



Notes of meeting with representative of NHS Eastern and Coastal Kent  
on 11 March 2010

Present:

Sara Warner, Assistant Director of Citizen Engagement, NHS Eastern and Coastal Kent  
Mike Eddy, LINK Governor  
Mark Fittock, LINK Governor  
John Fletcher, LINK Governor  
David Swaffer, LINK Governor  
Graham Hills, Operational Director, Kent and Medway Networks  
Louise Murrell, LINK Development Worker, Kent and Medway Networks  
Brenda O'Neill, Director, Kent and Medway Networks

The meeting had been called to discuss proposals from NHS Eastern and Coastal Kent Primary Care Trust (PCT) set out in their letter of 16 February (previously circulated) and more recently letter dated 1 March (copy attached) and accompanying work plan setting out areas of possible joint working.

LINK representatives welcomed the opportunity to work with the PCT in order to improve services by focussing on common themes of work and avoid unnecessary duplication of effort in order to allow the voice of users/carers and the community to be strongly heard.

There should be agreed "rules of engagement", which would protect the uniqueness of each party and from the LINK's perspective assure its independence in any work that the LINK undertakes on behalf of the PCT. The Governors of the LINK would consider these "rules of engagement" at their meeting on the 17 March 2010. At this meeting the Governors would also need to approve the arrangements for receiving money in the sum of £50,000 in order to deliver the proposed work programme.

Some additional points were noted arising from the discussion, as follows:

1. The role of the proposed sub group would primarily be to provide effective liaison between the PCT, Health Matters Reference Group, Voluntary Sector and the LINK.
2. There was a need to cement the mechanism regarding the LINK's representatives on various outside groups.

3. There were possibilities to train people to act as engagement champions and advocates.
4. Insert in rules of engagement that as far as partners in this activity were involved there should be “no surprises” which meant that partners should share information before it is published
5. There was an urgent need to set up a small project group to get matters off the ground
6. Under work stream 1, entitled “active engagement,” Sara wanted as part of this to flag up opportunities for the LINK to get involved in the various commissioning reviews.

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1 March 2010

Dear LINK Governors

Following the meeting of the Governors on 17 February 2010 it became clear that a further meeting was necessary with a smaller group to discuss some rules of engagement which might govern the Kent LINK working in close cooperation with NHS Eastern and Coastal Kent. This meeting will take place on 11 March 2010 at 2pm in KMN's office at Unit 24, Folkestone Enterprise Centre, Shearway Road, Folkestone, Kent, CT19 4RH. We understand that you require further information on the work programmes which has been developed in consultation with Kent and Medway Network Directors and the previous LINK Governors in particular Sally Keverne. Enclosed is a draft work plan based on the 5 areas of work which the two organisations have jointly identified as areas of synergy, where we could both benefit from working closely together to extend the work we currently do to engage local communities in East Kent with shaping health and social care.

This is intended to provide you with sufficient detail to see the scope of what is planned whilst leaving some leeway for the small working group and the full Governors to discuss how the programme might be realised from a LINK perspective and feed their views into the detail. We recognise that this is a pilot scheme where you will be agreeing to work closely with one main commissioner of Healthcare but not exclusively with us and that the Kent LINK has a much wider remit than East Kent. But we hope this will set out how we might productively continue with our work for the mutual benefit of local people.

The five work streams have already begun: in that two LINK members are now co-opted onto our Board and other LINK members have been recruited to attend Board sub committees such as the Patient Experience sub committee. We feel this helps strengthen our governance processes by making NHS Eastern and Coastal Kent more accountable to the communities of East Kent as they are represented by the Kent LINK. We hope that the work on the first work stream *Active Engagement* will enable both organisations to strengthen this accountability by building in the strength of the LINKs network approach so that the representatives on our Board and committees are able to draw upon the work programmes and information which LINK members and organisations can offer. We in turn will facilitate a means for those LINK members to receive the support and information they require to take an active role in influencing the work of our organisation.

It maybe that the work programme will need to be over seen by a sub committee of LINK governors and HOST and PCT officers with some potential involvement of our Health Matters Reference group to over see how this work progresses over the next

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year? As a pilot it will certainly need to be evaluated so that we can both assess whether it has the benefits anticipated. The meeting of this working group could be the first of regular meetings between the Citizen Engagement team and the LINK and its host organisation Kent and Medway Network Limited to monitor progress against the work streams beginning on a monthly basis but possibly moving to a bi monthly schedule as the work becomes more established.

As already stated we have identified a budget to support the plans sufficient to employ a temporary worker with Kent and Medway Network Limited so the organisation could extend their current capacity to support the LINK, and enable the LINK to have a closer control and input into the 5 work streams. We have also identified PCT staff who would be involved, but recognise that the draft work plan would require resources from both the LINK and the Host organisation to see the programme through in close cooperation. The residual resources could be used to meet the costs of LINK members involved in manning the gateways, or in strengthening the networks ability to work digitally with those seldom heard communities identified as willing to participate with either organisation, or potentially training volunteers within those communities to champion their communities needs and conduct research within those communities on behalf of the LINK, or PCT..

We recognise that the current commitments to the LINK work programme, governors meetings etc. could make working with NHS Eastern and Coastal quite difficult for the LINK and their host organisation but consider a temporary worker might enable you to put systems in place and build up contacts with key communities and support the training or database necessary to deliver the draft work plan. Detailed performance measures will need to be agreed to enable the money to be accountable but we need to move swiftly since the money needs to spent by March 31 2010. Or we risk being unable to resource the work programme properly.

We know that the public finances for both of our organisations maybe limited in future by economic considerations but we hope that the work planned over the next year will strengthen the established connections and deliver sustainable systems for LINK members and local communities to benefit in the longer term from having stronger connections to seldom heard communities, gateway resources and the PCT as a commissioner of services.

Yours sincerely

**Lorraine Denoris**

**Director of Communications and Citizen Engagement  
NHS Eastern and Coastal**

## **Patient and Public Engagement in Eastern and Coastal Kent – Working Better Together!**

NHS Eastern and Coastal Kent and the Kent Local Involvement Network (LINK) have worked together since July 2009 to establish a mutually beneficial working relationship. To this end the PCT Board has agreed a Memorandum of Understanding to support effective joint working and the LINK will set out rules of engagement for working with Health and Social care organisations.

### ***The Kent LINK***

Kent LINK is an independent body set up in statute through the Local Government and Public Involvement in Health Act 2007. Its remit is to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of NHS and social care services
- Enable people to monitor and review such services for the purposes of commissioning and quality of provision
- Ask local people what they think about local healthcare services and provide a chance to suggest ideas to help improve services
- Investigate specific issues of concern to the community
- Use its powers to hold services to account and get results

### ***LINK Representatives on the NHS Eastern and Coastal Board***

NHS Eastern and Coastal Kent welcome the opportunity to work closely with the LINK and to support its remit as set out above. To fully support this aim the LINK has two co-opted places at the NHS Eastern and Coastal Kent Board. This will enable the LINK representatives to enter into informed debate with the Board. In addition the LINK will be invited to be represented on appropriate sub-committees of the Board as agreed with the LINK.

The LINK will adhere to its own processes in determining who should represent it. A role specification and outline of expectations will be developed and made available to support the representatives in their positions on the Board and a full induction and support programme will be available.

### ***Joint Working and Service Level Agreement Protocol NHS Eastern and Coastal Kent with Kent LINK***

As the profile of the LINK increases within NHS ECK it is anticipated that demands to work closely and provide their expertise and local knowledge will go up. To manage this demand on the LINK and to ensure that any joint working is carried out as effectively as possible the following process will be observed.

Contact with the LINK from NHS Eastern and Coastal Kent will be channelled through the PPE Team who will liaise with a nominated LINK representative. Requests to work jointly or to receive services or support from the LINK will specify:

- The scope of the joint working opportunity, service or support required
- Expectations from the LINK and how it will add value
- Description of the relevant PCT commissioning priority or core business plan aim to which the joint working will relate
- Projected resource implications for the LINK (time, people and financial)

The LINK will consider the request and propose how they might be able to meet the need specified.

The Citizen Engagement team will liaise with the nominated LINK representative to form a joint working agreement or service level agreement whichever is appropriate.

### **Kent LINK to NHS ECK**

Formal referrals from the LINK will be sent to the Chief Executive in the first instance in line with statutory requirements to respond to formal referrals.

To enable NHS Eastern and Coastal Kent to respond adequately, appropriately and in a timely way to requests from the LINK all contact from the Kent LINK should be copied to the Patient and Public Engagement and Customer Services Teams.

A regular (at least bi-monthly meeting) will be scheduled between representatives of the Kent LINK and the NHS ECK Patient and Public Engagement Team.

This high level operational plan proposes and presents how NHS Eastern and Coastal Kent PCT and Kent LINK can develop a meaningful and mutually beneficial working relationship over the next year.

The 5 work streams presented have been identified through a review process, staff survey and document review to identify the best possible opportunities for smarter working.

## Operational Plan

The project to develop a professional partnership with the Kent LINK comprises of 5 work streams.

1. **Active Engagement** – To consolidate the working relationship between the PCT and Kent LINK. Exploring how the Health and Well-Being Groups, Health Matters Reference Group and LINK can work effectively together and agree a responsive means of actively engaging the communities we serve.
2. **Digital Engagement** – To create a vibrant online community that can engage with health and social care and contribute to commissioning decisions and the development of health and social care services across the area. Working in particular with children and young people and considering the use of social networking.
3. **Engaging with people who are seldom heard** – To develop a comprehensive, systematic process to ensure all communities can have an equal voice in health and social care decision-making at all times. Exploring how both the PCT, community services and the LINK can work smarter with involvement and integration whilst offering those diverse communities a range of ways to influence the planning, delivery of services and a louder voice where issues for their community are identified.
4. **First point of contact** – To provide a range of uniform, recognisable and accessible points of contact for the general public interested in engaging in health and social care. Exploring shared use of the Gateways between PALS, Customer Services and LINK and commencing discussions with KCC about Health Watch.
5. **Engagement with Primary Care** – Exploring how Patient Participation Groups might benefit from closer working and integration with the LINK to support robust Practice Based Commissioning and responsive local services.

There are a number of overarching strategies that this work will compliment including: the regional NHS Strategy, “Healthier People, Excellent Care”, NHS national Next Stage Review “High Quality Care for All”, the Kent Area Agreement, and Real Involvement policy guidance for the legal duty to involve (NHS ct 2006 Section 242). In addition overarching strategies in respect of Kent LINK include, Kent LINK Community Engagement Strategy, Kent LINK Diversity & Equality Strategy, Kent LINK Communications and Publicity Strategy.

Work stream and Strategic Deliverables	Objectives	Action	Timescale	Lead	Resources	Measurable Impact	Benefits
<p><b>1 Active Engagement</b></p> <p>WCC Competencies 3 and 7</p> <p>NHS Act Section 242</p> <p>NHS Constitution</p> <p>Compact</p>	<p>To enhance Patient and Public Engagement in Governance of the PCT.</p> <p>To enable effective and complimentary systems of working with the Health Overview and Scrutiny system.</p> <p>To ensure complimentary systems of working with local people and communities that recognises individual working practices and policies, whilst looking for synergy and</p>	<p>Include LINK participants within the Board and Sub-Committees</p> <p>Conduct a detailed review, involving relevant stakeholders, of existing engagement arrangements within the PCT. (Patient Focus Sub-Committee and Health Matters Reference Group)</p> <p>Develop proposals for a revised system ready for consultation ahead of implementation.</p>	<p>November '09</p> <p>Jan – March '10</p> <p>March – May '10</p>	<p>Sara Warner Assistant Director Citizen Engagement</p> <p>LINK Project Delivery Co-ordinator</p>	<p>CE team and CD Workers</p> <p>LINK Development Workers</p> <p>LINK Governors &amp; Participants interested in Commissioning/services in East Kent.</p> <p>HMRG members</p>	<p>LINK representation on the Board.</p> <p>An effective system of public accountability and governance in relation to Patient and Public Engagement.</p>	<p>The creation of a World Class PCT that is a leader in engaging effectively and transparently with its citizens', voluntary sector and LA partners at all levels of its business.</p>

	<p>opportunities to cooperate and work effectively together for the mutual benefit of the communities we serve, without compromising the independence of the LINKs or those individuals involved.</p>						
	<p>To enable effective engagement from the Voluntary and Community Sector.</p>	<p>Enable Health and Well Being Groups to have an appropriate and beneficial relationship with the LINK. Consider alongside Health and Well Being Groups review.</p>			<p>Caroline Davis LINK Director</p>	<p>Valuable Voluntary and Community Sector engagement.</p>	

**Aim**

To ensure the PCT and LINK is compliant with its legal duty to involve patients and the public in the commissioning and delivery of services. And that both

are accountable to the public for their decision-making, ensuring a culture of patient and public engagement in health and social care.

Work stream and Strategic Deliverables	Objectives	Action	Timescale	Lead	Resources	Measurable Impact	Benefits
<p><b>2 Digital Engagement</b></p> <p>WCC Competency 2 (working with community groups)</p> <p>WCC Competency 3 (engaging with public and patients)</p> <p>NHS ECK Strategic Commissioning Plan (robust mechanisms to capture the patient and public viewpoint)</p>	<p>To recognise and utilise the on-line resource of the PCT &amp; LINK to support engagement.</p> <p>To utilise the network structure provided by LINKs.</p> <p>To increase representation and numbers of people engaged</p> <p>To generate issues from the community upwards to be considered by the LINK and /or the PCT.</p> <p>To provide easy access to the community including through segmentation (social marketing) to support engagement needs to make effective</p>	<p>Conduct a detailed review of existing arrangements within the PCT.</p> <p>Explore the robustness of existing IT infrastructures available across PCT and LINKs.</p> <p>Commence discussions with KCC, District Councils and Adult Social Care regarding cross over with other existing mechanisms.</p> <p>Create detailed proposal and specification for consultation</p> <p>Implementation of testing period</p>		<p>Trudy Turner – Knowledge Manager.</p> <p>Project delivery co-ordinator.</p>	<p>Community Development Team.</p> <p>LINK Development Workers</p> <p>LINK Participants</p> <p>Head of E&amp;D.</p>	<p>25% increase in numbers consistently engaged year on year</p> <p>Increasing representation from the community that is reflective of the population</p>	<p>In East Kent, and across health and social care, the existence of a complimentary, comprehensive and flexible digital system for large numbers of individuals and voluntary and community groups to become engaged in health and social care.</p> <p>An independent and sustainable process to ensure that large numbers of people can contribute to the commissioning engagement cycle.</p> <p>Proactive use of a social marketing solution to ensure commissioning decisions are mapped to relevant health inequalities data</p> <p>Ability to proactively monitor progress against the equalities impact assessment.</p>

	commissioning decisions.						
	To support the Equalities and Diversity priorities.						
<b>Aim</b>							
To create vibrant online community that can engage with health and social care and contribute to commissioning decisions and the development of health and social care services across the area.							

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Work stream and Strategic Deliverables	Objectives	Action	Timescale	Lead	Resources	Measurable Impact	Benefits
<p><b>3 Engaging with people who are seldom heard.</b></p> <p>Goal 1 of NHS Strategic Commissioning Plan - Breaking the cycle of inequalities.</p> <p>Joint Strategic Needs Assessment</p> <p>Equality and Diversity legislation</p> <p>Legal Duty Section 242</p>	<p>To build upon the contact established through the development and consultation on the Single Equality scheme, and existing work via the Community Development workers, Community services and the LINK.</p> <p>To create a comprehensive network scheme with the diverse communities of East Kent which enables them to be heard and shape how they work with us.</p> <p>Entering into an agreement that recognises their priority for:</p> <ul style="list-style-type: none"> <li>• responsive</li> </ul>	<p>Conduct a detailed review of all existing mechanisms.</p>	<p>Oct – Dec 09</p>	<p>Ian Haylock.</p>	<p>Ian Haylock</p>	<p>% Engagement with groups who have not engaged with the PCT before.</p>	<p>More people and communities engaged, especially communities who otherwise would not be involved, making an impact and influencing health and social care commissioning decisions.</p> <p>Impact on health and social care commissioning decisions.</p> <p>Impact on county wide commissioning decisions.</p> <p>Ability to proactively monitor progress against the equalities impact assessment.</p>
		<p>Consultation on Single Equality scheme</p>	<p>Feb – May 10</p>	<p>Director Link</p>	<p>CE team Hannah Price.</p>	<p>Specific engagement routes to communities that are directly affected by the core commissioning priorities.</p>	
		<p>Use the LINK to support engagement with the voluntary and community sector groups and individual communities following assessment of requirements and scope of engagement</p>	<p>April - June 10</p>	<p>Link governors, via reps responsible for E&amp;D</p>	<p>Community Development Workers</p>	<p>Agreed project work within PCT, Commissioned services and LINK in response to info obtained during SES consultation.</p>	
		<p>Develop specification to provide training scheme to support the involvement of groups that are seldom heard.</p>	<p>Jul – Aug 10</p>		<p>Costs to support LINK to scope and design engagement tool in partnership with local communities £10,000 or possible secondment from E&amp;D team.</p>		

	<p>community services,</p> <ul style="list-style-type: none"> <li>• to influence the commissioning of services</li> <li>• to have a louder voice with support from the LINK</li> <li>• Potentially to advocate on behalf of their peers and research their views.</li> </ul> <p>To support a comprehensive engagement tool that enables all communities to be involved.</p> <p>To utilise the existing network structure provided by the LINK.</p> <p>Commence discussions with adult social care, West Kent PCT</p>	<p>Train volunteer researchers/champions of diverse communities</p>	<p>Sept – Nov 10</p>				
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	and KCC.						
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**Aim**

To develop a single, comprehensive, systematic process to ensure all communities can have an equal voice in health and social care decision-making at all times.

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Work stream and Strategic Deliverables	Objectives	Action	Time scale	Lead	Resources	Measurable Impact	Benefits
<p><b>4 First Point of Contact</b></p> <p>Integration into the Total Place – First Access project.</p> <p>WCC Competency 2 and 3.</p>	<p>To provide a physical point of contact in local communities.</p> <p>To provide a signposting service and phone contact.</p> <p>To provide a single point of SMS contact.</p> <p>To provide a single point of web access.</p>	<p>Commence discussions LINKs to explore integration into the Gateways Project: a single point of first contact for the general public across the communication methods outlined.</p> <p>Engage with stakeholders as appropriate to test out how the approaches would be received and accessed.</p> <p>Develop specifications and agreements as appropriate.</p>		<p>Caroline Davis</p> <p>Project Delivery Co-ordinator</p>	<p>CE Team</p> <p>LINK Director &amp; LINK Development Worker</p> <p>LINK participants</p>	<p>% of contacts made with members of public for LINK and PCT</p>	<p>In East Kent, and across health and social care, the existence of</p> <p>A sustainable, unique, uniform, accessible, well recognised and well used means for the general public and patients to enquire, to seek information and to share views on health and social care matters.</p>
<p><b>Aim</b></p> <p>To provide a range of uniform, recognisable and accessible points of contact for the general public interested in engaging in health and social care.</p>							

Work stream and Strategic Deliverables	Objectives	Action	Timescale	Lead	Resources	Measurable Impact	Benefits
<p><b>5 Engagement with Primary Care and Local GP Practices</b></p> <p>WCC 2 and 3. WCC Competency 4 (collaborate with clinicians) and 8 (promote improvement and innovation)</p> <p>NHS ECK Practice Based Commissioning Incentive Scheme and</p> <p>Patient Experience Evidence to support Quality and Outcomes Framework submissions.</p>	<p>To engage with the LINK to share and learn from good practice and to help establish patient groups across all GP practices.</p> <p>To create a meaningful point of engagement for patients and carers through their interaction with 115 GP practices across NHS ECK.</p> <p>To ensure the PCT commissions services with input from patients at primary care and practice level.</p>	<p>Research and document what exists already.</p> <p>Liaise with and develop understanding of engagement and value of patient groups with Practice Managers.</p> <p>Provide tools for local patient groups to become established.</p> <p>Enable local patient groups to become an important component of the LINK.</p> <p>Provide a format for enabling patient engagement through practice based patient groups</p>	<p>6 weeks lead in</p> <p>24 weeks project delivery</p>	<p>Project Delivery Co-ordinator</p>	<p>CE Team</p> <p>LINKs Development Worker</p> <p>LINK participant</p> <p>Costs to support LINK to support local practices in partnership with the PPE team £10,000</p>	<p>Baseline of patient group activity.</p> <p>Increase year on year of patients involved through this route.</p> <p>Increase year on year towards 100% practice sign-up to patient engagement through involvement in the Local Involvement Network.</p>	<p>In East Kent the ability to inform commissioning decisions through</p> <p>The existence of an effective and meaningful system of engaging patients and carers at a very local level, i.e. within every GP practice in the area</p> <p>The ability to influence Practice Based Commissioning Consortium via patient groups and the LINK</p> <p>A system that has the ability to use feedback and views generated and considered systematically through the LINK.</p>

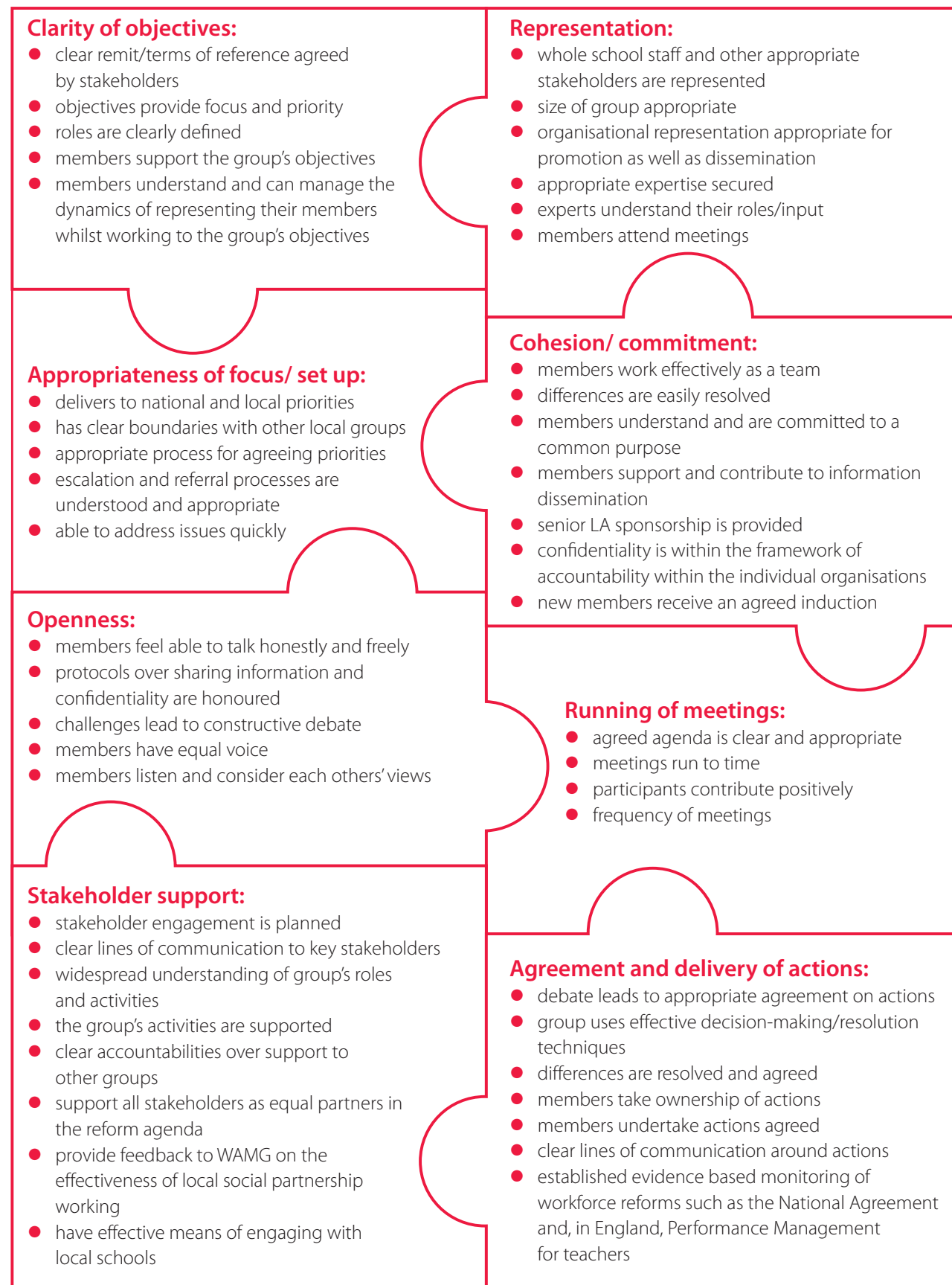
		to Practice Based Commissioning Consortium.					
<b>Aim</b>							
To facilitate the establishment of effective and meaningful patient groups in every general practice.							
To ensure there is a line of influence from patient groups to Practice Based Commissioning Consortium.							

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# Operational effectiveness:

## Examples of best practice in a local social partnership

### Topic areas for discussion and agreement



# 2008 Guidance on effective working for local social partnerships

## This document covers the following areas:

### Remit

We propose a minimum remit for local social partnerships focused on the National Agreement , fair play for support staff and, in England, Performance Management for teachers. However, we recognise that many local groups operate to a wider remit and support and endorse a broader workforce reform focus where this is appropriate to local circumstances.

### Protocols

The draft protocols are basic rules of engagement which can help create an agreed basis for local social partnership working. We have included topics that should be considered in developing, agreeing, or reviewing, group protocols.

### Operational effectiveness

This section sets out a number of areas that are fundamental to the successful and effective operation of local social partnerships. Within each area we have given examples of factors that will influence effectiveness.

The contents are guidance only. Each local social partnership should consider their remit, protocols and operations based on local requirements and structures. The content is intended to focus and guide discussions, but is not intended to be exhaustive or prescribe the ways in which local social partnerships work.

NB: The term local social partnership refers to the local grouping of social partners whose remit includes providing local focus on National Agreement implementation, a commitment to delivering fair play for support staff and, in England, implementation of Performance Management for teachers. In different local authorities these groups may have different names.



**Remit:** the areas in which the local social partnership will concentrate its effort

**Proposed minimum remit for local social partnership**

**Promote the benefits of the National Agreement, and whole school workforce reform, including Performance Management for teachers in England, across schools within the local authority.**

**Influence**

- Ensure that the objectives and spirit of workforce reform are taken into account appropriately within other local education-based initiatives
- Assure the delivery of nationally agreed priorities
- Ensure effective communications with schools, other local social partnerships and WAMG to identify, promote and share good practice in the implementation of whole school workforce reform

**Oversee progress**

- Oversee overall progress, working together to direct action and address challenges to progress where they arise
- Resolve queries and respond to concerns as necessary and in a timely manner

**Support to schools**

- Agree the priorities for the provision of this support through local authority advisers
- Ensure that schools have clear advice on the sustainable implementation of the National Agreement, Performance Management for teachers in England, and other reforms with implications for the whole school workforce, including acceptable and consistent ways of staffing extended services
- Encourage schools to establish workforce change teams with representation from all staff groups
- Monitor issues arising from compliance with relevant statutory regulations

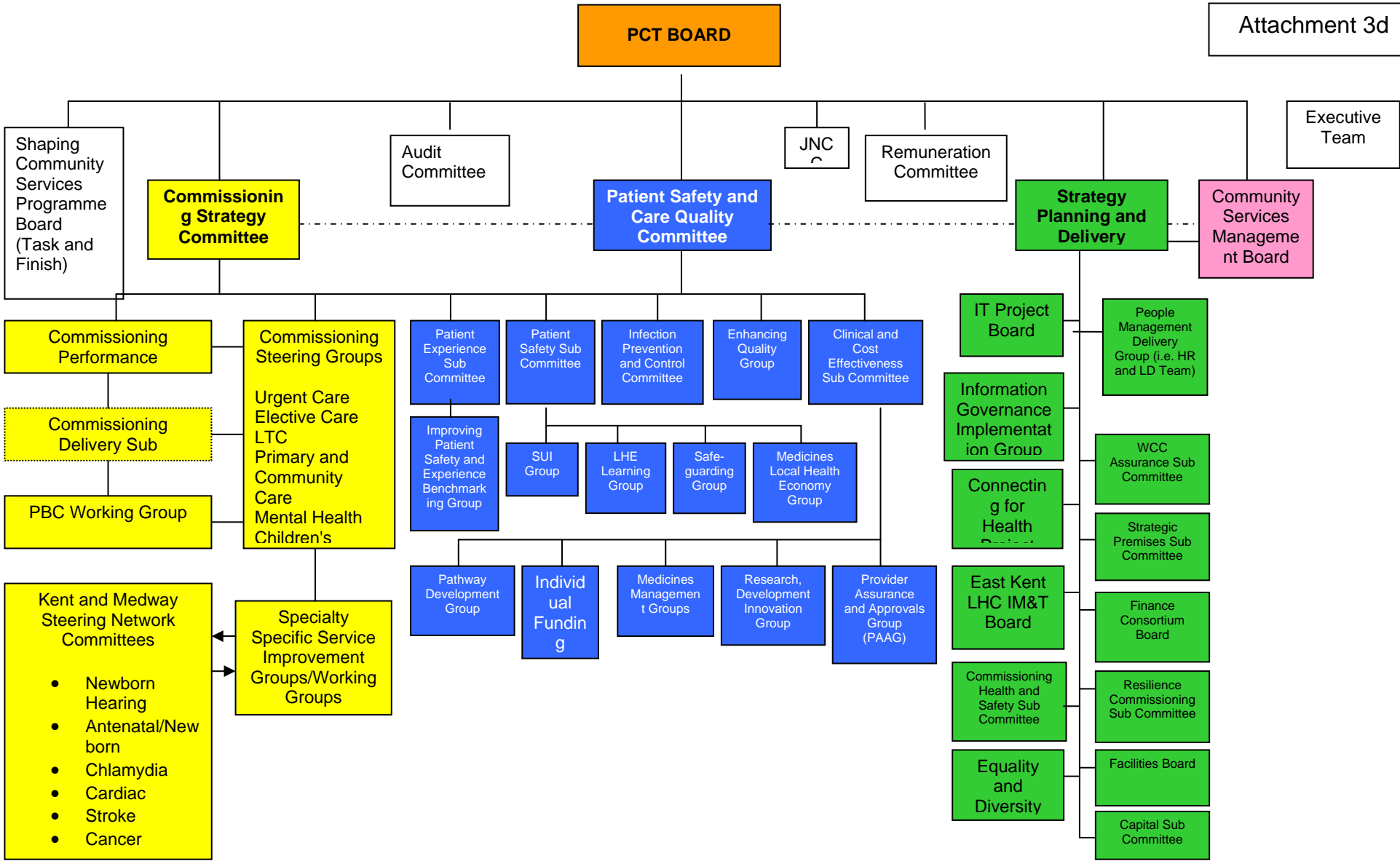
**Protocols:** providing an agreed and understood basis for local social partnership working

**Topic areas for discussion and agreement**

**Promote clarity, openness and a positive working culture, that allows the local social partnership to function effectively in order to deliver its remit.**



**Driving continuous improvement**



Terms of Reference:  
 Committees: Completed  
 Sub Committees: for agreement October 2009  
 Commissioning Steering Groups: for agreement October 2009  
 Working Groups: for agreement November 2009  
 Task and finish groups: as required

## **Kent LINK**

### **Rules of Engagement with an External Organisation**

#### **Introduction**

1. The Kent Local Involvement Network (LINK) involves a group of voluntary people (currently over 800) who are able to be involved in all matters concerning health and social care services (with minor exceptions). The LINK is able to investigate the commissioning and delivery of these services and, where deemed necessary, is able to use its legal powers to make investigations. It can report its findings to the Care Quality Commission, to the Kent County Council (KCC) Health Overview and Scrutiny Committee (HOSC) and directly to the Secretary of State.
2. The LINK is an independent statutory body. This is its uniqueness and strength.
3. In all of its activities the Kent LINK must be able to maintain, and demonstrate, its independence from those commissioning and providing health / social care services.

#### **Engaging with Commissioners and Providers of Services**

4. Engagement with external bodies (especially commissioners and providers of health / social care services) within the public sector is a major function of the LINK and falls broadly into two categories:
  - a. representation of the LINK on an external body
  - b. an external body commissioning (paying) the LINK to undertake a particular piece of work.
5. Only by such engagement will the LINK know what is good and what is not in the relevant services. But in all LINK involvement it is important that its independence is maintained.

#### **Rules of Engagement - Representation of the LINK on an External Organisation**

6. From time to time it is necessary for the LINK to nominate one of its participants to represent the LINK on an external organisation. The LINK has governance arrangements and processes in place to ensure that the most suitable participant is selected and trained to undertake this specific role. Appendix A is the relevant extract from the LINK's Governance Framework.

7. Where the LINK has representation on committees, groups or bodies run by the service commissioners and / or providers, these representatives are independent and are present to represent the LINK's perspective and to report back to the LINK the views of the commissioner / provider.
8. The cost of attending such meetings by LINK representatives is the responsibility of the LINK and not the external body (in line with the agreed LINK policy - item 6 in Appendix A).
9. Each LINK representative should have a terms of reference for their specific role that includes:
  - a. Independence of the LINK and its representative
  - b. Accountability of the LINK representative
  - c. Who covers the cost of such LINK representation.

### **Rules of Engagement - An External Organisation Commissioning the LINK**

10. The LINK is rapidly becoming a centre of expertise in public engagement, particularly in health and social care matters. As such the LINK offers an experienced, skilled and cost-effective resource for external bodies to call on. Where the LINK is being asked to undertake a specific piece of work the LINK has governance arrangements and processes in place to determine the priority and resource implications for the work - see Appendix B.
11. Generally, the final decision on such requests will be with the LINK Governors on the basis that it will involve LINK resources and may have implications for its governance. The Chairman of the LINK Governors' Group can make such a decision on behalf of the Group if time or circumstances do not allow for the whole Group to give the request due consideration. Any such decision will need to be ratified by the whole Group at their next available meeting.
12. If the LINK is commissioned to do a specific piece of work, which could be paid for by the external organisation, the LINK will be fully in charge of such work and fully responsible for the final independent report.

### **Action for Governors**

13. This paper is presented to LINK Governors as a discussion document and for agreement at their meeting on 17 March 2010. Thereafter detailed rules of engagement based on those contained in this document will be negotiated and agreed with all external organisations commissioning or providing health and / or social care in Kent.

John Fletcher  
Chairman of Kent LINK Governor  
4 March 2010

## Kent LINK - Pool of Representatives on External Bodies

### Purpose

1. The main purpose for the LINK being represented on an external body is to gather and disseminate information to enable the LINK to fulfil its role of improving health and social care services for the people of Kent.
2. The LINK's representation on any external body must have a specific purpose and must be capable of having an impact.
3. Representation on an external body must not be assumed because historically it has happened or that a request from such a body is made.

### Role of a LINK representative

4. The role of representing the LINK on a selected external body is to:
  - a. Aid fulfilment of the LINK's role to influence local health and social care decisions
  - b. Support the work of the LINK
  - c. Add value to the LINK's work.
5. There will be a flexible approach given to the need for the Kent LINK to be represented on any external body. This means that the decision to be represented is determined either by the need to keep LINK participants aware of current issues and trends (such as through the strategic commissioning groups across the county) or identified in
  - a. The LINK's annual work programme
  - b. A decision by the Priorities Panel that a project or LINK activity should be undertaken as a result of an issue or topic being raised (ie activity that is outside the annual work programme of the LINK).
6. Travel and other agreed expenses will be paid to the LINK External Representative working on behalf of the LINK, according to the LINK's Reimbursement of Expenses Policy (where travel is by private car the driver will be reimbursed at 40 pence per mile; where the total time taken on a visit including travel time exceeds four hours, meal costs will be paid against receipts up to £5; all claims should be submitted on the appropriate form within three months).
7. A report template will be provided.

### Appointment process

8. There will be a pool of LINK participant representatives recruited annually – a maximum number of 50.
9. Such participants will be required to express an interest in the position, attend an induction session covering:
  - a. The role of the LINK
  - b. The role of the LINK's representative on an external body
  - c. Specific interests and commitment of the individual representative.

10. If required, a selection process will be undertaken to select the most appropriate representative (through an election by all LINK participants).

11. A LINK representative should meet the following criteria, with support as required:

- a. Commitment, passionate and an interest in the role of the LINK
- b. Good communication skills, confident and willing to attend meetings regularly
- c. Ability to gather and disseminate information objectively, impartially and in a concise manner
- d. Willing to be accountable and comply with the LINK's code of conduct.

12. Each request for a LINK participant to represent the LINK on an external body should be made to the LINK via Kent & Medway Networks (KMN). KMN will direct the request to the appropriate LINK group.

### **Term of office**

13. The term of office will be for a period of twelve months initially. Thereafter, half of the representatives will be appointed for two years and the other half for three years. Those representatives appointed for the initial twelve months will be eligible to be appointed for a further period of office. The maximum term of office will be three years.

### **Accountability**

14. The LINK representatives are accountable to:

- a. The whole LINK, with support from KMN
- b. Appropriate LINK group, with support from the group and KMN as appropriate
- c. LINK quarterly events, as appropriate.

**\*\*\*End of Appendix A\*\*\***

### Kent LINK - Priorities Panel

#### Introduction

The Priorities Panel is a group of LINK participants with a range of skills, knowledge and experience, which, when combined, will assist the LINK in making decisions and prioritising actions. It will do so using decision making, priority setting, criteria adopted by the LINK.

#### Terms of reference

In accordance with the LINK's agreed decision making and priority setting process the Priorities Panel will:

1. decide upon action to be taken on areas of interest, topics or issues ie items:
  - a. Brought to the LINK's attention
  - b. Not currently included in the LINK's annual work programme
  - c. That arise at any time between LINK quarterly / annual events.
2. Approve items, using the agreed decision making / priority setting criteria, to be:
  - a. Added to the LINK's work programme
  - b. Referred to the commissioners / providers of services
  - c. Referred to the Health Overview and Scrutiny Committee of the Kent County Council
  - d. Included as discussion topics on the LINK's website / through the LINK's bulletins.
3. Determine those matters which are not to be actioned by the LINK.
4. Inform the LINK on actions it has taken between LINK events.
5. Report to the LINK Governors' Group – through a copy of each decision made.
6. Report to the LINK Governors' Group where an issue is considered to have implications for the governance of the LINK.

#### Status of Priorities Panel Appointees

Being a member of the Priorities Panel is a voluntary unpaid position. Travel and other agreed expenses will be paid to Priority Panel Members working on behalf of the LINK, according to the LINK's Reimbursement of Expenses Policy (where travel is by private car the driver will be reimbursed at 40 pence per mile; where the total time taken on a visit including travel time exceeds four hours, meal costs will be paid against receipts up to £5; all claims should be submitted on the appropriate form within three months).

The term of office for a member of the Priorities Panel will initially be for a period of 12 months. Thereafter, half the membership will be appointed for two years and the other half for three years. Those members appointed for the initial twelve months will be eligible to stand for a further period of office. There will be seven panel members and a quorum of five to make a decision.

## **Commitment**

Membership of the Priorities Panel will involve being available to be consulted as and when necessary but as a general guide the following level of commitment is anticipated:

- Activity - ie being consulted may account for six hours a week of your time
- Meetings - three or four times a year
- Training - at least twice a year - for whole or half day

More time may be required in the initial stage of the setting up of the Priorities Panel.

## **Desirable Background Experience**

A member of the Priorities Panel needs to have some experience / knowledge of aspects of health and social care services. This could be as a service user or carer or as someone involved in the voluntary sector, etc knowledge / experience is required in one or more of the following areas:

- Ambulance services eg emergency, patient transport
- General health and well being, eg public health, diet, nutrition
- Hospital services eg outpatients, wards
- Primary health care eg community hospitals, GPs, dentists
- Social care in the community eg day care, home help
- Social care in residential settings eg care homes
- Specific conditions, eg cancer, diabetes
- Service user groups, eg carers, young people, elderly.

## **Personal Competencies**

Good communication skills are necessary, including the ability to:

- Be able to communicate widely (with support where needed)
- Be open to the views of others
- Make a short presentation (with support where needed)
- Objectively interpret various presentations
- Objectively consider and evaluate proposals
- Be willing to use computer technologies where possible. If this is not possible the LINK will work with the person appointed to the Priorities Panel to develop a communication strategy.

## **Personal Attributes**

Ability to set aside personal interests or concerns when making decisions on behalf of the Kent LINK, including:

- Preparedness to support collective decisions, irrespective of personal views
- An awareness of diversity and equality principles.

## Standards in public life

All members of the Panel are expected to observe the LINK's code of conduct and to observe the seven principles of public life (known as the Nolan Principles). These are a useful basis for understanding the role of Panel members:

- **Selflessness**  
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their families or their friends.
- **Integrity**  
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
- **Objectivity**  
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability**  
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness**  
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest demands.
- **Honesty**  
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership**  
Holders of public office should promote and support these principles by leadership and example.

\*Quoted from Centre for Excellence in Leadership  
[http://www.fegovernance.org/nolan\\_committee.html](http://www.fegovernance.org/nolan_committee.html)

**\*\*\*End of Appendix B\*\*\***

*Your LINK for improving health and social care*

[www.thekentlink.co.uk](http://www.thekentlink.co.uk)



## Request to the Kent LINK

<b>Date of request</b>		
<b>Organisation reference number</b> (if applicable)		
<b>Organisation name</b>		
<b>Address</b>		
<b>Contact Person</b>	<b>Name</b>	
	<b>Email</b>	
	<b>Telephone number</b>	
	<b>Postal address (if different to organisation address)</b>	
<b>To be completed by Kent LINK Host organisation:</b>		
<b>Kent LINK reference number</b> (if applicable)		
<b>Kent LINK Contact Person</b>	<b>Name</b>	
	<b>Email</b>	
	<b>Telephone number</b>	
	<b>Postal address (if different to organisation address)</b>	

## Type of Request

<b>Information Request</b>	<b>Y / N*</b> If Y provide details, such as: <b>Type of information</b>	
	<b>Frequency</b>	
<b>Request for Kent LINK to undertake a project</b>	<b>Y / N*</b> If Y provide details	
<b>Outline requirement</b>		
<b>Detailed Requirement</b> (this can be attached as a separate Word document but must include the following		

\*Please delete as appropriate

<b>Invoicing</b>	
<b>Send invoice to</b> (if different to organisation address)	
<p><b>Please note:</b> Invoice(s) are sent at the end of each month. <b>Payment must be made no later than 30 days from the invoice date.</b> If payment is not made by this date an administrative charge based on the amount outstanding may be applied plus interest of 8% over Bank of England published bank rate. This will be calculated on a Daily Balance Basis from the due date of the invoice until the last day of last month. Interest will continue to accrue on a daily basis, and will be invoiced to your account at the end of each month.</p>	
<b>Signed:</b>	<b>Organisation:</b>
<b>Print Name:</b>	
<b>Date:</b>	
<b>Signed:</b>	<b>On behalf of the Kent LINK</b>
<b>Print name:</b>	
<b>Date:</b>	

**\*\*End of draft template\*\***