

Power to the people

New systems and structures need clear explanation, says **Les Bright**



New arrangements for patient and public involvement in health and care in England have begun to take effect over the past few months, and will develop throughout the rest of this year. The Local Government and Public Involvement in Health Act 2007 abolished Patient and Public Involvement (PPI) forums before many of us had time to fall in, or out of, love with them. Those forums are being replaced by Local Involvement Networks – to be known as LINKs. Let's hope that these new bodies are given longer than their predecessors to bed down and prove their worth, as further changes will do nothing for the credibility of either the architects or their ideas.

The thinking behind the new bodies makes a connection between involvement and service improvement, and sees giving patients and the wider public a stronger voice as contributing to better care. It's difficult to argue against that, although some staff may be concerned at the potential disruption that can accompany structural changes.

What is a LINK?

- A network of individuals, groups and organisations.
- Covers all aspects of publicly funded health and social care.
- Offers flexible participation to reflect diversity of community interests.
- Builds on existing networks and activities.
- Is managed and developed by 'host organisations', independent of the NHS and local authorities.
- Funded by the Department of Health with money being channelled through local authorities.

This approach is intended to draw in a wider range of people – not just those who might thrive in a committee room – and to highlight their independence from control by officials, councillors or members of trust boards. But style and structure are secondary to the role

they are intended to play, how they will go about doing it, and the powers they have to undertake their tasks.

What is the role of a LINK?

- To promote and support involvement in commissioning, provision and scrutiny of care services in their localities.
- To obtain people's views on their need for and experiences of care services.
- To enable and support people to monitor and review commissioning and service provision.
- To collate and pass on the views collected to the responsible organisations and make recommendations for improvements.

All health and care services commissioned by the NHS or local authorities are in the remit of LINKs, including independent providers of publicly funded services. Commissioners will be amending contracts to place a duty on them to comply with requests from LINKs. Dependent on the issues being explored – and the skills and interests of the people involved – members may conduct surveys, convene meetings and analyse data to establish facts, and uncover the opinions of people using or working in services.

LINKs have power to:

- Enter specified types of premises to view the care provided.
- Ask commissioners for information and receive it within specified timescales.
- Make reports and recommendations, and receive responses within specified timescales.
- Refer matters to the local authority's overview and scrutiny committee and receive responses.

This is a formidable set of powers that, if used well, will introduce an important additional dimension to the commissioning process, so that a wider range of views informs planning. But I have some sympathy with people running care homes who have been through so many

changes in relation to inspection over the past few years, and who face further changes and a new regulator in the not too distant future.

Some sceptics

Recent discussions with nurses working in care homes revealed scepticism, and in some cases outright hostility, to another set of people commenting on their work, and the quality of care that they provide. That these feelings exist makes it even more important that all staff and services are given accurate information on the purposes and powers of LINKs members so that their role can be understood and co-operation given (Department of Health 2008).

Providers are not under a duty to allow entry if a resident's privacy or dignity might be compromised, nor do LINKs members have the right to enter 'non-communal parts' of the home or staff accommodation. The Department of Health has developed a code of conduct to govern the way in which visits are to be carried out so they are reasonable and proportionate. Visitors will have to have a Criminal Records Bureau check.

I strongly support the idea of developing community involvement in health and care – and other areas, too. If done well this will assist organisations providing or commissioning services, by giving them access to a range of opinions and evidence not previously available to support improvements in their performance. However, there is scope for confusion and distrust therefore LINKs will need to tread carefully if they are to succeed ■

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References

Department of Health (2008) *Listening and Responding to Communities: A brief guide to Local Involvement Networks* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087758 (Last accessed: September 8 2008)