

## Response from Staffordshire County Council

Generally the proposals are welcomed by Staffordshire County Council. We are pleased to see that efforts are being made to dovetail local involvement in the NHS with changes to accountability in local government.

We welcome the production of a draft model contract for the commissioning of LINKs but would want to ensure that this will enable local authorities to be flexible enough to meet the needs of the service in their own areas. In Staffordshire we have a fully devolved and inclusive model of health scrutiny that has involved Borough and District Councils. This has enabled us to work closely with local authorities to address the improvement of health and reduction of health inequalities. We would want to continue to have this flexibility to ensure that the needs of our local communities are served.

We are also pleased to see that Section 11 of the Health and Social Care Act will be simplified, strengthened and made more explicit to NHS commissioners.

We do have concerns about the removal of the right to inspection. Health Scrutiny Committees have found it useful to be able to refer matters to PPIFs for further investigation and inspection and PPIFs have been very responsive in this respect, because they are local. Similarly our health scrutiny committee has had the opportunity to take into its work programme matters of concerns raised as a result of PPIF inspections. We do not see the involvement of members in NHS and social care regulatory bodies as a substitute for this, but we welcome this development also.

As a local authority that will be aligned to two PCTs from 1 October 2006 we would welcome clarification regarding the funding that will be made available to enable us to commission LINKs across Staffordshire. We would want to ensure that we are adequately funded to ensure that we undertake this role to a high standard reflecting the needs of local communities.

Our response to the specific questions raised in your document.

### **1. What arrangements can we put in place to make sure there is a smooth transition to the new system? How can we build on existing activity in the voluntary and community sector?**

Overview and scrutiny committees should continue to work closely with PPIFs, referring matters to them and receiving referrals from them where appropriate, sharing work programmes and working together on other issues such as Annual Health Checks.

We favour the establishment of pilot schemes that we understand have been approved in some parts of the country.

### **2. What do you think should be included in a basic model contract to assist local authorities tendering for a host organisation to run a LINK?**

We would not wish to be bound by the content of a draft model contract but would prefer a checklist which would allow us to develop a contract that would best suit our local needs. The following areas should be covered:

**Constitutional/Governance issues** – aims (Terms of Reference), management structure, decision making processes, frequency of meetings, conduct of meetings, recording and distribution of minutes, each partner's responsibility (including financial viability), ownership of assets and balances, resolution of disputes, exit clauses and variations to agreement, confidentiality issues, conflicts of interest register, roles of treasurer, secretary and auditor, written complaints process, annual report.

**Legal responsibilities** – health and safety, arrangements for information sharing and data protection and freedom of information, employment including equal opportunities, criminal records bureau

**Personnel responsibilities** – responsibility for recruiting, employing and training staff, seconded staff, schemes of delegation, codes of conduct

**Financial responsibilities** – arrangements for maintenance of financial records, financial governance arrangements, insurance requirements, VAT status

**Budgetary and accounting arrangements** – arrangements for approving budgets, partner contributions and monitoring expenditure, arrangements for dealing with overspends and underspends, contributions in kind and cost sharing arrangements, administrative and management costs and their basis for calculation, arrangements for making payment to the lead or accountable body, demonstration of value for money.

**Performance management** – performance framework, key objectives of LINK, how objectives are set, who monitors performance and what happens if targets are not met, how can public and service users gain redress for under-performance, risk management framework, what value has LINK added, how can performance be maximised, what can LINK stop doing to maximise performance, details of external inspections, details of how finance and performance are linked.

**Serving the Public** - How does the partnership communicate with the public. How can the public and service users do if things go wrong?

We would like clarification on the following issue:

Would staff currently employed by Forum Support Organisations be TUPE'd over to the new organisations?

### **3. How can we best attract members and make people aware of the opportunities to be members of LINKs?**

A process of early and regular engagement with the community and feedback on outcomes is important. High profile targeted advertising is important at a national and local level. Staff within local authorities, the NHS and the voluntary sector should be seen as good advocates of the LINKs.

It is also important to ensure that members of LINKs are properly trained, supported (through advocacy) and rewarded for their input. This will ensure that members are retained. Consideration should also be given to ensure that membership of a LINK could be flexible to meet the needs of those people who cannot, (because of caring responsibilities for example),

or do not want to, commit themselves to formal membership. Examples might include giving views via a website or through a reference panel.

We welcome the opportunity that members of the public will have to become members of regulatory bodies.

**4. What governance arrangements do you think a LINK should have to make sure it is managed effectively?**

It is important that members of LINKs are clear about their role from the outset. We have detailed in 2 above some of the constitutional/governance issues that should be considered.

**5. What is the best way for commissioners to respond to the community on what they have done differently as a result of views they have heard? For example, should it be part of the proposed PCT prospectus? (as referred to in Health reform in England: commissioning framework (DoH 2006))**

We welcome the proposal to strengthen, simplify and make more explicit Section 11 of the Health and Social Care Act for NHS commissioners. Our experience has shown that this has been largely ignored by NHS trusts and development of patient and public involvement has been patchy across the NHS. We would like to see a move towards more involvement of local communities rather than informing local communities of commissioning decisions after they have been taken. It is important to feedback to local communities outcomes from LINK involvement. We would favour a range of approaches to this.