress against each criteria. If LINKs consider that they need to do more work to make progress under any of the criteria, then they can think about the timing of any action that needs to be taken to improve their effectiveness.

| Criteria | We have made good progress | We need to do more | We know this because | We plan to take the following action |
|--|----------------------------|--------------------|----------------------|--------------------------------------|
| <p>1. Does our LINK ensure that local health and social care interests are reflected equally in what we do?</p> <p>For example, how has the LINK ensured that health and social care interests are reflected equally in:</p> <ul style="list-style-type: none"> • governance and decision-making • work planning and prioritisation of issues • participation in LINK activities | | | | |
| <p>2. Does our LINK understand local communities and their health and social care needs?</p> <p>For example, how has the LINK found out about:</p> <ul style="list-style-type: none"> • geographic and demographic profiles • known health and social care challenges • the views of people and groups about their needs | | | | |

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| Criteria | We have made good progress | We need to do more | We know this because | We plan to take the following action |
|---|-----------------------------------|---------------------------|-----------------------------|---|
| <p>3. Does the structure of our LINK represent an effective local network?</p> <p>For example, how has the LINK planned:</p> <ul style="list-style-type: none"> • to include people and groups already involved in health and social care • to include people and groups not traditionally involved in health and social care • ways to share information around the LINK so that everyone knows what is happening | | | | |
| <p>4. Does our LINK make it easy for everyone to be involved in ways that suit them?</p> <p>For example, how has the LINK:</p> <ul style="list-style-type: none"> • communicated about the formation of the LINK in ways that suit different people and groups • asked people and groups about the best ways to include them in LINK activities • planned activities around feedback from people and groups about the best ways to involve them | | | | |

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|---|-----------------------------------|---------------------------|-----------------------------|---|
| <p>5. Does our LINK recognise that people need support to get involved?</p> <p>For example, how has the LINK planned to:</p> <ul style="list-style-type: none"> • work in ways that are best for different people and groups and make it easy for everyone to take part in LINK activities • provide information about health and social care to different people and groups • recognise people’s contribution to LINK activities | | | | |
| <p>6. Does our LINK have the right processes for governance, finance and accountability?</p> <p>For example, what process has the LINK gone through to agree and publish:</p> <ul style="list-style-type: none"> • decision-making and authorisation procedures • procedures for dealing with conflicts of interest and complaints • a plan for how it will spend money on its activities | | | | |

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|---|----------------------------|--------------------|----------------------|--------------------------------------|
| <p>7. Does our LINK undertake activities that are based on evidence of people’s views?</p> <p>For example, how has the LINK planned:</p> <ul style="list-style-type: none"> • the methods it will use to find out the views of different people and groups and analyse feedback • to use the analysis to inform decisions about LINK activities • to communicate with different people and groups about the work of the LINK and the impact it is making | | | | |
| <p>8. Does our LINK use ‘enter and view’ powers as part of a balanced work programme?</p> <p>For example, how has the LINK planned:</p> <ul style="list-style-type: none"> • to adopt a Code of Conduct for LINK visits (e.g. the Department of Health Code of Conduct) • to communicate with patients, residents and carers about services and analyse feedback before planning visits • use the analysis to inform decisions about which health and social care premises will be visited and for what purpose | | | | |

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| Criteria | We have made good progress | We need to do more | We know this because | We plan to take the following action |
|---|-----------------------------------|---------------------------|-----------------------------|---|
| <p>9. Does our LINK recognise the importance of developing relationships with commissioners, providers and scrutineers?</p> <p>For example, how has the LINK planned to develop its relationships with:</p> <ul style="list-style-type: none"> • commissioners, providers and regulators of health and social care • overview and scrutiny committees • other LINKs | | | | |
| <p>10. Does our LINK develop the knowledge and skills of participants?</p> <p>For example, how has the LINK planned:</p> <ul style="list-style-type: none"> • to find out about the knowledge and skills of current participants • signpost people to relevant information and development opportunities • monitor the development of knowledge and skills to ensure that people and groups can contribute their views in relevant ways | | | | |