Appendix 1

Brighton & Hove Local Involvement Network (LINk): Contract manager report to HOSC – Nov 08

Summary

- 1.1 This briefing provides members of the health overview and Scrutiny Committee (HOSC) with an update on the operational progress made in the first six months of the Brighton & Hove LINk. The last update was provided to HOSC in April 2008
- 1.2 An officer of Brighton & Hove City Council (BNCC) Policy Unit will be available at the HOSC meeting of 5 November 2008 to answer any questions

Background Information

- 2.1 BHCC has undertaken its statutory duty, under the Local Government and Public Involvement Act (2007), to contract a Host organisation to establish, maintain and support a LINk in its area
- 2.2 Through a thorough and extensive process the Community & Voluntary Sector Forum (CVSF) were awarded the contract starting in April 2008
- 2.3 In April the first open meeting and recruitment event was held at the Brighthelm Centre where over 70 people attended, work priorities were presented and discussed and an interim steering group (ISG) formed to run the LINk for six months, until the elections held on 22 October for a full steering group
- 2.4 The contract has been let with the following proviso;
 - The LINk will 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.

Progress to date

3.1 As noted in the HOSC update the contract management of the LINk has passed to the Policy Unit of BHCC. This has entailed intensive support over the past six months to the LINk host,

- statutory agencies with a health agenda operating in Brighton & Hove, liaison with regional colleagues, and response to national queries and implementation of guidance documents
- 3.2 From the viewpoint of the contract manager the first six months of the LINk have been primarily concerned with creating and embedding structures to allow a multi-faceted LINk to emerge by following the guiding principles of:
 - promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and social care services
 - enabling local people to monitor and review the commissioning and provision of local health and social care services
 - obtaining the views of local service users and the public about their needs for, and their experiences of, local health and social care services
 - making their views known to those responsible for commissioning, providing, managing and scrutinising local health care and social care services
- 3.3 To these ends some of the LINks management resources have been used to promote the LINk in its infancy. This has included an article about the LINk placed in the September issue of City News and help with funding of open day events held by the Host

Performance Indicators

- 3.4 A range of monitoring indicators have been put in place and are reported formally on a 6 monthly basis with an informal update from host to contract manager and reference group in alternate quarters
- 3.5 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
- 3.6 These indicators will be reviewed at the end of the first year at the time of the first annual report

The reference group

3.7 At the end of the initial period (October 2007 – March 2008) the steering group that appointed the HOST disbanded

- 3.8 In the intervening 6 months a reference group consisting of all statutory providers of health and social care within Brighton & Hove has met on a bi-monthly basis
- 3.9 The reference group is set up as a liaison and evaluation group to provide a sounding board for the host while continuing to work out the priorities for the LINk, as there is no set guidance on LINk activities
- 3.10 It is also 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

HOSC

- 3.11 Scrutiny arrangements, in agreement with the reference group, host and BHCC officers, are currently piloting a structure which sees all LINk work reported to the HOSC. This can then be disseminated to other OSCs where necessary and appropriate
- 3.12 This pilot will be reviewed at the end of the year

Regional Issues

- 3.13 Three Freedom of Information requests have been made from NALM (National Association of LINks Members). These included asking who is hosting the LINk and how much funding they received and which service areas have been looked at by the LINk in the transitional period
- 3.14 These requests have been responded to within the appropriate timescales

Next Steps

- 4.1 Effort over the next six months will be primarily concentrated on ensuring:
 - Residents know of the LINk's existence and its role and perceive it as a credible local organisation
 - Access to it can be gained through the most suitable avenues
 - It works in an inclusive and non-discriminatory way and can show a diverse range of participation in its activities.
 - People know what it is doing and why, and are able to comment on its work.

- It begins to establish constructive and open relationships with health and social care commissioners and providers.
- 4.2 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
- 4.3 Exploration of networking between neighbouring local authorities within the South East region will continue to be explored

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