

2011

# Review of LINK Southwark



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Consultancy and Training

## Summary and Recommendations

The development of any new community led organisations takes time and allowances have to be made for systems and processes to be formalised. This is made more complex when the body such as LINK, also has statutory powers. LINK Southwark has made some progress and its profile of work and activity has increased in the last year. The review concludes that due to the dysfunctional nature of the Steering Group and infighting within the network, Southwark LINK has been brought into disrepute and suffered from inadequate leadership.

Much of the work of the LINK happens at working group level, with little reference to the Steering Group or has been instigated by the Host Cambridge House in an attempt to ensure the network is functioning to some degree to meet the requirements of its contract with the London Borough of Southwark.

### LINK Southwark

LINK Southwark has benefitted from a substantial amount of public funds and has slowly built a body of social capital by building a membership base from across the borough. Individually, members are a huge asset and mechanisms need to be developed that engage and encourage their participation in a meaningful and constructive manner. The majority of these individuals and organisations have not been involved in the arguments and disagreements that have led to the dysfunctional nature of LINK Southwark; this was demonstrated by the interviews and focus groups undertaken as part of the review. The problems engulfing the LINK have only involved a small number of people and this needs to be recognised, there is a wider group of the community who offer LINK Southwark to develop and extend its activities and reach. In light of this, it is recommended that:

*[1] LINK Southwark is not abolished or disbanded as a result of the problems but ways are found to address the weaknesses and support a transition to Healthwatch*

The internal conflict, power struggles and inability to agree and adhere to an instrument of governance has blighted LINK Southwark. The long running problems have undermined leadership and made the whole network dysfunctional. Although not all Steering Group members have been party to the problems but have been stoic in their commitment to staying with the network, the only way to help the LINK move forward and make a transition to Healthwatch is to bring in new leadership. As a result of this belief, it is recommended that:

*[2] The Steering Group is disbanded with immediate effect*

To ensure that the problems and conflict that have engulfed the LINK are not perpetuated, it is recommended that: -

*[3] All current Steering Group members are prohibited from being on the next leadership group for the next two years.*

Although undemocratic, a break has to be made with the different groups whose disagreements, power struggles and behaviour has brought LINK Southwark into disrepute. Barring them standing for any future leadership group, goes some way to stopping the problems carrying forward into



Healthwatch. This is by no means a reflection of their individual character, skills, knowledge or abilities.

Healthwatch is likely to be a body corporate in its own right and will therefore require an executive committee. The London Borough of Southwark will have a statutory duty to ensure that Healthwatch is established and functions effectively, and will have powers to take remedial action when this is not the case. Rather than having a new Steering Group that would have to change again in 2012, it makes sense to put in place a leadership structure for the remaining time of LINK that then becomes the Executive Committee for Healthwatch. It is recommended that:

*[4] A new Transitional Executive Committee for Healthwatch is developed from the LINK membership*

may? ( This committee would oversee the work of the LINK until Healthwatch commences in October 2012 and then act at its first board until an AGM in October 2013 to ensure continuity.

Historically, in an individual capacity people in the LINK have a diversity of skills, knowledge and ability but this has not been maximised because of the problems. It is essential that new leadership is recruited from the LINK memberships, who have not been embroiled in the problems, so that LINK and Healthwatch move forward positively. It is therefore recommended that:

*[5] Person specifications are developed for the role of chair and committee members and a selection process is operated to recruit the committee.*

6 [6] A selection panel is formed five members; 2 LINK Southwark representatives who do not want to stand for selection (and who have not previously been on the Steering Group), 1 local authority representative and 2 independent members paid to participate from other London LINKs.

Future success of Healthwatch is reliant on addressing the behaviour of some members of LINK. In order to stop the same behaviour and problems arising again a new Code of Conduct must be developed as a matter of urgency. This document should be very specific about the types of behaviour that are unacceptable and be specific about the measures that can be taken if the code of conduct is breached. It is therefore recommended that:

*[7] A new Code of Conduct be developed and adopted that enables the barring of individuals from any LINK/Healthwatch meetings and events as a result of breaching the code twice.*

The Host organisation, Cambridge House, faced a number of challenges. The model established for LINKs placed them, like many other Hosts, in an invidious position when problems occurred. The review has concluded that these conflicts were irreconcilable. Commissioning a new Host organisation to operate until Healthwatch commences would be costly and time consuming. It is therefore recommended that:

8 [8] Cambridge House are retained as Host until Healthwatch starts in October 2012, unless statutory guidance on the development of Healthwatch is introduced that requires a different approach.

Not necessary

[9] *The London Borough of Southwark negotiates a contract extension with Cambridge House that relates to the recommendations of this report and the transition to Healthwatch.*

[10] *Under spends on the contract by Cambridge House in previous years are carried forward to 2011/12 to underwrite the local authority investment required for this contract extension, so that the new Executive Committee are clear in their expectations of Cambridge House management systems.*

It would also be advantageous to improve and agree a clear system of management reporting between Cambridge House and the new Executive Committee from the outset.

The lack of transparency of how the LINK funds have been utilised have been a great source of tension and dissatisfaction amongst LINK members. The review concludes that there needs to be greater transparency in any future contract in how funds for LINK/Healthwatch are used to pay for Cambridge House management time. It is therefore recommended that:

[11] *The contract extension requires Cambridge House to specify how many hours/days of management time are specifically dedicated to this contract.*

LINK Southwark needs to put greater emphasis on engagement and participation. Supporting the Steering Group and has consumed too much of the resources invested in LINK Southwark. It is therefore recommended that:

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[12] *LINK Southwark develops its Ambassadors programme. Training and supporting volunteers to go out and visit and embed themselves in health and social care facilities around the borough and feed back their findings to the Executive Committee.*

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[13] *LINK Southwark utilises digital media more as a method of communicating with the public about its work and informing them of consultations and opportunities to contribute to the work of the LINK.*

[14] *An engagement and participation policy and framework is developed with clear standards of what is expected in the work of the LINK/Healthwatch across all areas of activity.*

[15] *LINK Southwark increases its programmes of events, seminars, workshops and conferences as a way to keep people informed about health and social care issues locally and generate a broad base of views to make formal LINK responses.* ?

The requirements of the Health and Social Care Bill for all NHS trusts, GP practices and the local authority to develop their own models of public/patient engagement in order to comply with the new duties to involve, could lead to duplication of effort between the statutory agencies and



Healthwatch. The review has demonstrated that LINK Southwark needs to improve its credibility and ways of working with the local statutory agencies. A more collaborative approach to working with statutory agencies is required, while retaining their right to challenge when necessary. It is therefore recommended that:

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[16] A new Statutory Sector Liaison Forum is established by LINK Southwark/Healthwatch to work with NHS trusts, GPs and the local authority social care and scrutiny teams is developed in Southwark by the LINK. This should improve communication and keep these agencies abreast of the LINK/Healthwatch activities.

CHW RS

## Local Healthwatch

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Healthwatch is proposed to take over complaints advocacy from 2013. All those participating in the review were asked if it made sense for this to be part of Local Healthwatch in Southwark. The guidance as it stands at the moment, allows the local authority to commission this separately. There were serious concerns about putting complaints advocacy with Healthwatch in Southwark if the same problems experienced by LINK were not resolved. It is therefore recommended that:

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[17] The London Borough of Southwark commissions the complaints advocacy service separately. However the contract should require the provider to supply Healthwatch with a breakdown of complaints on a monthly basis, to assist in their work and scrutiny.

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Local Healthwatch do not necessarily have to be borough specific. The review explored with LINK members, statutory agencies and the comparator LINKs if there was any merit in having a Local Healthwatch that covered more than one borough. There were concerns about having a too large a geographical area diluting its influence and focus. The merits of having a Lambeth and Southwark Healthwatch, due to their relationships with acute trusts and similar demographics were identified and seen as something to explore. However the dysfunctional nature of LINK Southwark will take time to unravel and resolve and must be resolved before Healthwatch comes in. It is therefore concluded that this would not be a feasible option in the timeframe for developing Healthwatch. There would be the risk that the Southwark problems could impact on a partner borough. It is therefore recommended that:

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[18] Local Healthwatch is Southwark specific.

[19] Protocols be developed between Lambeth and Southwark HealthWatch so they deal jointly with the acute trusts.

[20] Protocols are developed with Croydon, Lambeth, Lewisham and Southwark LINK/Healthwatch, so there is a more coordinated interface with SLAM

? merged  
fws

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## The Review and its Methodology

The review of LINK Southwark commenced on 28<sup>th</sup> April 2011 following a contract negotiation meeting with the London Borough of Southwark and was completed on 8<sup>th</sup> July 2011. Nine weeks were allocated for engaging a broad range of LINK Southwark members, the Host organisation, and key stakeholders as well as benchmarking against other London Local Involvement Networks.

The aim was to have an objective and impartial review of LINK Southwark that engages as broad a range of people and stakeholder organisations as possible.

The core objectives to be met through the provision of contracted services are to produce a report and delivery plan based on the following;

- Outcome  
V/M
1. To carry out an evaluation of the performance of the Host and of the LINK, to identify and report on the challenges, structural problems and possible resolution of these.
  2. Through an analysis of the structures, systems, resources and context in which the LINK has been operating to make recommendations for the next steps in relation to the transitional arrangements and the development of Health Watch.
  3. To review the impact and effectiveness of LINKs activities and identify barriers and challenges to public engagement with the LINK and in LINK activities
  4. To identify best practice in other LINKs which would be beneficial for Southwark and from which lessons might be learnt.

## LINK Southwark Engagement

A total of 32 (8% of total membership as of March 31<sup>st</sup> 2011) LINK Southwark registered members participated in the review through a variety of methods: -

- A focus group held at Southwark Pensioners Centre on 23<sup>rd</sup> June 2011
- A further focus group held in Dulwich held on 1<sup>st</sup> July 2011
- One to one interviews
- Online survey
- Telephone interviews
- Written submissions

Of those engaged, 8 are current Steering Group members (73% of total Steering Group members), 6 are members of the working groups and the remaining participants taken from the broader registered membership of 420.

All those Registered Members who participated in one to one interviews or the focus group were given shopping vouchers and paid travel expenses (where incurred and claimed) as a gesture of



appreciation for giving their time to the review process. Those that did not want to claim their vouchers had them donated to Southwark charities.

## Host Engagement

Cambridge House as the Host organisation for LINK Southwark were engaged in the review process and provided practical support in contacting LINK Registered Members, releasing documents and information upon request and promoting participation to the membership.

LINK team staff and the broader management of Cambridge House were engaged through one to one interviews.

## Stakeholder Engagement

All the main statutory sector stakeholders were engaged in the review process through one to one interviews. These included: -

- Guys and St. Thomas Foundation NHS Trust (Acute)
- Kings College Hospital Foundation NHS Trust (Acute)
- London Borough of Southwark
- South London and Maudsley Foundation NHS Trust (Mental Health)
- Southwark NHS (formally PCT)

As the LINK had engagement with the local authority across a range of directorates and functions, these included: -

- ? GP  
/ etc
- Adult Social Care (Deputy Director)
  - Communities, Law and Governance (LINK Contract Management)
  - Elder Services
  - Scrutiny

There was also one online survey response from a member of staff at Southwark NHS who completed the voluntary and community sector questionnaire.

A telephone interview was also conducted with the solicitor brought in by Cambridge House on a pro bono basis to help resolve some of the issues around governance and leadership.

## Voluntary and Community Sector Engagement

LINK membership is open to individuals and voluntary, community and private sector organisations in the borough, their engagement in the review was facilitated through an online survey which was promoted through the Community Action Southwark (CAS) circulation list. The review survey and the opportunity to attend a focus group were promoted twice through the CAS email bulletin. The circulation of the e-bulletin covers 900 people from a range of voluntary, community and statutory organisations across the borough of Southwark.

Unfortunately, *not one* organisation participated in the online survey and only one organisation enquired about attending the focus group, which was cancelled due to lack of interest. The group who wanted to attend the focus group were offered a telephone interview but declined.

It is hard to draw firm conclusions as to why the voluntary sector did not engage in the review but some contributory factors could be: -

- As a result of having a large voluntary and community sector in Southwark, there is the possibility it is fragmented and relationships with a range of infrastructure providers
- Lack of awareness and engagement in LINK Southwark historically
- The poor reputation of LINK Southwark putting organisations off wanting to engage

In future, it may be advantageous if the LINK/Healthwatch had greater involvement and relationship with CAS in order to improve the communication and participation of the voluntary and community sector.

## Desk Based Research

A substantial number of written materials were reviewed and scrutinised as part of the review process. This helped in understanding the context, issues and views of all those engaged in the review process.

The documents used as part of the review process include: -

- (i) Commissioning documents and contract for the Host
- (ii) Correspondence between LBS, the Host and Steering Group
- (iii) Department of Health Guidance for LINKs *Trans plan*
- (iv) DoH initial guidance on the transition to Health Watch *✓*
- (v) Legal advice from London Borough Southwark legal team regarding statutory obligations
- (vi) LINK Southwark governing document (current, historical and others developed by the Governance Working Group)
- (vii) LINK Southwark work programme and annual reports
- (viii) Minutes of meetings between LBS and LINK Chair and Vice Chair
- (ix) Monitoring and evaluation reports from Host submitted to LBS contract manager
- ✓ (x) National Association of LINK Members (NALM) documents relating to the transition to Health Watch
- (xi) Steering group minutes
- (xii) Written submissions to the review made by LINK Southwark members

## Benchmarking

LINK Southwark was also compared to the work and performance of other London Local Involvement Networks as part of the review process. This was achieved through visits, telephone interviews and a review of their documentation; governing documents, work plans, annual reports, websites and membership profiles. Although this was not a full review of the performance of other LINKs, it does provide some comparison.

The Local Involvement Networks engaged in the process were: -



- Lambeth
- Lewisham
- Sutton

All three of the comparators have applied for Pathfinder status and are awaiting the results of their application.

## LINK Southwark – The Legal Context

Local Involvement Networks (LINKs) were introduced in the Local Government and Public Involvement in Health Act 2007 and replaced the Public Patient Involvement Forums (PPIFs), which in turn had replaced the Community Health Councils. Engaging patients and the public in the monitoring, scrutiny, commissioning and complaints relating to health and subsequently social care with LINK has seen enormous change in the last decade. The aim of a LINK is to establish and strengthen a system of user involvement and promotion of public accountability in health and social care through open and transparent communication with commissioners and providers.

Section 221 of the Local Government and Public Involvement in Health Act 2007 ('LGPIA 2007') imposes a duty on local authorities with social services to make contractual arrangements for the involvement of people in the commissioning, provision and scrutiny of health and social services. A local authority (with social services) has to ensure there are means in place to facilitate the carrying out of a number of specified activities.

The specified activities are to promote involvement and provide support for the involvement of people in the commissioning, provision and scrutiny of local health and social care services. In addition the specified activities are to include enabling people to monitor and review, the commissioning and provision of local care services for the purpose of considering standards of local care and whether and how they could or ought to be improved. The activities also include obtaining the views of people about their needs for, and experiences of, those services and may involve making reports and recommendations to people responsible for commissioning, providing, managing or scrutinising those services about how local care services could be improved.

Section 222 of LGPIA contains rules about the arrangements that a local authority must make for the purposes of ensuring that there is a means to carry out the activities specified in section 221. The effect of section 222 means that the local authority has to enter into contractual arrangements with another person. That person (referred to as the "Host", although not called that in the Act) must not be a local authority, a National Health Service trust, an NHS foundation trust, a Primary Care Trust or a Strategic Health Authority. In addition, the arrangements must ensure that the Host cannot also be a local involvement network. In other words, the LGPIA envisages a chain of three different people: local authority – Host – local involvement network.

As well as ensuring that a local involvement network is a person distinct from the Host, this section also specifies that a network must not be any of the following:

- a local authority
- a National Health Service trust
- an NHS foundation trust
- a Primary Care Trust or
- a Strategic Health Authority



This section also enables arrangements to include the making of payments by the local authority. Section 223 of LGPHIA places a duty on the Secretary of State to make regulations. In particular, the regulations may require the local authority to require the Host to include provisions relating to the ways certain decisions are to be taken by the local involvement network, the authorisation of individuals able to enter the premises of health and social care providers, the use of money by the local involvement network and the consequences if the local involvement network contravenes any provision of its arrangements with the Host.

Section 227 of LGPHIA requires that arrangements under section 221 entered into by a local authority with a Host must include the required provision about annual reports. The arrangements require that an annual report must be prepared by each local involvement network put in place by the Host, on the activities of the local involvement network in each financial year. Where a local involvement network does not produce an annual report, the arrangements must provide for the Host to produce it. The arrangements must also require that the report complies with certain specified requirements, that the report must be prepared by 30 June following the end of each financial year and that copies of it should be made publicly available (having had regard to guidance issued by the Secretary of State that may be in force at the time) and sent to a number of specified bodies. The specified requirements are that the report must address such matters as the Secretary of State may direct and must include details of amounts spent in relation to the local involvement network's activities. Where in any financial year there are activities for which a Host is required to, but has not, put in place a local involvement network, the Host will be required to prepare a report in relation to those activities, including details of amounts spent on those activities.

The Secretary of State made the Regulations required under section 223 and these are the Local Involvement Networks Regulations 2008. Part 2 of these Regulations makes provision regarding LINKs. Regulations 2 and 3 impose a requirement on local authorities to ensure that the arrangements for the LINK include certain provisions about its procedures and decision making. This includes who may be an authorised representative for the purpose of entering and viewing the premises of services-providers and how such a person may be authorised.

In summary it appears that all LINKs have the same powers and responsibilities but each LINK can be set up in a way that works best for its local community. The governance and membership of LINKs is a decision to be taken locally.

The Local Government and Public in Health Act 2007 does not set out a prescribed model for a LINK. The local LINK, supported by the Host organisation, decides its own membership and governance arrangements - e.g. participants may elect a board or steering group, or alternatively they may choose to take a co-operative approach. However guidance issued by the Department of Health stipulated certain requirements and functions (examples of best practice) which must be satisfied by whatever governance arrangements are agreed upon.

The DoH guidance states that arrangements must be in place to provide leadership for the LINK and a framework that sets out its responsibilities and accountabilities so that they can operate effectively. The arrangements should be clear about what the LINKs are for, what they will do, how (broadly) they will do it, executive decision-making responsibilities and accountabilities (in particular to the wider participants). These arrangements should be reflected, in an appropriate governance structure.

The chosen governance structure will need to:



- I. Agree the overall priorities and work plan of the LINK in consultation with the wider LINK participants;
- II. Establish principles for LINK participation, including being the arbiter of membership decisions within the governance framework;
- III. Create, review and make recommendations on the governance arrangements;
- IV. Decide where, when, how and by whom the LINK's powers should be used, for example to enter and view specified health and social care premises; sign off external reports ensuring that the LINK operates within the agreed governance framework
- V. Promote the LINK and report on its activities, including via its annual report, contribute to the performance management of the Host by the local authority;
- VI. Ensure that each LINK operates within its agreed governance framework and for the purpose it was intended;
- VII. Ensure that equality and human rights principles are integral to the LINK's work;
- VIII. Be regularly reviewed and updated.

There are also a number of core issues that it must be able to address, such as:

- a) a code of conduct for participants and members, especially those who take up roles relating to outreach, and use of the power to enter and view premises, and who represent LINK in working with other groups and organisations;
- b) a process for implementing of the power to enter and view health and social care premises;
- c) dealing with complaints (internal and external);
- d) dealing with potential conflicts of interest;
- e) the use of resources, including the allocation of financial resources the use of influence in working with stakeholders;
- f) ensuring clear communication channels to and from LINK participants, members, the community, providers and commissioners
- g) achieving an equitable balance between individuals and organisational participants;
- h) dealing with Criminal Records Bureau (CRB) checks for those members and participants with an interest in taking up the power to enter and view premises.

Members of the governing bodies need to declare any interests and mitigate any potential conflicts, in line with the Nolan Principles of Public Life, and should refrain from involvement in issues that relate to their declared interests.

In short a steering group is only one of the options available in relation to the membership and governance arrangements for a LINK. So the existing governance arrangements could be altered if necessary/desired.

## Summary and Findings

The London Borough of Southwark has met its statutory obligations to fund and commission a Host organisation and support the existence of a Local Involvement Network.

The London Borough of Southwark has powers to instigate and impose decision making powers on a LINK and to intervene when the LINK contravenes any provisions with the Host. It is therefore possible for the London Borough of Southwark to take action where it is deemed the LINK is failing and impose measures required to resolve identified problems.

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In relation to the reporting, The LINK and the Host have met their requirements. In a year when the Steering Group was unable to agree the Annual Report, Cambridge House submitted it which was well within their powers.

## Review of the LINK Southwark Development Process

1. The LGPIHA 2007 (Section 228) placed a requirement on local authorities to put in place transitional arrangements from the Public Patient Involvement Forums to LINK, if they had not appointed a Host organisation by 1<sup>st</sup> April 2008. Due to the legislative and guidance timeframes, only the Pathfinder authorities were in a position to have secured a Host Organisation by April and therefore the Department of Health issued a deadline of September 30<sup>th</sup> 2008 for all Host Organisations to be in place through their Local Involvement Network Regulations 2008 (Statutory Instrument No. 258). *14/2008*
2. Southwark began the process of formulating the LINK framework and commissioning process in October 2007, starting with a large stakeholder event involving various voluntary and community groups and representatives of the statutory organisations. Over 80 people attended this event.
3. There were also a series of briefings and presentations to community groups, forums and partnership boards to raise awareness of the forthcoming LINK. The London Borough of Southwark seconded a Community Involvement Manager to support and oversee the engagement process and acted as interim Host. This investment of capacity to support the development of the LINK was over and above the other authorities used in the comparison for this review.
4. In April 2008, a public meeting was held with over 60 people in attendance. At this meeting volunteers were sought to take part in the transitional arrangements before the Host was appointed and The Southwark LINK Interim Committee (SLIC) was formed. The regulations also meant that SLIC was able to utilise LINK powers in carrying out LINK activities.

SLIC was a body of stakeholders from the community with an interest in health and social care and its aim was to engage and involve a wide cross section of the community in carrying out its work during the transitional period to LINK. It comprised of a Steering Group of core members and a wider stakeholder forum.

At a meeting of SLIC on 12<sup>th</sup> May 2008 at which 17 members were present as well as one councillor and two LB Southwark Officers, an election was held to the SLIC Steering Group. 11 people were chosen across four categories and one person who was unable to attend expressed interest in being on the Steering Group.

At the same meeting the group also selected a series of priorities for the SLIC based on a paper presented by the seconded council officer.



5. The procurement process for the Host ran alongside the development of SLIC with 3 community members sitting on the procurement panel alongside 3 council officers from Corporate Strategy, Community Involvement and Procurement.
6. SLIC had a meeting in July 2008 where a series of disagreements between members about the groups work, priorities and representation on NHS partnership boards led to the *meeting* being suspended by the seconded council officer who chaired the meetings. SLIC did not meet again as a result of the disagreements and the impending appointment of the Host organisation.
7. On 1<sup>st</sup> August 2008, Cambridge House was appointed as the Host Organisation for Southwark LINK following the recommendation of the procurement panel. They were given a 3 year contract to Host LINK Southwark.
8. On 23<sup>rd</sup> September 2008 the London Borough of Southwark wrote to all SLIC members<sup>1</sup> to inform them of the end of the transitional arrangements on 30<sup>th</sup> September 2008 and invite them to a meeting on 2<sup>nd</sup> October 2008.
9. Meeting held on 2<sup>nd</sup> October 2008, between London Borough of Southwark and SLIC members to discuss lessons learned from the transitional phase, identifying successes and challenges and plan next steps in relation to the handover of LINK activities to Cambridge House.
10. On October 22<sup>nd</sup> 2008, two public meetings were organised by Cambridge House to officially launch the LINK Southwark and discuss and agree a structure and model for delivery. At these meetings the model of operation advocated by the National Centre for Involvement was adopted and once again volunteers were invited to come forward and create the initial terms of reference and protocols for electing the first Steering Group.
11. The group of volunteers then developed Terms of Reference where the Steering Group would have 23 members; 16 seats for individuals and 7 for organisations. As a result the first elections of the Steering Group took place by postal ballot in December 2008. The election process was contested by some of the registered membership.
12. The newly elected Steering Group held its first meeting on 20<sup>th</sup> January 2009<sup>2</sup> where they elected their Chair and Vice Chair from within the group. The elections had not filled all the places on the Steering Group and there were 7 vacancies associated with individuals from community council areas.

The meeting overran and business was subsequently continued on 27<sup>th</sup> January 2009 with fewer members present. At this meeting the Governance Document was discussed, it was proposed that the Bromley LINK Governing Document be adopted, however there had been an administrative error and the wrong version circulated before the meeting. At the same meeting an alternative model of governance was tabled by a Steering Group member that had been developed by a Registered Member of LINK Southwark.

As a result of discussion it was agreed to establish a Working Group on Governance, recognising that until an instrument of governance is adopted LINK Southwark would not be formally recognised but this did not preclude them from carrying out some of the LINK business.

<sup>1</sup> LB Southwark letter 23<sup>rd</sup> September 2008

<sup>2</sup> Steering Group Minutes 20<sup>th</sup> & 27<sup>th</sup> January 2010





13. At a special meeting of the Steering Group on 9<sup>th</sup> February 2009<sup>3</sup> to resolve the issues relating to the Governance Working Group. Disagreement arose again about the electoral process to the Steering Group and the development of a governing document. A working party was established led by a member of the Steering Group and tasked with developing a proposed document. There was recorded resistance to having wider membership involvement in the development of the Governing Document.
14. Prior to the next Steering Group meeting on 9<sup>th</sup> March 2009<sup>4</sup>, the lead from the Steering Group on the Governance Working Group resigned from the LINK. As a result, a new Governance Working Group was agreed at this meeting.
15. On 3<sup>rd</sup> June 2009 at a Steering Group meeting contributions from Registered Members were considered on the proposed Governing Document. Amendments were made and it was agreed to publish the document as a draft.
16. On 6<sup>th</sup> July 2009 the Steering Group formally adopted its Governing Document following a vote at the meeting on whether to accept the document section by section. The minutes clearly record disruption at the meeting as well as disagreement between Steering Group Members and Registered Members.
17. 20<sup>th</sup> August 2009 saw a public meeting of LINK Members held to introduce and discuss the proposed governing document. It was attended by 9 Steering Group Members, 7 registered members 6 public participants and representatives of the Host organisation. The notes record a vibrant discussion with various contributions and proposed amendments on the governing document but again no resolution.
18. Soon after the public meeting a ballot of registered members to approve the draft governing document was launched using the services of the Electoral Reform Society. Subsequent Steering Group Minutes of 2<sup>nd</sup> September 2009 highlight a Steering Group member questioning the ballot process as it had not made clear how members could access a copy of the draft governing document on which they were voting to accept or reject. At the public meeting it is also apparent that members were not informed how they could get a copy of the draft document.
19. By mid September it had become obvious to the Steering Group<sup>5</sup> that due to postal strikes the ballot process was being hindered and a decision was taken to extend the deadline for voting until October 30<sup>th</sup> 2009.
20. In November 2009 the Steering Group realised the Annual Report had been submitted without them seeing or approving it.
21. The London Borough of Southwark formally writes to the Chair of the Steering Group expressing concerns about its performance, failure to agree a governing document, lack of engagement and partnership working and failure to agree protocols with NHS agencies.
22. The Governing Document was formally adopted at the Steering Group Meeting on 16<sup>th</sup> November 2009 following the results of the postal ballot. 40 votes in favour of accepting the instrument of governance and 10 against. There were 2 spoilt ballot papers.

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<sup>3</sup> Steering Group Minutes 9<sup>th</sup> February 2009

<sup>4</sup> Steering Group Minutes 9<sup>th</sup> March 2009

<sup>5</sup> Steering Group Minutes 21<sup>st</sup> September 2009

23. 14<sup>th</sup> December 2009 appointed person to oversee Authorised Representative Procedure for Enter and View was approved by Steering Group.
24. 15<sup>th</sup> February 2010 formal approach made by Lambeth LINK for joint work around Diabetes and Obesity in Children and Young People. Proposal to collaborate accepted.
25. March 2010 saw governance reappear on the agenda of the Steering Group<sup>6</sup>. There are a number of revisions to the governing document tabled by the Governance Working Group four months after the ballot approving the original document.
26. The Chair of the Steering Group writes to the Chief Executive of Cambridge House on 28<sup>th</sup> April 2010 requesting help to resolve problems experienced within the group such as bullying, inappropriate behaviour and disagreements on governing documents.
27. In response to this letter and due to the conflict within the steering group and continuing disagreements relating to the Governing Document, Cambridge House arranged for a pro bono solicitor Sharron Webster (SW) from Trowers & Hamlins Law Firm to come in and chair Steering Group Meetings to move things forward. This commenced on 26<sup>th</sup> May 2010.
28. At the Steering Group Meeting on 26<sup>th</sup> May 2010 a vote of no confidence was taken in the Chair and carried. At the same meeting it was agreed an email vote would take place for the position of Interim Chair.
29. On 31<sup>st</sup> August 2010 the minutes of previous Steering Group meetings in March, April, May and June were agreed as they had not been approved by the Steering Group due to disagreements about their content and accuracy.
30. 12<sup>th</sup> October 2010 Steering Group meeting failed to agree minutes of the previous meeting but do have a series of guest speakers from a range of NHS trusts and the local authority.
31. On 25<sup>th</sup> March 2011, the London Borough of Southwark advertised for an external consultant to conduct a review of LINK Southwark and make recommendations for the transition to Health Watch.
32. A Steering Group meeting on 4<sup>th</sup> April 2011 was attended by the Head of Community Engagement and the LINK Contract Monitoring Officer from the London Borough of Southwark. They informed the group of the intention to commission an independent review of LINK Southwark and asked for input into the terms of reference for the review and a nomination from the group to the procurement panel of the consultant. The Steering Group failed to agree a nomination.  
  
The same Steering Group meeting failed to approve minutes for their meetings in August 2010, October 2010, January 2011, February or March 2011. The meeting on this date was also marred by further disagreements, challenging behaviour both physical and verbal. Outside of the Steering Group, discussions were held to consider suspending the Steering Group so as not to expose LINK staff to further unsuitable working conditions.
33. 28<sup>th</sup> April 2011, Ian Beever formally appointed as external consultant contracted to the review LINK Southwark.

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<sup>6</sup> Steering Group Agenda 15<sup>th</sup> March 2010



34. Steering Group held a meeting closed to the public on 20<sup>th</sup> June 2011 in order to approve their Annual Report.

## Summary and Findings

The London Borough of Southwark took a strong strategic lead at an early stage to support the development of a LINK for Southwark; this was demonstrated through the secondment of a member of staff to support the process and clear engagement framework.

The lead in time as a result of the legislative process introducing LINKs along with the requirement to procure a Host led to the transitional arrangements having to be put in place. This was the same for all local authorities and created problems in many areas.

The process for securing membership on the transitional committee (SLIC) was based on people volunteering for the role and an election involving very few people. It did not take into account historic tensions that had carried forward from the PPI Forum, or the skills, qualities and abilities people brought to the role of taking forward and developing a new engagement process for the borough.

SLIC started developing priorities for work and scrutiny in the health and social field, where time would have been better spent developing and agreeing an instrument of governance that could have been agreed and handed over the Host to deliver.

The procurement process for the Host was robust and followed the OJEU procurement procedures and frameworks but also went further than required by having community representatives on the panel in equal numbers to authority representatives.

When conflict arose in the SLIC the meeting was suspended until the Host was formally appointed. Despite an attempt by the London Borough of Southwark to draw a line under the problems by organising a meeting in October 2008, at which Cambridge House were present, in reality this did not work meaning the Host then started their work with unresolved disagreements and conflict.

Due to the problems with SLIC, it meant the Host also had to start from scratch supporting the development of a governing framework with conflict, disagreement and power issues already rife within the group.

The Terms of Reference for the Steering Group developed in August 2009 changed the profile of the group to a majority of individual members, outnumbering organisational representatives by 2:1 if all places were filled. This in reality undermined the Steering Group's access to wider communities that could be engaged through voluntary organisations, forums and user groups.

As a result of tensions within the Steering Group, the Terms of Reference were rigidly adhered to, so that vacancies on the group were left unfilled. A more constructive approach would have been to fill these vacancies with people who could have brought real value to the LINK through their experiences of being a user of health and care services or a representative of some of the borough's communities who had not traditionally had a voice.

The inability of LINK Southwark to agree an instrument of governance has dogged its development. The fact it took 16 months to agree and adopt a Governing Document, undermined the network's ability to utilise its statutory powers, as well as detracting it from devoting time and energy to



influencing the commissioning and provision of health and social care services to the residents of the borough.

Even when a governing document was adopted following a ballot, the group almost immediately started reviewing it, rather than concentrate on discharging their duties. By this point the conflict and disagreements were irreconcilable.

Despite a change of chairperson following a vote of no confidence, the group were still unable to function effectively enough to approve minutes of previous meetings.

Administrative errors and technical oversights by the Host; such as circulating the wrong version of the Bromley model of governance, holding a ballot on the draft governing document without issuing a copy with the ballot papers or letting people know where they could access a copy merely fuelled conspiracy theories.

Another major weakness in the development process was the way in which organisational representatives were nominated. Registered members had a choice in all ballots and voting processes throughout the transitional phase and substantive LINK to choose between being an individual member or organisational representative. There were and are no processes in place for organisations to validate and approve organisational representatives to the Steering Group. This fundamentally undermines the probity of any representative system within the electoral systems for the LINK Steering Group.

## Review of HOST Performance

The model developed for Local Involvement Networks developed by the Department of Health, with a Host organisation contracted by local authorities to support a community led network of individuals and organisations is fundamentally flawed. It places the Host in the invidious position of being legally and contractually bound to deliver something that in reality they cannot control. The model has worked well in some areas, but where LINKs have been dysfunctional the arrangements render the Host powerless to resolve issues by imposing new methods of working.

The statutory guidance for LINKs puts the network and membership in control of developing their governing document and modus operandi, with the Host's role to facilitate and support this and employ the staff to support delivery of the network's activities. When things do not go well, the Host has few powers to intervene to resolve issues but is legally and financially accountable to the local authority.

In London, this model has been demonstrated to have inherent problems with conflict between the Host and the LINK recorded in Kingston, Merton, Barnet and Barking and Dagenham. In Surrey the LINK has been through three Host organisations in three years. Barnet terminated its contract with their original Host and awarded an interim contract to their Council for Voluntary Service in 2010.

Cambridge House tendered for the contract of Host of LINK Southwark through a formal procurement process. Their motivation for going for the contract was that it linked nicely to their objects of community development and it presented an exciting opportunity to support people to scrutinise local services. It had synergy with their work around supporting smaller community groups and they envisaged it would be a way to bring them into the network. The fact they also provided advocacy services added value to securing the contract.

Cambridge House was aware of some of the tensions and conflicts associated with SLIC at the point they tendered but were confident they could be resolved.

The staffing allocation to support the LINK has gone through several changes since securing the contract in August 2008. The one consistent factor has been the LINK Team Leader who was appointed in November 2008. Cambridge House has allocated a substantial amount of their management time from within the organisation to supporting LINK but these were not dedicated LINK posts. Many other Host organisations around the country have also applied the same model.

A clear bone of contention and cause of tension between the Host and the Steering Group has been the ability of the Steering Group to direct and manage the staff team. As employees of Cambridge House, this was not possible as they needed to ensure their employment obligations were met. As a direct result of the dysfunctional nature of the Steering Group, it was also not possible to agree a work plan and range of activities that the staff team could work on in response to Steering Group direction. This further fuelled tensions between the Host and the Steering Group and created an environment of resistance and hostility.

Staff time within the LINK Team and the wider management structure at Cambridge House has been consumed fire fighting and resolving the conflict around the governing document and personality clashes carried forward from the PPI Forum, through SLIC and into the LINK.

As this was a new initiative, with identified problems it was imperative that Cambridge House recruited a Team Leader with experience and put in place a rigorous support and work planning system from the outset. The review highlighted that LINK members were confused about the

management structure utilised by Cambridge House in relation to the LINK. However, overall the survey of LINK membership demonstrates that the majority of people believe the staff team within the LINK have done a good job in supporting LINK Southwark to achieve its goals and ambitions. This was also corroborated through the focus group and one to one interviews, where the general consensus was that the LINK staff had managed to cope with enormous challenges but had maintained a level of professionalism throughout.

**Table 1 - How well do you feel the staff team have supported LINK Southwark to achieve its goals and ambitions?**

Very well	36.8%
Well	10.5%
Satisfactorily	15.8%
Not very well	5.3%
Poorly	21.1%
Do not know enough to comment	10.5%

There were also tensions between the Steering Group, wider membership and the Host relating to the transparency of finances, premises and the failure to address and resolve complaints and grievances.

In relation to finance, there are legitimate concerns about the Steering Group not having control of discretionary funds for working groups and projects. Sutton LINK designated each of their working groups a budget of £3,000 to support their work, bring in external consultants to conduct research and write reports on their behalf. This approach does empower LINK members to have greater control and understanding. However due to the dysfunctional nature of the LINK in Southwark, there are equally legitimate concerns on behalf of Cambridge House relating to the trust and competence of the Steering Group to manage funds.

The Steering Group minutes do make reference to discussions about awarding working groups a discretionary fund of £500 to support their work but this was never actioned. Considering the working groups were identified as one of the major strengths and achievements of LINK Southwark, awarding them a discretionary fund would have been a real step forward and recognition of their work.

The Annual Report for 2010/11 does provide more clarity on how funds have been spent during the year, with a description of codes under the income and expenditure sheet. However, it is still not to the detail of the Sutton Annual Report which is far more explicit. Greater transparency in relation to finance by Cambridge House earlier in the LINK's development *may* have quelled the tension and disagreements about money, however due to the on-going problems this is hard to substantiate.

Addressing the conflict within the Steering Group and a failure to get to grips with the challenges facing LINK Southwark has been a significant issue for Cambridge House. This is reflected in the survey results on the view of how well they have managed and supported the LINK.

**Table 2 - How well has Cambridge House managed and supported LINK Southwark?**

Very well	15.8%
Well	15.8%
Satisfactorily	10.5%
Not very well	15.8%
Poorly	21.1%
Do not know enough to comment	21.1%



In May 2010, Cambridge House secured the support of the pro bono solicitor from Trowers & Hamlins Law Firm to act as independent chair. There was also discussion about bringing in a mediation service to try and resolve the problems. The solicitor attended two meetings but did not go back as she felt she was not making a difference. She was met with hostility and resistance from the Steering Group and those LINK Registered Members who attended the meetings.

Arguably, Cambridge House should have acted earlier to get a grip of the problems which had become engrained in the operations of LINK Southwark.

The recruitment of a research officer to support the work of the LINK and its working groups in August 2010 was recognised by all parties as a very positive step. This dedicated resource was widely respected and seen as a help to ensure the working groups could gather and collate information, statistics and data to support their work.

## Summary and Findings

The Host model for LINKs was fundamentally flawed from the beginning. In those areas where it has worked well, there is an exciting cohesive voluntary sector that is able to represent the needs of their communities within the LINK framework. Allowing LINK Southwark to develop a model of governance that put individuals in majority control over and above the representatives of the voluntary and community sector contributed to the problems.

Cambridge House inherited a group of people with existing disagreements, personality clashes and power struggles, that despite valiant efforts they have been unable to resolve. The interventions that were made were possibly too late but it must be recognised that LINKs are supposed to be community led, so any efforts by Cambridge House to change systems and procedures were interpreted as a top down controlling approach. It was a no win situation.

Greater transparency on how the LINK finances were spent may have stemmed one aspect of disagreement but due to the dysfunctional nature of the LINK, this was a side issue to the real challenges facing the network.

The LINK Team Leader needs to be recognised for her patience, tolerance and commitment to ensuring the network was sustained despite being confronted by often personal attacks to her integrity and professionalism.

It is hard to identify what the Host could have done better or differently that would have made a difference without being accused of trying to take control of the network and tell members of the community what to do. However there are a series of measures and approaches that could have been tried: -

- (i) Bringing in external facilitation for Steering Group meetings from the beginning, to allow for meaningful discussion and debate outside of the rigid agenda led meeting format
- (ii) Validating organisational representatives standing in elections with their named organisation to ensure they had a mandate
- (iii) Engaging the services of a mediation service to *try* and resolve disagreements and conflict
- (iv) Allocating a discretionary fund to working groups to empower them
- (v) Greater transparency on financial expenditure within budget headings

(vi) Put more resources into dealing with complaints and grievances submitted by LINK members.

(vii) Putting in place role descriptions for Steering Group members, clearing outlining their responsibilities, powers and standards of conduct.



## Review of Steering Group Performance

### Systems and Procedures

The first elected Steering Group of LINK Southwark met in January 2009 following the last meeting of SLIC in July 2008 and an interim working group after Cambridge House secured the contract as Host. There are 23 places on the group of which 7 have remained unfilled. The Governing Document specifies that the Steering Group shall be comprised 16 seats for individuals (2 from each community council area) and 7 for organisations.

The concept of having individual members representing community areas was to ensure that the distinct areas of the borough were represented, with organisational representatives bringing the voice of the boroughs diverse communities and user groups to the table. In reality geography was given more weight than the diversity of communities or health and social services users and their carers.

The governing document also specifies that when vacant places on the Steering Group fall below 75% of full capacity, further elections will be held to address the shortages. The group has only ever been at 70% of full capacity and further elections have never been held.

The residents of Southwark retain ultimate control over the power of the LINK and the democratically elected Steering Group's responsibility is to make day to day decisions regarding the LINK. This clause in the governing document therefore challenges the executive powers of the Steering Group and treads a fine line between collective and executive powers in decision making.

The Governing Document is weak in defining the powers of delegated authority given to the Steering Group by the wider membership and is therefore prone to differing interpretations and conflict.

A Code of Conduct forms part of the instrument of governance and this is explicit and well considered and written. However when breached, issues are referred to the grievance and complaints procedure. It would have been more advantageous to outline the consequences of breaching the code of conduct in this section, so everyone is clear of the possible eventualities.

Authorisations of people nominated to represent the LINK and to conduct enter and view activities clearly lie within the Steering Group's powers as specified in the Authorisations section of the instrument of governance. The Steering Group has the following authorisation powers: -

- Named persons will be authorised by the LINK Steering Group for specific roles and will be kept under review, confirming all authorisations after each annual meeting.
- The LINK Steering Group will name the LINK's 'Nominated Persons' for the purpose of authorising representatives to carry out visits on behalf of the LINK
- Task Group members carrying out visits to Enter and View services on behalf of the LINK and under LINK powers must be *Authorised* to carry out visits by the Steering Group

The governing document specifies that all task groups must be instigated by the Steering Group and have a nominated member approved by the Steering Group who will be authorised as a LINK representative.

Complaints and grievances must be dealt with through the procedure which again forms part of the instrument of governance. The procedure and its implementation rely heavily on the Chair and

representatives from the Steering Group or the whole Steering Group addressing and hearing the complaints and grievances. In most cases, if the complaints come from the membership or the public this would be perfectly adequate. However, in relation to LINK Southwark, the majority of complaints and grievances that have been recorded are about members of the Steering Group, The Chair or the Host, making the procedures unfit for purpose. This can be identified as one of the contributory factors to so many of the problems being unaddressed or ignored. There is nowhere in the governing document that specifies that votes of no confidence can be actioned as a legitimate process to remove someone from the Steering Group or an honorary position within it.

Average attendance at LINK Steering Group meetings since its inception has been 9 people out of the possible 23 places within the group and the 16 elected members. There have been several resignations and a substantial amount of non attendance and disengagement.

## Steering Group Composition

The Steering Group does have a diverse membership of ethnicity, gender and a reasonable geographical coverage of the borough. However it is weak on engaging the other diversity categories of age, sexual orientation and a range of faiths. It must be recognised that achieving a full representative body of a borough as diverse Southwark, even with 23 places, would be an unattainable task.

The Steering Group has a high profile (not always for the right reasons) with 83% stating they were aware of its existence and 50% aware of who sits on the group.

The LINK membership is less confident of the group's true representation of the wider community and LINK membership, with 35% stating it was not very or not representative.

**Table 3 – How representative do you feel the Steering Group is of the wider community and LINK Membership?**

Very representative	11.8%
As representative as can be achieved	17.6%
Not very representative	11.8%
Not representative at all	23.5%
Do not know who is on the Steering Group so cannot comment	35.3%

## Steering Group Operation

As has been highlighted before in the report, the operation of the Steering Group has been dogged by conflict and disagreement. The biggest challenge has been developing a governing document and operational protocols that everyone would agree and adhere to. There have also been a series of the disagreements that have consumed an inordinate amount of time and triggered more grievances, these include: -

- Challenges to the legitimacy of some Steering Group members
- Failure to deal with and resolve official complaints and grievances
- Inability to enforce the code of conduct
- The behaviour of *some* members of the Steering Group and members who attend to observe
- The desire to move out of Cambridge House and have premises of their own



- The lack of transparency of how the finances are spent by Cambridge House
- The quality of minutes and the fact all comments are attributed to members
- The style and format of meetings and chairing

It is clear from the interviews and focus group conducted as part of the review that the Steering Group is dysfunctional. As a result of the conflict and an attempt to try and manage and control meetings, a very rigid, bureaucratic and inaccessible style was adopted for Steering Group meetings. There have also been real challenges in agreeing minutes, around which discussions can dominate a whole meeting. Many meetings overrun and have to be continued at a later date, this is due to poor agenda planning, overly time consuming verbal and written reporting and the distractions of dealing with challenges and arguments.

There is substantive evidence of a blurring of roles at meetings of the Steering Group and those attending as observers who clearly disrupted proceedings and undermined decision making. The Steering Group became a vehicle for personal grievances and disagreements to be aired to the detriment of the whole Local Involvement Network. In fact, it is fair to say that LINK Southwark has been brought into disrepute by the continued fighting and lack of resolution on a number of factors highlighted above.

The interviews and focus groups identified a common perception that many of the grievances and power struggles pre-empt Southwark LINK and have been carried forward from the PPI forum, if not before.

The disagreements and poor conduct have not been confined to Steering Group meetings either and have spilled over into public meetings. The first Annual Report in 2008/9 also exposed the problems and disagreements to the wider public, statutory agencies and the Department for Health. This has undermined any desire from the wider membership to engage with the network as they do not want to get embroiled in the arguments and dysfunctional nature of the network. For this very reason, engagement in LINK activities is poor and the good will and social capital within the borough that could add real value to the work of LINK Southwark has been lost. Time and time again in one to one interviews, members and stakeholders were able to identify and describe poor behaviour in meetings, conflict and the dysfunctional nature of the network. It can be concluded that this is a contributory factor to the poor attendance at Steering Group meetings.

## Relationship with Host

The relationship between Cambridge House and the Steering Group is also very poor. There is awareness of this amongst the wider LINK membership and this was reflected in the survey.

**Table 4 – How positive do you feel the relationship is between the Host (Cambridge House) and the Steering Group?**

Very positive	5.6%
Positive	0.0%
Satisfactory	5.6%
Not very positive	16.7%
Very poor	16.7%
Do not know enough to comment	55.6%

## Annual General Meeting

There has not been an annual general meeting since the Steering Group was elected in 2008, despite there being vacancies on the Steering Group. This factor alone can be attributed with sustaining the current membership of the Steering Group and perpetuating its dysfunctional nature.

Responsibility for failing to organise an AGM and new election must be shared equally between Cambridge House and the Steering Group.

## Summary and Findings

The Steering Group comprises a range of people from differing backgrounds and parts of the borough, all of whom have an immense knowledge and experience relating to health and social care and broader society. As individuals taken in isolation, they offer LINK Southwark a huge resource and capacity.

Unfortunately, as a group and because of conflict and disagreements much of which predated the LINK, the Steering Group is dysfunctional and has brought the local involvement network into disrepute. The problems have also been magnified by registered members not on the Steering Group undermining its ability to function through constant challenge and scrutiny.

Failure to fill vacancies on the Steering Group and hold an AGM have merely perpetuated the feuding and been a barrier to an objective and fresh perspective being embraced.

x [ Constant focus on governance has been to the exclusion of any meaningful activity that could impact on health and social care services locally. As a result LINK Southwark has failed the people of the borough by missing valuable opportunities to participate and influence landmark changes, reconfiguration and cuts to health and social care provision in the borough.

Internal focus on the working of the network has been to detriment of wider participation and engagement. Although membership has increased, the engagement of those people in any meaningful way has been prohibited, intentionally or otherwise by the Steering Group.



## Membership and Engagement

Membership of LINK Southwark has increased to 420 as of 31<sup>st</sup> March 2011; this is a substantial increase of 315 on the previous year. An indication that over time new community led initiatives can build engagement. The challenge then is to engage these members in a meaningful way. 26% of respondents to the survey stated they have little or no involvement other than being a member.

One of the biggest weaknesses of LINK Southwark is the lack of an engagement strategy or framework. There appears to be little consideration of how to engage the public, other than being a registered member and voting. Lewisham LINK engaged over 8000 people in 2010/11 through a range of events, seminars and outreach work in GP surgeries, day centres and care homes.

The format and conflict at Steering Group meetings meant there was no time or space for creative thinking by members on how to engage the wider public or provide information about key changes to health and social care that are happening in the borough. Instead of arguing over the governing document and who can and cannot vote, time should have been dedicated to planning, running and leading on community engagement and information providing events. Interviews and focus groups with LINK members identified a preoccupation with membership rather than participation.

Cambridge House employed an outreach worker for the LINK three days per week but due to the dysfunctional nature of the Steering Group this resource was left without guidance or direction from the membership. The focus for outreach became increasing membership, rather than broader engagement in exploring key issues and changes to health and social care and developing responses from the LINK membership. Opportunities to contribute to local consultations and policy changes clearly lost.

There have been some good examples of LINK events that engaged a broader audience such as the event looking at the White Paper on Health and Social Care reform and most recently the Personalisation Event. These were well attended and received positive evaluations; however they were never run by LINK Southwark alone but in partnership with other agencies. An opportunity lost for LINK Southwark to demonstrate leadership and raise its profile.

## Working Groups

During the year 2010/11 LINK Southwark had five task groups:-

- Access to Services and Information
- Mental Health
- Maternity & Newborn Care (formally started in 2011/12)
- Scrutiny Team
- Lambeth LINK & LINK Southwark Diabetes & Obesity Young People's Services

The Access to Services and Information Task Group comprises of around 10 people and they have been conducting accessibility audits of NHS primary and acute care facilities. Members describe the group as productive with a clear purpose and had its Terms of Reference set by the Steering Group. It is proposed that this group will produce a report and recommendations at the end of their work. However there are no minutes, Terms of Reference or interim reports on the LINK Southwark website, so it is very hard to keep track of its progress or performance.

Throughout the review of LINK Southwark the Mental Health Task Group was highlighted by many of the people engaged as one of the most positive and productive elements of the Local Involvement Network. It started its life in May 2010 and has been led by Mind Southwark with a broad engagement of service users, carers and LINK members. Its original aspiration was to work with neighbouring LINKs within the SLAM boundaries, however approaches to work together met with a negative response. There are several contributory factors to the lack of cross borough engagement: -

- (i) Other LINKs had clear work plans and agreed priorities of which mental health was not one, so it did not fit in with their current activities
- (ii) The dysfunctional nature of LINK Southwark was widely known and other groups did not want to associate with it
- (iii) A lack of clear time limited objectives to the work of the group that would result in a product or definite outcome

The working group on mental health did produce terms of reference but these were never approved by the Steering Group. The minutes of Mental Health Working Group are clearly presented on the website and the group appears to be well run with positive levels of engagement.

There has also been an ongoing proposal to carry out some joint work with the Health and Social Care Scrutiny Sub Committee at the London Borough of Southwark and for the LINK to do a piece of work around care homes in the borough following the CQC report in 08/09. There are no minutes of this LINK Southwark working group leading on this task on the website, merely a report of actions taken to date<sup>7</sup>. It highlights a clear process of engagement with various stakeholders from the statutory and voluntary sector. Without any clear terms of reference for the scrutiny team and its membership published on the website, it is hard to understand the remit of this piece of work.

In February 2011 a new Maternity and New Born Working Group was established, which had been planned in the work plan for 2010/11. Its first meeting was attended by two people and supported by the LINK Team Leader. The terms of reference, aims and objectives of the review were developed at this meeting for approval by the Steering Group. The minutes demonstrate a clear aim and objectives, as well as a research framework to gather baseline data and definitions. They do however exclude any consideration of engaging a broader range of views from the LINK membership or local voluntary and community organisations. Without this the legitimacy of the group will be seriously undermined.

The Diabetes & Obesity Young People's Services Task Group was initiated by Lambeth LINK and Southwark joined at a later date. There is one Southwark LINK Steering Group member on this task group who has attended all the meetings. The Southwark LINK team are supporting this process by chasing borough specific information and gathering contributions from the members.

Minutes, terms of reference and interim reports from the working groups are not well publicised. The website only features consistent information from the Mental Health Task Group but fails to include the groups Terms of Reference. There is one report from the Scrutiny Team published in March 2011 but nothing about the other task groups. This is a clear administrative error on behalf of Cambridge House but it undermines the transparency of LINK Southwark's activities.

During the one to one interviews and focus groups, the review highlighted a lack of awareness amongst the members (including those on task groups) of how working groups were instigated, monitored and reviewed. This was supported by the survey of members, where 65% of members

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<sup>7</sup> Scrutiny Team Report March 2011



(including some on the Steering Group) were not aware of how working groups were established in response to issues raised by the community or LINK members.

## Summary and Findings

The existence of working groups does demonstrate activity outside of the Steering Group; however they appear to operate in a complete vacuum detached from the Steering Group. Due to the dysfunctional nature of the Steering Group, little time is devoted to strategically planning what the working groups are trying to achieve and the impact/outcomes required.

The review highlighted evidence that working groups have little or no connection or relationship with the Steering Group. In fact many people stated they prefer just to get on and do what they want, so as not to get embroiled in the difficulties associated with the Steering Group.

Business dealt with at Steering Group meetings is so embroiled in process and governance that there is no space for constructive discussion and exploration of issues that the working groups could be addressing. There are also serious concerns that the drivers for working groups does not come from the bottom up but are triggered from Steering Group personal interests and experience. In fact the review highlighted two occasions where communities had taken issues to the Steering Group for consideration and investigation and these were never actioned or responded to. This merely created a divide between the Steering Group and the wider membership.

An absence of an engagement framework for the LINK puts immense pressure and expectation on the Steering Group members to do everything. It is hard to establish whether this is a control issue or a lack of awareness, understanding and consideration of LINK being a wider network of active citizens and organisations that bring their social capital to the group.

The factors above undermine the integrity and legitimacy of working groups and therefore their impact on commissioners, service providers and scrutiny in health and social care. For the work of the LINK to be taken more seriously there is a real need to be more robust in its strategic thinking, planning and response to needs and issues of the community.

In order to address some of the issues above, LINK Southwark should place greater emphasis on widening participation and a range of methods to achieve this.

LINK Southwark also needs to improve its website and have all minutes, terms of reference and reports from working groups uploaded. This would improve transparency and improve communication of its work.

## Engagement with Statutory Sector Stakeholders

The local authority as lead on developing the LINK and commissioning a Host had a lot of involvement from day one, Southwark NHS (formally PCT) were involved in the initial public meetings in 2008 and describe a well attended event with people from all backgrounds and parts of the borough. The perception is that since this time engagement has dwindled for varying reasons.

The acute trusts and SLAM have been engaged with LINK Southwark at various points since its inception. However *all* statutory agencies described sadness about the lack of activity and engagement in some very important consultations and engagement processes. The common perception was that the problems developing the governing documents impeded the LINK's capacity to develop strategic responses to policy or services changes at crucial times and that requests for LINK representatives often received no response.

The perception from LINK members was that the statutory agencies had too higher expectations of their capacity to engage and put forward representatives on a plethora of committees, boards and working groups.

In reality, the review has demonstrated that fault lies on both sides. Statutory agencies had expectations that the LINK would be up and running and fully operational immediately but equally the LINK Steering Group set themselves too great a challenge expecting the Steering Group to fulfil all representative roles. If they had considered a more participatory approach, working with the broader membership, LINK could have had a presence in far more areas.

LINKs are always in a difficult position, as their remit is to scrutinise and challenge what the statutory agencies are doing. They can therefore be perceived as an agency trying to undermine the work of the statutory sector, even though they have a statutory duty to exist with clearly define functions and powers laid down in law. The review highlighted that amongst those officers within NHS trusts and the local authority, who understood the role and function of LINK, there was acceptance of its work and a desire for LINK Southwark to do more. However when you moved away from the officers who were aware of LINK's statutory footing and powers, acceptance and willingness to engage in its work was less apparent.

All the statutory agencies were aware of the challenges and problems experienced by LINK Southwark and feel it has seriously damaged the network's creditability. Some described consciously not making efforts to engage the LINK for fear they would get consumed in its problems and arguments, others stated that their life had been made easier by the dysfunctional nature of the LINK.

Southwark NHS had tried to negotiate protocols for engagement with the LINK but this ambition had not been achievable. SLAM had negotiated protocols with the Mental Health Working Group but these had never gone to the board of the trust, so had not been adopted as policy.

NHS trusts really wanted the LINK to work and two described wanting to invest more money in the network to carry out distinct pieces of engagement work. However they were never convinced the governance systems and engagement of communities were robust enough to warrant this investment. Lambeth, Lewisham and Sutton LINKs have all been given funding to conduct discreet pieces of work for the statutory agencies on top of their basic funding.



A consistent view of LINK Southwark was that it was too combative in its approach and lacked a real positive approach to partnership working that could have led to greater levels of influence and impact.

All the statutory agencies found it hard to identify any impact on commissioning, service planning or delivery as a direct result of LINK Southwark. All described opportunities lost considering the changes that have and are happening to health and social care in the borough.

Many organisations had received requests for information, some of which had been responded to; some had been lost in the system. Deadlines for some responses had been met, many had not. The justification for the mixed performance in dealing with LINK requests were varied and included: -

- (i) A lack of understanding of how the request had been generated and what piece of work and LINK activity it related to
- (ii) Existing work pressures meant deadlines were not achievable
- (iii) The challenging and combative approach of the requests
- (iv) The requests being directed to the wrong people as LINK had not familiarised itself with the structures within agencies

LINK Southwark has responded to four major consultations in the last year: -

- Guys & St. Thomas Foundation Trust Patient & Information Strategy (*March 2011*)
- Holmhurst Day Centre Consultation (*March 2011*)
- LBS Council Budget Proposals 'Policy and Resources 2011-12 to 2013-14 – draft revenue budget' (*February 2011*)
- The Southwark Vision for the future of adult social services: open access services

The majority are towards the end of the financial year and demonstrate increased levels of functionality, activity and performance. However, many of the statutory partners failed to acknowledge these contributions and focused very much on the missed opportunities the previous year.

## Summary and Findings

Awareness of the role and functions of LINK and its statutory powers was evident from those officers who participated in the review. Those participating in the review all had responsibilities relating to community engagement or had been approached by LINK Southwark to present at a meeting or provide information. It is fair to conclude that awareness of Local Involvement Networks and their statutory powers is patchy across NHS trusts and the local authority, particularly at senior management or non-executive level.

There was a desire and willingness for the LINK to succeed at the beginning across all agencies, and it was seen as a potential route to improve engagement in health and social care in the borough. The problems experienced as early as the SLIC that then transferred to the substantial LINK were very public and reduced its credibility. As a direct result, all statutory agencies have continued to utilise their own public, patient, user and carer engagement mechanisms. In many cases this has involved LINK members who participated in an individual capacity.

The fact all agencies were aware of the LINKs weaknesses and problems but failed to take any remedial action has meant the problems have continued for three years. In their defence, they were reticent to intervene for fear it would be perceived as the statutory sector trying to control the public and dictate how community engagement should be managed. The lesser of two evils was just to stand back and observe from the sidelines.

The majority of NHS trusts have used other methods to engage public/patient/carer representatives as a result of the problems at LINK Southwark. In effect this has sidelined the network locally.

As contract manager for the Host, the London Borough of Southwark have written to the Chair of LINK Southwark and held meetings with Cambridge House about the concerns. To date these measures have failed to resolve the problems and they therefore commissioned this external review in an attempt to have an impartial review of the issues and develop an action plan for resolution and the move forward to Health Watch.

The increased engagement with statutory partners and participation in consultations between January and March 2011 needs to be acknowledged but as a result of the LINK's reputation and perceived lack of credibility it is questionable what impact, if any, these contributions will have.



## LINK Southwark Achievements

Despite all the problems highlighted in this report, the review demonstrated that LINK Southwark is certainly making progress in some areas of operation. This is mainly due to the LINK staff team who are supporting a range of initiatives and activities outside of the Steering Group. Some of the achievements highlighted in the Annual Review and identified through the review are: -

1. Access Task Group held NHS Southwark to account to further consider access issues for people with sensory impairments and people with physical disabilities
2. Increased contributions to local consultations in 2011
3. Increasing membership and participation through outreach work and presentations and displays at events and other services around the borough
4. Joint event with CoolTan Arts on personalisation in June 2011
5. Joint event with Lambeth LINK on the Health and Social Care White Paper
6. Joint partnership with Lambeth LINK in successfully engaging with the Diabetes Modernisation Initiative to improve the experience of children and young people with Diabetes in Lambeth and Southwark
7. Mental Health Task Group challenged local Mental Health Trust on issues relating to transfer of patients from Community Mental Health Teams to GP care
8. Scrutiny Team gathered key data relating to care homes and the way they are commissioned

## Summary and Findings

LINK Southwark is starting to increase its engagement and productivity two years after its creation. What it does especially well is organise and hold events with partner agencies that bring a broad range of people together to explore specific issues, raise awareness and gather views that feed into consultations and work planning. The problem is these contributions have nowhere to go due as a result of the dysfunctional Steering Group.

There is a lack of communication and information dissemination of the outcomes of positive work, so the problems are still at the forefront of the membership and stakeholders minds.

## LINK Comparators

In order to identify best practice three other LINKs in London were selected. This also facilitated a brief comparison of funding and activity. Lewisham and Sutton were selected as they have been identified as exemplars in Department of Health reports; Lambeth is a neighbouring borough sharing the same acute trusts. All three have applied for Health Watch Pathfinder status and await the outcome of their applications.

**Table 5 – Finance, membership and staffing comparison**

	Lambeth	Lewisham	Southwark	Sutton
Funding 2010/11	£205,000	£175,000	£200,000	£138,172
Funding 2011/12	£132,035 Funding for this year is covered by underspends from previous three years, meaning no council investment in 2011/12	£100,000 43% cut on previous year	£71,727 £50,000 first quarter payment 2011/12 and £21,727 underspend carried forward from 2010/11	£104,000 Sutton LINK is also the Community Engagement Network for the LSP. This element has been cut completely with a 4% cut from the LINK element
Members	<b>412</b> 1800 participants	<b>2100</b> All participants	<b>420</b>	<b>740</b> 480 individuals & 260 organisations
Staffing 2010/11	3.4 FTE	3 FTE	2.6 FTE plus dedicated time from Host Management	2.25 FTE plus 1 day per week of Deputy CEO of Host
Staffing 2011/12	2 FTE plus time of CEO of Host and 7 hours a week consultancy support to the LINK team	3 FTE	2.4 FTE under review due to uncertainty of funding and dedicated time of Host Management	2.25 FTE plus time of the Host CEO currently under review
Outreach Activities 2010/11		199	20	

It is hard to make a full comparison between LINKs as they are established differently and operate in ways that have been decided locally. Examples being: -

- (i) Sutton LINK is an amalgamation of the Community Engagement Network for the LSP and LINK
- (ii) Lewisham LINK has a focus on participants in events who are then entered into a database and have the right to vote in Steering Group elections. This differs to the Registered Member model of the three other boroughs.
- (iii) Sutton LINK is hosted by the Council for Voluntary Service and therefore has a much stronger engagement of organisations in the borough



- (iv) Lambeth has a very similar model and approach to Southwark
- (v) Lambeth, Southwark and Sutton utilise the working/task group model to conduct discreet pieces of work, whereas Lewisham have found their participants mainly want engagement events

It is interesting to note however, the similarity in staffing ratios regardless of funding received. This would draw one to conclude that the volume of activity within a LINK is not determined by staffing numbers alone but by the approach and activities.

## Examples of Good Practice

Through engaging the sample of London LINKs in the review process, a range of activities and practice that are deemed good practice have been identified. These could be useful in informing the future approach of LINK Southwark.

### Lambeth

- (i) Lambeth LINK organised a day of Equality Impact Assessment training<sup>8</sup> for its members in December 2010. Participants included eight Steering Committee members, six individual LINK members, four organisational LINK members and three host staff. An external consultant who specialises in EqlA training discussed the purpose, legal requirements, the various equality strands and the process of carrying out an EqlA. Using practical examples, participants were introduced to how to scrutinise and challenge an EqlA.

In a truly innovative move, the Head of Policy and Research and Customer Relations, Lambeth Council Adults and Community Services (ACS) and the former Assistant Director, Equality and Human Rights, NHS Lambeth, trained the participants in how they undertook EqlA's within their respective organisations. They were both very positive on how the training would be used to ensure that EqlA's would be improved through the participation and challenge of LINK members.

As a result the Lambeth Council Cabinet, leading the EqlA process has agreed to involve the LINK in future EqlA's.

- (ii) Lambeth LINK also use Facebook and have an online blog as a way of keeping people informed and engaging broader communities.

### Lewisham

- (i) Lewisham have a pool of trained volunteers who carry out the outreach work for their LINK. These volunteers have been embedded in 23 out of the 48 GP practices in the borough for half a day per week for between 4-6 weeks. They talk to patients in the waiting room, listen and record their concerns and issues which are entered into a database to help the Steering Group keep abreast of local issues, concerns and trends.

As a result of the Health and Social Care Bill 2011, all GP practices will have to have their own patient groups as a means to engage. As a direct result of Lewisham LINK's outreach

<sup>8</sup> Lambeth LINK Annual Report 2010/11

work with GP practices, they are now being engaged to support the formation of the new patients' forums and have LINK participants involved.

- (ii) Lewisham have established a statutory sector liaison forum to work with NHS trusts, GPs and the local authority social care and scrutiny teams. This forum as its own terms of reference and protocols and has reduced the number of freedom of information requests from the LINK. It has also developed positive partnership and collaborative relationships.
- (iii) As a result of their successful training programme on Enter and View, Lewisham LINK has started income generating by selling this training to other Local Involvement Networks. In fact Southwark LINK has been one of the customers for this service.

## Southwark

- (i) The LINK Southwark Ambassadors Programme, training up volunteers to conduct outreach work and promote the work of the LINK and increase participation. Although in embryonic stage, this has the potential to make a real difference.
- (ii) The Mental Health Working Group's attempt to join up with other LINKs operating within the SLAM catchment area was strategically thought through and could have improved patient/carer influence within the mental health trust, as well as maximising the use of resources.

## Sutton

- (i) Sutton LINK identified an issue through their outreach and engagement activities about the lack of youth counselling services in the borough. They developed a working group to research the need and issues which involved representatives from the local authority and NHS trusts.  
  
They commissioned external consultants to develop and pilot a research model and then funded voluntary and community groups in the borough who worked with young people to carry out the research. The subsequent report which recommended the establishment of a new service in the borough has been well received and the local NHS have agreed in principle to match fund its development.
- (ii) In order to identify priorities for their work plan, Sutton LINK holds an annual awayday which is externally facilitated. The Steering Group and wider membership are invited and through this mechanism they generate their priorities which inform the work plan for the forthcoming year.
- (iii) Sutton LINK initiated a programme of monthly information sessions funded through Adult Social Care in the local authority. The sessions are focused on key issues the public want to know more about in health and social care, with guest speakers, workshops and discussions. These have proven very popular with between 25 – 30 people attending each session and a core group of 8 who decide the themes and issues that will be covered. This is now a self sustaining group in its own right.
- (iv) Similar to the Lewisham model, Sutton have 25 trained volunteers who visit hospitals on a regular basis and are soon to start the same approach with care homes. The volunteers embed themselves in the hospitals, talking and listening to patients and feedback their findings to the LINK. As a direct result of this activity, respite care for carers was a common



issue raised, so the LINK have developed a task group to research and investigate the matter on their behalf.

## Summary and Findings

The inclusion of other LINKs in this review has demonstrated that positive partnership, engagement and collaborative working the local authorities and NHS trusts can lead to real influence and impact. It also raises the respect and acceptance of LINKs role in challenging and scrutinising the commissioning and delivery of local services. A move to this mode of working for Southwark LINK, could make huge strides to improving relationships and raising its profile and respect.

LINK Southwark has started to plan for an Ambassadors programme, where volunteers are trained to go out and engage with the public. The comparison with other LINKs has demonstrated this works well and makes the best use of those active participants within the network. It is also a way to gather intelligence across a range of services, rather than relying on the Steering Group to do all the work and hold all the power.

## Healthwatch

As a result of the Health and Social Care Bill 2011, the Government are proposing to replace LINKs with new methods of public/patient engagement from 2012. There will be an increased focus on the patient or service user being at the centre of what happens to them and of choice over how their services and/or care are provided.

To ensure that local health and care services are truly centred on what matters to those who use them, or may use them in the future, the Government believes public and patient voice needs to be strengthened. One key element of realising the visions for the NHS, public health and adult social care is the establishment of a new consumer champion, Healthwatch<sup>9</sup>.

Local Healthwatch organisations will be funded via local authorities and will be accountable to local authorities for operating effectively and providing value for money. Local authorities will have the responsibility for putting in place different arrangements if a local Healthwatch organisation is not operating effectively.

At least one representative of local Healthwatch will sit on the new local authority Health and Wellbeing Board helping to ensure that the consumer voice is integral to the wider, strategic decision-making across local NHS services, adult social care and health improvement. It is critical the right person is selected to fulfil this role from the Local Healthwatch as they will have to balance productive partnership work with their role of scrutiny and challenge.

## Local Healthwatch

Healthwatch will give local communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored to meet the health and wellbeing needs of local people and groups, and address health inequalities. It will strengthen the voice of local people and groups, helping them to challenge poor quality services.

Healthwatch will have an important role supporting everyone in the community, but particularly those who are vulnerable or often unheard. Local Healthwatch will provide information about health and care services and about the choices people can make. From April 2013, it will provide support for people to complain about the quality of NHS services.

It is therefore proposed that:-

- The role of LINKs will evolve to become local Healthwatch which will have an expanded range of functions;
- Local Healthwatch will be statutory organisations;
- Local authorities will commission local Healthwatch with freedom to decide how to do this;
- The DH will make additional funding available to local authorities to support local Healthwatch;
- Local Healthwatch will have a seat on the local authority health and wellbeing board, to ensure consumer voice is integral to decision-making;
- From April 2013, local authorities will commission NHS complaints advocacy from any suitable provider, including local Healthwatch, and the service will be accessed through local Healthwatch.

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<sup>9</sup> Department of Health – Health Watch Transition Plan 2011



Local authorities will be commissioners and funders of local Healthwatch organisations, and will also be subject to scrutiny from them in respect of their adult social care services. Local authorities and local Healthwatch will be partners on health and wellbeing boards. This is a complex set of relationships and local authorities have been advised by the Department for Health to begin thinking about how they will manage these with their local Healthwatch organisation.

The review of LINK Southwark is the first stage in the London Borough of Southwark's approach to formulating plans for Healthwatch.

## NHS Future Forum

As part of the NHS Future Forum's work of scrutinising the Health and Social Care Bill, they made several recommendations that relate to Healthwatch, these are now being incorporated fully in the legislation as it is reintroduced to parliament. The recommendations as they relate to Health Watch are: -

*4. The Government should include a stronger and clearer definition of patient and public involvement in the Bill<sup>10</sup>:*

- (i) There should be duties to involve patients and the public at all levels of the health and wellbeing system.
- (ii) Involvement in respect of discharging the duties 'to involve' and 'to promote patient involvement' should mean embracing the principle of shared decision-making.
- (iii) Health and wellbeing boards should be the place where local commissioners (NHS and local authority) explain and are challenged on how they are involving patients and the public in the design of care pathways and development of their commissioning plans.
- (iv) Appropriate training and support should be available for those organisations and individuals charged with engaging and representing patients and the public, and for patient representatives themselves, including NHS foundation trust governors.
- (v) Healthwatch locally should provide a patient advocate role, championing issues for patients, and a scrutiny and challenge function in relation to local commissioners and providers.
- (vi) Local authorities should commission local Healthwatch. Health and wellbeing boards should be the place where local authorities explain and are challenged on how they are carrying out their responsibilities. Local Healthwatch should refer any disputes to Healthwatch England if resolution locally is not possible.
- (vii) Commissioners and providers of services should be under a duty to have 'due regard' to local Healthwatch's findings.

## The Transition

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<sup>10</sup> Patient Involvement and Public Accountability – NHS Future Forum Report 2011

LINKs will remain until legislative changes have gone through parliament and received Royal Ascent. The introduction of Healthwatch has been put back until October 2012 and as a result the London Borough of Southwark has a statutory duty to ensure LINK Southwark is retained in some form until this time.

The Department of Health has established a Healthwatch Advisory Group to inform the development process and keep people informed of the emerging guidance. It is crucial that the final decisions and directives on the formation of Local Healthwatch are not pre-empted but Southwark puts in place mechanisms through which the transition can be managed effectively and smoothly.

It looks increasingly likely that Local Healthwatch will be established as a statutory body in their own right<sup>11</sup>, so it is critical that Southwark develops sufficient leadership within LINK to take on and manage these duties and responsibilities. If a new legal entity for Local Healthwatch is to be developed this will take time and the problems that have been experienced in developing a governing document for LINK Southwark cannot be repeated.

### Local Healthwatch for Southwark

The review explored with participants the different factors, options and issues that need to be considered for when moving to Healthwatch locally. These were:-

- No requirement to have a borough specific Healthwatch
- The ability to commission complaints advocacy separately to Healthwatch
- The best legal entity for Healthwatch (i.e. Host or corporate entity in its own right)

The move to Clinical Commissioning Groups (formally GP Commissioning Groups) removes the coterminosity the LINK had with the PCT. Patients in Southwark and Lambeth are equally spread across Guys and St. Thomas' and Kings College acute trusts. South West London and the Maudsley Mental Health Trust covers Croydon, Lambeth, Lewisham and Southwark. It therefore creates an environment where borough based Local Healthwatch would be potentially duplicating work as it relates to the trusts, but would fit with the local authority boundaries. The local authorities to differing degrees are doing more joint work in the commissioning of social care services, just to complicate the picture more.

The general consensus from the review was that there would be merit in the closer working between Lambeth and Southwark as a result of their relationships with the acute trusts but expanding Healthwatch to cover the four boroughs of the SLAM boundary would be too large and would dilute the impact of public/patient voice.

The major concern expressed from all quarters was that Southwark LINK needed to have its problems resolved before any move to consider a cross borough Healthwatch would be feasible. Failure to do so would be damaging for public/patient involvement across a wider geographical area.

Commissioning complaints advocacy is proposed to be transferred to local authorities in 2013. The guidance, as it stands at the moment, allows local discretion as to whether this is put with Healthwatch or commissioned separately.

Contributors to the review identified that there is very different skills and competencies required to manage complaints and deal with advocacy than has been required for LINK activities. Again, due to

<sup>11</sup> Healthwatch Advisory Group Bulletin June 22<sup>nd</sup> 2001



the problems widely recognised with LINK Southwark, there were serious concerns about the Healthwatch and complaints advocacy being put together in Southwark, unless there was a marked improvement in the performance of the LINK/Healthwatch.

The Host model has not been popular for LINKs in many areas and has fuelled conflict in Southwark, although it has not been the cause. Contributors to the review felt that if Healthwatch was a legal entity in its own right, the local authority could hold its executive responsible for problems and failures. It would provide greater clarity over responsibility and boundaries and would enable the local authority address problems and meet its duties to ensure there is an effective HealthWatch in the area. All indications from the Department of Health are now that Healthwatch will be a corporate entity in its own right at a local level.

## Summary and Findings

Until further guidance is released from the Department of Health on the development of HealthWatch, it is hard to put firm plans in place for Southwark. This will rely on the Health and Social Care Bill passing through parliament and gaining Royal Assent in the autumn.

The review can conclude however that subject to changes in guidance: -

- Healthwatch should be borough specific to Southwark
- Complaints advocacy should be commissioned separately
- The ideal option would be for Healthwatch to have its own legal entity with which the council can contract.

## Conclusions and Recommendations

Setting up a new community led vehicle to facilitate and lead public, patient, user and carer involvement in health and social care after the demise of Community Health Councils and PPI Forums was never going to be easy and smooth. Many areas have experienced problems with the LINK model and unfortunately, Southwark is one of those.

The review has demonstrated that LINK Southwark has made some progress with an increasing response to consultations and engagement requests from statutory agencies and the development of several working groups.

LINK Southwark has benefitted from over £600,000 of public funds and slowly built a body of social capital from across the borough, unfortunately the true potential of this capacity has not been realised. The network encompasses a group of individuals and organisations who all want to make a difference to the quality of health and social care services in the borough. Individually, they are a huge asset and mechanisms need to be developed that engage and encourage their participation in a meaningful and constructive manner. The majority of these individuals and organisations have not been involved in the arguments and disagreements that have led to the dysfunctional nature of LINK Southwark and therefore this needs to be recognised. In light of this, it is recommended that:

*[1] LINK Southwark is not abolished or disbanded as a result of the problems but ways are found to address the weaknesses and support a transition to Healthwatch*

The internal conflict, power struggles and inability to agree and adhere to an instrument of governance has blighted LINK Southwark. The long running problems have undermined leadership and made the whole network dysfunctional. Although not all Steering Group members have been party to the problems but have been stoic in their commitment to staying with the network, the only way to help the LINK move forward and make a transition to Healthwatch is to bring in new leadership. As a result of this belief, it is recommended that:

*[2] The Steering Group is disbanded with immediate effect*

This recommendation may appear harsh and disrespectful to those Steering Group members who have not been involved in the problems, but in the interests of moving forward a process that individually selected members and removed them would be time consuming and open to challenge and require a costly full investigation. The most equitable way forward and one that does not apportion blame to individuals is to remove everybody and bring in a fresh leadership group.

As LINK Southwark has not had an AGM or election since 2008, the review concludes that responsibility for this failure lies jointly between the Steering Group and the Host Cambridge House. Holding an AGM immediately, could provide an opportunity to secure a new Steering Group and the review has identified a number of individuals who are interested. However, this method leaves the door open for different factions to get reinstated through a ballot process, merely perpetuating the problems. It is therefore recommended that: -

*[3] All current Steering Group members are prohibited from being on the next leadership group for the next two years.*

Although undemocratic, a break has to be made with the different groups whose disagreements, power struggles and behaviour has brought LINK Southwark into disrepute. Barring them standing



for any future leadership group, goes some way to stopping the problems carrying forward into Healthwatch. This is by no means a reflection of their individual character, skills, knowledge or abilities.

Healthwatch is likely to be a body corporate in its own right and will therefore require an executive committee. The London Borough of Southwark will have a statutory duty to ensure that Healthwatch is established and functions effectively, and will have powers to take remedial action when this is not the case. Rather than having a new Steering Group that would have to change again in 2012, it makes sense to put in place a leadership structure for the remaining time of LINK that then becomes the Executive Committee for Healthwatch. It is recommended that:

*[4] A new Transitional Executive Committee for Healthwatch is developed from the LINK membership*

This committee would oversee the work of the LINK until Healthwatch commences in October 2012 and then act at its first board until an AGM in October 2013 to ensure continuity.

It is vital people of the right calibre; skills, knowledge and ability are recruited from the LINK membership into this role in order to fulfil their leadership functions and help move the LINK and Healthwatch forward. It is therefore recommended that:

*[5] Person specifications are developed for the role of chair and committee members and a selection process is operated to recruit the committee.*

The recruitment process should involve LINK members but must also ensure that impartiality is paramount. A panel must be formed to interview and process applications for the Executive Board and make a final selection. It is therefore recommended that:

*[6] A selection panel is formed five members; 2 LINK Southwark representatives who do not want to stand for selection (and who have not previously been on the Steering Group), 1 local authority representative and 2 independent members paid to participate from other London LINKs.*

Putting in new leadership at the LINK running through the transition to Healthwatch will not alone address the poor behaviour that has blighted Steering Group and public meetings. In order to stop the same behaviour and problems arising again a new Code of Conduct must be developed as a matter of urgency. This document should be very specific about the types of behaviour that are unacceptable and be specific about the measures that can be taken if the code of conduct is breached. It is therefore recommended that:

*[7] A new Code of Conduct be developed and adopted that enables the barring of individuals from any LINK/Healthwatch meetings and events as a result of breaching the code twice.*

The Host organisation, Cambridge House, have had a difficult task supporting LINK Southwark in light of the challenges it has encountered. The model established for LINKs placed them, like many other Hosts, in an invidious position when problems occurred. The review has highlighted some areas where they could have acted sooner and tried differing approaches to try and resolve the problems. In reality the review has concluded that these conflicts were irreconcilable. Commissioning