Guide No. 17

The National Centre
for Involvement

Local Involvement Networks
and Overview and Scrutiny Committees working together

About this guide

This guide is part of a series aimed at helping make LINks successful. It aims to clarify the roles of Overview and Scrutiny Committees (OSCs) and Local Involvement Networks (LINks) within the framework for patient, service user and public engagement in health and social care and to provide advice for OSCs and LINks that develops their understanding of their respective and distinct roles, suggesting ways of joint working as a means of maximising their contribution to public accountability of health and social care.

Details of the other guides in the series are available at:
www.nhscentreforinvolvement.nhs.uk/linksguides/

Background

LINks have been set up to give communities a stronger voice in how their health and social care services are delivered. Run by local people and groups, the role of a LINk is to promote involvement, to find out what people like and dislike about local services, monitor the care provided by services and use LINk powers to hold services to account.

Building relationships between LINks and OSCs

This guide is about building relationships. Successful patient, service user and public engagement relies on developing good relationships between organisations and individuals. Much can be achieved by co-operation, good will and understanding each other's priorities and constraints. Good working relationships may be more effective than following the detail of statute and regulations without the involvement of others. LINks and OSCs draw their legitimacy from communities, service users or patients and carers. Both have a responsibility for engaging with local people and by developing a relationship based on joint working, both can become more effective.

The NHS Centre for Involvement is a consortium made up of The University of Warwick, The Centre for Public Scrutiny and LTCA and is funded by the Department of Health.

Contents of this guide

There is a lot of information in this guide. The contents table below should help you find the information you need quickly.

Definitions ... 3
Context ... 4
Summary of roles ... 6
Adding value through joint work ... 11
Being accountable ... 12
Working together on what? ... 13
a) Building relationships ... 13
b) Communication ... 14
c) Embedding involvement into health and social care decision-making ... 14
d) Substantial variations in services ... 16
e) Referrals ... 19
f) Working with the Care Quality Commission ... 20
g) Comprehensive Area Assessments (CAA) ... 21
Working together effectively – How? ... 22
1. Developing good relationships ... 22
2. Work planning ... 22
3. Prioritisation ... 24
4. Protocols for joint working ... 26
5. Joint briefings ... 27
6. Co-option and other forms of involvement ... 27
7. Referrals ... 29
Working with joint health OSCs and joint LINks ... 30
Agreeing to differ ... 32
Who works together? ... 32
Taking recommendations forward ... 32
Conclusion ... 33
Who to contact for more advice ... 33

Definitions

Overview and Scrutiny Committees (OSCs) that cover social care issues are established by Local Authorities under the Local Government Act 2000. OSCs covering health issues are established by Local Authorities with social services responsibilities to carry out their powers under the Health and Social Care Act 2001. Social services authorities in England are county councils, metropolitan borough councils, unitary councils and London borough councils. Together with the Common Council of the City of London and the Council of the Isles of Scilly, these are the Local Authorities with the power to carry out health scrutiny.

Local Involvement Networks (LINks) are defined in the Local Government and Public Involvement in Health Act 2007 and are established for the same geographical areas as Local Authorities with social care responsibilities.

Social Care is services provided by or on behalf of local councils with social services responsibilities who commission public, private and voluntary sector providers to deliver services that meet local needs. (The remit of LINks covers Adult Social Care and does not extend to Children's Social Care)

NHS body means Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and NHS trusts (including acute or hospital trusts, mental health and learning disability trusts, ambulance trusts, care trusts and foundation trusts).

NHS Foundation Trusts are an NHS Hospital run by local managers, staff and members of the public. The Health and Social Care Act 2003 establishes NHS Foundation Trusts as independent public benefit corporations modelled on co-operative and mutual traditions. The first NHS Foundation Trusts were authorised by the Independent Regulator for NHS Foundation Trusts (known as Monitor) from 1 April 2004.

Care Quality Commission established in April 2009 regulates and improves the quality of health and social care and looks after the interests of people detained under the Mental Health Act. Its work brings together regulation of the quality of health and adult social care. The CQC replaces the former Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission.

Context

Involving communities, patients, service users and the public is part of the Government's agenda to modernise public services. In relation to health and social care, this includes:

- the modernisation of Local Authorities and their responsibilities for promoting the well-being of local communities (Local Government Act 2000);
- powers for Local Authorities to scrutinise health services within their areas (Health and Social Care Act 2001);
- NHS Foundation Trusts established as independent public benefit corporations (Health and Social Care Act 2003);
- a new direction for the whole health and social care system, 'Our Health, Our Care, Our Say', White paper makes a 10 year policy commitment to shifting services closer to home (2006);
- a statutory requirement on NHS bodies to ensure that patients and the public are involved at all stages of the planning and design of services (Local Government and Public Involvement in Health Act 2007);
- the establishment of Local Involvement Networks (Local Government and Public Involvement in Health Act 2007);
- the NHS next stage review, 'Our NHS, Our Future, High Quality Care for All', calling for independence, well-being and dignity (2008)[1]; and
- 'Communities in control: real people, real power'[2] White Paper passing power into the hands of local communities. Generating local democracy in every part of the country, giving real control over local decisions and services to a wider pool of active citizens (July 2008).

The Department of Health 10 year White paper 'Our Health, Our Care, Our Say' made a commitment that covered health and social care to achieve services that are delivered in a more personalised way:

> "We will give people a stronger voice so that they are major drivers of services improvement."[3]

An important commitment in the White Paper was to make sure that patients and the public were at the heart of health and social care services in locally meaningful ways, able to influence the services provided in their communities. This commitment built on the recommendations of a number of national reports, including the Kennedy[4] report about the Bristol Royal Infirmary Investigation, which set foundations for Patient and Public Involvement and the Wanless[5] report, which concluded that full engagement of communities in health is essential to improve quality and access to the NHS. Wanless also made similar recommendations in respect of social care.

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[1] Department of Health: Our NHS, Our Future, High Quality Care for All. 2008
[2] Department of Communities and Local Government: Communities in Control, Real People, Real Power. 2008
[3] Department of Health: Our health, Our care, Our say, A new direction for community services. 2006
[4] Kennedy report 2001, Learning from Bristol: the report of the public inquiry into children's heart surgery at Bristol Royal Infirmary, 1984 – 1995, Command paper 5207
[5] Wanless report, Securing Good Health for the Whole Population, Stationery Office, 2004

The duty imposed on NHS bodies to involve patients and the public established in 2001 and strengthened further in 2006[6], may encourage involvement of individuals with interests in particular services or medical conditions, or groups of patients or service users (for example support groups). Patients, service users and carers are being encouraged to become more involved in decisions about individual care and the improvement of local services generally and this is increasing with the implementation of initiatives that aim to meet the aspirations set out in 'Our NHS Our Future: High quality care for all,' the NHS next stage review published in 2008 and 'Putting people first: a shared vision and commitment to the transformation of adult social care'[7]. Across Government, the shared ambition is to put people first through a radical reform of public services. It will mean that people are able to live their own lives as they wish; confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

This approach aims to strengthen the development of health and social care services by empowering patients and service users through choice about how they receive services, when and where. Health and social care organisations are being supported to enable this to happen.

Effective patient, service user and public involvement needs to be carried out at three levels:

- *the individual* – the involvement of patients, service users or carers in decisions about their own care and treatment, or that of another person;
- *the collective* – the involvement of patients, service users and communities in decisions concerning the planning and delivery of services[8]; and
- *the strategic* – the involvement of patients, service users and the public in strategic (long term) issues, rather than specific service issues.

Overview and Scrutiny Committees and Local Involvement Networks concentrate on the collective and strategic levels. They focus on creating improvement across health and social care services and look at the experience of individuals where they can be seen to reflect the experience of groups. LINks and OSCs have a role to identify locally important issues by reaching out to the public and communities in different ways. They may look at issues ranging from the delivery of health and social care services to the development of services that aim to prevent ill health such as smoking cessation services or initiatives to keep people living independent lives in their own homes. OSCs and LINks do not become involved in individual complaints about treatment or care, but they may consider how trends within complaints can be used to influence service improvement. Their roles are therefore important in delivering the new approach of person centred services by holding health and social care services to account and influencing service development in the public interest.

[6] Section 242 (1B) NHS Act HMSO 2006
[7] Department of Health: Putting people first, A shared vision and commitment to the transformation of adult social care. HMSO 2007
[8] Department of Health, Strengthening Accountability: involving patients and the public policy guidance. 2003

Summary of roles

The roles and responsibilities of OSCs and LINks are different but complementary. For example, LINks have powers to 'enter and view' places where services are provided, whereas OSCs have powers to call to meetings staff to explain decisions and proposals.

People and groups who become involved with LINks have an interest in local health and social care services from a patient's, service user's or member of the public's perspective, whereas elected councillors serving on OSCs are local politicians who fulfil their role within the wider context of the council's corporate objectives and external partnerships. However, when considered together, we can begin to identify how LINks and OSCs can use their roles and powers in partnership to improve local health and social care services:[9]

Overview and Scrutiny Committees (health and/or social care)	**Local Involvement Networks**
Community leadership role	*Local people and groups*
• elected members • health and/or social care issues • no powers to 'enter and view' • scrutinise health and social care impact of Local Authority services, for example education and transport • broad overview of local health and social care issues then scrutinise priority areas • right to require information and attendance from cabinet members, senior council officers and NHS staff • define substantial developments and variations of health services • refer proposals for health service changes to Secretary of State in specific circumstances • make recommendations and require a response from NHS bodies and Council Executive	• ask local people what they think about local health and social care and provide a chance to suggest ideas to help improve services • investigate specific issues of concern to the community • use powers to hold providers and commissioners to account and get results • ask for information and get an answer in a specified amount of time • authorise representatives to be able to 'enter and view' premises to see if services are working well • make reports and recommendations and receive a response • refer issues to relevant OSCs
Common functions and rights • act as 'critical friend' • provided with information by health and social care organisations • health and social care organisations required to respond to recommendations made	

[9] Section 9 (1)(a) The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations HMSO 2002

Development of overview and scrutiny

The Local Government Act 2000 (updated in Part 5 Chapter 2 of the Local Government and Public Involvement in Health Act 2007) establishes two different groups of councillors within most Local Authorities:

1. the Executive, responsible for implementing Council policy; and
2. Overview and Scrutiny Committees, holding the Executive to account and scrutinising matters that affect the local area.

The power of ‘health scrutiny’ broadens the overview and scrutiny role to enable committees that look at health issues and to call the NHS to account on behalf of the local communities.

Overview and scrutiny of health

The Health and Social Care Act 2001 introduced the concept of Local Authority overview and scrutiny of health and placed a requirement on NHS bodies to consult health OSCs about substantial variations to or substantial developments of health services within their areas. The power of health scrutiny was introduced in January 2003, building on the powers to promote community well-being contained in the Local Government Act 2000.

Local Authorities that have social services responsibilities (ie county councils, metropolitan councils, London borough councils and unitary councils, together with the Isles of Scilly Council and the Corporation of London) are required to have an Overview and Scrutiny Committee that can respond to consultations by local NHS bodies on substantial variations to or developments of services. These committees may also take up the power of broader health and social care overview and scrutiny.

Health overview and scrutiny is defined as “acting as a lever to improve the health of local people … and securing the continuous improvement of health services and services that impact on health.”[10] This is much broader than focusing solely on NHS services, and may be seen to link with the council’s wider role of promoting social, economic and environmental well being as well as acting as a community leader. Health OSCs may consider issues as diverse as planning, transport and neighbourhood renewal as part of their remit.

Overview and Scrutiny Committees are made up of elected councillors who do not form part of the executive of the Council. The Local Government Act 2000 provides all Overview and Scrutiny Committees with the opportunity to co-opt non-voting members from external organisations onto the committee. The Local Government Act 2003 allows councils to consider giving co-optees voting rights. Health Overview and Scrutiny Committees within county councils are also provided with the power to co-opt representatives from district councils within their areas to participate as full committee members.[11] District councils do not have powers to undertake overview and scrutiny of health in the same way as the other Local Authorities, unless a county

[10] Department of Health, Overview and Scrutiny of Health Guidance. 2003
[11] s9(1)(a) The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations, 2002, HMSO

council chooses to delegate the power to them or involve them in its OSC. OSCs that cover health and/or social care may decide to invite participants from LINks to be co-opted onto their committee and can give co-optees voting rights if they wish.

The primary aims of health scrutiny are to identify whether:

- health services reflect the views and aspirations of local communities;
- all sections of local communities have equal access to services;
- all sections of local communities have an equal chance of a successful outcome from services; and
- proposals for substantial service changes are reasonable.

The power of scrutiny is broader than focusing on NHS services and enables the committee to consider services which impact on the wider determinants of health including those delivered by the Local Authority. Through this wider work, the committee can influence health and social care improvement and work towards reducing health inequalities.

The legislation and guidance to support scrutiny of health and social care does not prescribe how this should be implemented but does provide OSCs that cover health and/or social care with specific powers, and places duties on NHS bodies. Whilst this flexibility enables Local Authorities to take an approach that reflects their own organisational and local needs, it may be confusing to members of LINks, NHS organisations and other interested organisations.

To achieve successful health and social care overview and scrutiny, a committee needs:

- access to information about the health and social care needs of its local population;
- the factors that impact on health and social care;
- the services that are available; and
- the views of patients, service users and the public about what could be improved.

The Regulations establishing the functions of health OSCs[12] state that all health OSCs, whether established individually or jointly by Local Authorities, should take account of relevant information available. Under the Local Government and Public Involvement in Health Act 2007, this now includes information provided through referral of issues by a LINk. However, if OSCs and LINks have good relationships, it is likely that they will be aware of each other's concerns well before a formal referral is considered necessary.

[12] The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations, 2002, HMSO

Powers of Health OSCs

Overview and Scrutiny Committees may:

1. review and scrutinise any matter relating to the planning, provision and operation of health and social care services in the area of the committee's Local Authority;
2. make reports and recommendations to local NHS bodies and its Local Authority on any matter reviewed or scrutinised using the overview and scrutiny of health and social care powers;
3. require the attendance of an officer of a local NHS body to answer questions and provide explanations relating to the planning, provision and operation of health services in the area of the committee's Local Authority;
4. require a local NHS body to provide information relating to the planning, provision and operation of health services in the area of the committee's Local Authority, subject to exemptions outlined in the Health and Social Care Act 2001;
5. establish joint committees with other Local Authorities to undertake overview and scrutiny of health and/or social care services;
6. delegate functions of overview and scrutiny of health to another Local Authority committee;
7. co-opt members of the Overview and Scrutiny Committees of district councils onto the committee as full members (County Council committees only);
8. acknowledge receipt of a formal referral from a LINk and inform the LINk of any actions it is planning to take; and
9. be able to report to the Secretary of State for Health:
    a) where the committee is concerned that consultation on substantial variations or development of services has been inadequate; and
    b) where the committee considers that the proposal is not in the interests of the health service.

Powers of Local Involvement Networks

Local Involvement Networks may:

- ask local people what they think about health and social care services;
- give people a chance to suggest ideas to care professionals that may help improve services;
- look into specific issues of concern to the community;
- make recommendations to the people who plan and run services, and expect a response within a specific period of time;
- ask for information about services and get answers within a specified amount of time;
- carry out visits, when necessary, to see if services are working well (checks are carried out under safeguards); and
- refer issues to the local OSC that covers health and/or social care and get a response.

A definition of a 'network' can be, "a group or system of interconnected people or things"[13] and it is this that is at the heart of LINks.

[13] Oxford Pocket Dictionary 2009

Facts about LINks

1. LINks are made up of individuals and groups that are interested in health and social care issues.
2. Anyone can take part in LINk activities.
3. People do not have to ‘join’ or ‘belong to’ a LINk to take part in LINk activities. What is important is that people and groups can take part in ways that suit them.
4. Through the Local Government and Public Involvement in Health Act 2007 Local Authorities with social services responsibilities are required to ensure that LINk activities can take place in their areas, supported through a contract with a Host organisation.
5. LINks can be organised according to local need and priority and can vary in structure.
6. A LINk is independent and is run by the people and groups that participate in it.
7. A LINk is supported in carrying out its work by a Host organisation.
8. LINks have an important role in collecting and acting on information at the most local level and using this to inform their priorities and work plans.
9. LINks will use a range of methods to reach into their communities to explore health and social care issues in more depth.
10. LINks are accountable to the public and to the Secretary of State for Health and every year are required to publish an annual report, this will also be sent to the Care Quality Commission, to the relevant Local Authority and Overview and Scrutiny Committees and PCTs and SHAs.

There are deliberately few rules and regulations governing how a LINk is organised and how it carries out its activities, this is to ensure that LINks are truly local organisations able to respond appropriately to local needs and organise themselves in ways that most closely meet the needs of the community in which they exist.

OSCs and LINks working together

The roles of OSCs that cover health and/or social care and LINks are established through different legislation, although the intention is that they are both part of the local implementation of a broad national framework for patient, service user and public involvement. It is expected that they work with each other to prioritise and address local issues, making use of their different and complementary roles and responsibilities. Guidance for NHS organisations on how to fulfil their duties in involving patients and the public, “Real Involvement: working with people to improve services”[14] requires them to have a planning process for Patient and Public Involvement that brings together feedback from OSCs and LINks as well as from Patient Advice and Liaison Services (PALS), complaints data and the annual patients’ survey, along with a range of other activities that engage their communities. This expectation helps to bring the different parts of the health and social care involvement framework together.

[14] Department of Health. Real Involvement, Working with people to improve health services. 2008

Adding value through joint work

Health OSCs and LINks have different roles and responsibilities, but both aim to improve people's experiences by influencing the development and delivery of services locally. Benefits from joint working between OSCs and LINks can include:

- providing a picture of what is happening for patients, service users, carers and the public by providing information about people's experiences (collected by LINks) to add value to scrutiny reviews (undertaken by OSCs);
- sharing different perspectives about issues for local people to help identify priorities within work programmes for LINks and OSCs;
- providing opportunities to measure impact by monitoring whether health and social care commissioners and providers implement recommendations from LINks and OSCs;
- providing an effective route for formal referrals from the LINk to the OSC;
- reducing the burden on health and social care organisations to provide information and encouraging them to be more receptive to recommendations from OSCs and LINks;
- improving decision making across health and social care about the development and delivery of services;
- avoiding duplication and complementing each other's roles; and
- developing a strong community perspective on health and social care matters that influences change and informs regulation and assessment of services.

Both OSCs and LINks have limited resources to support their work, and both aim to provide a view of health and social care services and patient, service user and public experiences from the lay perspective. By working together to identify local priorities and then carrying out a project to explore the issues in more detail or scrutinising them before making recommendations to health and social care bodies, OSCs that cover health and/or social care and LINks can make sure that the needs of communities, patients, service users and the public are taken into account in health and social care service assessments and future service developments.

OSCs and LINks are developing within a changing environment. As LINks enter their 'getting better' phase there is still a marked variation. OSCs and LINks also have opportunities to engage with more formal assessments of health and social care services in addition to their locally identified work programmes, for example, the Care Quality Commission and the Audit Commission.

Apart from OSCs and LINks, no other organisations provide a view from the community, patient, user or public perspective on health and social care matters, which have clear roles and rights outlined in legislation, and are accountable to their communities. But to achieve this effective use needs to be made of respective roles and resources.

Being accountable

Overview and Scrutiny Committees

Overview and Scrutiny Committees (OSCs) are made up of Councillors elected by local communities. Councillors have to abide by principles of public life and a code of conduct. Members of OSCs are accountable to their local communities, and OSCs are accountable to the council that established them. (More information about the overview and scrutiny function is available on the Centre for Public Scrutiny website www.cfps.org.uk).

Local Involvement Networks

Local Involvement Networks are independent but ultimately accountable to the public. As LINks are publicly funded they are also accountable to the Secretary of State for Health.

LINk regulations include the following ways that LINks must demonstrate accountability:

- publishing and updating decision making procedures;
- complying with published procedures;
- publishing a procedure for dealing with breaches of procedures;
- publishing written statements of decisions and reasons for decisions;
- publishing and updating a procedure for making decisions about who may be an 'authorised representative' of the LINk;
- complying with the published procedure;
- publishing a list of 'authorised representatives';
- providing 'authorised representatives' with written evidence of their authorization; and
- only authorising people who have received a criminal records certificate if a 'nominated person' is satisfied they are suitable.

Decisions that need to be published relate to:

- how the LINk will undertake its activities;
- which care services the activities will relate to;
- the amounts spent on LINk activities;
- whether information is to be requested from a services-provider;
- whether a report or a recommendations is to be made;
- which premises are to be visited and when the visit will happen;
- whether to refer a matter to an OSC; and
- whether to report a matter to anyone else.

LINks are encouraged to share this information in a range of ways using methods that are appropriate to the needs of the community. They are also required to make it available in an annual report that is made available to the Secretary of State for Health and others including the Care Quality Commission, Local Authorities, OSCs, PCTs and SHAs.

Working together on what?

It may help to develop joint working by looking at health and social care priorities together, exploring where LINk and OSC work plans can compliment each other and considering specific issues. Whilst individual scrutiny reviews or monitoring exercises tend to focus either on a type of service, organisation, treatment or prevention, there are broader issues that may help OSCs and LINks identify how they can work jointly whilst maintaining their specific identities, for example around 'the commissioning cycle' or health inequalities.

a) Building relationships

Although both OSCs and LINks focus on the views of local people and communities, they need to work constructively to improve local services and health and social care outcomes. Both need to develop working relationships with each other and with services providers and commissioners to identify priorities and make effective use of roles and resources. OSCs and LINks reports and recommendations should be based on evidence rather than opinion, and this should be clear to all people and organisations involved. There are examples within this guide of formal methods of building relationships, such as the development of protocols between OSCs, LINks and health and social care providers. Opportunities for informal sharing of information are also helpful. These may include clarifying roles and responsibilities, explaining priorities and important deadlines within planning cycles throughout the business year. For example, in some areas, representatives from LINks, OSCs, NHS bodies, social services and other interested organisations have regular informal meetings to update each other on progress and constraints.

Building relationships in practice[15]

In January 2009, Gateshead Host, LINk and the Council Healthier Communities Overview and Scrutiny Committee agreed an interim protocol about how they would work together. This followed discussion in 2008 about developing effective relationships between these two bodies and other key stakeholders. The discussions, supported by the Centre for Public Scrutiny Expert Advisory Team, also included local people who were helping to develop the LINk and were involved in the procurement of the Host. The protocol is the foundation for regular meetings between the LINk, key councillors and the Health and Social Care Partnership about issues of mutual interest and common work programmes. The 'Gateshead Working Together' workshop session aimed to:

- create a wider understanding of the developing role of the LINk and who forms the LINk;
- build on lessons learned from relationships between OSCs and PPI Forums about what has worked well;
- avoid what doesn't work well;

[15] The scenarios in this guide are examples for illustration only. It is possible that contact details may change over time.

- create a wider understanding of the routes within the Council that the LINk can feed into / work with to achieve better health, wellbeing and social care services for Gateshead residents;
- create a greater understanding of expectations regarding the working relationship between the OSC, LINk, Cabinet and other partnerships; and
- create a better understanding of the support the LINk / Host might need to assist it engage / work with the Overview and Scrutiny Committee, Cabinet and local partnerships.

Contact: Andi Parker, Gateshead Council
Telephone: 0191 433 2346

b) Communication

As well as developing good communications between themselves, OSCs and LINks need to keep local people, interested groups and organisations informed about their roles and the work that they are undertaking. By considering how they can jointly communicate with local people, for example through newsletters, press releases and websites, and how local people and groups can contact them, they are better placed to understand the needs and priorities of local communities.

Communication in practice

In Somerset, the LINk and the OSC explored the possibility of the OSC having its own web page on the LINk website.

Contact: Vivian Reid, Somerset LINk, Help and Care
Telephone: 0300 111 3303

c) Embedding involvement into health and social care decision-making

April 2009 will see the introduction to a new ‘duty to involve’ on Local Authorities that seeks to ensure that local people have greater opportunities to have their say. The aspiration for the new duty is to embed a culture of engagement and empowerment across an authority’s functions. The new duty comes into force on 1 April 2009, and is set out in Part 7 Section 138 of the Local Government and Public Involvement in Health Act 2007. Other legislation commits NHS bodies to similar duties to involve local people, particularly section 242 of the NHS Act 2006 which states that “each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

a) the planning of the provision of those services;
b) the development and consideration of proposals for changes in the way those services are provided; and
c) decisions to be made by that body affecting the operation of those services.”

Health and social care bodies will find it useful to work closely with OSCs and LINks to ensure their duty to engage is being fulfilled.

In this less formal context, LINks and OSCs may work to ensure that responses to health and social care bodies reflect the views of people. In the spirit of partnership, this is an opportunity for OSCs and LINks to support health and social care bodies to make sure that they hear the diversity of views from local people.

Embedding Involvement in practice

In County Durham, the OSC invited a LINk participant to join an OSC working group as a co-opted member to look at 'Seizing the Future' (proposals for reconfiguration of local hospital services). A LINk participant and Host member of staff attended two OSC meetings per month from October to December 2008. The LINk consulted their participants and compiled a report that was presented to the OSC in December 2008. The OSC compiled their report and the LINk report was included with other evidence received. A key aspect of the work undertaken by the LINk was to advise of potential shortcomings in the public consultation process. A section of the report states:

"Other LINk members with hearing impairments, visual impairments and mental health issues have been contacted to see how they feel about the consultation process and whether it has been accessible to them. All agreed that it needed to be more accessible for people with specific disabilities and again, this has been fed back to NHS County Durham who are in the process of organising several more events to ensure the consultation process has been inclusive."

Contact: Sue Jennings, County Durham LINk, Pioneering Care Partnership
Telephone: 01325 327463
Jeremy Brock, Health Scrutiny Liaison Manager, NHS County Durham and Durham County Council
Telephone: 0191 383 3673

Embedding Involvement in practice

To find the best way of working together in Somerset, a piece of work in partnership with the OSC Chair and Scrutiny Officer came up with a range of options for working arrangements for the LINk to consider. The options were distributed to over 920 people or groups. In addition it was published on the LINk website and forwarded to third sector organisations to be cascaded to their membership. Suggested options for working arrangements between the Somerset LINk and Somerset Health Overview and Scrutiny Committee were:

1. **Representation –** A representative of the LINk attends HOSC meetings and/or Scrutiny Members attend the LINk stewardship group, reporting back to their specific groups at the next possible opportunity.

2. **Joint working arrangements –** LINk members working alongside elected Members on topics identified by the LINk. Providing a picture of what is really happening for patients, carers and the public and enabling the work of the OSC and LINk to complement each other.

3. **Joint working arrangements –** LINk members working alongside elected Members on topics identified by the LINk. Providing a picture of what is really happening for patients, carers and the public and enabling the work of the OSC and LINk to complement each other.

4. **Identification of Strategic Events –** The Host and OSC Officer draw up a calendar of strategic events throughout the year from Trust Annual Plans, Parish Plans, LSP Reports, Public Health reports, etc in order to identify areas of possible joint work for the OSC and LINk.

5. **Use of the LINk Website –** The facilitation of discussion groups, surveys, etc on the LINk website on activities the OSC is pursuing. The Scrutiny committee might have its own web page on the LINk website.

6. **Workshops –** Joint workshops twice a year to air issues and areas of concern from communities, working together in coming to a conclusion on whether specific issues are part of a bigger problem and working on ways of identifying the cause.

7. **A fluid mix of all of the above**

Contact: Vivian Reid, Somerset LINk. Help and Care
Telephone: 0300 111 3303

d) Substantial variations in services

'Formal consultation' is often used to describe the statutory duty on NHS bodies to consult OSCs when they are considering a proposal for a substantial development of health services in the area of the Local Authority. This requirement to formally consult OSCs (section 244 of the NHS Act 2006) is additional to the general requirement to involve or consult users (section 242 of the NHS Act 2006, updated by section 233 of the Local Government and Public Involvement in Health Act). There is sometimes a misconception that if OSCs are not consulted, because proposals are not 'substantial variations' or developments of services, that users do not have to be involved or consulted either. This is not the case and health and social care organisations must ensure that people are involved or consulted irrespective of whether OSCs are consulted or not. For social care services, Local Authorities have a 'duty to involve' set out in section 138 of the Local Government and Public Involvement in Health Act 2007.

A good working relationship between the OSC, the LINk and health and social care commissioners and providers will ensure that if a formal consultation is undertaken that it is complimentary and in addition to any ongoing involvement taking place.

There is no national definition of what is 'substantial", so discussing what this means locally is important as there is a code of practice for consultation by public bodies.[16] Different proposals may have different impact, on different communities or patient/user groups, at different times. To identify whether a proposed change or

[16] HM Government, Better Regulation Executive, Department for Business, Enterprise and Regulatory Reform. Code of Practice on Consultation 2008.

development is ‘substantial’, an understanding with OSCs needs to be met. The OSCs view of the possible effects of proposals needs to be influenced by discussions with local communities and groups, including LINks, about their understanding of the impact of proposed changes on local people.

NHS trusts are expected to consult health OSCs when they apply for Foundation Trust status as part of their wider public consultation. If the trust does not intend to make any changes to the services that it provides, this would not usually be considered to be substantial. However, if the application for Foundation Trust status indicates that the trust no longer wishes to provide a service, or intends to establish new services, this may be identified as being substantial. Existing NHS Foundation Trusts are required to consult health OSCs where they propose to apply to Monitor to vary the terms of their authorisation where that variation would result in a substantial variation of the provision of “protected goods and services”.

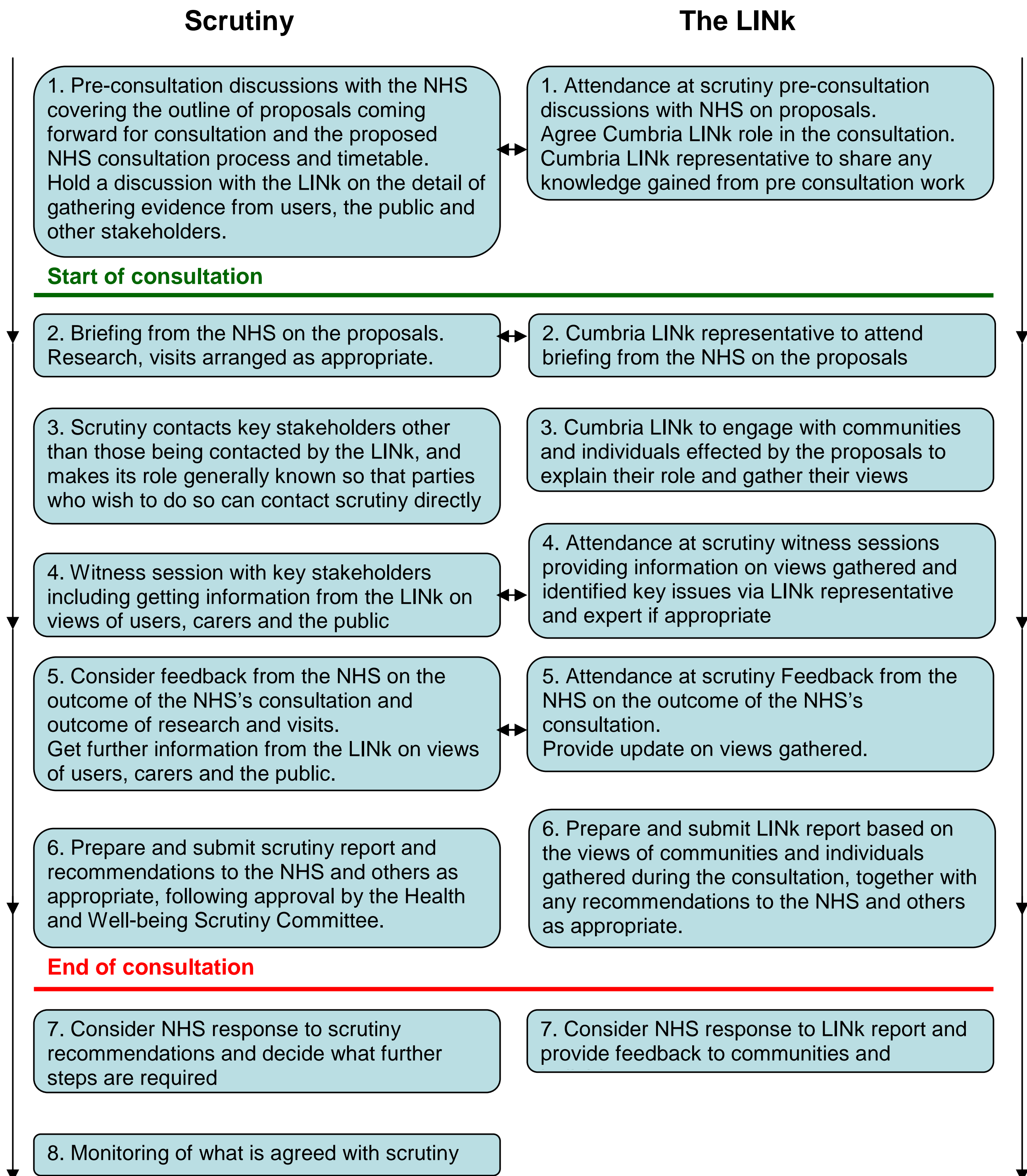
The Department of Health Guidance about health scrutiny provides information about issues that should be taken into account in determining what is substantial locally, for example:

- changes in accessibility of services;
- impact of the proposal on the wider community;
- effect on patients; and
- methods of service delivery.

Judging a proposed change as substantial is dependent on the context and the need to balance a variety of issues. LINks can provide OSCs with evidence and data from local people and those using services, to help them to achieve a clear assessment about whether a proposed variation or development should be considered as being ‘substantial’.

Substantial variations in practice

Engagement with NHS Consultations – Scrutiny and the LINk in Cumbria

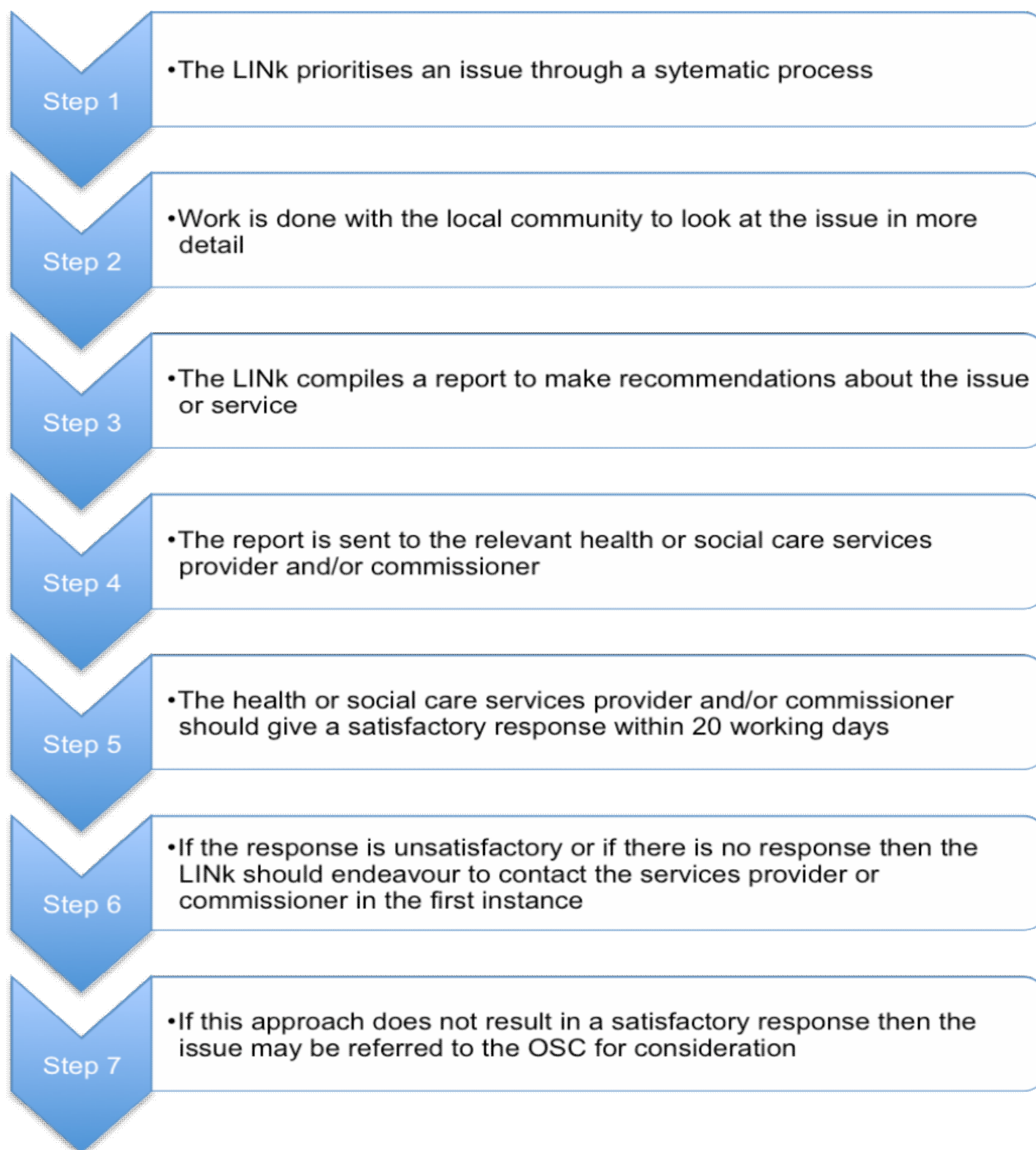


Contact: Jane MacFarlane, Cumbria LINk, Cumbria CVS
Telephone: 01228 512613

e) Referrals

Under the Local Government and Public Involvement in Health Act 2007 and the Local Involvement Networks Regulations 2008 LINks have the right to refer health and social care issues to relevant OSCs. OSCs must "acknowledge referrals from LINks that concern either health or social care matters within 20 working days and keep LINks informed about actions they might take, if any, with respect to those referrals. This provides LINks with a mechanism to refer matters they consider to require further scrutiny to an independent body."[17]

LINks might follow a process as shown below when deciding whether a referrals appropriate. However, this is not to detract from the aspiration for OSCs to work closely with LINks to ensure that knowledge is regularly shared about work programme items and emerging issues.



[17] Local Involvement Network, Regulations (explanatory memorandum) HMSO 2008

f) Working with the Care Quality Commission

The Care Quality Commission registers, inspects and assesses local health services in England. Its aim is to encourage services to continually improve. The Commission came into being in April 2009, and for the year ending March 2010 will be using systems developed in two of its predecessor bodies, the Healthcare Commission and the Commission for Social Care Inspection. From April 2010, systems will be changing and LINks and OSCs will be invited to get involved in discussions about how the systems will change and how this will affect their future work. LINks and OSCs can both contribute to assessment activity and use the Commission's assessments as baseline information for their own work.

Assessing NHS and councils

At present, the Commission carries out an annual 'health check' on NHS bodies and an annual performance assessment of local councils' social services functions. The health check measures whether NHS organisations have met core standards over the year. Performance assessment rates councils against national indicators and a range of outcome measures. Both systems look at plans that trusts and councils have to improve performance in the following 12 months.

The health check is based on an assessment of whether the organisation is providing a good standard of care across a wide range of areas. It aims to measure what matters to patients and to provide a fuller picture about how local services are doing. Performance assessment is based on how well local councils' social services are serving their communities and on the outcomes they are achieving for people who use social care services. The intelligence and evidence that OSCs and LINks collect in their ongoing work can be helpful in informing the Care Quality Commission's assessment.

How might OSCs and LINks get involved?

The Care Quality Commission is keen for OSCs and LINks to tell them how they think their local trusts and councils are performing against the standards set by government based on the views and experiences gathered from their local communities. They will also be checking on how well the trust or council has developed a working relationship with the LINk, and how they are involving local people in local service developments.

Where there is a good working relationship between the OSC and the LINk, or where there has been joint work or work focussing on the same issues, it may be helpful for both organisations to discuss their draft responses to the self-assessment together before submitting them.

Members of OSCs and LINks are not expected to have expert knowledge about all the services that an NHS organisation or council is providing or the standards that it is being assessed on. They are not being asked to act as professional auditors or performance managers. The aim of their involvement is to provide a 'reality check' on the self-assessment and to demonstrate the links between services and the experience of local people.

OSCs and LINks may prefer to limit their comments to those areas where reviews or monitoring have been undertaken or where there has been substantial discussion between the NHS or council and the OSC or LINk. Comments that are made need to be supported by evidence from the work of OSCs or LINks. Whilst the comments will be made individually by the organisations, OSCs and LINks are encouraged to work together to consider how councils and trusts are doing and to share their knowledge and skills in developing their comments.

Periodic reviews

The Care Quality Commission carries out periodic in depth reviews of services, where they look at specific services across a number of localities. OSCs and LINks will always be asked for their views as part of the reviews, including being invited to take part in some of the meetings that take place between the Commission and the trusts or councils.

Registered services in the independent sector

Independent healthcare providers, care homes and care agencies must register with the Care Quality Commission. Registration is being extended to all NHS services. The Commission carries out inspections from time to time to check that services are complying with registration requirements. LINks have powers to 'enter and view' services where people are being supported financially by the Local Authority or the NHS. The Commission has published guidance for LINks on when and how to report any findings from such visits to the regulator. As with assessment of trusts and councils, the system is evolving and LINks and OSCs will be invited to get involved in discussions about how future reviews and inspections will be undertaken.

The Care Quality Commission has a dedicated space on its website for LINks – see www.cqc.org.uk/getinvolved/howweinvolvepeople/localinvolvementnetworkslinks.cfm

g) Comprehensive Area Assessments (CAA)

CAA is a new assessment framework (introduced February 2009) that will provide a snapshot of how effectively local partnerships are working together to deliver local people's priorities. It has been developed by and will be delivered jointly by the main public sector inspectorates.

- It is about people and places.
- It will give people a snapshot of life in their local area each year.
- It will help local services improve quality of life in their area.
- It will help people understand if they are getting value for money from their local services.

More information is available on the Audit Commission Website http://www.audit-commission.gov.uk/caa/.

With their important focus on improving services for local people, LINks and OSCs will be able to explore opportunities for them to contribute to the CAA process and to work with the outcomes.

Working together effectively – How?

1. **Developing good relationships** between LINks and OSCs is key to both bodies taking forward their responsibilities effectively and making best use of resources. To ensure the relationship is effective it is important for both bodies that conflicts of interest are transparent and managed. For example if the performance monitoring of the Host contract sits within the Local Authority Scrutiny Support Section there could be concerns regarding the effectiveness of scrutiny of the Executive if scrutiny is supported by the same officers that manage the Host contract. A similar conflict could arise if the management of the contract sits within Adult Social Care Departments who are commissioning and / or delivering services the LINk should be monitoring. LINk participants also must be aware of their own potential conflicts of interests when participating in activities; ie if a LINk participant has made a complaint to a social care or NHS service and that service is being reviewed within the workplan or a LINk participant that is representing a voluntary organisation that delivers services on behalf of Social Services or the NHS. All of these conflicts can be managed effectively if clear guidelines are developed in partnership with all concerned.

   Many LINks and OSCs have recognised the value of working together and therefore ensured relationships were developed early on in the transition and development of LINks. Informal meetings have been held to discuss their respective roles and how they can both work together to add value and ensure involvement is embedded in both health and social care. In many cases LINk participants have been invited to join OSCs at their formal meetings and are given the opportunity to put forward a view. To avoid the risk of the public viewing this as a 'tick box' mechanism for involvement it is important the OSC compliments this activity by ensuring they work with the LINk in other ways. It is also important that LINk participants are not giving personal views on a discussion and that evidence from the community to support views expressed is always provided or sought as an outcome of the issue being raised. The relationship should be reviewed on a regular basis to ensure both bodies feel it adds value to their roles.

   Kingston upon Hull City Council Health and Social Well-Being Overview and Scrutiny Commission and the Hull Local Involvement Network have been working together to develop good working relationships. Both the LINk and the OSC have agreed that representatives may attend each others meetings as well as recognising other opportunities for joint working such as holding joint workshops and conferences.

   Contact: Jonathan Appleton, Hull LINk. Hull CVS
   Telephone: 01482 221372

2. **Work planning** – Workplans are a tool for planning and should outline the issues the OSC and LINk are going to look at that year and show the activity planned to take place. Workplans are flexible documents and both the OSC and LINk workplans could be influenced by the following sources:

   - issues important to the community relating to health and social care;
   - the 'commissioning cycle';

- Health and Social Care Service reviews, failure in performance and key issues facing commissioners and providers;
- stakeholder organisational policies that will have an influence on health and social care; and
- the local impact of national health and social care policies.

Sharing workplans to avoid duplication and make best use of resources has been a key area that OSCs and LINks have focussed on working together.

Newcastle OSC and the LINk have developed working group proposals that outline how they will share work programmes effectively. They have identified the objectives for these proposals as follows:

- To identify possible overlap and duplication;
- To identify possible areas where Overview and Scrutiny Panels (OSPs) and the LINk can complement each other's work; and
- To identify possible LINk referrals to OSPs and OSP requests for assistance from LINk.

Contact: Steve Flanagan, Newcastle City Council
Telephone: 0191 277 7522

Sandwell Scrutiny function and the LINk have developed guidelines for working together that include how they plan to take forward work planning at an annual meeting of the two bodies:

"at the meeting referred to above, work planning discussions will take place. Whilst the final decision over work items remain with each group such a dialogue could avoid duplication of effort. It could also ensure that the appropriate body undertakes work more suited to its skills. It is noted, however that some work items will be undertaken by both bodies such as consultation exercises. If appropriate, any evidence gathering on such issues could be undertaken in partnership although responses would come from each individual group."

Contact: Katy Bunn, Sandwell LINk, Black County Housing Group.
Telephone: 0121 561 1969

Stockport OSC and Stockport LINk have been working together and as a result developed a protocol that includes how they will work together:

"The LINk might contribute to Scrutiny Committees' work programme planning by:

- Providing feedback enabling them to have evidence-based reasons for review;
- Inclusion in the committees work programme planning sessions; and
- Suggesting topics for scrutiny."

Contact: Maria Kildunne, Stockport LINk, Pebble Enterprises
Telephone: 0161 477 8479

In East Sussex, the Health Overview and Scrutiny Committee, the Adult Social Care Scrutiny Committee and the LINk share their work programmes to help identify areas where complementary work may be possible and to ensure that overlap and duplication is avoided.

Contact: Gillian Mauger, East Sussex County Council.
Telephone: 01273 481796
Janet Colvert, East Sussex LINk Chair
Telephone: 01323 514510.

3. **Prioritisation** – LINks and OSCs are not likely to be able to deal with all the issues raised by their communities and stakeholders and therefore it will be important to develop ways to prioritise the work they will be taking forward. Whilst both bodies have different roles they are both accountable to the community and therefore will want to show they have taken into consideration the issues that are most relevant to the public.

   Developing processes for working together to identify priorities could be achieved by holding joint meetings or workshops where OSC and LINks consider:

   - information from a number of sources:
   - the issues that are important to the community;
   - identify issues which would benefit from further scrutiny;
   - identify priorities for their work programmes; and
   - agree where they will work separately.

   This might result in one priority issue being considered by both bodies however each taking forward different responsibilities that compliment each other.

The Isles of Scilly LINk and the Isles of Scilly Health OSC have held an off-island road show to capture the feelings of residents on services and are now arranging further consultation exercises.

Contact: Caroline Bagshaw, Isles of Scilly LINk, Scout Enterprises
Telephone: 01726 891743

By working together to identify priorities, LINks and OSCs can begin to demonstrate to local people and organisations the strength of their roles and the opportunities that they provide for local communities to influence health and social care services.

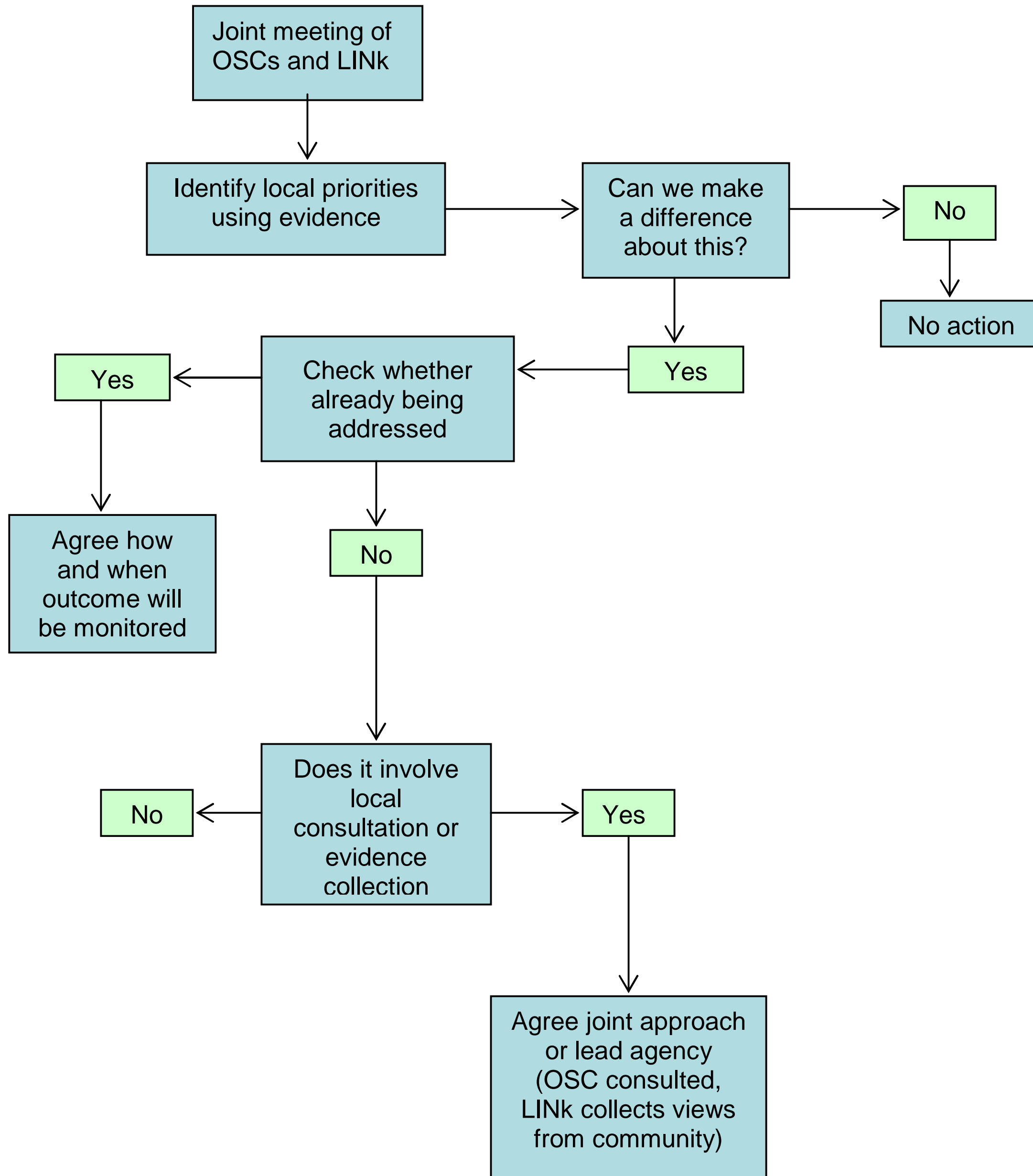
A Process for Prioritisation

It is important to ensure that the resources of OSCs and LINks are used as effectively as possible. Criteria for prioritisation might be:

- What is the evidence available?
- Has it been drawn from broad and diverse sources?
- Can we make a distinct and positive impact?
- Can an impact be made within defined timescales?

- Are the issues timely and relevant, and not under review elsewhere?
- Can value be added to the current situation?
- Does it impact on a locally agreed priority?

For example



To manage the risk of bias and personal judgement some LINks have explored the use of scoring methods to support the prioritisation process. Using a range of criteria and applying pre-agreed scores and weighting an overall score is reached. This helps to define the level of priority for any given issue.

4. **Protocols for joint working** – A number of OSCs and LINks have produced protocols for joint working. These aim to clarify roles and responsibilities and provide a shared framework for joint working. Where OSCs and LINks are developing protocols it is important that both bodies are wholly involved in their development. This partnership activity will result in individual and group ownership of the principles and guidance for working together.

   There is no standard format for protocols for joint working, but they may include sections on:

   - the organisations signing up to the protocol;
   - the aim of the protocol;
   - the respective roles of the organisations covered by the protocol;
   - principles underlying the commitment for joint work;
   - the commitment of each partner organisation, including the sharing of information, agreed timescales for responding to requests, 'rules of engagement';
   - how issues will be referred;
   - methods for addressing issues; and
   - a date for review of the protocol.

   The development of protocols can be time consuming but may help participating organisations to develop more effective working relationships as they clarify their roles and expectations of each other.

The London Borough of Merton OSC and the Merton LINk have developed a protocol for working together in July 2008 that aims to:

- "establish an understanding of the respective roles and responsibilities of Overview & Scrutiny and the Merton LINk; and
- to agree essential requirements in the relationship between the parties, in order that they can work together effectively."

Contact: Barbara Jarvis, London Borough of Merton
Telephone: 020 8545 3390

Stockport LINk and the Stockport Overview and Scrutiny Committee have been working together and as a result developed a protocol that's purpose is "to consider an outline framework for a formal LINks/Overview & Scrutiny Protocol to set out the relationship between the bodies, the responsibilities of the organisations and mechanisms for referring matters and responding to reports."

Contact: Maria Kildunne, Stockport LINk, Pebble Enterprises
Telephone: 0161 477 8479

Gateshead LINk participants and the Healthier Communities OSC agreed an interim protocol about how they are going to work together, this followed discussions in 2008 about how they are going to work together. The protocol is the start of regular meetings between the LINk, key councillors and the Health and Social Care Partnership about issues of mutual interest and common work programmes.

Contact: Andi Parker, Gateshead Council
Telephone: 0191 433 2346

5. **Joint briefings** – LINks and OSCs need to be kept up to date on national, regional and local developments within health and social care services. Joint briefings by NHS and Social Care staff or others and joint meetings involving members of OSCs and LINks can enable this. Participants not only have the opportunity to consider the information provided, but also to hear the issues it raises from the other participants perspectives.

The Dorset LINk and OSC have agreed to maximise the opportunities where the two bodies will come together for joint briefings and training on relevant issues.

Contact: Anne Bray, Dorset LINk, Help and Care
Telephone: 0300 111 3303

Whilst it is important that both organisations retain their independence there will be times when the OSC and LINk are working together on an issue or raising concerns about common issues. At these times it would prove beneficial and more transparent for the public if both organisations jointly communicate their messages.

6. **Co-option and other forms of involvement** – A common approach to involving participants of LINks on OSCs is to involve or co-opt a member onto the OSC. To ensure this is a positive experience for both bodies the roles and responsibilities of the participants must be agreed and could include:

- Why is co-option the best approach?
- How long is the co-option for?
- What is the role of the LINK participant?
- What limits there are on participation (eg can the participant take full part in meetings and are they able to vote)?
- Clarity about the arrangements for the LINk participant to collect views from communities before meetings and to feedback about outcomes after meetings; and
- How will co-option add value to the scrutiny process?

The LINk should clarify:

- Who is the right person to be co-opted, ie whether any special skills or knowledge are needed?
- How the co-opted person will reflect the views of local people and groups and report back to them?

- How conflicts of interest will be handled, for example if the LINk and OSC disagree on an issue?
- How the arrangement will add value to the work of the LINk?

In some areas, co-options have not been used, as partner organisations consider that this enables them to preserve independence and maintain a certain 'distance' from recommendations of OSCs. In others, OSCs have a policy of not co-opting anyone who is not an elected Local Authority member, feeling that this creates a useful distinction in forms of accountability. It may be more appropriate for LINk participants to regularly attend OSC meetings and likewise for OSC members to attend LINk meetings. Another approach might be to invite LINk participants to take part in scrutiny reviews as 'expert witnesses'. This provides flexibility for different people to attend meetings dependent on the issues being discussed and the interests, skills and knowledge of the LINk participants. Whatever the approach taken, it is important for the LINk participant to be clearly briefed about the expectations of the OSC and a shared understanding of their role in representing the wider LINk.

Early discussions between the LINk and Scrutiny Members in East Sussex led to both the Health Overview and Scrutiny Committee (HOSC) and the Adult Social Care (ASC) Scrutiny Committee formally co-opting a LINk participant onto their committee.

Contact: Gillian Mauger, East Sussex County Council
Telephone: 01273 481796
Janet Colvert, East Sussex LINk Chair
Telephone: 01323 514510.

Bristol LINk has a place on the Bristol Health Overview and Scrutiny Committee. At the September 2008 meeting of the Bristol LINk 'interim' steering group a ballot was held to identify a representative and a deputy to attend. The representative was duly elected and now has a mandate from the Bristol LINk to attend the Health Overview and Scrutiny meetings taking information from the LINk and to bring back information from the OSC meetings that can be shared with all LINk participants through email or post.

Contact: Pat Foster, Bristol LINk, The Care Forum
Telephone: 0117 958 9344

Northamptonshire have four places for LINk representatives to attend and input to the Northamptonshire Overview and Scrutiny Committee.

Contact: Maureen Jerram, Northamptonshire County Council
Telephone: 01604 237680

Whilst LINk activity should not focus on meetings, there will be times when those involved in LINk activity will get together to discuss issues, work planning etc. There may be opportunities for the LINk to invite OSC members to participate in these events however the representatives of the OSC should ensure there is clarity on their role within this group and how they feed information back to their OSC.

At East Sussex, scrutiny is represented on the LINk Liaison Group of statutory partners, which aims to help the LINk establish and build relationships.

Contact: Claire Lee, East Sussex County Council
Telephone: 01273 481327
Janet Colvert, East Sussex LINk Chair
Telephone: 01323 514510.

7. **Referrals** should not be made until the LINk has made all reasonable efforts to resolve matters with the relevant NHS or Social Care organisation and it considers that those efforts have failed. However, LINks should keep OSCs aware of the possibility of future referrals, where they are known, to enable OSCs to build time into their work programmes, if they wish.

For LINks to make effective use of the power of referral there needs to be close communication with OSCs. The LINk should have views on what outcomes a referral would have if the OSC accepts the referral and scrutinises the issue. These expectations should take into account the different powers that OSCs have, such as the ability to call in staff from NHS bodies and the ability to make referrals to the Secretary of State in certain circumstances. Early communication about a potential referral will enable the OSC to be prepared and to identify whether it will have time to consider it and how.

A good working relationship also enables the LINk to be clear about the OSC's priorities and the likely outcome of the referral. If the OSC decides not to act on the referral, the OSC must advise the LINk and provide reasons for not taking the issue further.

There is no right for OSCs to make referrals to LINks. However, if there is a close working relationship and clear communication about priorities, a LINk may agree to contribute to a review on an issue that has been scrutinised by the OSC.

To work most effectively together, health OSCs and LINks need to be clear about their roles and powers and identify where their differences may complement and add value to the outcomes that they are aiming for.

Sandwell LINk and Sandwell Scrutiny have produced guidelines regarding referrals which include the following:

"If the LINk wishes to refer an item for the consideration of Scrutiny the following shall be provided:

- a description of the item of work;
- reasons why the LINk thinks scrutiny needs to consider the item of work;
- why the LINk thinks it more appropriate that scrutiny considers the item of work rather than the LINk considering it;
- any evidence that the LINk has already considered prior to the referral to scrutiny; and
- what other organisations the LINk has approached for discussion on the item prior to the referral to scrutiny.

The LINk will receive an acknowledgement of the referral within 20 working days."

In relation to referrals to the LINk from scrutiny, although there is no statutory requirement for scrutiny to be able to refer items of work to the LINk, this is considered good practice locally. Should scrutiny refer items to the LINk it will provide the same information that the LINk must provide when referring to scrutiny. Referrals from scrutiny to the LINk will also feature in both organisations Annual Reports.

Contact: Katy Bunn, Sandwell LINk, Black Country Housing Association
Telephone: 0121 561 1969

Within the protocol developed by Merton LINk and the London Borough of Merton OSC, detailed guidance has been agreed on how referrals will be actioned. This includes how the OSC will take action in response to a referral:

- placing the item on a scheduled meeting agenda or by holding an extra meeting;
- setting up a Task Group to carry out a review;
- asking for a report to the Panel, and then taking a view on action;
- holding a meeting with service officer(s) and or partner(s); and
- hearing the findings of some individual Members who have carried out some initial research.

Merton LINk should, through its Host:

- acknowledge receipt of the referral within 10 working days;
- consider the referral within a reasonable period of time;
- advise Overview and Scrutiny in writing as to whether the LINk intends to take further action, such as including the issue in its work programme, in response to the referral or the reasons for no further action being taken;
- keep Overview and Scrutiny informed of its actions in relation to the matter; and
- advise Overview and Scrutiny in writing of the outcome of any review undertaken by Merton LINk in response to the referral.

Contact: Barbara Jarvis, London Borough of Merton
Telephone: 020 8545 3390

Working with joint health OSCs and joint LINks

Both LINks and Health and Social Care OSCs can establish joint committees with other LINks or OSCs.[18] These may be especially useful when the issue that is being considered impacts on more than one organisation.

[18] Part 5 Section 123 Local Government and Public Involvement in Health Act HMSO 2007

Overview and Scrutiny Committees may establish joint committees with other OSCs where appropriate. There are two reasons why health OSCs might establish a joint health OSC:

1. **Discretionary joint OSCs –** while most health scrutiny reviews focus on local services and the health and / or social care of local communities, OSCs can join together to carry out health and / or social care scrutiny reviews or consider health and social care issues that cross Local Authority boundaries. For example, in an area consisting of two unitary authorities within the area of a county, a joint committee of the two unitaries' OSCs together with the county council's OSC, might be established to consider common issues relating to the delivery of services from one provider trust or effecting one service user community.

2. **Statutory joint health OSCs –** health OSCs are required to establish a joint health OSC to consider and respond to proposals for developments or variations in health services that affect more than one Local Authority area and that are considered 'substantial' by health OSCs for the areas affected by the proposals.

Guidance issued by the Department of Health in July 2003 indicates that when a joint health OSC has been formed to deal with a consultation on issues of a substantial variation or development, the duty on NHS bodies to provide information or attend meetings relates only to the joint health OSC that has been established. It is good practice for a statutory joint OSC to consider how best to involve the LINks within its geographical area through discussion to enable them to participate effectively.

Whilst LINks boundaries are identical to the boundaries of Local Authorities with social care responsibilities many PCTs and NHS services do not sit so neatly. There are also many strands of service delivery that are delivered across the boundaries of many LINks, ie ambulance services or mental health services, and therefore there will be a need for LINks to work together. For example, a number of participants in LINks may have a specific interest in ambulance services and therefore work together to take forward activity in this area.

For joint groups to work effectively with each other, communication about participants, terms of reference, how they work and how to contact them become more important. If joint OSCs and LINks working together on joint interests are to make effective use of their roles, they need to also keep each other up to date about work plans and timescales or deadlines, and clarify methods of contact.

Nottingham County Council and Nottingham City Council have taken a joint approach to working with LINKs. Elected Members who lead on health scrutiny and LINk Chairs have agreed to meet on a regular basis to discuss the health issues affecting residents of Nottingham and Nottinghamshire. These meetings also provide an opportunity to share work programme information and responses to proposals from local health trusts. The meeting compliments rather than replaces any formal meetings and helps avoid duplication. Advice and support is provided by scrutiny officers and the Host organisation.

Contact: Matthew Garrard, Nottinghamshire County Council
Telephone: 0115 977 2892.

Agreeing to differ

It should be recognised that OSCs and LINks have different remits, different powers, different types of members and participants (ie elected councillors and volunteers) and different support arrangements. Whilst the outcomes that they strive for, eg local health and social care improvement and improved experiences, are shared, being part of an effective partnership includes being able to recognise that sometimes priorities do not match and it is better ultimately to agree to differ. This does not constitute failure, but recognises that partner organisations do not always have to work together. For example, an OSC may acknowledge an issue but may see their priority elsewhere and likewise for the LINk.

Who works together?

It is important to recognise that there are different groups of people to be involved in joint working between health OSCs and LINks, ie:

- LINk participants (volunteers, as individuals and representing groups);
- OSC members (elected Councillors);
- staff from Host organisations providing support to LINks; and
- Local Authority support staff.

Whilst membership of OSCs may change on an annual basis due to altering roles of councillors and local elections, and volunteer LINk participants may choose to leave their LINk at any time or become more or less involved throughout the year, the staff employed to provide support for both organisations may offer a level of consistency and knowledge that makes sure that the momentum of scrutiny and LINk activity continues. This is not to say that support staff can deputise in the decision making process on behalf of OSCs or LINks, as the legal responsibilities are given to the OSCs and LINks themselves, but support staff can undertake important background work in identifying sources of information, liaising with health and social care organisations and in summarising materials.

Taking recommendations forward

Joint working between LINks and health OSCs may provide opportunities for ensuring that recommendations from their work are taken forward effectively and that outcomes are monitored resulting in real changes for the community. This may happen through agreeing further joint work, or by one partner agreeing to monitor or review the recommendations proposed by the other.

Other opportunities may also exist for taking recommendations forward or monitoring their implementation, through groups, partnerships or organisations that the OSC or LINk may have close links with. For example, OSCs may have contact with Local Strategic Partnerships (LSPs) through involvement of the elected members in their council. Although OSC members cannot be members of LSPs, the OSC members may be able to identify opportunities for the LSP to consider either delivering recommendations through the work of the Partnership, or monitoring the impact of recommendations. Other options may include the opportunity to work closely on the effective implementation of the Comprehensive Area Assessment (CAA).

Similarly, many participants of LINks work closely with and belong to other voluntary and community groups, who may be able to use their local knowledge to provide feedback on the effect of NHS and Social Care bodies implementing recommendations. By sharing opportunities and contacts, OSCs and LINks may develop effective mechanisms for ensuring that they are kept informed about whether recommendations made to health and social care bodies are implemented and their effect on improving health and social care services locally.

Conclusion

The experience of OSCs and LINks working together is variable. In a number of areas, close and effective partnership working is developing. In others, it is slower to develop as each organisation has needed to define its own roles before developing joint working. The following checklist summarises some of the good practice that has been identified so far, and may act as 'quick reference' tool for those wishing to make progress in this area.

Checklist for effective joint working

1. Understand the responsibilities, roles and structure of OSCs and LINks in the area.
2. Work with local health and social care organisations to keep you up to date with what they are doing and what their priorities are.
3. OSCs and LINks should communicate regularly, both formally and informally.
4. Agree 'rules of engagement' or protocols and review them regularly.
5. Encourage support staff to communicate with each other on a regular basis.
6. Agree joint planning meetings or events to identify local priorities.
7. Be realistic about setting priorities, identifying those that can be addressed or influenced and those that cannot.
8. Focus on outcomes not just processes.
9. Build in time within work programmes to address issues that may arise throughout the year.
10. Agree at times to differ – the roles are complementary not competitive.

Who to contact for more advice

To find out more about OSCs, where they are located and the work they do, look on the Centre for Public Scrutiny website www.cfps.org.uk

To find out more about LINks and how to contact them, look on the National Centre for Involvement website or the LINks Exchange:
www.nhscentreforinvolvement.nhs.uk/links and www.lx.nhs.uk

Information about government policy: www.dh.gov.uk/patientpublicinvolvement

A simple explanation of LINks: www.direct.gov.uk/localinvolvementnetworks

Information about the Care Quality Commission: www.cqc.org.uk