



LOCAL INVOLVEMENT NETWORKS & PPI - THE NEW LAW

At the end of October 2007 the Local Government and Public Involvement in Health Act received Royal Assent. Substantial amendments were secured with the assistance of the Opposition in the House of Lords. Health Link was instrumental in securing amendments on visiting, as a result of its national survey on the benefits of visiting to patient care, effective transition, governance and improved involvement duties. Local Involvement Networks (LINKs) will replace Patients Forums as of the 1st April 2008 and the Commission for Patient and Public Involvement in Health will be abolished.

1. What will LINKs do: LINKs will:

- Promote involvement of people in the commissioning, provision and scrutiny of local health and social care across a social services area and
- Monitor the commissioning of health and social care services in the area as well as the quality of services provided, to help identify any potential improvements.
- Obtain the views of people about their health and social care needs and experiences
- Undertake visits to health and social care premises, excluding children's social care services but including care homes, GP practices, dentists, pharmacists and opticians and, if the terms of their contract require it, private providers of health or social care
- Make reports and recommendations arising from all this work, to NHS and social care managers and commissioners and to those scrutinising those services in the local authority
- Collaborate with each other regionally and nationally

1.1 Support for LINKs: funding will be devolved to local authorities who will commission a 'host' organisation to set up and run the LINKs. Hosts cannot be local authorities themselves, nor NHS organisations. Hosts must report publicly on what they have done with the money awarded to them under the contract for LINKs.

1.2 Governance for LINKs: although the precise form a LINKs may take can vary, the Act requires some form of clear governance and accountability on decision-making and finance as well as an authorisation process for certain members who will undertake visiting. This means

- Certain members of LINKs will make decisions transparently using defined procedures
- Certain members will be authorised to undertake visits
- LINKs can be called to account by local people.
- LINKs will have authority over their budgets
- There will be sanctions for breach of any governance requirements that apply.
- LINKs may be companies limited by guarantee, social enterprises or unincorporated organisations with a constitution, so long as they have some form of governance.
- It will be up to local authorities to decide what form they take, in local discussions.

1.3 Responses to LINKs: health and social care providers must respond to LINKs' reports and recommendations and must permit them to enter and carry out visiting subject to various timescales and conditions, which are out to consultation until the 21st December by the Department of Health. See consultations on the www.dh.gov.uk website.

1.4 Rights of Referral: LINKs have rights of referral on health and social care matters of concern, to local authority overview and scrutiny committees.

1.5 Transitional Arrangements: local authorities have a legal duty to make sure that monitoring, involvement and reports and recommendations on health and social care services start from the 1st April, so that the process of setting up a LINKs does not suspend PPI. Effectively, this means that Patients Forum members are in a good position to carry on these



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roles during transition (likely to be 6 months from 1st April 2008). It is up to local authorities whom they support to undertake these transitional roles, but Forum members are obviously ideally placed to do this. If Forum members do decide to work with their local authorities in this way, they will obviously also be in a good position to help shape and be part of the LINKs.

2. Patient and Public Involvement by the NHS: there are three changes in the law relating to how the NHS involves patients in what it does, which is separate from the LINKs arrangements.

2.1. Clarity on S.11 (now S. 242) duty: the S. 242 duty on the NHS to consult and involve patients or patient representatives has been clarified so it applies to

- all planning of service provision
- only proposals for service change or operational decisions impacting on service delivery.

2.2. New reporting on PPI in commissioning: PCTs and SHAs must now make public reports on what PPI they have done in their commissioning and how they have changed what they commission as a result of that involvement.

2.3. Extra involvement duty on SHAs: SHAs are in a very different position to PCTs in that their role is performance management and strategic planning. Sometimes they make major decisions which pre-empt what PCTs can do locally. The current Healthcare for London Framework commissioned by NHS London from Lord Darzi, is a prime example of this. For this reason a new duty on involvement has been placed on SHAs so that patients are not shut out of such decision-making. The precise terms of this duty and how it will relate to involvement activity by PCTs will be clarified in statutory Regulations.

3. What Next - Health Link's view is that Patients Forums should not have been abolished and that the latest set of reforms was unnecessary and disruptive. However, as the government was determined to go ahead with them we did all we could to improve the new arrangements. Patients' needs are the same no matter what is going on in Whitehall.

The extension of the role of LINKs to social care is a major step forward. In addition, the transition arrangements are an important chance to make sure that

- the good work of Patients Forums is taken forward into LINKs and
- patients are not left high and dry with no one to speak for them, while the bureaucratic process of hosts and LINKs set up goes on.

Whether Forum members are involved in transition or not will depend on the approach of each local authority. However, it is hard to see how they will discharge their duty to monitor and review health and social care services without the involvement of the people who been doing it for the last three years. We urge you to contact your local authority to

- find out what they are doing about procuring a host so you can influence how this will work and what form the LINKs will take;
- ask them how they will undertake the transition duty and offer to help during this period, subject to payment of your expenses and to the provision of proper support to undertake the monitoring and reviewing work.

We understand that Department of Health has written to Local Authorities encouraging them to plan transitional arrangements until their LINK is effective and recommending they contact their local Forums. Forums should therefore be meeting to decide how you will work with the local authorities to make LINKs work best for patients and procure continuity in PPI.

9th November 2007