

Brighton & Hove Local Involvement Network (LINK): Contract manager report to HOSC – December 2010

Summary

- 1.1 This briefing provides members of the health overview and Scrutiny Committee (HOSC) with a short update on the operational progress made in the two and a half years of the Brighton & Hove LINK.
- 1.2 The last update was provided to HOSC in March 2010

Background Information

What it is:

A way for people who use health and social care services to have a say in how they are planned and run.

Replaced patient forums, consists of both user-led organisations and individuals

There is a LINK in every Local Authority area responsible for social services

Funding:

Grant comes from Department of Health. Brighton and Hove CC then pays for a "Host" organisation. The Host organisation then sets up the LINK. Ours was established in April 2008, so has been up and running 2 and a half of it's three year term.

- 2.1 This role of host organisation, with a remit to establish, maintain and support a LINK in its area, has been undertaken by the Community & Voluntary Sector Forum (CVSF) since April 2008, after BHCC discharged its statutory duty under the Local Government and Public Involvement Act (2007).
- 2.2 The contract has been let with the following proviso;
The LINK needs to be inclusive, flexible and participative with its participants drawn from as broad a range of the local population as possible, and with a particular emphasis on including hard to reach groups and taking into account the findings of the BHCC inequalities review(2007).
- 2.3 The membership of the steering group encompasses both specialist group representatives and individuals covering the remit of priority under-represented groups as stipulated in the drawing up of the contract and the performance monitoring framework

Progress to date

- 3.1 The contract management of the LINK is undertaken by the Policy Unit of BHCC.

- 3.2 Previous submissions have noted the need to concentrate on creating and embedding structures to allow a multi-faceted LINK to emerge. LINKs management resources have been used to promote the LINK including information promotion and help with funding of open day events held by the Host and provision of premises for LINK steering group meetings, and this is continuing into 2011.
- 3.3 The use of Local Authority management funding has been provided in certain areas to encourage growth of the service that the host can provide as a gesture of intent, and direction, to see this process succeed.
- 3.4 The Host organisation has translated many of the issues that arose in the first 18 months into a Service Improvement plan agreed by all parties. Results of this approach are detailed in the Host report to the HOSC

Performance Indicators

- 3.5 A range of monitoring indicators have been put in place. Originally reporting every quarter this has now been changed to a more practical three times a year.
- 3.6 The host must report back to Brighton & Hove City Council on LINK/Host activity in accordance with the terms of the contract and ensure the LINK annual report on expenditure, activity and achievements is sent to the department of Health and made publicly available
- 3.7 A separate report on the LINK activity and progress over the last six months has also been submitted to the HOSC by the Host, as requested by the HOSC
- 3.8 Recommendations from the independent evaluation of the LINK in November 2009 mean that processes have been revised over the past year in an attempt to monitor the appropriateness and effectiveness of the indicators, reflecting both the identity and the uniqueness of a local involvement network, its aims and objectives and how well it is working towards these.

The reference group

- 3.9 The reference group was set up to provide the Host with easy access to the existing networks of the statutory agencies, and adopt common protocols to underpin their long-term working relationship with the LINK.
- 3.10 The reference group served its initial purpose as a liaison and evaluation group to provide a sounding board for the host. It consisted of all statutory providers of health and social care within Brighton & Hove and associated agencies with a presence in the area and met on a two to three monthly from April 2008 to April 2010

- 3.11 The reference group has now been superceded by a Host inspired Joint Working Group meeting. The aims and objectives are:
- ❖ to improve communication between all relevant organisations: NHS B&H, Providers, Local Authority Scrutiny and B&H LINK. And consequently duplication of work will be avoided.
 - ❖ Showcase LINK activity and promote good practice
 - ❖ Identify potential difficulties and challenges and take action before they escalate further

HOSC

- 3.12 Scrutiny arrangements, in agreement with the reference group, host and BHCC officers originally saw all LINK work reported to the HOSC, for further dissemination to other OSCs where necessary and appropriate
- 3.13 This pilot situation was reviewed after some negotiation access to the Adult Social Care OSC has now been obtained.

Regional and National Issues

- 3.28 At the end of March 2011 all Local Authority LINK contracts will come to an end
- 3.29 April 2012 will see the start of HealthWatch UK. This is the current government suggested way forward for health and social care, giving consumers a stronger voice in the transformation process. (Subject to White Paper consultation and legislation - The white paper envisages that most health commissioning (other than specialist commissioning and commissioning of primary care) will be undertaken by consortia of local GP practices.)
- 3.30 Subject to the Spending Review, there would be additional funding for additional functions such as providing complaints advocacy services and supporting individuals to exercise choice.
- 3.31 Local Authority expected to have a stronger remit and therefore responsibility for ensuring HealthWatch organisations are both supported and successful

Next Steps

- 4.1 **The interim years - April 2011 – April 2012**
Local Authorities still have responsibility to commission and support LINKs as set out in the 2007 Act but most don't have contracts to do so.
- 4.2 Effort from the BHCC contract management of the LINK over the next three months will concentrate on ensuring:
- The LINK is more widely visible to residents and local service users
 - The interim year between LINKs and HealthWatch is used to expand the outreach and effectiveness of the LINK while preparing for the transition to a new system.
- 4.3 Regular monthly 'audit' meetings between the contract manager and the Host organisation will continue to provide a model of good practice and act as an early warning system of any arising issues. These have now been extended to include both Host and Steering group meeting with the Contract Manager and Local Authority Scrutiny in order to facilitate a three way dialogue around the interim arrangements for 2011.
- 4.4 The Brighton & Hove Consultation Portal (<http://consult.brighton-hove.gov.uk/portal>) and the LINK website (<http://www.bhlink.org/>) are now both fully operational and provide information on consultation and research carried out in the City, upcoming events and ways to get involved.
- 4.5 The change in arrangements means the current contract with the Host must be reassessed

- 4.6 The DoH view is that prior to any changes made through legislation, local authorities should consider extending existing LINKs host contracts for a year – where existing contracts allow for this – to run to March 2012, unless there are strong operational reasons not to do so
- 4.6 The contract drawn up between BHCC and the CVSF does not allow for an extension. The forthcoming months will be spent redrafting the contract with consideration of multiple interests, but with the intention to use the same suppliers as proposed by the DoH
- 4.7 To take this work forward in the coming year a proportion of the management funding will be used to assist the contract manager progress several themes of work including:
- Implementation of the white paper proposals
 - How Health Scrutiny will work; executive body and watchdog?; Councillor involvement; How can we best co-ordinate scrutiny of healthcare by local authority members with public and patient scrutiny of healthcare?
 - How can LINKs/HealthWatch help local authorities fulfil their responsibilities better (e.g. in terms of engaging with particular communities, seeking public views on commissioning plans etc)?
 - How do we best maintain HealthWatch's independence whilst ensuring that it benefits from being administered by the local authority?
 - Develop the relationship between local authority (member-led) health and social care scrutiny and the Healthwatch to ensure that there is a robust and effective public voice to influence and challenge local commissioning decisions
 - The opportunity for an engagement structure that is superior to the current arrangements, but it will require a good deal of work, bringing together the LINK, health scrutiny, GP commissioners, Foundation Trusts, 3rd sector organisations, the council's administration, ASC, CYPT etc.
- 4.8 It is important that local areas are prepared for the problems of transition, that we plan ahead as much as possible, that LINK members and their hosts receive adequate support during transition, and that we do everything possible to ensure that the organisational intelligence and experience of the LINK is retained in HealthWatch.
- 4.9 To help achieve these ends part of a scrutiny officer's time has been 'seconded' to develop these work-streams in this area over the next 12 to 18 months.

