

## Local Involvement Networks

### Getting going – the first ten things that LINKs should do



### About this guide

This guide is part of a series aimed at helping make LINKs successful. This guide is designed to help people understand the issues relating to setting up a LINK and the kinds of issues that should be considered early on.

### Background

LINKs will be set up in England from April 2008 to give communities a stronger voice in how their health and social care services are delivered. Independent networks of local people and groups, “LINKs” will promote and support the involvement of people in health and social care services, monitor and review those services and to make known people’s views about how those services might be improved.

### What are the first things that LINKs should do?

It is important to begin to think early on about the right structure for your LINK. Local Authorities should already have involved local people and groups in planning for the LINK and many have set up ‘getting ready for LINKs’ working groups. To help find suitable Hosts to support LINKs, Local Authorities have been clear in their tender specifications about the kind of LINKs the Host will be supporting. The Host will play a role in helping local people and groups set up LINKs and get them going, but it helps the process if consideration has already been given to structural issues. The way that LINKs are set up and run should reflect the diversity of the population and the geography of the area.

In areas where the Local Authority has contracted with a Host organisation to support LINKs from 1 April, one of the roles of the Host will be to help LINKs ‘get going’. Where a Local Authority has not yet made those arrangements with a Host, that Local Authority will have to ensure that there are alternative means of undertaking the activities that would be undertaken by a LINK. This can be achieved either through the Local Authority itself providing support as temporary Host or by contracting with another independent organisation to support the LINK until a permanent Host is appointed. These transitional arrangements have been included in legislation to ensure that there are arrangements in place to bridge the ‘gap’ between the abolition of Patients’ Forums and the start of LINKs. Local Authorities should ensure that LINKs are able to ‘get going’ quickly.

## Key points

- Develop governance and accountability arrangements, together with core policies and procedures.
- Map existing activities and develop engagement and participation mechanisms.
- Develop information and communication sharing strategies.
- Agree a work plan.
- Identify existing relationships with local networks and keep on developing them.
- Agree a recruitment and engagement strategy.
- Make a commitment to equality and diversity right from the start.
- Consider core finance and funding.
- Think through training and support needs.

It is likely that the very first thing a LINK will need to do is decide how it will be run, ie whether or not to establish some kind of 'governance group' or alternative model. More information about possible ways to run LINKs, together with the outcomes from early adopter projects, can be found in the Department of Health's guidance 'Getting Ready for LINKs - Planning your LINK'. It is not compulsory to have a 'governance' group, but if the decision is taken not to have one the LINK will need to agree other ways of taking certain decisions. A 'governance group', if established, is likely to be involved in making decisions about the issues that are brought to LINKs and how those issues are taken forward. The NCI has published a factsheet about LINKs' structures called 'Getting Ready for LINKs – Fact Sheet No. 4: LINKs as Organisations'

(<http://www.nhscentreforinvolvement.nhs.uk/docs/LINK%20Fact%20Sheet%20Four.pdf>).

It is important to recognise that not everyone will have the time or interest in helping to run LINKs and that people or groups do not need to join a 'governance' group to take part in LINK activities. The role of the 'governance' group might be to help LINKs run smoothly and not just the group that carries out all the activities of LINKs. The NCI has published a factsheet about promoting LINKs called 'Getting Ready for LINKs – Fact Sheet No. 2: Promoting a LINK'

(<http://www.nhscentreforinvolvement.nhs.uk/docs/LINK%20Fact%20Sheet%20Two.pdf>).

## Agreeing governance and accountability arrangements

The following list<sup>1</sup> suggests some of the things LINKs should start to think through:

- deciding on local management arrangements;
- selecting a 'governance group', if there is to be one;
- defining roles and responsibilities of the 'governance group', if there is one;
- agreeing accountability mechanisms to the wider LINK membership;
- agreeing how the 'Host' organisation will relate to the wider LINK membership;

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<sup>1</sup> This list is illustrative only

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- deciding how best to enable constructive relationships between people involved with the LINK; and
- agreeing a mechanism for authorising individuals to enter and view premises for the LINK.

The Government has published regulations about LINK governance.

## **Developing policies and procedures**

Gaining agreement on policies and procedures should be a priority for LINKs as early agreement should ensure that challenges and difficulties can be dealt with. LINK regulations stipulate that LINKs must have and publish procedures about making certain decisions and that decisions made under those procedures, together with the reasons for the decisions, are published. The regulations set out the kinds of decisions to which those requirements apply.

### **Role of the Host**

Clarity about the role of staff appointed by the Host is essential. The relationships between LINKs and Hosts are crucial to success. Hosts are contracted by Local Authorities to support LINKs and will have details set out in their contracts about how Local Authorities will judge their ongoing suitability. Feedback from the LINK will be one factor informing the judgement.

### **Code of Conduct**

Establish how participants involved in a LINK are expected to behave towards each other and those they come into contact with as a member of the LINK. This will be especially important in relation to a LINK's right to 'enter and view' premises where services are delivered. The NCI is developing a more detailed guide about enter and view powers and how they should be exercised.

### **Conflicts of interest**

Ground rules about dealing with conflicts of interest should be made clear from the outset. Many public and voluntary and community organisations have governance systems in place to manage conflicts of interest and these can provide useful models that LINKs could adopt. These situations should be recognised so that no one group, or individuals, dominate the way LINKs are run.

### **Register of Interests**

In order to assure 'fair play' and to make the way LINKs are run as transparent as possible, it is important to consider whether or not people and groups governing LINKs (if there is a 'governance group') should declare any interests in relation to local health and social care services. It is envisaged that not everyone who takes part in LINK activities will declare interests, only those who play a part in decision making. LINKs may find it useful to refer to the Nolan principles of public life as a general guide to the types of issues which they might want to consider when thinking through these matters.

### **Decision making**

LINks need to be able to reach consensus about a range of decisions, for example how to prioritise issues and how to balance the interests of people and groups within LINks. For example, will individual members have equal status to organisations within the decision making structure? LINK regulations set out a range of decisions that need to be published, together with the reasons for the decisions. The regulations also stipulate that the decision making procedures for certain decisions that have been made by LINks also need to be published.

### **'Enter and View'**

Selecting LINK representatives to 'enter and view' premises where services are delivered is a key task. LINks will have to decide who can carry out these visits, how the premises and services to be visited will be chosen and how visits should be conducted. This will involve establishing a process for obtaining Criminal Records Bureau (CRB) certificates and may include considering 'indemnity' insurance. The decisions about which premises are to be visited and when must be published. The Government has published regulations and directions relating to duties to allow LINks to 'enter and view' certain health and social care settings. The NCI is developing a more detailed guide about 'enter and view' powers and how they should be exercised.

### **Elections**

If the LINK is to be managed by a 'governance group', it is likely that a process for selecting people and groups to be part of the 'governance group' will need to be agreed.

### **Complaints**

Work out how any complaints about the LINK will be dealt with. Many public and voluntary and community sector organisations have complaints policies which could provide useful models. The Host organisation may already have its own complaints policy in place.

### **Information**

Start to think through how the LINK will share information with communities about how the LINK is run and the decisions it makes. Certain decisions and the reasons for them must be published and a list of the people authorised by the LINK to 'enter and view' must also be published. LINks should also consider whether or not to publish the details of people in a position of governance.

### **Expenses**

Decide if and how your LINK will repay out of pocket expenses for volunteers. There are a number of places that LINks can look for guidance about paying people for their involvement in LINK activities, for example the Department of Health's 'Reward and Recognition' guidance

([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4126863](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126863)) and the Care Services Improvement Partnership's guidelines (<http://www.mard.csip.org.uk/guidelines-and-standards/payment-and-reimbursement-.html>).

## Equal Opportunities

LINks are networks of people, groups and organisations. A key part of their role is to find out views about health and social care services, particularly those of people and groups that are 'easy to ignore'. As part of a commitment to equality and diversity, LINks should have an early discussion about what this means in the local context.

Principles that are desirable for LINks to adopt could include:

- removing barriers to participation in the way LINks work;
- involving a diverse range of service users, patients and carers in the LINK;
- building community development approaches in to the way LINks work;
- being creative and innovative in the way LINks reach out to communities; and
- learning from 'experts by experience' rather than 'representative views'.

## Mapping existing activity

Identifying what is already happening in local communities is important so that LINks don't repeat work that others have done or are doing. LINks can help to 'amplify' the voices and views of existing groups and individuals but should also identify where there are significant gaps – who is not being heard? Don't forget that LINks cover health and social care. The kind of activity LINks could map includes<sup>2</sup>:

- current PPI activity;
- local networks and forums;
- voluntary sector groups and organisations
- community based groups; and
- user led groups (including care home residents).

## Developing engagement and participation mechanisms

LINks are about providing opportunities for people to share their views about health and social care services in ways that suit them. People will not have to join a committee or belong to any organisation to take part. LINks need to develop a wide range of creative mechanisms for community engagement and participation building on existing community activities, relationships and networks. First steps could be to start to think through:

- a community engagement strategy;
- how to reach and involve individuals, groups and communities that have been 'easy to ignore' in the past; and
- how LINks can promote 'community development' in health and care.

The Early Adopter projects all produced ideas about community engagement

Lessons from nine 'Early Adopter' projects around England

(<http://www.nhscentreforinvolvement.nhs.uk/docs/EAPS%20final%20report.pdf>)

'Community development' is the set of skills which strengthens community participation in local decision making. The National Institute for Health and Clinical Excellence (NICE) has published guidance on community development methods and approaches to health development

(<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11929>). The Community

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<sup>2</sup> This list is illustrative only

Development Foundation is a source of intelligence, guidance and delivery on community development ([www.cdf.org.uk](http://www.cdf.org.uk)). The NCI is developing a more detailed guide about community development.

The NCI has developed more detailed guidance about how LINKs can communicate with their local communities (Guide No. 8 in this series – <http://www.nhscentreforinvolvement.nhs.uk/index.cfm?Content=196>).

## Clarifying information and communication sharing strategies

Communicating with communities about LINK activities and outcomes is crucial to the success of LINKs. They need to consider how they can best meet the communication needs of diverse communities, particularly when traditional methods can exclude a significant number of people. To do this you could:

- agree a communications and information sharing strategy;
- develop a range of communication and information sharing mechanisms – how can LINKs provide information to diverse groups at the right time and in the right ways?; and
- find out how other public and voluntary sector organisations communicate with communities – are there existing mechanisms LINKs could tap in to?

The Care Services Improvement Partnership have published guidance about communicating with diverse groups

(<http://www.mard.csip.org.uk/guidelines-and-standards/engaging-diverse-groups/communication.html?keywords=supporting%2520communication>).

## Agreeing a work plan

LINKs should aim to set realistic and achievable work programmes that reflect their role across health and social care. There are opportunities for LINKs to inform the commissioning decisions of Local Authorities and the NHS, to inform the work of regulators and inspectors and to recommend or report on how the health and wellbeing of local people might be improved. There will be many competing priorities and experience suggests that it's probably sensible to develop a short list of key concerns, ideally with measurable outcomes. This will require LINKs to find out from local communities about shared health and social care priorities, remembering that the real priorities may reflect the needs of communities not yet involved in a LINK. Here are some suggestions:

### **Connect the work plan with the Overview and Scrutiny Committee**

#### **Although LINKs are independent of Overview and Scrutiny Committees (OSCs)**

It may be helpful to discuss how LINKs and OSCs can work together to make best use of their distinct but complementary powers. This is an excellent way of avoiding duplication and in focusing on shared priorities. LINKs will be able to refer matters about health and social care to OSCs and it is helpful to discuss a local protocol about expectations. For example, what criteria will LINKs apply when deciding to refer issues to OSCs and what criteria will OSCs apply when deciding whether to act on the referral?

## **Consider how LINKs will handle national health and social care topics issues and work with health and social care regulators**

Although LINKs have a very local focus, you may need to work out how best to respond to national events and consultations about health and care policy, for example the 'next stage review' being conducted by Lord Darzi and potential developments in social care policy. The relationship between LINKs and the work of the national health and social care regulators will also be very significant.

The Commission for Social Care Inspection (CSCI) regulates social care in the public and independent sectors. Similarly, the Healthcare Commission regulates healthcare. LINKs need to develop and maintain relationships with them. For example, it could be helpful to identify what activities the regulators are planning in your area before planning your own 'enter and view' activities.

The Healthcare Commission is developing a guide for LINKs about the annual healthcheck (the method of rating the performance of NHS organisations). The NCI is developing more detailed guidance about working with regulators and inspectors that will also examine how LINKs can contribute to the work of the Audit Commission that inspects local councils and is developing mechanisms to measure public satisfaction with local services.

The important thing to remember when agreeing a work plan is that LINKs cover both health and social care and are based on Local Authority boundaries. The NCI is developing a more detailed guide about LINK work programmes.

## **Identifying and developing relationships**

### **Agree the working relationship between the LINK, the Host and the Local Authority**

The role of the Local Authority is significant in several ways. As well as Host procurement, Local Authorities commission and provide social care and have a health and social care scrutiny role. The relationships between the LINK, the Host and the Local Authority are important and it is a good idea to establish an understanding of the roles and responsibilities of each at an early stage.

### **Begin to develop relationships with key local stakeholders**

These include health and social care commissioners and providers, the voluntary and community sector, seldom heard groups, Overview and Scrutiny Committees, Local Authority Executives and Local Strategic Partnerships, Primary Care Trusts and NHS Trusts, regulatory bodies and local people, service users and groups.

### **Begin to develop working relationships and protocols with other local LINKs**

As well as working out key local relationships, LINKs should also consider how to work with other LINKs on issues that cross boundaries – for example specialist health services, ambulance and mental health that cover large areas.

The NCI is developing more detailed guidance about building relationships.

## Engaging and retaining people involved with LINKs

### **Agree an engagement and retention strategy which may include those already involved and groups and people not yet engaged**

There are already groups and individuals working on health and social care issues in local communities, such as carer and user-led organisations and former members of Patients' Forums. However, it is important to reach beyond people that are already engaged, particularly to people and groups that have been 'easily ignored' in the past. It is also important to communicate that people do not need to join a committee or commit a large of time to be part of a LINK.

### **Make sure LINKs are as open, inclusive and diverse as possible**

It is important that LINKs do not become exclusive clubs and that LINKs promote shared understandings across all sections of communities. LINKs need to proactively seek input and membership from people and groups from across the social spectrum of their area. Also, remember that health and social care issues might exist beyond the experience or knowledge of people and groups involved in setting up LINKs, which makes reaching out very important.

### **Try to ensure that principles of equality and diversity run through all aspects of your LINK**

This includes such things as details of engagement, accessible meeting venues and times, alternative formats and languages for documents, and support for people with additional communication needs. The Care Services Improvement Partnership publishes guidance about working with diverse communities

(<http://www.mard.csip.org.uk/guidelines-and-standards/engaging-diverse-groups/ways-of-working.html>)

## Agree the annual LINK budget and priorities for spending

The Government has published how much communities will receive to run their LINK for the next three years. Hosts will have identified a budget for core support costs for the LINK. There will also be a budget for LINK activities, which might include items such as outreach activities, events, publications, campaigns and volunteer expenses. LINKs need to decide quite quickly how this money will be allocated to best engage local people and groups and reach 'the unheard'.

## Agree a training and support programme

LINKs should consider their training and develop needs, perhaps by carrying out a 'skills audit' to identify gaps and create a development programme to fill and improve any skills shortages. This needn't be expensive. There are many local organisations that can provide affordable training on a range of appropriate subjects. These might include 'working as a team', 'equality and diversity' etc. LINKs should also consider more specialist training or briefings on specific health and social care issues. People involved with LINKs who are authorised to 'enter and view' premises will need specific training about how to carry out their role.

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## **Contact us**

The NHS Centre for Involvement

Tel: 024 7615 0705

Email: [info@links.nhs.uk](mailto:info@links.nhs.uk)

[www.nhscentreforinvolvement.nhs.uk/links/](http://www.nhscentreforinvolvement.nhs.uk/links/)

A simple explanation of LINks

[www.direct.gov.uk/localinvolvementnetworks](http://www.direct.gov.uk/localinvolvementnetworks)

Lessons from nine 'Early Adopter' projects around England

<http://www.nhscentreforinvolvement.nhs.uk/docs/EAPS%20final%20report.pdf>

The Department of Health has published documents that provide information and guidance about 'getting ready for LINks' and contracting a Host:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_077266](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_077266)

The Local Involvement Network Regulations 2008

[http://www.opsi.gov.uk/si/si2008/uksi\\_20080528\\_en\\_1](http://www.opsi.gov.uk/si/si2008/uksi_20080528_en_1)

Information about Government policy

[www.dh.gov.uk/patientandpublicinvolvement](http://www.dh.gov.uk/patientandpublicinvolvement)