

A Stronger Local Voice



Introduction

This briefing was written by David Janner-Klausner, Co-ordinator of the Democratic Health Network, as part of the DHN's support to the CfPS Expert Advisory Team.

The government sees "choice" and "voice" as the two main drivers of improvement in service provision and achieving value for money in the NHS. It has put in place a variety of mechanisms to increase the "choice" element and is encouraging Primary Care Trusts (PCTs) to use commissioning as a key tool for shaping local healthcare services and as a means of encouraging new providers to work with the NHS. Commissioners also have a duty to shift care from hospitals to community-based services, as proposed in the January 2006 White Paper, *Our Health, Our Care, Our Say*. For the public and patients to have an influence on services, their voice has to be heard by commissioners as well as providers. Furthermore, the "voice" element will have to reach a far larger and more diverse body of providers than before.

To meet these challenges, the government set up an expert panel to review arrangements for representing patients and the public in the NHS. On 14 July 2006, the Department of Health (DH) published the recommendations of the expert panel, together with a discussion document entitled '*A stronger local voice: A framework for creating a stronger voice in the development of health and social care services - A document for discussion.*'

The proposed arrangements

Local Involvement Networks: The centrepiece of the proposed arrangements are Local Involvement Networks (LINKs). They replace existing Patient and Public Involvement (PPI) Forums, which will be abolished. LINKs will bring together parties and individuals from the community and voluntary sector with an interest and involvement in health and social care systems. LINKs will be geographically-based rather than focused on a specific organisations, and will be coterminous with the boundaries of social service authorities. From October 2006, when the reconfigured Primary Care Trusts (PCTs) replace the existing ones, 70 per cent of LINKs will also share boundaries with PCTs.

LINKs: LINKs will gather information about local people's needs and their experience of health and social care services. They will analyse the information and share their analysis with organisations responsible for delivery and scrutiny of local services - commissioners, providers, overview and scrutiny committees (OSCs) and regulators. LINKs will have the ability to set their own agenda and will have the power to refer issues to local OSCs.

Overview and Scrutiny Committees: *A stronger local voice* refers to the vital role played by OSCs in scrutinising health and social care. It suggests that the main focus for OSCs should be the commissioning process through which local services are shaped. The document argues that commissioning is at the heart of shaping local services and that OSCs are ideally placed to scrutinise commissioning processes. It is proposed that OSCs need to access a wider range of views than they do at present, and a strong relationship with LINKs will improve their intelligence. They will have to respond to referrals from LINKs.

The role of voluntary organisations: Voluntary organisations will be part of the LINKs, bringing their members' experiences to the networks. The paper refers to user groups, local community organisations and local voluntary groups as being part of their respective local LINK.

A national voice: As announced two years ago, the Commission for Patient and Public Involvement in Health (CPPIH) will be abolished. The DH will consider alternative methods of involving patients, service users and members of the public in the development of national policy. The newly created PPI Resource Centre and the Social Care Institute for Excellence will have key roles in promoting the benefits of engagement to commissioners, providers and regulators.

A stronger voice in regulation: Regulation will be linked more closely to the proposed accountability framework in two ways: first, the government proposes stronger user involvement in regulation; and second, assessing the extent of patient and public involvement will be an important part of the inspection framework - in particular, assessing whether NHS bodies comply with their duty to involve and consult. The Healthcare Commission and the Commission for Social Care Inspection (CSCI) will be required to consider the adequacy of local arrangements for user and public involvement, including how the LINKs are supported and utilised.

Support for the LINKs: PPI Forums have been supported through a network of Forum Support Organisations, under contracts issued by the CPPIH. Local support for LINKs will be the responsibility of social services authorities, which will be given funding to secure appropriate arrangements for hosting LINKs through consultation with local groups and a tendering process. The host organization chosen will:

- develop the LINK
- recruit members
- establish good communications
- develop and manage the governance structure.

The DH intend to produce a guide and model contract to assist local authorities in tendering for hosts organisations to support LINKs.

Other accountability channels: Alongside LINKs and greater involvement in regulation, the document includes other ways of increasing communication and accountability. PCTs will have to develop a framework for reporting on commissioning policies, in the form of a prospectus. Commissioners will have a duty to respond to the views, concerns and proposals from patients and the public. In the White Paper, *Our health, our care, our say* the government also raised the possibility of a call for action and the right to petition - possibly channelled through local councillors - in cases where there is ongoing concern about the quality of health services. It remains to be seen whether these ideas will survive - their fate is linked to the local government White Paper, expected in October.

Transition arrangements: There is little detail about transition arrangements. The subject is summed up in one sentence:

"There will be a managed transition to the new structures to help the current patient and public involvement structures to continue to function until the new arrangements are set up and to keep the valuable skills and experience of people who are currently involved".

The new arrangements require primary legislation and are, therefore, likely to take many months for the proposals to be implemented.

Comment

Addressing the new NHS: We are at the beginning of a process of reshaping local involvement in the NHS, a process that will dovetail with changes to accountability in local government. The legislative and administrative dust will not settle for many months and the structures that emerge may differ from the current proposals. That said, the proposals in *A stronger local voice* address an important and complex part of the new, devolved, multi-provider NHS and have implications for a wide range of stakeholders in the local health economy. Whatever the outcome of the consultative and legislative processes, patient and public involvement will remain central to NHS policy.

Many of the proposals in the document are to be welcomed: in particular, the proposal for closer ties with OSCs and the emphasis on commissioning. These elements align local involvement structures more closely with local health economies that are increasingly characterised by wide range of providers, local and remote, public and private. Rather than expect lay people to engage with the multiple providers, the proposals focus on understanding local health needs, and commissioning services to meet these needs.

Loss of inspection rights?: Although *A Stronger Local Voice* mentions that LINKs will be able to gather information about the experiences of service users, it indicates that this can be achieved through mechanisms other than the current 'right to inspect' enjoyed by PPI Forums. Removing the inspection right could negatively impact on OSCs, which often use PPI Forum inspection reports as evidence in their reviews. Indeed, PPI Forums have been described as the "eyes and ears of OSCs". It remains to be seen how far the effectiveness of OSCs will be diminished if these inputs really are removed. Involvement of lay people in inspections by the Audit Commission and CSCI is not an adequate substitute for loss of local inspection rights. The agendas of inspections by regulatory bodies are, inevitably, less frequent, and tied more to national agendas and targets than to local concerns. If LINKs are to provide OSCs and PCTs with information, it could be argued that without inspection rights the quality of the information and its breadth will be more limited.

NHS formal accountability remains unchanged: The LINKs and other arrangements are presented as promoting greater transparency and accountability. This can be somewhat misleading, as there is no change in the formal lines of NHS accountability. Although the NHS will work more closely with local government, it

does not share local government's accountability to elected politicians who can be voted out. The paper sums the position as follows:

"LINKs and OSCs will help commissioners be more accountable to local people. There is a formal line of accountability from PCTs to strategic health authorities (SHAs), and LINKs and OSCs will be able to make formal representations to an SHA if they have concerns."

NHS accountability remains internal and vertical, supported by inspections and by the duty of the NHS to respond to OSCs, LINKs and, possibly public petitioning. It will be interesting to see, over time, how the relationship develops between the LINKs and non-executive directors of NHS organisations and governors of foundation trusts (who form another link with the public).

Third sector organisations: It is encouraging to see that local voluntary organisations are invited to become involved in LINKs. They have valuable capacity and knowledge about needs and the quality of care offered to particular groups. However, DH is actively encouraging commissioners to obtain services through social enterprises and voluntary organisations as part of a government-wide drive to increase service commissioning from the "third sector". Care will be needed to avoid conflict of interest.

No detail on transition: The transition arrangements are as yet uncharted. This vagueness holds in it a risk of drift and loss of momentum. To avoid this, local authorities should consider taking a community leadership role with regards to the existing PPI Forums - inviting members to meetings, arranging discussions on future arrangements and possibly joint local responses to the current proposals. These and other actions will help retain local engagement and volunteers and lay foundations for the successful launch on LINKs in due course.