

Healthwatch Factsheet

– LINKs



The current role of LINKs

- LINKs are the existing mechanism for gathering views. LINKs are community-based, locally accountable networks of individuals, groups and organisations, and were designed to strengthen the patient, public and user voice in the commissioning, provision and scrutiny of local services.
- The existing LINKs will continue to run, and will be funded via the host organisation, until 31 March 2013. Local Healthwatch will start on 1 April 2013.
- Funding for LINKs will be maintained at current levels.
- LINKs will still need to produce an annual report for 2011/2012.

1. How can LINKs be supported to keep going and remain effective in the transitional time?

Local authorities have been reminded that LINKs need to continue until March 2013 and the level of funding to support LINKs is being maintained at current levels (for the Spending Review period).

The Department of Health (DH) is supporting a series of action learning sets for LINKs, working with a consortium of voluntary sector strategic partners. As part of this, a community of practice will be established to provide LINKs with a space in which they can continue to share and to spread learning.

For more information visit:
www.lx.nhs.uk/resources/?id=620

The Care Quality Commission (CQC) is supporting a development project for LINKs, to help them to collect relevant evidence.

We recognise that keeping 'business as usual' going at the same time as planning for the future is hard, and a challenge for the LINK. However, many areas are making good progress on planning for Healthwatch, with the full participation of the LINK. Regular and open dialogue with local authority contacts is a key factor.

If people want to see how others have tackled the challenges, they can look at examples on the DH web pages. Many LINKs have details about their activities and outcomes on LINKs Exchange (LX) (www.lx.nhs.uk). There is also a forum on LX which LINKs and hosts can use to share challenges and discuss approaches.

During the implementation phase for local Healthwatch, DH will be working even more closely with the voluntary and volunteering sector to raise awareness of the benefits of getting involved, now with LINKs and in the future with local Healthwatch.

The LINK role in relation to local Healthwatch

- LINKs should be being engaged by their local authority in relation to developing a commissioning specification
- in some places the local authority is working with the LINK to develop them into the local Healthwatch; the decision to do this rests with the local authority
- as part of transition, LINKs, hosts and local authorities are being encouraged to put their own plans in place to ensure there is as smooth as possible a handover of LINK work and information is handed over.

2. Will there be guidance on what is expected from LINKs during the transition period?

LINKs' role remains unchanged until March 2013. There will be guidance on the minimum annual reporting requirements. Many LINKs will want to spend some time documenting their achievements to date and arranging for the smooth transition of knowledge into the new organisation. We expect that an authority's agreement with their LINK will cover the exit strategy.

3. Will the current LINKs be the new local Healthwatch?

A local Healthwatch must be a legal entity, so any organisation or group wishing to bid to become the local Healthwatch must themselves be a legal entity, or a body corporate.

Local authorities have responsibility for commissioning local Healthwatch so it is their final decision but we expect them to work with all those with a stake in Healthwatch – and this includes, but is not exclusively, LINKs – are involved in the commissioning plans. Open tender is not the only option. Where things are working well we know that local authorities are actively working to 'transition' the LINK.

Whether or not the current LINK set-up is 'transitioned' into local Healthwatch, we are clear that there will be roles for volunteers in the new arrangements.

4. What support can the local authority give to the LINK in transition without compromising a competitive tendering process?

Local authorities can continue to resource LINKs to carry out their functions during the transition and this can include providing training and development opportunities. Where it is appropriate to do so local authorities can also support LINKs to be involved in the development of the health and wellbeing board. There is no reason why, as part of a wide ranging and inclusive engagement with the local community about what the local Healthwatch should look like in their area, the local authority cannot include current LINK members in this activity.

5. Will local authorities be advised to give additional weighting / support to applications from LINKs where it can be demonstrated that LINKs have over many years fostered meaningful / deep relationships with the community? It would be wasteful for strong, meaningful existing relationships with volunteers and organisations to be lost because of slick 'professional' presentations that could not demonstrate they have those meaningful and active links.

We will not be issuing guidance on how local authorities should commission their local Healthwatch but we are developing good practice that we will make available to all local authorities. This includes working with LINKs and existing LINK members to enable them to become local Healthwatch where they are able. Whether or not the LINK itself becomes local Healthwatch, we are clear that volunteers are very much a part of the future. We must build on what works well while having open and

honest conversations about what is not working well: some things should be taken forward but some things should be left behind.

The specification for Healthwatch services should ensure adequate weighting for good local community relations but this will also need to be balanced by the need to ensure fitness for purpose as a body corporate and any due diligence.

Local Healthwatch will have to be representative of the local community and we believe this would not be possible without the active involvement of local people, organisations and volunteers.

6. How will people who were involved in LINKs be able to play an active part in LHW?

We can continue to be clear that we intend that current LINK volunteers and members have roles to play in the new arrangements – we recognise and value the contribution of volunteers. Action learning sets – including an ongoing community of practice - are one of the ways we are investing directly in the volunteer capacity of LINKs and future local Healthwatch.

We are clear that volunteers are very much a part of the future. We must build on what works well while having open and honest conversations about what is not working well: some things should be taken forward but some things should be left behind.

The extent to which a LINK legacy is used to shape local Healthwatch plans is for local determination.

7. What role will hosts play in future?

There is no requirement for Healthwatch to be supported by a host; it is the intention that Healthwatch is an independent organisation. Where the hosting arrangement has been working well, the local plans may include arrangements for Healthwatch to obtain support services from a host organisation in future.

8. How will Healthwatch be more representative than the LINKs were?

There is opportunity to do things differently and try and ensure Healthwatch is representative for the local area. The commissioning framework could outline the importance of involving a wide range of people in the work of the local Healthwatch. Incentives could be built into the contract of the organisation that might provide Healthwatch or KPIs on membership could be built into the contract.

In the autumn, a communications and engagement toolkit will be available to help local authorities raise awareness locally about Healthwatch, promote it to local people and in the media to encourage lots of different people to [become members] [join] [get involved].

Further information

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www.local.gov.uk/health

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