

National Association of LINks Members Patient and Public Involvement in Health and Social Care



LOCAL INVOLVEMENT NETWORKS (LINKs) **An interim report on the start-up and development of LINks**

National Association of LINks Members

A few things about NALM

- Our Company House number is: 6598770. A copy of our Certificate of Incorporation is available on request or you can get our documents from Companies House
 - Our Company Directors are: John Larkin (company secretary and legal adviser), Michael English (parliamentary adviser), Ruth Marsden (vice chair) and Malcolm Alexander (chair)
 - We are a registered company with wholly charitable aims. We are an unregistered charity.
 - We are wholly funded by our membership
 - We continuously hold meetings with national and regional bodies in the statutory and voluntary sector to promote and develop collaborative working and joint objectives
 - In March 2009 we will hold our AGM and elections for Steering Group members to represent each Region in the country.

National Steering Group:

North West:	John Amos, Audrey Meacock.
North East:	Patricia Bottrill, Trevor Gauntlett.
East Midlands:	Hali Qureshi, Iris Parker Smith.
Yorkshire & Humberside:	Ray Crorken, Ruth Marsden.
South West:	Bob Maggs, Elli Pang.
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NALM thanks Local Authorities and their staff for their very positive and supportive responses to NALM's Freedom of Information requests.

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Executive Summary

The report examines the progress made in the development of LINks in the period April 1st 2008 - August 8th 2008. LINks replaced Patient Forums on April 1st 2008 and are now the main statutory vehicle for the public to influence policy and practice in health and social care in England. The report is based on FOI questions put to all 152 LAs in England with social services' responsibilities.

This report examines:

- the way the 'pump-priming' £10k has been used by local authorities
- the way funding has been used so far by LAs
- the current status of the LINks
- the effectiveness of transitional arrangements.

The £10,000 - The research revealed a wide range of appropriate uses for the £10,000 pump-priming money given to LAs by the DH. These included a variety of events, publicity, procurement and transitional activities. Of the 108 LAs which replied to this FOI request before October 2nd, 11 left the question 'Use of Initial £10k?' blank. Of those who did give details, 49 had spent all the £10k on their own costs. Only 6 specifically spoke of using the £10k to support transition.

Length of contract with Host? - There were a wide variety of approaches, but the majority of LAs had a contract for 3 years. We regard this as good practice by LAs, in view of the decision by the DH not to ringfence the three-year LINks allocation.

LINK funding retained by Local Authorities - The big surprise was the range of practices by LAs to pay for governance of contract with the Hosts. Some LAs have taken nothing for themselves, preferring to give as much as possible to the Host and LINk; others intend to take significant amounts to cover their costs, e.g. 15% (Kensington and Chelsea) and 12.6% (Haringey, taking £64,900 from the 3-year budget total for the LINk of £514k), Sefton, will retain for itself £52,934 out of a 3-year allocation of £513K, North Yorkshire, retaining £68k over the three years out of a total allocation of £660k and Cornwall, retaining £60k out of a total LINk allocation of £756k. With such low budgets to cover activities for a three year period, NALM is concerned about the amount of money being used by some LAs to cover their own costs, rather than passing the money to the Host so that it can be used by LINks' members on the front line.

Audit of the Establishment of LINks. NALM is concerned that there is neither any intention nor mechanism for the DH to monitor the financial health of the relationship between LINks, Hosts and LAs and that the Audit Commission has declined to take on this role. Neither are there plans for the DH to monitor the development of the new LINks system. The lack of

governance could spell disaster for LINks if control of the LINks' budget is not placed in their hands, because the power of LINks compared with that of the LA is minimal and it is the LA, which holds the contract with the Host.

Transitional arrangements. The legislation is very clear that monitoring of the NHS and social care should continue during the transitional period. The advice from the DH and other agencies has been so poor on this issue, that LAs across the country have made a wide range of assumptions about what is expected of them. The major misunderstanding by local authorities is the belief that appointing the Host is the point at which transitional arrangements end.

Compliance with the FOI. Despite two letters to local authorities by NALM, only 116 out of 152 LAs responded to the FOI requests within the 20 day period required by the Act. NALM is very concerned about this failure by some LAs to respond to requests under the Act and intends to raise this matter with the Information Commissioner. A further request for the missing information was sent to Chief Executives of LAs on October 2nd 2008.

Lack of meaningful involvement activity has caused many would-be LINK members to drift away. Those at whom transition was aimed - the experienced and committed - have suffered the greatest frustration and their reasonable expectations have in many cases not been met. Though passion and commitment has retained many, a lot of experienced and knowledgeable people are now using their energy elsewhere.

Many volunteers who wished to maintain involvement in monitoring activities have been able to do so only at their own expense and with no clear prospect of having their expenses re-funded. This has inevitably meant that the unwaged, the chronic sick, the most marginalised and vulnerable, the mentally ill -those 'hard to reach' groups whom LINks were particularly expected to engage - have effectively been excluded because they do not have the means to self-fund.

Indemnity. Those who monitor health and social care services need to be indemnified against personal risk, risks to the organisation being visited, and in relation to any subsequent public statements of findings. The government has refused to provide state-backed indemnity for volunteers who monitor health and social care. NALM regards this as a scandal and undermining of the effectiveness and capacity of volunteers.

THE START-UP AND DEVELOPMENT OF LINks

1. INTRODUCTION

This report examines the progress made in the development of LINks in the period April 1st 2008 - August 8th 2008. LINks replaced Patient Forums on April 1st 2008 and are now the main statutory vehicle for the public to influence policy and practice in health and social care in England.

Section: 221 Health services and social services: local involvement networks

- (1) Each local authority must make contractual arrangements for the purpose of ensuring that there are means by which the activities specified in subsection (2) for the local authority's area can be carried on in the area.
- (2) The activities for a local authority's area are—
 - (a) promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
 - (b) enabling people to monitor for the purposes of their consideration of matters mentioned in subsection (3), and to review for those purposes, the commissioning and provision of local care services;
 - (c) obtaining the views of people about their needs for, and their experiences of, local care services; and
 - d) making—
 - (i) views such as are mentioned in paragraph (c) known, and
 - (ii) reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinizing local care services.
- (3) The matters referred to in subsection (2)(b) are -
 - (a) the standard of provision of local care services;
 - (b) whether, and how, local care services could be improved;
 - (c) whether, and how, local care services ought to be improved.

Local Involvement Networks (LINks), were established by the Local Government and Public Involvement in Health Act, 2007 and are funded through an allocation from the Department of Health to each Local Authority (LA) with social services' responsibilities. Allocations are part of the Area Based Grant and are not ring-fenced. The funding allocations, calculated on the basis of Specific Needs Formula, were announced in the spring of 2008. (See Appendix A).

Mindful that local authorities needed to start work in autumn 2007 to ensure the establishment of LINks on April 1st 2008, the Department of Health (DH)

released an initial £10k to each local authority for ‘pump-priming’. The money was to be used to begin the procurement of Hosts - (the secretariat and administrative support for LINks), and to fund “transitional arrangements”, which the government accepted would be necessary to ensure the shortest possible “gap” in patient and public involvement activity following the demise of Patients Forums on 31st March 2008 and the establishment of functional LINks.

This report examines:

- the way the ‘pump-priming’ £10k has been used by local authorities
- the way funding has been used so far by LAs
- the current status of the LINks
- the effectiveness of transitional arrangements.

The research was initiated on May 14th 2008. Information was requested, under the auspices of the Freedom of Information Act 2000, from every local authority in England with social services’ responsibilities. Any authority which failed to reply within 20 working days was sent a reminder. A total of 51 local authorities failed to reply to one or both questions - an unexpected but major cause for concern.

2. LEGISLATIVE FRAMEWORK

Local Involvement Networks, (LINks), were established by the Local Government and Public Involvement in Health Act, 2007. The supporting Regulations are the Statutory Instruments (SI) 2008 No 528 (The Local Involvement Network Regulation) and (SI) 2008 No 915 (The Local Involvement Network (Duty of Services-Providers to Allow Entry). The Act and SIs came into force on 1st April, 2008. Addition Regulations (SI) 2008 No 1877(The Local Involvement Network (Amendment)) which extended the transitional arrangements to December 31st 2008 came into force on September 1st 2008).

3. METHODOLOGY

3a) The development and funding of LINks

On 14th May 2008, the following questions were sent under the Freedom of Information Act (FOI) Act 2000, to all 152 LAs with social services responsibilities:

a) Can you provide a breakdown showing how your Authority has used the initial £10,000 given to the Authority to begin the development process and procedures for LINks in your area?

b) What is the name of the Host?

- c) How long is the contract for?
- d) What is the value of the contract?
- e) What is the value of the initial payment made to the Host?
- f) How much money will your local Authority retain from the annual LINks budget for your area for your costs and for other purposes for the financial years: 2007-8, 2008-9, 2009-2010?
- g) On what date was the initial payment made to the host?
- h) Will VAT be deducted from the payment made to the host?

3b) Transitional arrangements

On June 13th 2008 the following FOI request was sent to all LAs in England with social services' responsibilities:

Re: the Local Authorities duties under Section 228 of the Local Government and Public Involvement in Health Act 2007 - transitional arrangements

- 1) What activities have taken place and will take place in the area covered by your Authority, to demonstrate compliance with your duty under Section 228 of the Local Government and Public Involvement in Health Act, during the Transition Period, whilst the LINK for your area is being established (April 1st 2008 -September 30th 2008), to:
 - a) promote, and support, the involvement of people in the commissioning, provision and scrutiny of local care services;
 - b) enable people to monitor the commissioning and provision of local care services;
 - c) obtain the views of people about their needs for, and their experiences of, local care services.
- 2) In respect of Mental Health Services, Ambulance Services, Paediatric Services and Cancer Services what specific activities have taken place to monitor these services (in relation to your duties under 1a,1b and 1c above).
- 3) In relation to question 1) and 2) above, what steps have been taken during the transitional period to:

make known to the providers and commissioners of NHS and social care services and to your overview and scrutiny committee, reports and recommendations, produced by those carrying out the transitional duty described above, that describe how the standard of local care services could or ought to be improved

4) In response to such reports referred to in 3) what action has been taken by the commissioners and providers?

4. FINDINGS

4a) The £10,000

Local Authorities (LAs) reported spending the money on:

1. ‘Events’ - awareness meetings, venue hire, conferences, roadshows.
2. ‘Staff’ - staff resources, staff travel, staff costs, officers’ time, salaries, development worker
3. ‘Legal matters’ - legal fees, professional services, professional fees, consultants, management support, research
4. ‘Publicity’ - publications, media advertising, printing, newsletters
5. ‘Procurement’ - pre-qualification questionnaires, tender advertisements, tendering process, development of the specification, evaluation panels, bidder events
6. Supporting LINk development’ - setting up transitional LINks, supporting ex-PPIF members, mapping local groups, support for people who are deaf, and for use of palantypists.
7. ‘Other’- catering, travel, taxis, supplies and services, IT, dedicated phone lines, TUPE costs.

Examples of best practice included those LAs which reported spending *none* of the ring-fenced £10k and instead rolled it forward into the current financial year (2008-2009) to support LINks, e.g. Hackney in London. Some were waiting for advice from the DH as to whether they could do this. The DH confirmed in correspondence with NALM on July 21st 2008 that this sum could be rolled forward.

Some LAs, having spent only part of the £10k, were rolling the remainder forward to the financial year 2008-2009 to use for LINks development.

Some LAs had spent the whole of the £10k on procurement and had reserved nothing to support transitional work.

Of the 108 LAs which replied to this FOI request before October 2nd, 11 left the question ‘Use of Initial £10k?’ blank. Of those who did give details, 49 had spent all the £10k on their own costs, 2 said they had not used any of it (one saying that they would roll it forward), and the

rest were not explicit, e.g. “awaiting information”, “promoting LINks”, “the development of LINks” etc. Only 6 specifically spoke of using the £10k to support transition.

4b) The name of the Host.

See appendix B

4c) Length of contract with Host?

- a) The forty one Local Authorities who answered the question stated that they have contracted with the host for:

-3 years - Twenty-five LAs
-3 years, plus 1, plus1 (subject to satisfactory performance) - Three LAs
-3 years plus 2 - Two LAs
-3 years plus 2 (not exceeding 5) - One LA
-2 years, 8 months - Two LAs
-1 year plus 2 - One LA

Others reported various start dates in 2008, ending in March 2011 - (Four LAs)

Or various dates in 2008, ending in March 2010 - (Three LAs)

- LAs offered contract extensions to Hosts subject to satisfactory performance.
- Contracts with “transitional hosts” were reported as ranging from 4-6 months.
- Other LAs said the length of contract was: “yet to be agreed” or “subject to funding”.

b) Thirty two local authorities left the answer to this question blank:

4d) What is the value of the contract?

Over the three years (2008-2011) each local authority with a social services responsibility will receive non-ringfenced funding for LINks. Appendix A shows how much each local authority is projected to receive for each of the three years. The critical issue for LINks members will be to ensure that the full budget allocation is spent on LINks and where this is not the case, to participate in ‘area agreement’ negotiations, so that they can struggle for the allocation to be spent on LINks rather than some other purpose. Careful monitoring of the allocation from central government against the actual contracted expenditure on the Host will be an important way of monitoring this. But the key issue will be how much control LINks members will have over the allocation.

4e) What is the value of the initial payment made to the Host?

LAs responded with a great deal of information about the developing contractual relationship with the Host. See Appendix B for full details.

4f) LINk funding: proportion of allocation retained by Local Authorities

How much money will the LA retain from the annual LINks budget for its own costs and for other purposes for the financial years: 2007-8, 2008 9, 2009-2010.

There was a very wide difference in local practice, ranging from those LAs which intend to retain *none* of the allocation, funding their ‘performance management of the host’ out of other budgets (e.g. Torbay, Swindon, Rochdale, Lancashire, Cheshire, Hull, East Riding of Yorkshire), to those taking 15% (Kensington and Chelsea) and the equivalent of 12.6% (Haringey, taking £64,900 from the 3-year budget total for the LINk of £514k)

Other LAs are retaining the following amounts: Sefton, will retain for itself £52,934 out of a 3-year allocation of £513K (10.3%), North Yorkshire, retaining £68k (10.3%) over the three years out of a total allocation of £660k and Cornwall, retaining £60k out of a total LINk allocation of £756k (7.9%).

Some LAs are taking a minimal amount of 1-2% (e.g. Warwickshire), but many, apparently taking a lead from the DH that 8-10% would be a ‘reasonable’ fee, are taking about 10%.

All inroads into the allocation for LINks are potentially harmful to the community, because the inadequate budget available to LINks (£27m pa) is almost identical to that was available to Patients’ Forums and ‘Community Health Councils’ before them. Forums were responsible solely for monitoring health services, whilst LINks are expected to work with both health and social care services and to have a membership of hundreds or even thousands. Thus LINks are expected to take on vastly more work than Forums for the same budget.

[**Stephen O'Brien MP**](#) (Eddisbury, Conservative). What plans has the Minister to broaden the membership of local involvement networks compared to patients' forums; and what assessment she has made of the impact of the Comprehensive Spending Review funding settlement for local involvement networks on that broadening?

[**Ann Keen MP**](#) (Parliamentary Under-Secretary (Health Services), Department of Health) Local involvement networks (LINks) will enable genuine involvement of a far greater number of people than is currently available under patients' forums. (March 4th 2008)

The DH did retain a contingency of £3m for transitional LINks issues and this has mostly been allocated for DH developmental work with Hosts, rather

than being made available for regional and national development of LINks infrastructure.

The government is considering *widening* the remit of LINks and has invited approaches from LINks interested in piloting such initiatives, e.g. in their document ‘Communities in Control: real people, real power’ DCLG, (July 2008):

Point 5.13: “We will also be inviting LINks to come forward if they would like to pilot expanding their remit beyond health and social care issues”.

Yet the Health Minister, Ann Keen MP, stated “the Department (of Health) received an allocation of £84 million over three years from HM Treasury to fund the establishment and costs incurred by LINks and has *no plans to bid for any further funds*”(Ann Keen, March 4th & May 25th 2008).

There exists the opportunity for LAs to devote *more* of the Area Based Grant to LINks as Ann Keen MP has stated: “The level of the local authority contribution to the local involvement network (LINK) is a matter for individual councils, but,” The Minister’s standard reply to demands for greater accountability for LINKs budget is that it is a matter for local determination.

Alan Meale MP (Mansfield). What mechanisms has the DH in place to monitor local authorities’ expenditure of funding allocated through local involvement networks for social care?

John Healey MP (Minister of State, Local Government). The level of local authority contribution to the local involvement networks (LINKs) is a matter for individual councils.

There is apparently neither any intention nor mechanism for the DH to monitor the financial and contractual relationship between LINks, Hosts and LAs. This hands off approach, could lead to disaster for LINks if they do not have adequate control over their budgets, because the power of LINks compared to that of the LA is minimal. The Audit Commission has also refused to carry out such a review.

Creation of Local Involvement Networks (LINks) in England

“Thank you for your letter regarding the creation of Local Involvement Networks in England...The Commission also assesses the performance of local authorities through Comprehensive Performance Assessment and undertakes inspections in support of it. We also undertake a number of national studies of NHS and local authority activity focussing on financial management and value for money. We are not therefore in a position to undertake the kind of investigation that you propose and I am sorry that this will be disappointing to you.” (Steve Bundred, Chief Executive, Audit Commission, June 27th 2008).

Neither are there plans for the DH to monitor other aspects of the development of the new LINks system:

Joan Humble MP (Blackpool North & Fleetwood): To ask the Secretary of State for Health how many local authorities have appointed host organisations to set up local involvement networks (LINks); and what steps the Government are taking to ensure that host organisations for LINks will be in place by the September 2008 deadline. [203621]

Ann Keen MP: The Government do not collect the requested data centrally.

4g) On what date was the initial payment made to the host?

See Appendix B.

4h) Will VAT be deducted from the payment made to the host?

See Appendix B.

5) TRANSITIONAL ARRANGEMENTS

The main areas of concern identified from the responses related to misunderstandings about the role of “transitional arrangements”, e.g. some LAs believe that the appointment of a Host signals the end of “transitional arrangements” or renders them unnecessary. This may be due to misleading statements in the NCI Guides. Guide No 7 - ‘Transitional Arrangements for LINks’ which says:

“LAs that have not procured a host organisation to support LINk activities will be in ‘transition’”

However, the legislation says:

228 Transitional arrangements

- (1) *When a local authority becomes subject to the duty in section 221(1), it also becomes subject to the following duty.*
- (2) *That duty (“the temporary duty”) is to ensure until the relevant time that there are means by which the activities specified in section 221(2) can be carried on in the local authority’s area.*

Other LAs have interpreted the Act and Regulations in the way intended by Parliament and have distinguished between ‘appointment of the host’ and ‘actualisation of LINk activity’ and have either facilitated the ‘transitional LINk’ themselves or hired a ‘transitional host’ for the appropriate time, thus ensuring LINk activity took place from 1st April 2008. ‘Transitional arrangements’ were made part of the legislation following lobbying by NALM and others, specifically to ensure there was no gap in meaningful involvement and monitoring activity between the end of Patient’ Forums on March 31st 2008 and establishment of substantive LINks as statutory bodies.

The data collected by NALM reveals that the Act and the Regulations are being interpreted by LAs in many different ways. The following statements sent by some LAs gives a flavour of the understandings and misunderstandings of the meaning of ‘transitional arrangements’ by LAs.

Some believe that ‘transitional arrangements’ apply:

“...only if there is no host. The moment a host is appointed, transitional arrangements are irrelevant.”

others stated that:

‘having a host in place means that the LA had ensured there were means by which the 221 activities could be carried out’.

Examples:

“Bournemouth Borough Council appointed Help & Care as the Host organisation for LINk (in collaboration with Poole Borough Council) on 3rd March so we have not had to put in place any transitional arrangements.”

Kensington and Chelsea: “Advice from the DH is that the transitional arrangements which are detailed in the FOI request are aimed at those Authorities where a Host has not been appointed.”

Lewisham: “We are sorry to inform you that this information is not held. Lewisham Council is not subject to the ‘transitional arrangements’ set out under Section 228 of the Local Government and Public Involvement in Health Act since it completed the procurement of a Host organisation by the end of March 2008.”

North Yorkshire: “NYCC has made contractual arrangements for the purpose of ensuring that there are means by which activities in subsection 221(2) of the LG&PI in Health Act 2007 can be carried out in the area. It has done this by entering into a contract with NBF to be the Host for the North Yorkshire LINk from 1st April 2008. This means that we have fulfilled our ‘temporary duty’ under Section 228.”

Oldham: “I would advise that the contract to establish the Oldham LINk was awarded to the Gaddum Centre with effect from 1st April 2008. Therefore there has been no need for any ‘transitional arrangements’ to be put into place.”

Some LA with a positive stance towards transitional arrangements said that they encourage:

...those interested in LINks to assist the host to design leaflets, give out contact phone number, identify interested parties, set up a website, design logos, talk to leads of PCTs and NHS Trusts and OSCs and plan and hold meetings to publicise the LINk.

Examples:

Plymouth: “Transition group established currently looking at representation mapping for LINk, governance arrangements, LINk priorities from feedback, training, development, development of logo for Plymouth LINk and the creation of new websites”

Liverpool: “Transitional Steering Group established comprising 8 representatives from previous PPI Fora; 6 representatives from service user/social care networks, 2 representatives from the voluntary/community sector. The group received an induction session on their role in LINks in May 2008 and the first full meeting was held on 13th June. At this meeting ‘terms of reference’ were approved along with a code of conduct to govern meetings and an outline work programme. The engagement and involvement sub-group is considering ways to ensure diverse and seldom heard communities can get involved in the work of LINks. A newsletter has been produced and distributed to a wide stakeholder base (established from the original public stakeholder event in Dec 2007) and distributed via all GP surgeries, libraries, NHS Trust, tenants and residents assoc, ex PPI Fora members, voluntary and community sector organisations; service users and community networks. The newsletters were utilized at a Patients Awareness Day at the Royal Liverpool Hospital in June and at “Your Community Matters” events being held in neighbourhoods across the city. A website is also available on www.liverpool.gov.uk to keep local people up to date with LINks developments and how they can get involved.”

others said ‘transitional arrangements’:

...mean that the ‘transitional LINk’ has to have decision-making delineated, governance agreed, identify how members will be remunerated, and have policy to deal with consequences of contraventions before it can do anything. In other words, it is just like the substantive LINk.

Examples:

Shropshire: “LINKs are a new arrangement with their foundation in the Local Government Act 2007. In the act there is a transitional stage. In all cases the LINK needs to develop and have in place its governance arrangements before it can fulfil any of its roles as set out in your questions. Therefore we do not feel we can answer these questions directly at this stage.”

Stoke on Trent: “Clearly until the governance arrangements are in place the Section 228 powers cannot be used.”

Another view on transitional arrangements was that it means:

...talking to providers and commissioners - PCTs, NHS Trust, OSCs and social services providers - before the LINK starts work.

Examples:

East Sussex:” The LINK Interim Core Group are having a number of introductory meetings with the relevant officers from Health and Social Care agencies to introduce them to how the LINK will develop and operate. Once the LINK has agreed policies and procedures in place they will begin a more formal dialogue with these agencies.”

...setting up a Steering Group/Project Group (there were various titles) to monitor the development of the LINK:

Gateshead; “Members of the LINK Interim Steering Group were invited and attended two half-day events with Members of our Overview & Scrutiny Committee. These workshops were facilitated and supported by the Centre for Public Scrutiny to look at how our OSC would build on the relationship it had with the PPI Forums and develop its relationships with LINK. The Host and two members of the Steering Group attended the June 2008 meeting of the OSC. They used this opportunity to report on progress and updates with the work outlined above. For the reasons outlined in para 1, the LINK Steering Group has not yet monitored the services you refer to.”

Hampshire; Hampshire Transitional Committee; “Reports have been taken to various select committee, departmental management teams and LSP groups. Meetings have also taken place with lead Chief Executives from the 11 Borough and District Councils in Hampshire. Regular meetings have also taken place with Hampshire PCT and NHS trusts in Hampshire, for staff and the voluntary sector. Hampshire Transition Committee has sought to build on existing networks already established and therefore it is difficult to describe exactly

what can be attributed at this moment of time, in terms of service change, to the work of the Transition Committee.”

...is a period when both the host (temporary or substantive) and the LA are providing support:

Middlesborough: “all activities are now co-ordinated by the Carers Federation. Council staff continue to support and attend the group as requested. The Carers Federation will be attending OSC meetings to ensure close working relationships from the start. Work plans will be developed in line with OSC timetables and LSP targets. There have not been any reports produced or recommendations made to date.”

...means appointing a temporary support organisation.

Greenwich: “Greenwich Council has an interim Host, the Shaw Trust (1st April- 30th September 2008) to work with the interim LINk on setting up the steering group and sub-groups, sorting out governance, finance etc. The Authority is out to tender for the full-time Host who will start on 1st October for a 2½ year contract.”

Haringey: “Interim Support to ‘shadow’ LINk for Haringey put in place with effect from 1st April 2008; ‘Shadow’ LINk formed to enable monitoring of issues e.g. from PPI Forums’ ‘legacy’ and any LINks activities needed during the Transitional Arrangements to take place; CRB verification undertaken & small visits team enabled;”

...does not apply to early adopters

Durham:” Since County Durham Council was one of the LINk Early Adopter Projects (EAP), we are pleased to confirm that transitional arrangements have not been necessary.”

...is ‘optional’ - the LA may prefer to put all its efforts into procurement of a host.

North Somerset: “At its meeting in April 2008 the Steering Group resolved to advise the local authority not to enact any of its section 228 powers as it was anticipated the host organisation would be in place and operating by May 1st 2008. The Host began its work on April 25th. This decision was re-enforced at its June meeting and resolved to put its time and energy with the Host to setting up the LINk governance structure at the earliest possible time. This has been set for November 2008 following engagement and consultation on a draft

consultation for the LINk and an election process for members of its governance body.”

...only applies when there is a long gap between 1.4.08 and the appointment of a host. A few months is not worth bothering about.

Calderdale:” The Contract was awarded at the start of June, leaving a gap of just over two months. Under the circumstances there has been no need to establish elaborate transitional arrangements, which in any case would require longer than two months to produce any effective involvement.”

...is not necessary as there are a range of existing tools that the Council and the NHS use that provide information about services.

Newham: ” The Council and its NHS partners have a range of public involvement schemes and projects in place that are used to gather patient’s views that complement statutory patient involvement such as the LINk and the previous PPI Forums.”

...was delayed as the legacy statement and former PPIF members contact details were handed on in encrypted format.

Coventry: “Information from CPPIH including handover reports was not received by this Authority until mid-May and the names and addresses of former PPI forum members was received in encrypted file format late in May”

...means the host talking to senior management of NHS Trusts and the council to discuss their plans for the LINk

Doncaster: “Letter was sent out on the 7th May to commissioners and service providers of NHS and Social Care services. As a result of this, a request has been made to the Carers Federation to hold a meeting with senior management from the NHS Trusts and the Council to discuss their plans and the way the LINk might work.”

...the LA transferring to the Host, when appointed, what knowledge the LA had of former PPI work.

Gloucestershire: ” Following putting in place the necessary appropriate contractual arrangements, the role that the County Council has taken has been a supportive one concentrating on transferring knowledge to the new Host Organisation as they put in

place arrangements to establish a working LINK - in order that local people have a stronger voice in their care. The County Council handed over responsibility to the CC on 20th June at the meeting of the Steering Group.”

...the council’s existing involvement activities with the NHS continuing.

Hounslow: “The Council has a wide range of involvement activities in place many of which overlap with the NHS due to our joint areas of responsibility. All of these activities have continued.”

...means developing the LINk membership

Isle of Wight: “We have created a large database of potential LINk members across the island, which provides a good basis on which to build a representative LINk. As the LINk membership is still being developed the LINk itself has not yet produced any reports or recommendations.”

...means that the LA cannot get involved

Islington:” Government regulations released in April 2008 required, however, that the activities listed in your points a) - c) cannot be carried out by the Local Authority but must be carried out by a ‘third party’ body,”

... means that individuals and organisations are involved in the selection, evaluation and scoring of the host.

Lincolnshire: “the LINk is heavily involved with the procurement of a Host organization which is on target to be in place by the 30th September.”

Harrow: “The transitional group did not carry out commissioning, scrutiny of local services or monitor commissioning. At transitional group meetings we were undertaking the procurement process for the host organization.”

There are numerous examples of good practice in the examples shown above, however many of these interpretations fail to satisfy the central purpose of ‘transitional arrangements’ i.e. that there should be no gap in public involvement when Patients’ Forums were abolished on 31 March 2008. NALM follows the description of the transition given by Baroness Andrews, Parliamentary Under-Secretary of State in the Lords on 22nd October, 2007...:

“That is why this amendment on transition, which inserts a new clause, is so important. It may look a bit complicated, but its purpose is straightforward. Government Amendments Nos. 61 to 63 arise from these constructive discussions over the past few months about the need to address the possibility that there might be a gap in patient and public involvement activity should there be any delay between the abolition of patients’ forums and the establishment of LINks. I want to clarify one or two points on this. The question might arise of how we will know if the formal LINk arrangements have been reached and thus when the transitional period ends. We think that three clear stages will have to have been reached: first, when a host has been procured; secondly—here our amendment on governance is particularly relevant—when the LINk governance arrangements are in place; and, thirdly, when the LINK has begun to meet to start carrying on its activities.”

6) THE GAPS

The obligation to ensure that “LINK activities”, as defined under section 221, took place from April 1st 2008 and that involvement continues seamlessly (following the abolition of Patients’ Forums) appears to have rarely been met in full. Significant “gaps” in such activities were identified across the country. The distribution of leaflets, setting up of websites, awareness-raising events etc, do not by themselves meet the legal duty on LAs to ensure that section 221 activity continued from April 1st 2008.

The data suggests three causes:

- a) misunderstanding of the legal duty to establish ‘transitional arrangements’.
- b) late passage of the Local Government and Public Involvement in Health Act and Regulations, leaving LAs little time to fully understand and comply with their legal obligations and duties.
- c) devolving to overstretched LAs the duty to set up LINks. The job was often given to ‘LINK Leads’ who usually had existing roles and responsibilities. LINks leads required a sharp learning curve, in a tight time-frame, to set up ‘transitional arrangements’ and arrangements for the new system.

The DH encouraged LAs to wait until the Regulations were published before finalising the specification for the Host tender. However, some LAs went out to tender and procured the Host before fully aware of their obligations. Further, having passed the legislation, the DH and Department of Communities and Local Government, in the view of NALM, failed to provide adequate support to local authorities to establish LINks and have been reluctant to take responsibility for the almost total loss of public involvement and monitoring of health care caused by the delay in establishing the new system. With better organisation both health and social

care could have been subject to effective monitoring and scrutiny by transitional LINks from April 1st 2008.

The more proactive LAs used the legacy statements of Patients' Forums as a baseline indicator to promote transitional activity, and this has given momentum to the new system as well as direction for the transitional work. Further, it has made it possible to support ongoing representation on committees of Trusts, PCTs, and OSCs, which is essential for the continuation of effective community influence on the decisions made by these bodies. Other LAs appear to have no record of the legacy of Patients' Forums and seem unaware of the availability of this information from the PCX website (www.pcx.nhs.uk)

7. COMPLIANCE WITH DUTIES UNDER THE FREEDOM OF INFORMATION ACT BY LOCAL AUTHORITIES

Public bodies are normally required by law to respond to requests for information within 20 working days.

116 LAs responded to the FOI request from NALM by October 2nd 2008. Eight LA responses merely acknowledged receipt of the FOI request and failed to supply the information requested. Many have not replied to the specific questions asked, but have made general comments.

One LA declined to respond to the FOI request, on the basis that the request was regarded as an 'enquiry' (despite the fact that the request was clearly entitled FOI).

North Yorks LA helpfully replied to our request for information as follow:

"According to guidance from the Information Commissioner, requests which are not for recorded information, but instead ask questions, such as 'please explain your policy on 'x' or please 'explain your decision to do 'y' are not requests for recorded information and therefore should be treated as normal correspondence. Whilst I do feel that the questions you have raised fall into this category of normal correspondence rather than being FOI requests, the Council does have a duty to provide you with a response."

By October 2nd 2008 as 50 LAs had **not** replied to one or other of the FOI requests, despite having been sent a reminder of their duty to respond to FOIs within 20 working days an additional letter was sent to the Chief Executive of each of the 50 LAs (Appendix C). The full details of responses received after October 2nd will be presented in our final report.

8. INITIAL CONCLUSIONS.

- (a) There is considerable variation in interpretation of the legislation by local authorities, which has caused a great deal of confusion and frustration amongst potential members of LINks.
- (b) This situation has been exacerbated by ambiguous statements in NCI Guides and DH publications; e.g. the Explanatory Memorandum to the SI 1877 2008. 7.4 [“These Regulations extend the maximum period by three months (the transitional arrangements) to ensure all local authorities have further opportunities to contract with a Host while retaining the temporary duty to ensure local involvement networks’ activities can take place”.]
- (c) A lack of meaningful involvement activity has caused many would-be LINK members to drift away. Those at whom transition was aimed - the experienced and committed - have suffered the greatest frustration and their reasonable expectations have in many cases not been met. Though passion and commitment has retained many, a lot of experienced and knowledgeable people felt this vacuum was the last straw and are using their energy elsewhere.
- (d) Those individuals who have wished to maintain involvement in monitoring activities have often been able to do so only at their own expense and with no clear prospect of having their expenses re-funded. This has inevitably meant that the unwaged, the chronic sick, the most marginalised and vulnerable, the mentally ill-those ‘hard to reach’ groups whom LINks were particularly expected to engage - have effectively been excluded because they do not have the means to self-fund. Knowing that the £10k the DH devolved to every relevant local authority was for the purpose of financing work in transition, as well as for procurement, many individuals have found this a bitter experience.
- (d) Those employed by “organisations” involved in health and social care are in a better position, as they are paid to continue PPI involvement activities, and because their activities fall within the terms of their employment. Thus the volunteer is in practice discriminated against.
- (f) Many local authorities which have recognised the duty to set up effective ‘transitional arrangements’ have got off to a good start. They have distinguished between the appointment of the Host and actualisation of the substantive LINK as described by Baroness Andrews. This group of LAs have ensured meaningful work, that s221 activities could continue, have retained interested parties and provided ‘quick wins’, which signalled to others that the LINK was worth joining and capable of making a difference.

- (g) It is likely that the government will look towards LINks being a model for community engagement on a wider front (see DCLG White Paper, Chapter 5 5.13) and Ministry of Justice, “National Framework for Greater Citizen Engagement” July, 2008. For this to happen, citizen engagement must be credible, and viewed as a beneficial experience. The government must take responsibility for ensuring that its legislation is properly understood by those charged with implementing it and that there are systems of remedy should things go awry.
- (h) Various avenues have been used by NALM assist in resolving difficulties described above, including approaches to Ministers, civil servants, the NCI and CfPS , use of PQs, FOI requests and the Ombudsman. The only consistent response has been “these matters are to be determined locally”. This approach has in effect led to the need for extension of Transitional Arrangements by three months to December 31st 2008.
- (i) The advice and guidance provided to those involved in the development of LINks, has in the view of NALM been poorly handled. The responsibility for support was given first to the National Centre for Involvement and then devolved their partner the Centre for Public Scrutiny, where the first of the Guides for LINks were written in great haste, making it impossible to consult the NCI Reference Group in some cases. NALM has recently joined the Reference Group.
- (j) A final point on indemnity. There remain many unresolved issues, not least that of indemnity for LINks members. Those who “enter and view” need to be indemnified against personal risk, or risks to the organisation being visited, and for any subsequent public statements of findings. In the previous models of ppi, the CHCs and Patients’ Forums, members were indemnified through the Commission of Patient and Public or Involvement in Health or DH backed by Treasury Guarantee. Repeated overtures to the Department of Health accompanied by detailed Briefing Papers outlining the serious concerns implicit in lack of uniform and universal indemnity, have failed to convince them of the need for state-backed indemnity.

Alan Meale MP (Mansfield, Labour). To ask the Secretary of State for Health what arrangements there are for local involvement network (LINK) members to be provided with legal indemnity by his Department when they undertake activities on behalf of a LINK?

Ann Keen MP (Parliamentary Under-Secretary (Health Services)). There are no central arrangements to provide indemnity for those involved in local involvement networks. This is a matter to be determined locally.

Notwithstanding that the “enter and view” function is but one of the powers accorded to the LINk, it is the one that many will see as pivotal to transparency and accountability of services and fundamental to the

independence that LINks should enjoy. Without adequate indemnity, LINks will fail to perform this role effectively.

Many services cross LINks boundaries, so cross-border working will be inevitable and indeed, this is recognised and enshrined in the Regulations. Having many different frameworks of indemnity in different LINks will be a minefield for the LINks member and could put them at significant, personal and financial risk.

NALM, OCTOBER 2008.

APPENDIX A

Funding amount for each area

Over the three years (2008-2011) each local authority with a social services responsibility will receive non-ringfenced funding for LINks. The following table outlines how much each local authority is projected to receive for each of the three years.

Principal Metropolitan Cities

Birmingham £558k £556k £554k
Leeds £308k £307k £306k
Liverpool £291k £288k £286k
Manchester £288k £287k £287k
Newcastle upon Tyne £171k £170k £168k
Sheffield £263k £263k £262k.

Other Metropolitan Districts

Barnsley 0£152k £152k £152
Bolton £166k £166kk £165
Bradford £259k £259k £260k
Bury £122k £122k £122k
Calderdale £130k £130 £130k
Coventry £178k £177k £177k
Doncaster £172k £172k £172k
Dudley £173k £173k £172k
Gateshead £140 £139k £138k
Kirklees £202k £202k £202k
Knowsley £140k £139k £139k
North Tyneside £134k £134k £134k
Oldham £151k £151k £151k
Rochdale £147k £146k £146k
Rotherham £16 0k £160k £160k
Salford £159k £158k £157k
Sandwell £202k £202k £201k
Sefton £172k £171k £170k
Solihull £119k £119k £119k

South Tyneside £127k £126k £126k
St Helens £132k £132k £132k
Stockport £149k £149k £148k
Sunderland £176k £175k £174k
Tameside £146k £146k £146k
Trafford £130k £130k £129k
Wakefield £182k £182k £182k
Walsall £170k £169k £169k
Wigan £175k £175k £175k
Wirral £200k £199k £199k
Wolverhampton £169k £168k £167k

Inner London

City of London £63k £63k £64k
Camden £176k £177k £179k
Greenwich £188k £188k £188k
Hackney £207k £207k £206k
Hammersmith and Fulham £143k £143k £143k
Islington £170k £170k £169k
Kensington and Chelsea £140k £142k £143k
Lambeth £20k7 £206k £205k
Lewisham £197k £195k £194k
Southwark £211k £210k £209k
Tower Hamlets £208k £208k £208k
Wandsworth £169k £169k £168k
Westminster £174k £176k £178k

Outer London

Barking and Dagenham £147k £146k £146k
Barnet £182k £182k £182
Bexley £131k £131k £131k
Brent £185 £185 £184
Bromley £151k £151k £150k
Croydon £188k £188k £187k
Ealing £183k £182k £182k
Enfield £179k £179k £178k
Haringey £172k £171k £171k
Harrow £138k £138k £138k
Havering £133k £132k £132k
Hillingdon £147k £147k £146k
Hounslow £142k £141k £141k
Kingston upon Thames £102k £102k £102k
Merton £123k £123k £123k
Newham £214k £213k £212k
Redbridge £156k £156k £156k
Richmond upon Thames £107k £10k7 £107k
Sutton £118k £117k £117k
Waltham Forest £164k £163k £162k

Shire Counties

Bedfordshire £171k £172k £172k
Buckinghamshire £182k £182k £182k
Cambridgeshire £219k £220k £222k
Cheshire £257k £257k £258k
Cornwall £252k £253k £255k
Cumbria £232k £232k £232k
Derbyshire £314k £315k £316k
Devon £298k £299k £301k
Dorset £183k £184k £184k
Durham £256k £255k £255k
East Sussex £236k £237k £237k
Essex £480k £482k £484k
Gloucestershire £23k 1 £231k £231k
Hampshire £378k £379k £381k
Hertfordshire £361k £361k £361k
Kent £492k £493k £495k
Lancashire £454k £455k £456k
Leicestershire £219k £22 0k £221k
Lincolnshire £285k £287k £29k
Norfolk £342k £344k £345k
North Yorkshire £222k £222k £223k
Northamptonshire £253k £254k £256k
Northumberland £165k £165k £165k
Nottinghamshire £304k £305k £306k
Oxfordshire £222k £223k £223k
Shropshire £150k £15 0k £151k
Somerset £226k £227k £228k
Staffordshire £301k £302k £303k
Suffolk £28 0k £281k £283k
Surrey £333k £333k £333k
Warwickshire £212k £213k £214k
West Sussex £281k £281k £282k
Wiltshire £181k £182k £183k
Worcestershire £222k £223k £223k

Shire Unitary Authorities

Bath & North
East Somerset £109k £109k £109k
Blackburn with Darwen £123k £123k £123k
Blackpool £126k £126k £126k
Bournemouth £119k £118k £118k
Bracknell Forest £086k £086 k £086 k
Brighton & Hove £148 k £147 k £147 k
Bristol £210 k £209 k £208 k
Darlington £096 k £096 k £096 k
Derby £15 £149 £149
East Riding of Yorkshire £158 k £159 k £159 k
Halton £111 k £110k £110k

Hartlepool £099 k £099 k £099 k
Herefordshire £119 k £119 k £119 k
Isle of Wight Council £115 k £115 k £116 k
Isles of Scilly £61 k £61 k £61 k
Kingston upon Hull £173 k £172 k £171 k
Leicester £186 k £185 k £184 k
Luton £131 k £13 k £131 k
Medway £136 £136 £136
Middlesbrough £122 k £121 k £121 k
Milton Keynes £129 £13 £131
North East Lincolnshire £120k £12 0k £120k
North Lincolnshire £114 k £114 k £114 k
North Somerset £121 k £122 k £123 k
Nottingham £184 k £183 k £182 k
Peterborough £122 k £122 k £123 k
Plymouth £151 k £151 k £151 k
Poole £103 k £102 k £102 k
Portsmouth £125 k £125 k £125 k
Reading £104 k £104 k £103 k
Redcar and Cleveland £116 k £116 k £116 k
Rutland £69k £69k £69k
Slough £104k £103k £103k
South Gloucestershire £124k £124k £125k
Southampton £141k £141k £141k
Southend-on-Sea £123k £123k £123k
Stockton-on-Tees £126k £126k £126k
Stoke-on-Trent £163k £162k £161k
Swindon £112 k £112k £112k
Telford and The Wrekin £119 k £120k £120k
Thurrock £111k £112k £112k
Torbay £119k £120k £120k
Warrington £117k £117k £117k
West Berkshire £95k k £95 £95k
Windsor and Maidenhead £93k £93k £93k
Wokingham £87k £88k £88k
York £108k £108k £108k

APPENDIX B

LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
LB.BARKING & DAGENHAM	£130k annually.	£15k per annum held back to meet additional expenses and will be available to Host on an ad hoc basis.
BATH & NE SOMERSET	£109k per year.	5% of annual grant.
BLACKBURN WITH DARWEN BC	£344,052.	There is no specific grant for LINks as this has been included in the Area Based Grant is not ring-fenced. However, in addition to the contract value the LA has allocated £8k each year for contract management.
BOURNEMOUTH BC	2008/9: £110,670 2009/10: £109,740. 2010/11: £109,740.	2008/9: £8330. 2009/10: £8260. 2010/11: £8260.
BRACKNELL FOREST	£30k ex VAT. <i>(Transitional host)</i>	£4k per annum.
BRENT*	Value of contract: £45,975. <i>(Transitional host)</i>	Client management costs for 2008/09, 2009/10, 2010/11 will be determined as part of the procurement process for the substantive host org.
BRIGHTON & HOVE	This is commercially sensitive information.	Between 5% and 10% as suggested within DH guidance.
BUCKINGHAMSHIRE COUNTY COUNCIL	£514k. .	2008-09: £18k (to reflect overheads for trans.activity and a higher level of contract management 2009-10: £7k. 2010-11: £7k.
BURY MBC	Yet to be agreed (still in cooling off period)	Yet to be decided
CALDERDALE	£390,000. (£345k to Host over 3 yrs)	£15k per year

CAMBRIDGESHIRE	£627,950.	2007/08: £10,950. 2008/09: £11k. 2009/2010: £11,100.
LB CAMDEN	£60k. (Transitional arrangements)	Council will retain from the annual LINks budget for Camden for its costs and other purposes: 2007/08: £8,800. 2008/09: £8,850. 2009/10: £8,950.
LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
CHESHIRE CC	Funding received: £257k 08/09 £257k 09/10 £258k 10/11	LA does not intend to keep back any money; It will all go to support the work of the host / LINK
CORNWALL	£684k.	£2007-08: £25,200. 2008-09: £25,300. 2009-10: £25,500.
COVENTRY	Subject to ratification by Cabinet	Subject to ratification by Cabinet
CUMBRIA CC	Contract for £220k per annum.	£12k per annum
DARLINGTON	£96k per annum for 3 years.	LA will not retain any funding from the allocation to cover LA costs.
DERBY	£397k	£3k per annum to cover monitoring costs.
DEVON	Year 1: £293K Year 2: £294k Year 3: £296k.	£5k per annum with any surplus to be returned to the LINk.
DORSET	£512,430 ex VAT (DCC only)	£200/08: £12,810. 2008/09: £12,880. 2009/10: £12,880.
DURHAM	£230k per annum.	No money retained for 2007/08. £22k for 2008/09. Unable to say at this point in time for 2009/10.
EALING	£488k over 3 years.	£59k over the 3 years.
EAST SUSSEX CC	Contract for £200k per	2008/09 £36K

	annum.	2009/10 £36k 2010/11 £37k
ESSEX CC / SOUTHEND BC (worked jointly)	£1,815,000.00 covers Essex CC and Southend BC. (Southend's element is £369k)	Southend BC will need to deduct an element of funding to cover cost of contract management which is covered by £5k above for year 1 and £2,500 for years 2 and 3.
GATESHEAD	£390k (£130k for years 1,2, and 3)	Council was allocated funding via Area Based Grant: 2008/09: £139,540. 2009/10: £138,941. 2010/11: £138,359.
LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
HARINGEY	£419,100k. Year 1: (9mths only) £112,100 plus £30k interim (£449,100) Year 2: £153,500. Year 3: £153,500.	£29,900 (transition and contract management) Year 2: £17,500. Year 3: £17,500.
LB HAVERING	£315, 00 over 2 years and 9 months.	£12,750 (9 months) Years 2 and 3: £18k.
LB HILLINGDON	£396k.	2008/09: £14.7k 2009/10: £14.7k 2010/11: £15.6k
HERTFORDSHIRE	2008-09: £261k. 2009-10: £361k. 2010-11: £361k.	Contract not yet awarded.
ISLES OF SCILLY	Contract value is £123k.	£20k per year, for the length of the contract for monitoring and management purposes.
ISLINGTON	Contact price for the first nine months is £136,541. The contract price for the further two years is fixed at £174.063 per annum. Contract will be effective from 1 st July	Contract price is the full amount of the LINks grant pro rata from 1 st July 2008.
RB KENSINGTON & CHELSEA	£2008/9 £117,850. Years: 2009/10 and 2010/11 not yet	2008/9 answered in question 1; (Relates to £10k)

	agreed.	from DH) 2009/10 15% 2010/11 not decided.
KINGSTON UPON HULL	The initial contract will be for a period of 3 years which was linked to the Area Based Grant Settlement and contained a notional budget allocation for the establishment and management.	The total contract value for the three year period amounts to £469,760 excl of VAT, which is subject to final agreement
KINGSTON-UPON-THAMES.	£286,204.	£19,796 in total.
KIRKLEES	£169k per annum (this was the successful bid) Not all funding allocated from Gov spent on the contract - Kirklees allocated £202k per annum	It is likely that a small amount will be spent on managing the contract but no specific amount allocated.
LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
LANCASHIRE CC	Year 1: £455k Year 2: £455k Year 3: £457k	All allocated monies will be invested in the project.
LEWISHAM	£175K per annum in year one.	For 2007-08 the Council has decided to retain £22k to meet costs associated with transitional arrangements and contract monitoring. In years 2 and 3, proposed to retain 5% of funding, around £10k, to meet contract monitoring costs.
MANCHESTER	Total contract values £862k. .	The LA is not retaining any of the grant money; all will go to the Host for setting up and supporting the Manchester LINk.
MEDWAY	£360,000.	10% for contract management costs.

LB MERTON	£100,115 annually. (this will remain fixed for a min. period of 12 months. Any annual increase agreed shall not exceed the value of the grant monies allocated by DH.)	2008/09: £22,885. It is expected that the LA will retain the same figure for each of the subsequent years.
MILTON KEYNES	£368,970.	£10,000. £82 and £11,748. for financial years 2007-08; 2009-9, 2009-10.
NEWCASTLE	Total value: £423,000.	2008-09: £6k. to fund transitional arrangements until permanent LINk is operational. £7k evaluation. 2009-10: £7k.
LB NEWHAM	£507,306 divided over three years.	No decision made.
NORTH SOMERSET	Year 1: £121k, less a 5% admin charge. £122k year 2 and £123k in year 3.	The level of funding given to the LINk is subject to local discretion for the two remaining years and will be set on an annual basis.
NORTH YORKSHIRE CC	£200k per annum.	£22k years 1 and 2. £23K year 3.
NORTHUMBERLAND CC	£150k.	Balance of grant will meet costs to the LA in operating the LINk.
NOTTINGHAMSHIRE CC	£900k over 3 years.	It is not our intention to retain any monies.
LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
OLDHAM	Unable to provide info on value of contract and initial payment made to host.	Unable to provide info on amount retained by LA.
OXFORD CC	£568,650 - this will be slightly less as contract will be starting two weeks later than envisaged.	£22k (10%) this year and no decision made for future period. Likely to be 10%.
POOLE	2008/09: £95,790. 2009/10: £94,860. 2010/11: £94,860.	2008/09: £7210. 2009/10: £7140. 2010/11: £7140.

READING	£248,500.	LA will retain up to £5k in each year. All the remaining LINks funding received by the Authority is committed to be spent on LINks activities. Any funding not required to meet the costs of contract management, transitional LINk activity and contract procurement will be made available to the LINk (not the Host Org) to use as they see fit.
REDBRIDGE	As tendering process is still on-going, the mechanics of the process are highly confidential.	As tendering process is still on-going, the mechanics of the process are highly confidential.
RICHMOND	£300k.	£7k for each of the three years, from a LINks budget of £107k per year.
ROCHDALE MBC	£439,414	No amount will be retained from the allocation. Not aware of any plans to retain amounts in subsequent years.
ROTHERHAM	£144k per year in 2009/09, 2009/10, 2010/11.	£16k, i.e. 10% of the overall budget in 2008/09, 2009/10 and 2010/11. This will be subject to scrutiny evidence value for money.
SEFTON	£119,606 plus an annual allowance to be made for inflationary pressure.	£52,934 for 3 years.

LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
SHROPSHIRE CC	£428,222.	5% of annual LINk fund will be retained to support admin contract management requirements, approx. £7,500 each year.
SOUTHEND - worked jointly with Essex CC.	£1,815,000.00 covers Essex CC and Southend BC. (Southend's element is £369k)	Southend BC will need to deduct an element of funding to cover cost of contract management which is covered by £5k above for year 1 and £2,500 for years 2 and 3.
SOUTH TYNESIDE	£250,232.	Total over 3 years is: £128.768. (this seems a large figure but have checked same against info received.)
STAFFORDSHIRE COUNTY COUNCIL	Yr 1: £300k Yr 2: £301k Yr 3: £302k	LA retaining 10% from the annual LINks budget for contract management and costs in all 3 years.
STOKE ON TRENT CITY COUNCIL	£438,542 (ex.VAT)	Decision made to retain £10k towards its own exps. Host bid slightly less than estimated, the following will be retained: 2008/9 - £16906; 2009/10: £15,776. 2010/11: £14,776.
SUNDERLAND	£450k.	2008-09: £25,806. 2009-10: £24,837. 2010-11: £23,915. This is to pay for the salary of the member of staff responsible for being the LA Lead.
SWINDON	£112k in year 1.	None.
TAMESIDE MBC	£408K (3 years)	£10k per annum
TELFORD & WREKIN	£341,050 over the 3 year period. (£113,050 in 2008/09 and £114k in both 2009/10 and	5% of the funding will be retained from the annual LINks budget. £17,950 2008/09.

	2010/11)	
TORBAY	2008-09: £119k. 2009-10: £120k 2010-11: £120k.	None.
LOCAL AUTHORITY	VALUE OF CONTRACT	AMOUNT RETAINED BY LA
WARRINGTON	£300k. (£100k per annum)	Grant allocation is: 2007-08: £117,230. 2008-09: £117,263. 2010-11: £117,288.
WARWICKSHIRE	£81,500. (Have assumed this info covers WCC - info sent to MA states Health Advocacy Partnership as host org but no ID on info sent to RM)	1-2% only - to be confirmed.
WESTMINSTER CITY COUNCIL	£44,964. (Transitional arrangements)	Not finalised amount that will be retained but anticipate retaining sufficient to manage and monitor contract with host.
WIGAN	£478,755.	Council will retain £15,415. per annum.
RB WINDSOR & MAIDENHEAD	£220,500	Circa 10%
WIRRAL	£540k for the 3 years.	2008/09: £20k, £19k in 2009/10 and 2010 -2011.
WOKINGHAM	£213k.	2007-08: none. 2008-09: £5k. 2009-10: £5k. 2010-11: £5k. In addition £35k has been allocated to cover the costs of the transitional period.
CITY OF YORK COUNCIL	£105k - breakdown: Salary Costs: £38,862. Accom. £6,175. Management: £9309. Training: £1000. Staff Expenses: £500.	£3K

	Overheads (ICT, payroll, stationery, ins etc) £23,637. Member's exps, publicity and marketing etc. £25,517.	
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APPENDIX C

RESPONSES UNDER THE FREEDOM OF INFORMATION ACT

This project has highlighted the limitations of the Freedom of Information Act as a tool for LINks to request information as a part of their work. Of the 152 local Authorities to whom the FOI requests were sent, the following (where a cross is shown), had not replied to either or both questions by October 2nd 2008. Where information was provided after this date (as shown below) it will be presented in the final report.

TA-Transitional arrangements Dev LINks - Development of LINks

Local Authority	TA	Dev LINks	Ack Received
EAST OF ENGLAND			
Luton		X	yes
Peterborough		X	
EAST MIDLANDS			
Derby City	X		Ack 8/10
Derbyshire	X	X	Yes(TA) 10/10(Dev) Partial response 13/10
Leicester		X	yes
Nottingham	X	X	Ack 8/10
Nottinghamshire	X		
Rutland		X	
LONDON			
Barking & Dagenham	X		
Bexley	X	X	Yes (FOI)
Croydon	X	X	Partial response 10/10
Ealing			Additional info 7/10
Greenwich		X Response	Yes & Response

		on 8/10	on 8/10
Harrow		X	Response 10/10
Hounslow		X	Ack 8/10
Merton	X		Response 11/10
Richmond	X		Ack 8/10 and 14/10
Tower Hamlets		X	
Waltham Forest	X Resp 8/10		Response 8/10
NORTH EAST			
Middlesbrough		X	Yes. Initial response of 5/8 not received. Sent again on 15/10
North Tyneside		X	
Stockton-on-Tees		X	
NORTH WEST			
Blackpool	X	X	Yes (TA)
Halton		X	
St Helens		X	
Stockport		X	Ack 8/10
Trafford		X	
Warrington	X		
SOUTH EAST			
Isle of Wight		X	Ack 9/10
Portsmouth	X		Response 11/10
Southampton	X		
West Berkshire		X	
SOUTH WEST			
Bristol		X	
Gloucestershire		X	
Plymouth		X	
WEST MIDLANDS			
Birmingham		X	yes
Dudley	X	X	Ack 8/10
Herefordshire		X	Yes. 2 nd Ack 14/10
Sandwell		X	
Solihull		X	Ack 8/10
Walsall	X	X	
Wolverhampton		X	Partial response

			10/10
Worcestershire		X	Ack 10/10
YORKSHIRE AND HUMBER			
Barnsley		X	
Bradford		X	yes (FOI)+ Ack 7/10
Doncaster		X	Partial response 14/10
East Riding of Yorkshire		X	Ack 7/10 Response 10/10
Kingston Upon Hull	X		Ack and response 8/10 and 13/10
Leeds	X	X	yes (TA)
N E Lincs		X	
Sheffield		X	

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Abbreviations:

CC - County Council

CfPS - Centre for Public Scrutiny

CHC - Community Health Council

CRB - Criminal Record Bureau

DH - Department of Health

FOI - Freedom of Information Request

LA - Local Authority

LINK - Local Involvement network

LSP - Local strategic partnership

NALM - National Association of LINks Members

NCI - National Centre for Involvement

OSC - Overview and scrutiny committee

PQs - Parliamentary Questions

THE AIMS OF NALM ARE TO:

1. Provide a national voice for LINKs' members;
2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run;
3. Promote the capacity and effectiveness of LINKs' members to monitor and influence services at a local, regional and national level and to give people a genuine voice in their health and social care services;
4. Support the capacity of communities to be involved and engage in consultations about changes to services, influence key decisions about health and social services and hold those services to account;
5. Support the involvement of people whose voices are not currently being heard;
6. Promote open and transparent communication between communities across the country and the health service;
7. Promote accountability in the NHS and social care to patients and the public