

Scrutiny Review of the Council's Relationship with the Voluntary and Community Sector

Interim Report – The Establishment of a Local Involvement Network for East Sussex

Review Board:

Cllr Barry Taylor (Chair)
Cllr Sylvia Tidy
Cllr Trevor Webb

Cllr Maurice Skilton
Cllr David Rogers
Cllr John Livings

1. Background to the Scrutiny Review

The scrutiny review of the Council's relationship with the voluntary and community sector (VCS) was initiated in February 2007 and is led by the Community Services Scrutiny Committee.

The Review Board undertook a scoping exercise to determine the focus of the review within what is a wide-ranging area. The three areas the review would focus on were identified as:

- a) The Council's role in establishing a Local Involvement Network (LINK) for East Sussex;
- b) The Council's funding and procurement arrangements with the VCS; and
- c) The role of individual councillors in working with the VCS.

This short report summarises the Review Board's findings and recommendations in relation to the first area – the establishment of a LINK.

2. Background to LINKs

In July 2006, the Government signalled its intention to make changes to the structures for patient and public involvement in health. The Department of Health document 'A Stronger Local Voice' announced that the existing Patient and Public Involvement Forums (PPIFs) would be replaced by Local Involvement Networks (LINKs).

LINKs are intended to be a wide network of voluntary and community groups and interested individuals who will represent the views of patients and the public on healthcare issues. The key differences from PPIFs are:

- They will have a much larger and wider membership, including groups as well as individuals.
- They will have a remit to look at social care as well as health issues and powers to make recommendations to the Social Care authority as well as the NHS.

- They will be co-terminous with the local social care authority's boundary and look at services commissioned or provided for the residents by any health or social care organisation.
- They will determine their own structure and ways of working tailored to local circumstances and needs, within basic governance requirements set nationally.

In order to establish LINKs across the country, the Department of Health plans to allocate funding to the top-tier local authority for each area. The local authority will have a duty to tender for a contract with a 'host organisation' which will be commissioned to set up and support the LINK. The Department of Health will issue a 'model contract' for authorities to use, but this will have scope for local tailoring and it is possible for local areas to proactively 'design' their LINK and ensure this vision is reflected in the local contract. The host organisation is expected to be a local voluntary sector or not-for-profit organisation.

3. Timescale for establishing LINKs

The legislation required to abolish PPIFs and establish LINKs is contained within the Local Government and Public Involvement in Health Bill currently progressing through parliament. A firm timescale and detailed guidance on the process local authorities must follow and funding available cannot be published until this Bill gains Royal Assent. However, an indicative timescale is as follows:

July 2007	Dept of Health issues further general guidance on LINKs
Sept/Oct 2007	Local Government and Public Involvement in Health Bill gains Royal Assent
Oct 2007	Local Authorities receive details of procurement requirements and funding and begin contracting process
Oct/Nov	Drawing up contract specification in consultation with stakeholders
Nov 2007 – Feb/Mar 2008	Procurement of host organisation
Mar 2008	Contract to host organisation awarded
April 2008	LINKs established

To inform the guidance it plans to issue on the establishment of LINKs, the Department of Health has set up nine 'early adopter projects' around the country in a mix of rural and urban areas. The early adopters are not intended to be full pilots of LINKs as they do not have the powers, budget or administrative arrangements that LINKs will have. The projects are intended to network the existing PPIFs with local voluntary and community groups and interested individuals to 'shadow' the role and working arrangements of LINKs in order to learn lessons for their implementation.

4. Findings and conclusions

4.1 Role and remit of LINKs

- LINKs need to build on the work of PPIFs by embracing the extended remit to include social care, extending membership and gaining more influence across the county.
- LINKs should look at the commissioning as well as delivery of services. While visiting premises is important it should be targeted.
- Although health would welcome more focus on commissioning, strategy and priority setting, there is a recognition that patient representatives will always want to look at the provision of services and this is important.
- Early adopter projects have struggled to define the role and remit of LINKs which has delayed their progress – establishing a shared understanding early on is important.
- LINKs will have to consider how they work with providers which offer services to residents in more than one LINK area. LINKs will need to work together on their approach to scrutinising these providers.

4.2 LINKs structure and ways of working

- The LINK structure should focus on connecting up existing groups and forums rather than starting from scratch - this would complement the work already in place by health and social care to engage service users and the public.
- Early adopter projects have spent significant time mapping existing networks and groups which could form the LINK – East Sussex could do this work early on to be in a good position to establish the LINK.
- Covering rural areas and specialist issues will be challenging. There may well be a need for locality and/or issue focussed sub-groups to help structure and manage the LINKs work, as well as making it relevant to local people.
- LINKs need to consider offering a variety of accessible ways for people to get involved, particularly harder to reach groups.
- The LINK should complement the Health Overview and Scrutiny Committee's (HOSC) work and also relate to Adult Social Care Scrutiny Committee.

4.3 Establishing a LINK locally

- Although further government guidance is needed, particularly on funding, East Sussex can start proactively developing a way forward on LINKs locally. This may help retain existing PPIF members.
- Early adopter projects have found it essential to establish a steering group to bring together the key stakeholders to determine what how a local LINK should operate.
- The host organisation is key to the LINK's success. They must be professional, with a local presence and have experience in community engagement and working with volunteers. There should also be no conflict of interest in terms of them providing services which the LINK would be scrutinising. It is unclear how many third sector organisations will be interested in bidding to become the host.

4.4 Role of the Council

- Other Councils are at a very early stage of determining their approach to LINKs. Lead officers are being identified from a variety of departments within different authorities, including policy and research, procurement, health scrutiny and adult social care.
- The Council should use its procurement expertise in drawing up the contract but must engage stakeholders and consult on the content.
- It would be difficult for Adult Social Care to lead the contracting work due to a perceived conflict of interest. Department of Health guidance reflects this, specifying that the work must not be led by Adult Social Care commissioners. Likewise there could be a perceived conflict of interest or confusion if the contracting work was led by health scrutiny officers.
- The contracting work requires both procurement expertise (available from the Corporate Procurement Team) and expertise in working with the voluntary sector and other partners (corporate VCS role is within the Chief Executive's department).
- The Council's ability to establish a LINK is dependent on receipt of additional funding from Government. The Contracting work within the Council will need to be resourced adequately, including the ongoing monitoring of the contract.

5. Recommendations

The Review Board has made the following recommendations:

- 1. East Sussex should begin preparing for the development of LINKs by initiating an information gathering phase from July-September 2007 to provide a good foundation for the establishment of a LINK.**
- 2. A steering group should be formed bringing together health, social care, voluntary and community sector and patient and public involvement stakeholders with the Council lead officers.**
- 3. The development of the contract specification should be in consultation with stakeholders to ensure it meets local needs.**
- 4. The contracting work should be led centrally within the Council by Policy and Partnerships within the Chief Executive's department, with technical support from the Corporate Procurement Team.**
- 5. The LINK should take a phased approach to its development, initially based on networking existing groups and organisations, before undertaking further activity to broaden the membership.**
- 6. The Council's ability to establish a LINK is dependent on receipt of additional funding from Government. The Council should seek to maximise the proportion of any additional funding received which is transferred to the contract with the host organisation and to the LINK itself, whilst also adequately resourcing the Council's own role in managing the contracting process.**
- 7. HOSC should review the contracting process to ensure adequate stakeholder involvement in the development of the specification.**

6. Scrutiny Review methodology

The Review Board received an initial presentation and background information setting out the role of LINKs and the expected process for establishing LINKs. The Board identified a number of key questions to focus on:

- i. Which department in the Council should manage the contract?
- ii. How should stakeholders be involved in drawing up the contract for East Sussex?
- iii. How can as many volunteers as possible from PPI Forums be retained and a smooth transition to a LINK be achieved?
- iv. How can the LINK work effectively across a large rural county like East Sussex?
- v. What will the LINK's key activities need to be?

The Scrutiny Review Board undertook a number of activities to inform its recommendations:

- Three witness sessions – further details below
- Research into the learning from the early adopter projects – including a telephone conference with Dorset County Council
- Contacting East Sussex County Council's neighbouring authorities to understand their approach to LINKs
- Obtaining feedback from a Department of Health regional event 'Getting Ready for LINKs'

Witnesses interviewed by the review board were:

Session 1:

- Cllr Bob Lacey, Chairman, Health Overview and Scrutiny Committee
- Debby Matthews, Director, South Downs Council for Voluntary Service (and former manager of the contract to support PPIFs in East Sussex)
- Colin Waywell, Chairman, East Sussex Hospitals Trust PPIF
- Maurice Langham, Chairman, East Sussex Downs & Weald PCT PPIF
- Janet Colvert, PPIF member and Chair of PPIF working group on LINKs
- Amy Riley, PPIF Support Officer

Session 2:

- Jessica Britton, Head of Engagement and Communication, East Sussex Primary Care Trusts
- Judi Dettmar, Quality and Consultation Manager, Adult Social Care
- Vicky Smith, Older People's Involvement Manager, Adult Social Care

Session 3:

- Paul Rideout, Voluntary and Community Services Co-ordinator, Chief Executive's Department, ESCC
- Written evidence from Jonathan Campbell, Procurement Manager, ESCC

The Board is grateful to all the witnesses who gave their valuable input to the Scrutiny Review.