

Local Involvement Networks (LINKs) 'Getting better together' Conference

**Thursday February 5th 2009-02-07
Queen Elizabeth II Conference Centre, London**

This was a whole day Conference attended by LINKs groups from all over the country. There were approximately 160 registered delegates. Presentations were made from the platform, group discussions were based on tables of about 10 delegates and there were two seminar sessions in the afternoon. The Conference ended with Delegates voting on some of the issues of the day.

The Conference started with two members of the Sefton LINK describing their involvement in patient experience particularly after leaving hospital. They talk of the problems of transport and home visits.

The second LINK contribution was from the Chair of Doncaster LINK which was a designated early adopter. Because of this they were up and running from the very beginning, holding events and engaging the public in a number of issues.

These were the only two contributions from LINKs members and from the discussion of both it was clear that the approach in both places has been very different from Kent. The Sefton LINK has perpetuated the PPI Forum and added Social work to its agenda. It does not appear to have spent time on governance or structure but has launched straight into a problem area. Its intention is to extend beyond this by setting up other groups within the LINK.

The Doncaster LINK had the advantage of an early start so has been involved in a number of issues at the start of LINK. It has taken a very conventional approach to the operation of LINK probably follow the lines of the Community Health Councils rather than the Forums.

Most delegates talked of LINK committees, chairs and members. I would have liked to have heard much more of others experiences of setting up and running a LINK.

The overall impression I gained was diversity and confusion regarding mechanisms and mode of operation of a LINK. The biggest cheer of the day came when one of the Sefton speakers said she could not understand why Forums had been abandoned.

The round table discussions were on 4 issues:-

What are the key challenges at the moment?

What support has been the most beneficial?

What will a successful LINK look like in a year's time?

What support do LINKs need to get there?

Many views were expressed but there was no clear patterns emerged. All points raised by the various groups will be made available to all delegates in due course as will the numbers of votes cast for two main issues.

I choose to attend a lunch time seminar presented by the Healthcare Commission on a project that has been running to identify the LINK support needs in relation to their engagement with the regulators. One support will be a mechanism for LINKs to collect information for the Annual Health check although this will not be available in time for this year. As from May 2009 the regulator will become the Care Quality Commission and this will be formed by combining three existing Commissions including the Healthcare Commission.

The afternoon programmes were largely devoted to a number of seminars and were able to choose to attend 2 of the possible 4. I choose 'Making sense of LINKs and commissioning within health and social care' given by Professor Bob Sang. This was entirely concerned with commissioning and how LINKs might be involved and influence the process.

The second seminar I attended was 'Building good relationships and keeping them' by Julie van Ruyckeveit who is assistant director of patient experience for the West Kent Primary Care Trust. The subject was viewed from the primary care Trust perspective extrapolating to how LINKs might fit in. Many involved in LINKs are also involved in PPE or PPI. A key point for me in this relationship is 'exploring and agreeing how to work together'. The presenter of this seminar is very dynamic and is a person that our local development representative for West Kent should get to know as soon as possible.

Views of the Conference

It was good to be at a meeting of so many people with a common interest in involvement in LINKs. Were all these people 'getting better together'? My overall view is that LINKs is still in its infancy and it is not at all clear how it will grow up and mature. There is certainly no unanimity of approach. Neither is there adherence to the Department of Health's guidelines on terminology (participants, panels, facilitators). I heard no talk of Panels of Authorised visitors, representatives, moderators but as this type of detail was not discussed it could be that it is happening more widely than I am aware of. Many people were confused of the role of the Host and the local authority although in Kent I think this is quite clear.

I am not at all certain that this was the right type of conference for the current stage of LINKs. More debate on structure and set up would have been of more help to me. Most of the talk was about specific topics and as we have not yet progressed this far, there was little to contribute.

Lessons for the Kent LINK

1. Don't get bogged down in structure.
2. Get projects/tasks up and running.
3. Be seen to be operational.
4. Get a full programme of meetings with groups throughout the County to increase awareness and create a mechanism for feed-back (development workers).

John Fletcher
February 7, 2009