

ASSEMBLY

20 JULY 2011

REPORT OF THE CORPORATE DIRECTOR OF ADULT & COMMUNITY SERVICES

Title: Response to Petition : Local Involvement Network (LINK)	For Decision
<p>Summary:</p> <p>The Council has received a petition containing 548 signatures from 411 separate addresses in the borough requesting that the Council increase its funding allocation to the Local Involvement Network (LINK).</p> <p>In accordance with the Council's procedures for petitions, the lead petitioner, Mrs Joan Brandon, has been invited to the meeting of the Assembly to present the petition.</p> <p>LINK members are concerned that the reduction in funding may negatively impact on the ability of LINK to carry out its duties.</p> <p>The petition states:</p> <p style="padding-left: 40px;">“We the undersigned petition the Council to:</p> <p style="padding-left: 40px;">Give the full funding as received by the Local Authority from the Department of Health to Barking and Dagenham LINK as we object to the level of cuts being imposed by the Council. We are very concerned that the LINK will no longer be able to effectively hold local services to account and undertake its programme of work”</p>	
<p>Wards Affected: All</p>	
<p>Recommendation(s)</p> <p>The Assembly is recommended to :</p> <ul style="list-style-type: none">(i) Acknowledge the concerns of LINK members(ii) Commend the work of the LINK to date; and(iii) Agree that funding for LINK will remain at its current level.	
<p>Reason(s)</p> <p>Under the Council's Petition Scheme as set out on the Council's web site petitioners, are entitled to a debate at full Assembly if the petition has the support of 100 or more signatures from different addresses in the borough.</p> <p>As this petition reaches that threshold it has triggered the requirement for a debate at Assembly.</p>	

Comments of the Chief Financial Officer		
No specific comments		
Comments of Legal Services		
No specific comments		
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1. Background

- 1.1 LINK (The Local Involvement Network) was commissioned in 2007/8 in response to the Local Government and Public Involvement in Health Act 2007. The provision of a LINK function is required under this Act.
- 1.2 The Centre for Independent, Integrated and Inclusive Living (CIIL) was awarded the contract to host the LINK in April 2008. The contract ceased on 31 March 2011, but there was an option to extend for up to two years. CIIL tendered for the contract at an annual value of £130,000 and this was the value at which the contract was awarded. In recognition of the good work carried out by the LINK, with the guidance of CIIL, the Council's position has been to seek an extension to the contract, rather than tender for an alternative provider for the interim period until 2012/13.
- 1.3 The role of the LINK is to make it easier for communities to influence key decisions about local health and social care services and hold those services to account. Run by local people, the LINK covers all the publicly funded health and social care services in Barking and Dagenham - irrespective of who provides them.

LINK:

- represent everyone in the community - not just existing activists but also those not currently being heard
- have the power to investigate issues of concern, demand information, enter and view services, make reports and recommendations, and refer issues to local councillors
- provide a one-stop-shop for the community to engage with care professionals and vice versa

- promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services
- obtain the views of people about their need for, and experiences of, local health and social care services
- enable people to monitor and review the commissioning and provision of care services.

- 1.4 The Barking and Dagenham LINK have been pro active in engaging with a large number of service users and other stakeholders on a variety of issues. The profile of the LINK has been raised in the borough and the LINK has built up a large and diverse membership. At recent contract monitoring meetings the LINK have been asked to focus less on increasing membership and more on developing and assessing services, ensuring improvements and better outcomes are made where required. LINK members have been trained as 'Authorised Enter and View Representatives' to monitor services the local community have concerns over. LINK members have now completed three enter and view inspections of services provided under Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) such as Queens' Hospital and King George Hospital. Apart from supporting some consultation on personalisation, which was funded separately, the majority of LINK's work to date has been focused exclusively on Health.
- 1.5 'Equity and Excellence: Liberating the NHS' was published in July 2010 and described the Government's intention to build on the current statutory arrangements and to develop a more powerful and stable local infrastructure in the form of local HealthWatch, which will act as local consumer champions across health and care from 2012/3.
- 1.6 The Health and Social Care Bill has implications for LINK and proposed that local authorities should be responsible for funding and commissioning HealthWatch, which replaces LINK (the Government has stated that it will provide additional funding for this). Council's funding of local HealthWatch will begin from April 2012 and funding for this purpose will be built into the Council allocation. The responsibility for commissioning NHS complaints advocacy will also transfer to local authorities in April 2013.
- 1.7 The LINK contract is currently funded by Central Government. This funding forms part of the Area Based Grant which was significantly reduced in 2011/12. The LINK annual contract value is £130,000 as this was the price CIIL submitted as part of their tender. Over the three year life of the contract the Council has provided CIIL with approximately £46,000 of additional funding to cover projects such as the launch of the service, personalisation consultation and additional support for CIIL.
- 1.8 A recent paper from the Joint Improvement Partnership (part of the Department of Health) recognised that typical funding for LINK meant that once fixed staff and accommodation costs had been met, £30,000 remained for non-staff project activity. It was further recognised that Councils would be unlikely to be able to maintain funding at this level in 2011/12. A survey of other London authorities to which 15 boroughs responded, has not identified any borough which is maintaining steady state funding. The minimum reduction was £20,000 and the maximum reduction £60,000, with most Councils reducing by more than £50,000.

- 1.9 As a result of cuts in funding from central Government in Adult Social care, all budgets were reviewed, and based on the information from the Department of Health it was proposed that the funding for LINK be reduced for the transitional year from £130,000 to £98,000, ie a reduction of £32,000
- 1.10 This proposal was considered by the Health and Adult Services Select Committee (HASSC) as part of the budget scrutiny on 24 November 2010 and agreed at Cabinet on 15 February 2011. It was incorporated into the budget agreed by Assembly on 23 February 2011.
- 1.11 Following the Cabinet decision, Council officers have met with CIIL and with LINK to discuss the proposal to continue funding for the transitional year at the reduced level. CIIL have agreed the revised amount and signed the contract variation. A revised set of outcomes has been agreed for the organisation to deliver on reduced funding – these outcomes include increased activity for social care and decreased activity on raising membership.

2. Conclusion

- 2.1 The Council recognises the valuable contribution that LINK has made in its first three years, particularly the establishment of a large membership base and the Enter and View visits at Queen's and King George Hospitals.
- 2.2 The Council receives a number of funding streams and it is the Council's responsibility to ensure that the best use is made of the funding for the local residents. As such the Council set a budget in February 2011, following scrutiny by HASSC, which included a reduction of funding to the LINK. Benchmarking with other London Boroughs indicates that Barking and Dagenham's LINK receives one of the highest levels of funding in London, and that the reduction is less than those being made in many other boroughs.
- 2.3 The revised amount has been agreed by CIIL who hold the contract to develop the LINK and by the Management Board of the LINK itself. Discussions have taken place to agree a revised set of required outcomes in light of the reduced budget.

3. Financial Issues

- 3.1 There are no specific implications associated with this petition report.

4. Legal Issues

- 4.1 The Council is required to fund a LINK function.

5. Other Implications

5.1 Contractual Issues

The contract allows for an extension of up to two years.

5.2 Customer Impact

LINK work with people from all communities and ensure that local residents have access to good quality health care. Their Management Board and membership

includes disabled people, older people and people from black and minority ethnic communities. The continued funding of the service will enable LINK to continue to represent these groups in order for their views to be heard and considered when health and social care services are reviewed or planned.

5.3 Safeguarding Children and Adults

The refocusing of LINK activities will enable them to not only campaign for good quality, safe health services but also to inspect local residential care services.

The Care Quality Commission recently placed conditions on BHRUT with respect to safeguarding issues for both adults and children. LINK have formally referred the issue of maternity provision and have agreed to undertake a scrutiny of the issues at the Health and Adult Services Select Committee.

5.4 Health Issues

Given that the key role of the LINK is to make it easier for communities to influence key decisions about local health and social care services and hold those services to account, LINK plays an important role in the local health economy. The reduction in funding will not impact on this as the focus will move away from developmental work to campaigning work.

Background Papers Used in the Preparation of the Report:

Department of Health, "HealthWatch Transition Plan" 2011