

# Local Involvement Networks

## *Briefing for independent providers*

**April 2008**

### Summary

A number of measures are being rolled-out, which aim to achieve better care by giving people and communities a stronger local voice.

From the 1st April 2008, a new system of 150 Local Involvement Networks (LINKs) will start setting up - supported by £84 million in funding over the next three years.

The role of each network is to find out what citizens want from local services, monitor and review the care they provide and to tell those who run and commission services what the community thinks.

Each local authority area will have a LINK. Run by local individuals and groups, the remit of LINKs covers most publicly funded health and social care services.

To help LINKs carry out their role, the legislation establishing them gives LINKs certain powers - such as being able to enter and view services under certain safeguards.

This briefing explains more about LINKs and the implications for independent providers of health and social care services.

### Contents

<b>Summary</b> .....	1
<b>Contents</b> .....	1
<b>LINKs explained</b> .....	1
<b>LINK powers</b> .....	3
<b>Common questions</b> .....	4
<b>Read the Directions in full</b> .....	7
<b>Getting involved</b> .....	7
<b>Getting in contact with your local LINK</b> .....	7
<b>Further information</b> .....	7

### LINKs explained

#### Role

When LINKs are up and running they will be an independent network of individuals and groups, which is supported to:

- > find out what citizens think about and want from local health and social care services
- > investigate specific issues of concern to the community
- > suggest ideas to help improve the care people receive

## Powers

Introduced as part of the Local Government and Public Involvement in Health Act 2007, the legislation places certain duties on commissioners and providers of care services. What these duties mean for providers is discussed further on but in summary, LINKs can:

- > enter specific services and view the care provided
- > ask commissioners for information about services and expect a response
- > make reports and recommendations and expect a response from commissioners
- > refer matters to the local 'Overview and Scrutiny Committee'

## Membership

One of the reasons for introducing LINKs, is to give more people, more ways of influencing care services. Networks should aim to involve the whole community and both individuals and groups should be able to join.

In terms of individuals, this could be anyone with an interest in improving care services – for example carers, service users, community leaders, patient representatives.

In terms of groups - charities, faith groups, tenant organisations, youth councils, BME organisations and independent providers of services are just some of the organisations who might join a LINK to make sure the needs of those they represent are championed.

## Remit

LINKs replace patients' forums, which have previously carried out a similar role within the NHS. The remit of LINKs however also covers social care services – except those for children.

## Implementation

A network will only be successful if it is owned by and involves the whole community. Because of this, the Government have been careful not to put in place a centralised structure for LINKs.

Instead, the Government has given 150 local authorities (with responsibility for social services) funding for LINKs. The money, made available via an annual area based grant, is to enable local authorities to carry out their duty under section 221(2) of the Local Government and Public Involvement in Health Act 2008.

### Section 221(2) explained

Local Authorities with social services responsibilities must make contractual arrangements for the activities, specified below, to be carried in their area:

- > Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services (health care and social care).
- > Enabling people to monitor and review the commissioning and provision of local care services relating to: the standard of provision; whether and how local care services could be improved; and whether and how local care services ought to be improved.
- > Obtaining the views of people about their needs for and their experiences of local care services.
- > Making such views known and making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local care services.

Each authority then has until September 2008 to employ a 'host' organisation to set up and support their local network.

The role of a host includes:

- > Telling the community about a LINK
- > Encouraging participation
- > Providing administration support
- > Developing clear systems and processes that make the LINK work well
- > Looking after the LINK budget
- > Reporting LINK activities
- > Supporting community involvement
- > Reporting progress to the local authority
- > Providing advice and support
- > Helping the LINK to communicate with commissioners, service providers, councillors and other stakeholders

By the time LINKs are fully established later in 2008, it is unlikely that any single network will be exactly the same. It's up to each community to decide how they want their LINK to operate and what priorities they concentrate on. It will be important to build on what already exists and not duplicate the work already being done by existing groups or activists.

Local authorities were provided with support and guidance to get ready for LINKs. The NHS Centre for Involvement will provide advice and support to LINKs as they establish themselves.

### **Accountability**

Each LINK is independent of any government organisation, with its own governance and decision making process. The host is accountable to the LINK.

Each year a LINK is expected to report to their communities and the Secretary of

State for Health on the activities they have undertaken.

### **Likely benefits of LINKs**

- > A single system to involve communities
- > Help to inform health and social care commissioner decisions and support contract management
- > Support the NHS to meet the strengthened 'duty to involve'
- > Help commissioners with World Class Commissioning
- > Give providers ongoing feedback
- > Help managers know if services meet local need
- > Allow Overview and Scrutiny Committees to base reviews on actual feedback
- > Help regulators access local information
- > Build community views into Local Strategic Partnership's in Local Area Agreement process

### **LINK powers**

The Local Government and Public Involvement in Health Act 2007, gives commissioners and statutory providers of care services specific duties towards LINKs (see 'Powers' on page 1).

Independent providers of state funded services are however not subject to this legislation. Instead, the Secretary of State will direct commissioners of services to amend new contracts so that the same duties will apply. These include contracts awarded by Primary Care Trusts (PCTs), NHS trusts and local authorities with social services responsibilities.

### Duties that apply to providers

Two specific duties are of relevance to providers of health and care services that are funded by taxpayers. Firstly, a requirement to allow designated LINKs representatives to enter and view services that provide state funded care to individuals. Secondly, a requirement to give information about state funded services to LINKs when they request it.

### Right to entry and safeguards

Although there will be times when it is right for a LINK representative to see how a service is run, this does not mean that just anyone from a LINK will be able to enter a service whenever they want to.

The Government believes that those who enter and view services will need to have the right skills, understand issues of confidentiality, privacy and dignity, as well as having undergone appropriate checks. It is intended that the entering and viewing of services will be governed by a Code of Conduct and will only be undertaken by designated and authorised LINKs representatives.

It is also important that certain exemptions and safeguards are in place to protect service users. Under current plans:

- > A services-provider does not have to allow entry to a LINKs authorised representative if they believe it would compromise the effective provision of a service or the privacy or dignity of a service user.
- > Certain premises are excluded because it is inappropriate for a representative to enter. These include settings where children receive social care, non-communal areas of care homes – for example, bedrooms and staff accommodation.

- > Services are also excluded if they are provided solely to people paying in full for their own care.

These exclusions do not mean that LINKs cannot enter when invited; it just means that services-providers are not be obliged to allow them to enter. Nor do they mean that a provider can deny a LINK access without good reason. LINKs will be able to refer the issue to both the commissioner of the services and the local Overview and Scrutiny Committee.

### Providing information

Under the LINKs Directions, commissioners will also be obliged to make arrangements with independent providers that ensure that, in certain circumstances, they provide LINKs with information about their services when LINKs request it.

### Regulators

LINKs are likely to develop strong relationships with both the Healthcare Commission and the Commission for Social Care Inspection. Both regulators have undertaken to involve representatives of LINKs in their inspections where appropriate.

See common questions for more information.

## Common questions

### Which commissioners will be asked to amend new contracts?

The Directions will apply to Primary Care Trusts, NHS Trusts, Strategic Health Authorities and local authorities with social service responsibilities.

### **When will the Directions come into force?**

The Directions will be published on 1<sup>st</sup> April 2008.

### **What do you mean by 'independent provider'?**

A provider with which a local authority with social services responsibilities, NHS Trust, SHA or PCT contracts with to provide or assist in providing a service in pursuance of their functions— usually a private or voluntary sector organisation.

### **What is the duty on independent providers to allow entry by authorised representatives?**

Under these legally binding Directions, local authorities, NHS Trusts, SHAs and PCTs must ensure that new contracts with independent providers allow for LINKs authorised representatives to enter and view, and observe the carrying on of activities in premises, which are owned or controlled by the independent provider. These activities must be in line with arrangements under section 221(2) of the Local Government and Public Involvement in Health Act 2008.

### **Must independent providers allow entry to LINKs representatives in all circumstances?**

No, this duty does not apply when –

- > It would compromise the effective provision of care services or the privacy/dignity of any person.
- > The purpose of the visit would not be in line with the carrying out of LINKs activities as set out under section 221(2) of the Local Government and Public Involvement in Health Act 2008.

- > The authorised representative acts in such a way as to compromise the effective provision of care services or the privacy/dignity of any person.
- > The premises are excluded to LINKs because they are non-communal parts of care homes or staff accommodation.
- > The activities being carried out on those premises are excluded to LINKs because they relate to children's social care services.
- > Health or social care services are not being provided on those premises at the time of the visit.
- > The independent provider judges that the LINKs authorised representative is not acting in a way that is reasonable or proportionate.
- > The authorised representative does not provide evidence that they are authorised in accordance with Regulation 4 of the LINKs (Duty to Allow Entry) Regulations 2008.
- > In cases where premises are owned by one independent provider but controlled by another, the provider which owns the premises is exempt.

### **What is the duty on independent providers to provide LINKs with information?**

Commissioners must make arrangements with independent providers, which ensure that when a LINK requests information of them which they hold, the independent provider must:

- > Provide that information within 20 working days of receipt (if the information is not exempt)
- > Provide anonymised information within 20 working days of receipt (if the information is exempt.)
- > Provide an explanatory letter within 20

working days of receipt in cases where the independent provider is not required to disclose the information requested.

If the independent provider does not hold the information requested they must write to the LINK within 20 working days of receipt explaining so.

### **What is exempt information?**

Information is exempt when:

- > It is confidential and relates to a living individual, whom has not consented to its disclosure.
- > Disclosure of it is prohibited by legislation.
- > Disclosure if prohibited by a court order..
- > Disclosure of it is prohibited by any rule of common law.

### **When can an independent provider refuse to provide a LINK with information?**

When the LINK has not requested it in writing and/or the information requested does not relate to the carrying out of LINKs activities under section 221(2) of the Act (See page 2).

### **Will LINK authorised representatives have to have undergone CRB checks?**

We have set out in the regulations for the implementation of LINKs that LINKs must have a procedure for authorising representatives who are going to enter and view premises (including obtaining CRB checks) and furnishing them with written evidence of their authorisation.

### **Which parts of a service can a representative go into?**

Any area that is not exempt (see page 4 for the full list of exemptions).

### **Can a visit be unannounced?**

They can be announced or unannounced. However, a visit must be reasonable, proportionate and in-line with entry regulations that govern statutory services.

### **Will there be a code of conduct?**

Yes, the Department of Health has commissioned the NHS Centre for Involvement to develop a code of conduct for LINKs.

### **How will LINKs be made accountable?**

A LINK is accountable to the local population. A LINK should be open and transparent and provide evidence that it is delivering a work programme that is based on local priorities and that meets local needs.

As well as its annual report, LINKs will also make public details of their activities and how their funds have been spent. In addition, the contract between the host and local authority will require the host to report on the LINKs activities on matters including:

- > the level and diversity of participation,
- > the views and opinions received from contributors,
- > the extent to which those views have been taken on board by commissioners and providers,
- > how much money has the LINK received, and how was it spent.

In the event of a LINK failing to operate in an appropriate manner support will be available. Part of the guidance issued to support LINKs will include advice on what an effective LINK will look like, as well as guidance on conduct, complaints and disputes.

**Can LINKs issue reports commenting on the quality of services and will these reports be in the public domain?**

Yes, LINKs will be able to make reports and recommendations and put them in the public domain. Under LINKs legislation, health and social care commissioners will be under a duty to respond to these reports.

**How will LINKs work with regulators?**

We want LINKs to develop strong and constructive relationships with both the Healthcare Commission and the Commission for Social Care Inspection. Both regulators have undertaken to involve representatives of LINKs in their inspections where appropriate, continuing their current involvement of lay people in inspections.

**Read the Directions in full**

The Directions are available by visiting:  
[www.dh.gov.uk/directions](http://www.dh.gov.uk/directions)

**Getting involved**

The NHS Centre for Involvement is in the process of developing a code of conduct for LINKs. The NCI will be asking for people's ideas and comments when they publish a draft code and once the code is in place it will be continually reviewed.

**Getting in contact with your local LINK**

Local authorities are in the process of helping communities to establish LINKs. The NHS Centre for Involvement has published a list of contacts provided by local authorities. To find your nearest contact, visit  
[www.nhscentreforinvolvement.nhs.uk/links](http://www.nhscentreforinvolvement.nhs.uk/links)

**Further information**

**To find out more about the policy for Links**

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

**To find out more about advice and support for helping LINKs to get going**

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