

Local Involvement Networks

# Bulletin



Issue 15 – September 2008 Gateway ref: 10516

## 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. It is produced by the NHS Centre for Involvement on behalf of the Department of Health.

This publication will be of particular interest to:

- LINK participants;
- voluntary and community sector organisations;
- Host organisations who are supporting LINKs;
- health and social care professionals;
- local government staff working on user involvement and the setting up of LINKs;
- members of Health Overview and Scrutiny Committees; and
- health and social care regulators.

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

**Paul Howard, Head of Governance at HAP UK Ltd [formerly known as the Health Advocacy Partnership] and LINK officer for Wiltshire's LINK, for which it is interim Host, describes HAP's approach to reaching out and engaging the wider community**

It is widely recognised that the PPI Forum model of involvement, centring as it did on holding meetings [especially during the day], excluded many members of society. These might include people with disabilities, working people, carers, and those from rural areas who cannot afford the time or cost involved in travelling to meetings.

Web-based communications offer a great opportunity to help meet the challenges of inclusive engagement. We know, for example, that many people look at Facebook and other social networking sites and use them to air issues of concern – including the future of Wiltshire's Air Ambulance. It is the LINKs' job to be aware of these and to make the views of the community expressed on these sites known to commissioners, amongst others.

It makes sense to reach people on sites they are visiting anyway, but to encourage members of the community to comment on local health and social care issues and capture their views, HAP has developed a web-based support service specifically for LINKs. One feature of Community Voices Online ([www.communityvoicesonline.org](http://www.communityvoicesonline.org)) allows local people to comment on health and social care issues through discussion boards which they know will reach decision makers in the services concerned.

To date, there have been over 3,000 page views for Wiltshire Involvement Network and there are ongoing discussions on a range of issues. One of these centres on the travel costs policy of a local hospital. Local community health and social care groups [including volunteer transport providers] have used the views of their population to make representations to the hospital and the Primary Care Trust on the issue and the hospital has responded on the site.

However, web-based communications are a complement, not a replacement, for other activities. Going out into the community in person [and encouraging everyone involved in LINKs to do the same] is central to our approach.

Our latest initiative is to talk to the Chair of the Wiltshire Forum of Community Area Partnerships to explore the possibility of our LINK becoming the organisation that brings together the health and social care sub-groups of all 20 community areas in Wiltshire. At the moment, these different groups don't communicate or share their learning and there is no existing forum to help them do so. The Wiltshire Involvement Network is perfectly positioned to take this role and several existing groups have already signed up to the idea. There can be few better ways for us to get a sense of the broader picture at grass roots level - which is where we need to be.

## Electronic communications

There are lots of different ways you can use electronic channels to reach your communities, here are just a few:

**Chat rooms** – a useful, efficient and real time way to answer questions from the community

**Social media** – includes channels such as blogs and wikis and free social networking sites

**Email** – widely and frequently over-used but can be used to gain immediate and simultaneous attention to information

**Video/DVD** – can be an engaging channel but audiences need to have the technology to handle the chosen format

## News in brief

### Continued support for the LINKs agenda

The Department of Health has agreed with NHS Centre for Involvement and the Care Services Improvement Partnership the next phase of support to be provided to LINKs.

### Helpdesk and LINKs Exchange

NCI will continue to provide a LINK helpdesk and run the LINK Exchange website, although the helpdesk may be migrated over to the LINKs Exchange from November. Later this year, we may also make the website accessible to the public.

### Guides

A series of further guides for LINKs has also been agreed, likely topics include:

- signpost to training,
- current health and social care landscape,
- induction guide,
- stakeholder guide on working with LINKs

### Voluntary sector promotion

Through the Long Term Conditions Alliance, NCI will continue to work with the voluntary and community sector, with a fieldworker able to talk to national, regional and local groups about LINKs and a series of 'video shorts' containing key messages about LINKs and the voluntary/community sector from people involved in developing LINKs around the country. We will be using the LX website

to survey LINKs about engagement with VCS organisations.

### Consultancy support for every LINK

Through the Centre for Public Scrutiny's Expert Advisor Team one free day of consultancy support has been made available to each LINK between September 2008 and March 2009.

Placements will be delivered in two phases:

Placement date	Request to be received by
1 September – 31 December	30 September
1 January – 31 March	30 November

To book an advisor for your LINK, please contact [CfPSadvisors@idea.gov.uk](mailto:CfPSadvisors@idea.gov.uk) or call Ian Cole on 020 7296 6196.

### Regional support

Regional support for LINKs and local authorities will also continue to be available via CSIPs LINK Leads. The Leads will also continue to support the regional LINK networks established before the summer.

### Health and Social Care Act – new regulator, LINKs annual report implications

The Health and Social Care Act 2008, which was passed in July, establishes the Care Quality Commission as the new regulator for health and social care from April 2009.

The Act requires every LINK to submit a copy of their annual report to the Care Quality Commission.

This new requirement is in addition to LINKs' existing duty to submit each year a report to the Secretary of State for Health.

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In the next month, the NHS Centre for Involvement will publish a guide for LINKs on producing annual reports. The guide will include information about this new requirement.

### Update on LINKs identity project

As part of the project to give LINKs a visual identity that they can use to support local communications, three different identity options have been tested with the public.

The findings of the research indicate that people preferred an identity that communicated action. In other words, that getting involved in LINKs would result in real changes – however small.

The identity option that tested the strongest is currently being revised and is expected to be made available shortly via LINKs exchange.

### Consultation reminder

Currently, there are a number of public consultations that LINKs participants may be interested in responding to.

Live consultations include the proposed NHS Constitution, direct payments regulations and developing a strategy for volunteering in health and social care.

To find out more about these and other consultations visit:

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

## You ask

### Can you be a member of more than one LINK?

The simple answer is yes. If an individual uses services in two LINK areas – for example, the area where they live and the area where they work – their experiences

of those services are important to both LINKs.

However, in terms of whether someone can be a member of more than one LINK core group (ie those participants who are involved in a LINK governance structure) it is up to each LINK to decide whether it is happy with this arrangement.

## You share

### Mapping stakeholders in Portsmouth – Transitional LINK Development Officer, Lynda Jones, explains the the process they used

“Our first job at was to make sure the LINK was on everyone’s agendas,” explains Lynda. “The next was to start a mapping exercise to find out what groups were out there working in the areas of health and social care or community groups which might have an interest in this agenda.

“Portsmouth already has a strong commitment and history of involving local people in decision making, and is one of the government’s empowerment champions. Using the Portsmouth Council of Community Services directory we created six maps covering geographic communities, the statutory sector, communities of interest, the voluntary and community sector, children and parents groups and service user, carer and patient groups. Once we had mapped everything we knew about, we started travelling around Portsmouth with the maps and putting them up at key events. We asked people to contribute to the exercise by using post-its to identify gaps.”

“The maps grew and grew until there were over six hundred groups represented on them. “We thought then that we had reached saturation point but very recently a further 30 to 40

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organisations were added!” says Lynda. “It’s an ongoing process”.

“Mapping has proved to be of huge interest across the city. Previous mapping has not been as wide-ranging and all service providers want copies of the maps. We all now have a good idea of who is out there, which will be of benefit to everyone in, or interested in, health and social care.”

Work then focused on setting up an Interim LINK Development Group, focusing on the six mapped areas and deciding how to get fullest representation with the smallest number of people. One representative for the geographical communities, for example, came from the ‘All Forum Group’ bringing together representatives from the city’s 14 neighbourhood forums.

“In this rudimentary way we created a chain of communication and information sharing,” says Lynda. Issues arising from the LINK are fed back to the wider membership. We had 25 people from a diverse range of groups, which was an excellent achievement given our timescale. Membership will be reviewed again in October.”

The development group is now looking at its work plan and establishing priority areas as the city completes its procurement process for the host organisation.

Currently a questionnaire is being compiled to send to each of the 600 groups on the local maps asking them to define more closely the “category” they belong to and to confirm whether or not they provide services across the Local Authority boundaries.

“We have also suggested that each group appoint a LINK champion to facilitate communications,” says Lynda. “Hopefully, these champions will ensure that the LINK’s activities are a standing agenda

item when their groups meet. This will be an effective way to communicate what has been achieved by the network, as well as giving them the chance to feed back what they want the LINK to do.”

## In focus

**Getting the governance of a LINK right from the outset is essential to avoiding accountability problems in the future.** Pippa Mackie, from Host organisation Kingston Citizen Advice reveals how

We want to help the LINK for Kingston-upon-Thames become the vehicle for disadvantaged people, as well as everyone else, to have a say in shaping local health and social services.

One of our earliest pieces of work was to start to explore options for a governance structure. The LINKs Regulations published by the Government on 5 March 2008 stated that it was the duty of the network to adopt and publish governance arrangements and procedures before carrying out any LINK activity.

This created two key challenges. The first was to ensure that governance was right from the outset, avoiding bureaucratic wrangling over its shape and form.

The second was to maintain a sense of momentum and engagement for everyone involved in the LINK. Some voluntary groups had been ready to start work for some time. Tolerating the lull was expecting a great deal of all parties but I think everyone appreciated that getting the governance structure right was not something that could be rushed.

The desire to ensure that all the networks were appropriate for their local area was possibly the reason that no clear

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parameters had been set to cover this area of operation. Without any clear steer or models to follow, the result was that we started off with a blank sheet.

One of the key challenges we recognised was that we were potentially accountable in two directions. As a Host, we were answerable to the Local Authority (LA) about what we did to meet the requirements specified in our contract.

However, a host is also accountable to a LINK. The steering group of the LINK was made up of an independent group of people and would influence decisions about what work was done. We needed to be able to support that work within the parameters of our contract, recognising that the LINK was free to address local priorities.

It required a lot of all parties to understand and agree their position. The day to day activities concerned with the implementation of the work plan needed to be driven by the steering group. They were in charge, but the work plan needed to be realistic in terms of our ability to provide support under our contract with the Local Authority.

In the end, it was the shared good will, passion and vision of individuals committed to working in the interest of everyone in the community that ensured that this happened

We are poised to sign our Governance document and have had excellent support from the Local Authority in helping us arrive at this point. The final document includes clarification of the role of the Host in supporting and advising the LINK. To deal with the complexities of our three-way relationship, we also have a clause in our constitution that states that, in any area where agreement cannot be reached, two members of the Steering Group and Host will meet with the Local Authority. The agreement reached through its arbitration will be binding.

# Dates for the diary

## Making LINKs work – 17 September 2008, London

A Seminar/Workshop for those involved in implementing the arrangements for Local Involvement Networks

For more information visit the consultation institute at [www.consultationinstitute.org](http://www.consultationinstitute.org).

# Further information

To get advice and support on establishing LINKs call: 024 7615 0266 or visit: [www.nhscentreforinvolvement.nhs.uk](http://www.nhscentreforinvolvement.nhs.uk).

To find out more about LINKs policy visit: [www.dh.gov.uk/links](http://www.dh.gov.uk/links)

To access more Patient and Public Involvement resources visit: [www.library.nhs.uk/ppi](http://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](mailto:info@links.nhs.uk) or contact the NHS Centre for Involvement on 024 7615 0266.