



LOCAL INVOLVEMENT NETWORK CONTRACT

A review by the Health & Adults Services
Scrutiny Committee, January 2011

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Key to abbreviations:

LINK	Devon Local Involvement Network
EDVSA	East Devon Volunteer Support Agency
DACVS	Devon Association of Councils for Voluntary Services

Chairman's introduction

On behalf of Devon County Council's Health & Adults' Services Scrutiny Committee I am delighted to publish this report. It follows a succinct review of the contractual arrangements with the Local Involvement Network's (LINK) "host organisation", the East Devon Volunteer Support Agency (EDVSA), a member of the Devon Association of Councils for Voluntary Services (DACVS). The review was carried out by a dedicated task group set up by the committee on 23 September 2010. I would like to thank all those who participated in the process, for their time and effort and continued commitment to helping to shape this review and its recommendations.



LINKs are defined in the Local Government and Public Involvement in Health Act 2007 and are established for the same geographical areas as local authorities with social care responsibilities. There were deliberately few rules and regulations governing how LINKs should be organised or carry out their activities in order to ensure their flexibility. The Act requires those authorities to make contractual arrangements with a host organisation to support LINKs, in Devon's case the EDVSA which acts as a lead agency for the DACVS. Legislation in recent years emphasised the importance of engaging with people about the planning, design and delivery of health and social care and they are being given opportunity to have their say through LINKs and to influence commissioning and service provision.

LINKs are one component of locally accountable health and social care and scrutiny committees have an interest in ensuring that the arrangements for LINK activities are effective in their areas. The Secretary of State for Health initially provided funding through the Area Based Grant for three years up to March 2011 for the LINK's activities. The recent White Paper *Equity and Excellence: Liberating the NHS* proposed that local HealthWatch organisations, the LINKs' successors, will not be established until April 2012. Therefore, this review focussed on how this one-year gap in public engagement can be bridged in order to preserve the existing infrastructure and best practice.

Conducting this piece of work has been very worthwhile and has engaged interested parties. We have been able to look at the issues involved in depth and it has been wonderful to see such a high level of dedication and enthusiasm from everyone involved.

County Councillor James McMurray

Chairman of the Task Group

Member of the Health & Adults Services Scrutiny Committee

Review approach

Devon County Council's Health & Adults Services Scrutiny Committee established a task group to review the contractual arrangements with the LINK's host organisation, the EDVSA, on 23 September 2010. Members of the group were County Councillors James McMurray (chairman) and Richard Westlake as well as East Devon District Council representative Christine Drew and representative of the Devon Association of Local Councils Jenny Roach.

The review combined an analysis of data with hearing a number of contributors. During the investigation, the task group received evidence from the following organisations:

- Community Council of Devon
- Department of Health
- Devon Association of Councils for Voluntary Service
- Devon Health & Social Care Forum
- Devon Procurement Services (Devon County Council)
- East Devon Volunteer Support Agency (host organisation for the LINK)
- Teignbridge Council for Voluntary Service

The task group also considered the following written material:

- Department of Health, NHS Alliance: "Engaging and responding to communities. A brief guide to Local Involvement Networks", 2010
- City of Plymouth, Devon County Council, Torbay Council: "Invitation to Tender for the Host Organisation for the Local Involvement Network (LINKs)", including proposed LINK Devon structure, 1 January 2008
- Letter by Devon Procurement Services regarding the invitation to tender for the provision of host services for the LINK Devon, 31 March 2008
- Report by Devon Procurement Services entitled "Future funding of the Devon Local Involvement Network (LINK) and transition to HealthWatch", 24 September 2010
- Letter by the Department of Health regarding the contracting for support to Local Involvement Networks in 2011-2012 and supporting the possible transition to Local HealthWatch, 27 October 2010 (gateway reference 14845)
- Proposal to Devon County Council by LINK Devon and Devon Association of CVS, undated
- LINK Devon work programme 1 October-31 December 2010
- LINK Devon quarterly report for the second quarter 2010-11
- LINK Devon survey analysis for quarterly report
- Centre for Public Scrutiny: "scrutinising arrangements to support effective Local Involvement Networks" (10 Questions Series), undated
- Warwick University Local Involvement Networks (LINKs) local authorities research consortium project report, January 2010
- Department of Health White Paper "Equity and Excellence: Liberating the NHS", 12 July 2010
- Department of Communities and Local Government: "Local Government and Public Involvement in Health Act 2007"

Findings

Setting the scene

LINKs are supported via a contract with a host organisation which is procured and performance managed by the local authority. LINKs themselves are independent of the local authority. The role of the host includes recruiting participants and groups to the LINK, assisting in the LINK's governance and administrative arrangements, keeping financial records and communicating the activities of the LINK and its outcomes.

The LINK's activities are set out in section 221, subsection (2) of the Local Government and Public Involvement in Health Act 2007 as follows:

- a) promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of care services;
- b) enabling people to monitor and to review the commissioning and provision of care services;
- c) obtaining the views of people about their needs for, and their experiences of, local care services
- d) making views known and collating reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

According to the Act, LINKs have a remit to consider the standard of service provision as well as whether, and how, care services could and ought to be improved.

Contract performance management

The LINK Devon has been evolving over the past three years and has more recently been reviewing its governance arrangements and way of working in order to carry out less resource-intensive and more focussed, project-based work and to develop more active roles for volunteers, e.g. more regular board meeting attendants or establishing "community representatives" who could work alongside the community engagement workers. Due to the nature of its work, the LINK Devon is uniquely placed to engage with hard-to-reach groups via its network of community workers and its ready access to voluntary sector organisations. The LINK team consists of a host manager, policy & administration assistant, administrator, researcher, four community engagement workers, and a communications lead which equates to 7.2 full time equivalent staff.

The role of Devon Procurement Services is to procure the contract, monitor the performance and to facilitate payments to the host organisation. The latter submits quarterly performance reports and criteria include demographic involvement, budgeting as well as the timely production of these reports. Contract managers also regularly meet with the host, receive and monitor LINK Devon's annual reports and newsletters, monitor the LINK Devon website and have met the LINK Devon Strategic Planning Group. The task group questioned whether contract managers can judge and qualify a contract's performance in isolation on the basis of information submitted by the

organisations concerned. Members also recognised how the LINK Devon is uniquely placed to engage with individuals.

The LINK Devon participants have complete autonomy to determine its own work programme and no clear objectives or prioritisation can be specified in any contract unless future legislation allows the setting of such terms and conditions. The task group recognises that the LINK is independent of the statutory agencies but was of the view that the procurer should explore how the work programme the LINK sets itself could be more effectively monitored.

Recommendation 1: To monitor the delivery of LINK Devon activities on the basis of its work programme and the identified timescales therein through contract-monitoring the host organisation.

Bridging the gap

The Secretary of State for Health initially provided funding through the Area Based Grant for three years up to March 2011 for the LINK's activities. The recent White Paper *Equity and Excellence: Liberating the NHS* proposed that local HealthWatch organisations, the LINKs' successors, will not be established until April 2012. In a recent letter, the Department of Health's Director of Public and Patient Engagement and Experience (gateway reference 14845) stated that:

- the responsibility of local authorities to commission support for LINKs during 2011-12 remains, as set out in the 2007 Act; and
- local authorities should consider extending existing LINK contracts for a year to run to March 2012.

According to the current White Paper, establishing the HealthWatch will be a statutory requirement. If the LINK lost its funding and hence ceased its activities from 1 April 2011, the HealthWatch would have to be established from scratch without being able to benefit from existing resources, staff and infrastructure and, therefore, would have to be set up at potentially a higher cost. People who currently use the LINK might also lose confidence in public engagement were there a hiatus. Internal conversations regarding arrangements during the interregnum have commenced within Devon County Council. In order to award a new contract from 1 April 2011, the tender process should have commenced this autumn with the funding also ring-fenced by that time.

The original contract was awarded to provide host services to the LINK Devon for a main term of three years with an option to extend the contract for up to a further three years subject to funding and at the procurer's discretion.

Recommendation 2: To extend the current contract to commission the host organisation to support LINK Devon in 2011-12 in working towards transition to HealthWatch by 1 April 2012 and incorporating potential funding reductions.

Details on which organisational forms the HealthWatch will be incorporating are still emerging and members stressed the importance of supporting participants and of keeping them involved until HealthWatch is fully established but were of the view that a skeleton organisation could fulfil this function until full details of future arrangements

emerge. It is proposed that the HealthWatches will fulfil three functions: complaints, advocacy and public engagement so it is possible that different contracts could be awarded to provide these. Careful consideration would have to be given to the cost-effectiveness of the arrangements. Currently, the Department of Health anticipates funding additional functions, subject to the Spending Review.

Recommendation 3: To ascertain the number and nature of contracts the authority currently holds with organisations providing complaints, advocacy and public engagement services across the Children & Young People Services and Adult & Community Services directorates in order to inform future considerations.

In order to manage the transition to HealthWatch, the Devon Association of Councils for Voluntary Service envisages establishing more formal partnerships with organisations which currently facilitate complaints or advocacy during 2011-12.

Recommendation 4: To establish robust contract management arrangements for monitoring the contract(s) for the future HealthWatch and to keep the Health & Adults Services Scrutiny Committee informed of developments throughout 2011.

Conclusion

After carefully considering the evidence presented to the task group, members agreed to recommend to commission support for the LINK for a fourth year but that stronger and more robust measures for performance management should be developed. The task group hopes that by presenting this report and its recommendations to contribute constructively to the future complaints, advocacy and public engagement services in Devon.

Acknowledgements

The members of this task group would like to thank all contributors who gave their time to speak with the group, for their hard work to help to shape the focus of this review, for sharing their expertise and for commenting on draft recommendations.

Scrutiny officer contact:

Janine Gassmann

Tel: 01392 384383

Email: janine.gassmann@devon.gov.uk

Address: Devon County Council, County Hall, Room G36, Topsham Road, Exeter, Devon, EX2 4QD