



## Consultation Paper - How the LINK makes decisions

### 1. Introduction

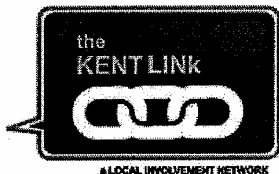


With currently over 500 LINK participants throughout Kent – 79 of whom are participant organisations – it would be impractical to consult on every decision to be made by the LINK. To get round this problem the Kent LINK has devised a scheme of delegation to a panel of LINK participants within the LINK, aptly named the 'Priorities Panel', to prioritise actions and make decisions on the variety of issues brought to the LINK by LINK participants and others from within the community of Kent.

The Priorities Panel is made up of 10 LINK participants selected by a panel comprising individuals from the community and voluntary sector, the Kent County Council, and a Governor from the LINK's Governors' Group.

The Priorities Panel is accountable to the LINK and they are required to report on their activities to LINK's quarterly events. Their activities are also overseen by the Governors' Group of the LINK, one of whom of their number has a special role in relation to this activity. The Priorities Panel's meetings and all their decisions are published on the LINK's website and will be available in hard copy format on request for those who do not have internet access. The LINK requires the Priorities Panel to consult on the way it intends making decisions on behalf of the LINK and this paper is for this purpose. As a LINK participant your views are invited on the proposed scheme for how the Priorities Panel thinks it should make decisions. Comments are invited by 4 September 2009.

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**2. Making decisions in health and social care**

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Next to the weather, people's health and wellbeing is probably the single most talked about topic area. People feel passionate about health and social care. LINKs have been given the task of translating that passion into getting more local people involved in shaping these important services, not just those who have already got themselves involved and organised (although their voices still need to be heard), but also those individuals and organisations whose voices 'seldom get heard'.

The LINK will have many and, sometimes conflicting, demands placed on it by different groups and individuals. They will all be raising issues which are important to them and perhaps the wider community. The LINK will need to have effective ways to prioritise and decide which issues to focus on and to publicly show how it has gone about this and to give reasons for its decisions.

It follows therefore that that the LINK must be realistic in the way it sets about its business and target its resources to best effect. Its decision making must be relevant, appropriate and sound.

We believe that the following elements should be taken into account when making decisions:

- \* Clearly defining the issue; an issue is not a personal problem, but something which may affect a number of people. The LINK does not provide a process for dealing with complaints – these are covered by other procedures already in place within the NHS and social care services. This is not to say that an issue which may affect others may not come out of a complaints investigation and then form the basis of some LINK action.
- \* How strong is the evidence to support the assertions of the referrer? In other words is it backed by evidence and how strong is that evidence?
- \* Can the LINK make an impact in the time available? A hospital ward or residential home closing at the end of the week may mean little can be achieved by the LINK. This is not to say that some action may not be possible in the time available, but can it have an impact?
- \* Is the issue being dealt with by somebody else? A watching brief may be all that is needed rather than duplicating the activities of another group.
- \* To what extent will the people of Kent be affected by the issue, ranging from relatively little effect to significant community wide impact affecting large numbers?
- \* Can the LINK add value to the current situation? In other words, can the LINK by taking up this issue have an impact, for example, is it likely that a LINK investigation will lead to change?
- \* Does the issue affect people experiencing inequalities in health and social care?

\* Expected actions; what does the referrer (a LINK participant or others who raised the issue) from within the community of Kent want or expect the LINK to do.

\* Expected outcome; what does the referrer think would be a good outcome if the LINK were to take this forward.

**1. Do you agree that the above elements should form the basis for the way the Priorities Panel should prioritise and make decisions on issues brought to it?**

Yes

No

If no (please say why)

**2. Are there any other factors you believe should be taken into account in making such decisions?**



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**3. Degrees of importance**

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In considering the pros or cons of a proposal (that the LINK should take an action) the Priorities Panel feel that more importance should be given to some factors than others. We want to know what you feel.

How would you rank in importance the following factors in making a decision?

**1. a. Structured evidence – information that has some research base, can be verified and as far as possible is free from bias**

**i. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
- c. Medium importance
- d. High importance

**2. b. Unstructured evidence – softer information, some of which may be anecdotal but may also be from a range of sources**

**ii. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
- c. Medium importance
- d. High importance

**3. c. Can the LINK make an impact in the time available**

**iii. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
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- c. Medium importance
- d. High importance

**4. d. Is the issue being dealt with by somebody else**

**iv. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
- c. Medium importance
- d. High importance

**5. e. What extent will the community be affected by the issue**

**v. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
- c. Medium importance
- d. High importance

**6. f. Can the LINK add value / make a difference to the current situation**

**vi. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
- c. Medium importance
- d. High importance

**7. g. What is the impact on inequalities in health and social care**

**vii. In making a decision would you regard this as being of:**

- a. No importance
- b. Low importance
- c. Medium importance
- d. High importance

Thank you for taking the time to respond to this consultation