The National Centre for Involvement

Local Involvement Networks

Health and social care structures

About this guide

This guide is part of a series aimed at helping make LINks successful. It aims to increase the understanding of people involved with LINks about how health and social care services are planned and delivered for.

Details of the other guides in the series are available at: www.nhscentreforinvolvement.nhs.uk/linksguides/.

Background

LINks have been set up to give communities a stronger voice in how health and social care services are delivered. Run by local people and groups, the role of a LINk is to promote involvement, to find out what people like and dislike about local services, to monitor the care provided by services and to use LINk powers to hold services to account.

More information on what LINks mean for people and communities may be found in the NHS Centre for Involvement *LINks Guide No. 4 – What LINKs mean for People and Communities,* at: www.nhscentreforinvolvement.nhs.uk/linksguides

Key Points

- Patients and the public have a right to be involved in decisions about planning and delivery of NHS and Local Authority services.
- LINks work with commissioners and providers of health and social care in the public, voluntary and independent sectors, together with regulators of services.
- LINks will want to know what services are on offer, where the gaps in services exist and how local health and social care services are performing.

The NHS Centre for Involvement is a consortium made up of The University of Warwick, The Centre for Public Scrutiny and LTCA and is funded by the Department of Health.

Contents of this guide

There is a lot of information in this guide. The contents table below should help you find the information you need quickly.

Having a say…

The concept of 'Patient and Public Involvement' as part of the development and improvement of NHS services has been around for some time. Community Health Councils (1974 to 2003), Patient and Public Involvement Forums (2003 to 2007) and Overview and Scrutiny Committees (2003 onwards) have all had opportunities to help shape local health service design and provision. Although, there have been no formal mechanisms for local people and groups to influence the planning and delivery of social care services, the sector has developed a tradition of good 'service user' engagement. LINks, with powers relating to both health and social care, have significant opportunities to hold the NHS and local councils to account.

The latest Department of Health guidance on engaging with patients, *Real Involvement: working with people to improve services*, which was published in October 2008, is aimed at NHS organisations. It refreshes and updates previous guidance and explains how NHS organisations may discharge their duty to involve local people in the planning, delivery and operation of health services, as required under section 242B of the NHS Act 2006. The guidance also provides useful examples of good practice.

NHS organisations are required to involve and consult patients and the public in:

- the planning of the provision of services;
- the development and consideration of proposals for changes in the way those services are provided;
- decisions to be made by the NHS organisation affecting the operation of services;
- the manner in which services are delivered; and
- the range of health services that are available.

NHS organisations may have their own strategies for taking forward their duties to consult and involve. LINks may find '*Real Involvement'* useful as a tool, perhaps as a checklist, to examine how well a NHS organisation has carried out its duty to involve when commissioning, providing or developing services. Secondly, the guide could also be used by LINks to support their own consultation and involvement activities. There are helpful sections explaining how to gather information from people, known as qualitative research, such as focus groups or 'examinations in public'. There is also a decision-matrix for determining and prioritising the most appropriate research for the issue under investigation.

The *Real Involvement* guidance may be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787

'*Real Involvement'* applies to all NHS organisations, but does not directly relate to commissioners or providers of social care services.

Local Authorities have also sought to consult communities and local people on securing improvements in their services for some years, in particular through the *Best Value* programme which emerged in the early 2000s. There are other, wider statutory requirements to inform, consult with or promote the participation of service

users in relation to existing functions, for example spatial planning. However, from April 2009 a new duty exists on Local Authorities to involve representatives of people in the planning of local government services. The *'Duty to Involve'* arises from section 138 of the Local Government and Public Involvement in Health Act 2007.

Many Local Authorities will have their own strategies which set out their interpretation of the new *'Duty to Involve'* and how they intend to meet it. LINks are advised to contact the local council in their area for copies of the relevant documents.

More information on *Best Value* may be found at:
www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/bestvalue

More information on the *Duty to Involve* may be found at:
www.communities.gov.uk/publications/localgovernment/strongsafeprosperous

The National Health Service and the Department of Health

Created in 1948, the National Health Service provides access to healthcare and treatment for all, based on clinical need, not the ability to pay. The organisational structure of the NHS and the way services have been planned and delivered has changed over time, depending on advances in medical science and the skills of health practitioners, together with successive Government's priorities.

Key principles for the NHS were set out in the *NHS Plan*, published in 2000, they are:

- the provision of a comprehensive range of services, including primary and community healthcare, intermediate care and hospital based care;
- the shaping of NHS services around the needs and preferences of individual patients, their families and carers;
- responding to different needs of different populations;
- working together with other organisations, such as social care, to ensure a seamless service; and
- keeping people healthy and working to reduce health inequalities.

More information on the *NHS Plan* may be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960

The focus for NHS organisations involving people in the design and development of health services is now firmly embedded in the *NHS Constitution* published in 2009. The NHS Constitution gives statutory force to the principles and values of the NHS, and in particular that values should be tailored to reflect local need, as well as setting out rights, pledges and responsibilities for patients and for staff.

For more information about the *NHS Constitution* go to:
www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm

The role of the Department of Health is to provide policy advice and guidance to the NHS and local council's social services departments. More detail about social care is given later in this guide. In recent years, the Department has issued substantial guidance and advice to the NHS about how to achieve three major Government objectives: choice for patients about where and when they can receive treatment; a maximum wait for patients of 18 weeks between referral and treatment; and a strengthening of the capacity of Primary Care Trusts around the assessment of needs and the commissioning of services. The most recent major policy report is *High Quality Care For All: NHS Next Stage Review* published in July 2008. Led by Professor Lord Darzi, *High Quality Care For All* sets out a vision for a NHS with quality at is heart.

Professor Lord Darzi's final report may be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

The Department of Health (www.dh.gov.uk) is also a source for many policy and other documents which set out the framework for the commissioning and delivery of health and social services. Other key policy documents that may be of interest to LINKs include *National Service Frameworks*. These are long term strategies for improving specific areas of care. They set national standards, identify key interventions and put in place agreed time scales for implementation.

National Service Frameworks exist for Blood Pressure, Cancer, Children, Chronic obstructive pulmonary disease**,** Coronary heart disease, Diabetes, Long term conditions, Long term neurological conditions, Mental health, Older people, Renal disorders and Vascular disease.

More information on *National Service Frameworks* may be found at:
www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/index.htm

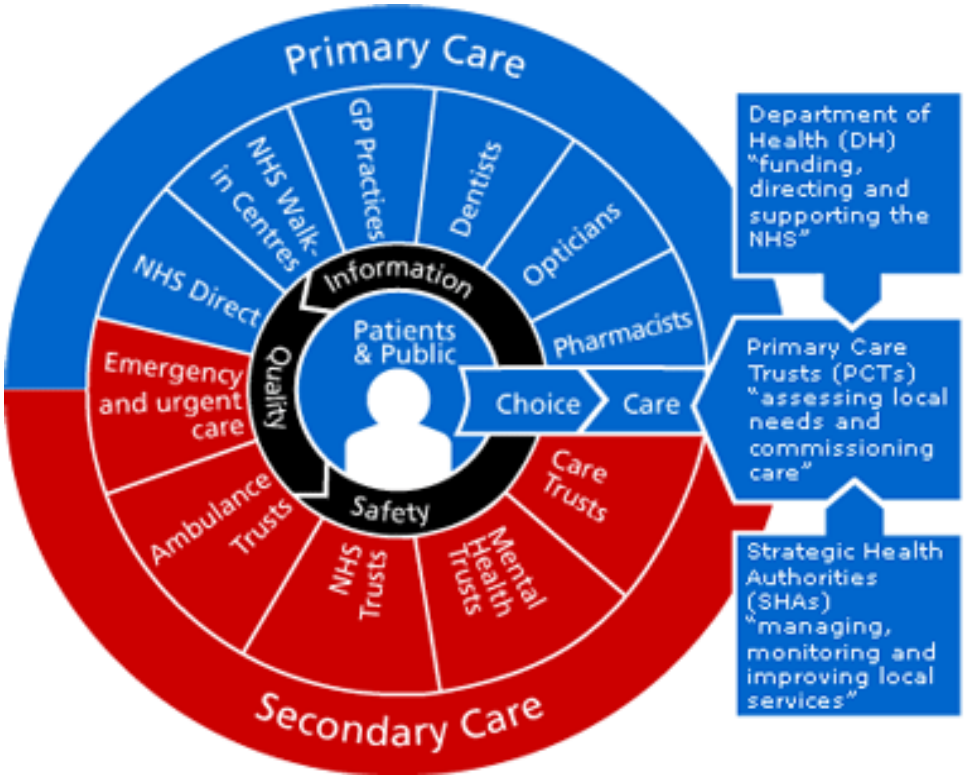
The Department of Health provides substantial guidance to the NHS about patient and public empowerment. A link to the patient and public empowerment pages on the Department's website is:

http://www.dh.gov.uk/en/Managingyourorganisation/PatientAndPublicinvolvement/index.htm

The NHS Model of Care

NHS services are usually referred to as either Primary Care or Secondary Care services. Within secondary care, Tertiary services also exist. These services are explained below. Figure 1 illustrates some examples of Primary Care and Secondary Care services.

Figure 1 – Primary and Secondary Care Services



More information on how the NHS works can be found at:
www.nhs.uk/aboutnhs/HowtheNHSworks/Pages/NHSstructure.aspx

Primary care services are generally regarded as 'frontline' services and primary care is usually the first point of contact with the NHS for most people. Primary care practitioners may include GPs, dentists, opticians and pharmacists. Walk-in centres, community hospitals and minor injuries units can also be part of primary care. NHS Direct is also a frontline service providing a first point of contact for the public through telephone, internet and digital television.

Secondary care, also known as acute care, may be either 'elective' (ie planned) care, which may or may not involve surgery, or emergency care. Though there are some acute services that accept self referrals from patients, most people are referred to appropriate services by their GP. There are a range of services where patients can choose the location of their treatment, through the 'Choose and Book' system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. You can also make a more informed choice on where you go for your first consultation by comparing hospitals.

Further information on Choose and Book may be found at: www.chooseandbook.nhs.uk

Tertiary care services are specialised consultative care services, usually accessed through referral from a primary or secondary care service. Care will be provided by dedicated teams. Often these services exist on a regional rather than local basis. Examples of tertiary care services include specialist cancer care, neurosurgery and burns care.

More information on health services and patient choice may be found on the NHS Choices website at: www.nhs.uk

Which healthcare organisations might a LINk work with?

LINks may work with a wide range of NHS and other public sector organisations around health and healthcare. Some of these organisations may commission (ie purchase or buy) health and/or social care services and some may provide these services. At times LINks may also wish to comment on services provided by the independent or voluntary sector, for example where services have been commissioned by a Trust or a local council.

These organisations might include:

- Strategic Health Authorities;
- Primary Care Trusts;
- Hospital (Acute) Trusts;
- Mental Health Trusts;
- Ambulance Service Trusts;
- Foundation Trusts;
- Care Trusts;
- Special Health Authorities;
- Local Authorities which commission and/or deliver social services;
- Independent sector; and
- Voluntary sector.

LINks are also able to refer issues to local Overview and Scrutiny Committees. From time to time, depending on the nature of their enquiries, LINks may also work with other public sector organisations. The following sections of the guide describe in more detail the roles of various organisations and the structure for planning, delivering and regulating health and social care services.

What are Strategic Health Authorities?

Strategic Health Authorities (SHAs) are the organisations responsible for managing the NHS regionally. They are a key link between the Department of Health and the local NHS, responsible for developing strategies for local health services and ensuring high-quality care. There are ten SHAs across England covering the East Midlands, East of England, London, North East, North West, South Central, South East, South West, West Midlands and Yorkshire and Humber regions.

In practice, SHAs:

- develop plans for improving health services in their local area;
- make sure local health services are of a high quality and are performing well;
- increase the capacity of local health services – so they can provide more services;
- support Primary Care Trusts (PCTs) and NHS trusts to put national policies into practice and to deliver key priorities in their area; and
- make sure national priorities – for example, programmes for improving cancer services – are integrated into local health service plans.

All SHAs have published regional plans setting out their vision and how they will meet the challenges set out in Lord Darzi's *High Quality Care For All: NHS Next Stage Review* report.

More information on Strategic Health Authorities may be found at:
www.nhs.uk/chq/pages/1075.aspx

A list of all Strategic Health Authorities may be found at:
www.nhs.uk/ServiceDirectories/Pages/StrategicHealthAuthorityListing.aspx

What is a Primary Care Trust?

Primary Care Trusts (PCTs) were introduced in 2002 to manage the provision of most community-based health services. PCTs control over 80 per cent of the NHS budget. There are around 150 Primary Care Trusts across England. Since mid-2008, PCTs have using a NHS-branding, for example being named *NHS Derby City*, replacing *Derby City Primary Care Trust*. One of the reasons for the change is to be clearer that PCTs are about managing and leading NHS care for their areas.

PCTs work with hospitals, mental health services and other health and social care providers, including local councils and the independent sector, to make sure local communities get the right treatment and care to meet their needs. This also includes having contracts in place for GPs, dentists, pharmacies and opticians.

Professional Executive Committees (PECs) provide a PCT with clinical leadership. PEC membership will reflect a range of clinical professions and the wealth of experience that brings. They need to be patient-focused and promote the health and wellbeing of communities, as well as addressing health inequalities.

PECs may influence PCT decision-making in four main areas:

- providing support to the PCT in developing their vision and strategic direction;
- commissioning and supporting practice-based commissioning;
- clinical effectiveness and clinical governance; and
- leading clinical communications with partners and stakeholders.

PCTs also have an important role in encouraging people to live healthier lifestyles. They provide information and services to help improve health, such as supporting people to stop smoking, take more exercise and improve their diet. The public health role is usually led by a senior manager, often a Board Director, whose post may be a joint appointment with the local council.

PCTs are beginning to produce Strategic Commissioning Plans, which set out a 5-year vision for health and wellbeing in an area, and also explore how the PEC and Director of Public Health are influencing local priorities.

More information on Primary Care Trusts, NHS Local and Professional Executive Committees may be found at:
www.dh.gov.uk/en/Healthcare/Primarycare/Primarycaretrusts/index.htm

A list of all Primary Care Trusts may be found at:
www.nhs.uk/ServiceDirectories/Pages/PrimaryCareTrustListing.aspx

You can also find out more about local primary care on the NHS Networks website. The site is a means of promoting and connecting the many networks which exist throughout the NHS and encouraging the formation of new ones.
www.networks.nhs.uk/

What is an NHS Acute Trust?

The majority of hospitals, such as district general hospitals, are managed by Acute Trusts. These trusts ensure that hospitals provide high-quality healthcare, and that they spend their money efficiently. An Acute Trust will also decide on a strategy for how the hospital will develop, so that services may improve. There are around 170 Acute NHS Trusts in England. (Note: some community hospitals and minor injuries units currently continue to be managed by Primary Care Trusts.) There are around 85 hospitals that are managed by Foundation Trusts – these are explained later in this guide.

Acute Trusts employ a large part of the NHS workforce, including nurses, doctors, pharmacists, midwives and health visitors, as well as people doing jobs related to medicine – physiotherapists, radiographers, podiatrists, speech and language therapists, counsellors, occupational therapists, psychologists and healthcare scientists. There are many other non-medical staff employed by Acute Trusts, including receptionists, porters, cleaners, specialists in information technology, managers, engineers, caterers and domestic and security staff.

Some Acute Trusts are regional or national centres for more specialised care. Others are attached to universities and help to train health professionals. Acute Trusts can also provide services in the community, for example through health centres, clinics or in people's homes.

More information on secondary care services may be found at:
www.dh.gov.uk/en/Healthcare/Secondarycare/index.htm

A list of all Acute Trusts may be found at:
www.nhs.uk/ServiceDirectories/Pages/AcuteTrustListing.aspx

What is a Foundation Trust?

First introduced in 2004, there are now 117 Foundation Trusts (FTs) in England. 84 Toundation Trusts provide hospital (acute) services and 33 Foundation Trusts provide mental health services.

Foundation Trusts:

- are a new type of NHS hospital or mental health service run by local managers, staff and members of the public;
- work to tailor their services to the needs of the local population; and
- are given much more financial and operational freedom than other NHS trusts.

Local people and NHS staff are encouraged to become 'members' of Foundation Trusts. Trust managers are encouraged to inform, consult and involve the membership in areas of service development and improvement. Members are also able to stand for election to a Trust's Council of Governors. The Council should be representative of the local community, and may usually include local residents, trust staff and stakeholder representatives. Governors will be consulted on plans for changes to health services locally, as well as on any special interests and have the opportunity to meet and listen to members to hear their views. Governors also appoint (and can remove) the Trust's Chair and Non-Executive Directors and approve the appointment of the Chief Executive.

Foundation Trusts remain within the NHS community but are not accountable to SHAs or the Secretary of State for Health. The regulator of Foundation Trusts is Monitor, an independent body and lies outside of the control of the Department of Health and is directly accountable to Parliament.

More information on the role of Monitor and Foundation Trusts may be found at: www.monitor-nhsft.gov.uk

What is an Ambulance Trust?

There are 12 Ambulance Trusts across England. These trusts principally provide emergency access to healthcare services. Trusts cover the East Midlands, East of England, Great Western, Isle of Wight, North East, North West, South Central, South East Coast, South Western, West Midlands and Yorkshire areas.

Ambulance Trusts may provide a range of services including:

- paramedic services at the scene of incidents and medical emergencies;
- emergency care and transport of patients;
- diagnosis and treatment or referral for minor illnesses and injuries;
- emergency planning and civil protection services;
- specialist training for the public in emergency first aid, including resuscitation; and
- specialist patient transport (for non emergency patients) to and from routine hospital appointments.

More information on Ambulance services may be found at:
www.dh.gov.uk/en/Healthcare/Emergencycare/Modernisingemergencycare/DH_4063824

A list of all Ambulance Trusts may be found at:
www.nhs.uk/ServiceDirectories/Pages/AmbulanceTrustListing.aspx

What is a Mental Health Trust?

There are currently around 70 Mental Health Trusts covering England. Of these, around 30 have achieved Foundation Trust status, and so will also have Council's of Governors and memberships similar to Hospital Foundation Trusts.

These trusts provide health and social care services for people with mental health problems. Mental health services are sometimes provided through a GP, other primary care services or through more specialist care. This might include counselling and other psychological therapies, community and family support or general health screening. For example, people suffering bereavement, depression, stress or anxiety can get help from primary care or informal community support. If they need more involved support they can be referred for specialist care.

More specialist care is normally provided by Mental Health Trusts or local council social services departments. Services range from psychological therapy, through to very specialist medical and training services for people with severe mental health problems.

Mental Health Trusts often cover larger geographical areas than either Primary Care Trusts or the 'catchment areas' for Acute Trusts. They may also extend further than the boundaries of a single local council. LINks should be aware the local structural arrangements which may impact on the commissioning of mental health services.

More information on mental health services may be found at:
www.dh.gov.uk/en/Healthcare/NationalServiceFrameworks/Mentalhealth/index.htm

A list of all Mental Health Trusts may be found at:
www.nhs.uk/ServiceDirectories/Pages/MentalHealthTrustListing.aspx

What is a Care Trust?

Care Trusts are organisations that work in both health and social care. They may carry out a range of services, including social care, mental health services or primary care services.

Care Trusts are set up when an NHS organisation and a Local Authority agree to work together, usually where it is felt that a closer relationship between health and social care is needed or would benefit local care services.

There are currently ten Care Trusts, though it is expected that more will be set up in the future. Care Trusts are currently operating in Bexley, Bradford, Camden and Islington, Manchester, North East Lincolnshire, Northumberland, Sandwell, Sheffield,

Solihull and Torbay. Three Care Trusts, in Camden and Islington, Sandwell and Sheffield, have achieved Foundation Trust status.

More information on Care Trusts may be found at:
www.dh.gov.uk/en/Healthcare/IntegratedCare/Caretrusts/index.htm

A list of all Care Trusts may be found at:
www.nhs.uk/ServiceDirectories/Pages/CareTrustListing.aspx

What are Special Health Authorities?

Special Health Authorities are health authorities that provide a service to the whole of England, not just to a local community. There are nine Special Health Authorities including the Health Protection Agency, the National Treatment Agency, NHS Blood and Transplant Service and the National Institute for Clinical Excellence (NICE). NICE has an important role in the NHS and more detail about it is given later in this guide.

A list of all Special Health Authorities may be found at:
www.nhs.uk/ServiceDirectories

What is the Care Quality Commission?

The Care Quality Commission (www.cqc.org.uk) was established in April 2009. It regulates and improves the quality of health and social care through registration, inspection and assessment of local health and social care services. Its work brings together the regulation of the quality of health and social care. The Commission replaces the former Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

The Care Quality Commission is keen for LINKs to tell them how they think their local trusts and councils are performing against the standards ser by government based on the views and experiences gathered from their local communities. The Commission will also check on how well the trust or council is working with LINks, and how they are involving local people in service developments. LINKs must send copies of their annual reports to the Care Quality Commission.

More information on the Care Quality Commission may be found in the NHS Centre for Involvement *LINks Guide No. 17 – LINKs and Overview and Scrutiny Committee working together,* at: www.nhscentreforinvolvement.nhs.uk/linksguides

The Care Quality Commission has a dedicated space on its website for LINks, at:
www.cqc.org.uk/getinvolved/howweinvolvepeople/localinvolvementnetworkslinks.cfm

What is the National Institute for Health and Clinical Excellence?

The National Institute for Health and Clinical Excellence (NICE) is one of the nine Specialist Health Authorities. It is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

- public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local councils and the wider public and voluntary sector;
- health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS; and
- clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

More information about the work and activities of NICE may be found at: www.nice.org.uk

LINks and local councils

LINks also have the opportunity to comment on social services commissioned or provided by local councils and make recommendations about service improvements. Social services may include care and support services for vulnerable adults, older people, adults with physical or learning disabilities or mental health needs and carers too.

Furthermore, the *Duty to Involve* under section 138 of the Local Government and Public Involvement in Health Act 2007, which is described earlier in this guide, requires Local Authorities to inform, consult and involve representatives of local people in decisions, policies and services.

How are Local Authorities structured?

There are broadly three types of Local Authority in England:

- County Councils;
- District Councils; and
- Unitary Councils (including 'Shire Unitaries' – for example, North Lincolnshire Council – and 'non-Shire Unitaries' – for example, Nottingham City Council).

Some councils, for example in Greater Manchester, West and South Yorkshire, are called 'metropolitan' councils – they are Unitary councils. London Borough Councils and the Council for the Isles of Scilly are also Unitary councils.

Unitary Councils provide all Local Authority services to the population in their area, such as social services, education, environmental health, housing, leisure services, highway and traffic engineering, trading standards, etc. This makes them 'all purpose' authorities, sometimes known as 'single tier' councils.

In other areas (sometimes known as 'two tier' areas), service provision is split between County Councils and District Councils. The County Council provides some services (such as social services, education, trading standards and libraries etc.) and the District Councils provide other services (housing, environmental health, waste collection, leisure services etc.) Counties provide around eighty per cent of services in these areas. There are also Town and Parish Councils at a very local level that act as a conduit between local people and County and District Councils. Town and Parish Councils may take an interest in crime and disorder and community based assets such as community centres, museums etc.

The pattern of local government has changed over time, most recently in April 2009 with 44 councils (County and District) being replaced by nine new Unitary Councils in Bedfordshire, Cheshire, Cornwall, Durham, Northumberland, Shropshire and Wiltshire.

A factsheet listing and classifying local councils, excluding Town and Parish Councils, may be found at: www.lga.gov.uk/lga/aio/118631

The vast majority of councils with social services responsibilities operate a model of governance based on an 'executive' (also known as a 'cabinet') as the main policy and decision-making body and a set of Overview and Scrutiny Committees made up of 'non-executive' councillors who hold the executive to account and review matters that affect local people. District councils do not have social care commissioning responsibilities, though may be involved in the delivery of some services. Most operate 'executive arrangements', although some with small populations have been able to choose to continue with the former 'committee system'.

Councillors, also known as 'members', from the political group (usually a political party) with a majority of seats will form an executive or cabinet to take decisions. These councillors are often known as 'portfolio holders', because they take responsibility for a particular portfolio of services. LINks are advised to obtain the Constitution of their Local Authority, which sets out how the council is run and the arrangements for Overview and Scrutiny. Making contact with the 'portfolio holder for Adult Social Care Services' may prove a good way to build relationships.

Some councils have Directly Elected Mayors. In these authorities the Mayor provides the political leadership and has considerable power. In London, the London Assembly has the role of scrutinising the policies of the Mayor and holding the Mayor to account.

More information about Overview and Scrutiny Committees may be found on the Centre for Public Scrutiny website at www.cfps.org.uk or in the NHS Centre for Involvement *LINks Guide No. 17 – LINKs and Overview and Scrutiny Committee working together,* at: www.nhscentreforinvolvement.nhs.uk/linksguides

More information on local government structures and services may be found at: www.lga.gov.uk and www.idea.gov.uk

Adult Social Services

Generally, adult social services are commissioned by County Councils and Unitary councils (which include Metropolitan councils and London Boroughs). As mentioned earlier in the guide there are ten Care Trusts where the planning, managing and delivering adult social services and health services are merged. Many councils are also significant providers of adult social services. However, councils may also commission services from independent providers, and in some case District Councils also deliver services.

The range, depth and availability of adult social care services may vary from local council to local council, but may include:

- daycare services, perhaps delivered in community centres or residential homes – these services aim to enable people to gain skills and confidence they need to live as independently as possible;
- homecare services, provided at home – these services are generally provided to older people, disabled people, adults with learning disabilities and people with mental health problems;
- respite care, which may be available to give carers and the people they are caring for a break;
- residential care, which provides temporary or permanent accommodation in a care home for people who have high levels of need;
- meal on wheels, which is a meal delivery service to people in their own homes as part of their care support packages – it is usually based on an assessment of an individual's need;
- occupational therapy, which helps disabled and older people to find ways of managing daily living activities and mobility after hospital care or respite care; and
- equipment, aids and adaptations, for people who have a disability or sensory impairment and have trouble carrying out every day tasks – adult social services may be able to provide specialist equipment to help such as hand rails and raised toilet seats, or more structural changes to accommodation depending upon individual circumstances.

The way that councils decide who should receive services is to assess need against a range of eligibility criteria. It is becoming more common for councils to only provide services to the most vulnerable people with critical needs.

Adult social services are usually led by an executive councillor from the Cabinet of a council. This role may be called ‘portfolio holder for adult social care’. This senior politician is supported by a senior manager in the council, usually a director of adult social care services. LINKs should note that different councils sometimes refer to these roles in different ways. For example, instead of ‘director’, the senior manager may be referred to as the ‘head of adult social care’.

The Department of Health provides policy guidance for adult social services. Among the significant current policy issues include:

- safeguarding adults and dealing with abuse;
- personalisation, which means that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings; and
- dignity in care.

More information may be found at: www.dh.gov.uk/en/SocialCare/DH_078755

Further information on the scope of adult social services and supporting research papers may be found on the websites of the Social Care Institute for Excellence: www.scie.org.uk/index.asp

The Association of Directors of Adults Social Services also has useful research papers and key policy documents: www.adss.org.uk/

The Care Quality Commission (about which there is more detail earlier in this guide) is responsible for the regulation, inspection and assessment of adult social care services, and useful information may be found on its website, including publications from the previous inspection agencies, the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission: www.cqc.org.uk

The Audit Commission may also be a useful source of information: www.audit-commission.gov.uk/subject_lg.asp?CategoryID=ENGLISH^576^SUBJECT^1997

Local Area Agreements and Local Strategic Partnerships

A Local Area Agreement (LAA) is a three year agreement based on local sustainable community strategies. It sets out the priorities for a local area agreed between central government (represented by the Government Office), and a local area represented by the lead local council, and other key partners through local strategic partnerships.

Local Area Agreements are designed to enable the most effective use of available resources. They encourage Local Authorities, Primary Care Trusts and a range of local partners to develop joined up plans for meeting the needs of their local population. They are based on the principle that developing services collectively is more effective than in isolation.

LAAs offer a significant tool for tackling major health and wellbeing related challenges, such as the increasing levels of obesity, an ageing population, inability to work because of ill health, and the increasing number of people reporting mental health problems.

More information on Local Area Agreements may be found at: www.communities.gov.uk/news/corporate/devolutionlocal

The body that has responsibility for developing and driving local community strategies and Local Area Agreements is the Local Strategic Partnership (LSP). LSP membership may vary from area to area, but it is likely to include representatives

from the council, health trusts and organisations, community and faith groups, police and fire and rescue services, charity groups, businesses, schools and perhaps others too. It is the Local Strategic Partnership that as a single body brings together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together. The LSP also provides a single overarching local co-ordination framework within which other partnerships can operate.

More information on Local Strategic Partnerships may be found at: www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/localstrategicpartnerships

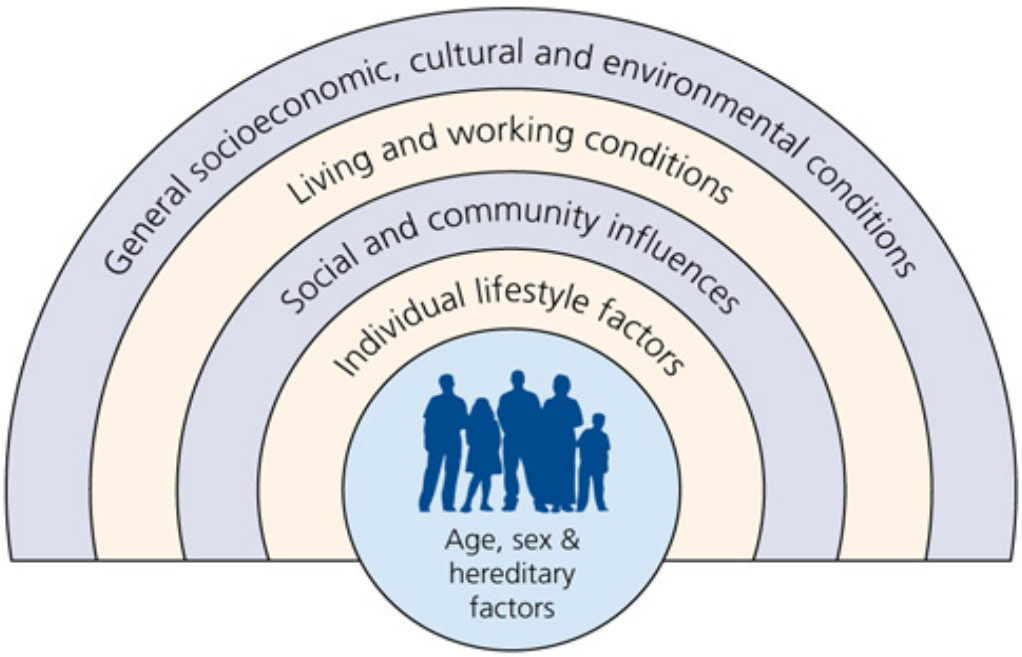
Local Health and Wellbeing – The Joint Strategic Needs Assessment

A significant area of interest for LINks in relation to health and wellbeing for a Local Strategic Partnership is the Joint Strategic Needs Assessment (JSNA).

The JSNA is a process whereby the current and future health and wellbeing needs of the local population are identified in order to inform priorities and targets set by the Local Area Agreement and on which commissioning priorities will be based.

LINks need to be aware that many key factors of health, for better or worse, may be outside the direct influence of local health and social care services, and include education, employment, housing and environment. Figure 2 illustrates these wider determinants of health.

Figure 2 – The wider determinants of health



Source: Dahlgren G and Whitehead M (1991) Policies and strategies to promote social equity in health. Stockholm, Institute for Futures Studies

There is a legal duty on the Primary Care Trust and local council to co-operate around the JSNA. The manager leading the process is usually to be the Director of Public Health. Most Local Authorities plan to regularly 'refresh' the JSNA on a regular basis to ensure that it contains the most up to date information.

More information about the importance of health and wellbeing being delivered in partnership and on the Joint Strategic Needs Assessment may be found at: www.communities.gov.uk/publications/localgovernment/health, and also at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081097

LINks and Commissioning

Commissioning, in the context of health and social care services, is about NHS organisations and local councils making decisions about spending money to buy services that are appropriate to the needs of local people, patients and the public.

In any commissioning cycle there are a series of phases which take account of:

- gathering information to assess needs;
- reviewing existing service provision;
- deciding priorities;
- designing services;
- shaping the structure of supply;
- planning capacity;
- supporting choice and personalisation;
- managing performance; and
- seeking public and patient views.

Lord Darzi's review, *High Quality Care For All* refers to the need for Primary Care Trusts to set out a programme to achieve the *World Class Commissioning* of health services. Lord Darzi champions that World Class Commissioning that will deliver:

- better health and wellbeing for the population;
- improve health outcomes;
- reduce health inequalities; and
- demonstrate better value for money.

Lord Darzi also suggests that the human benefit of World Class Commissioning can be measured in 'added life to years and years to life'.

Figure 3 illustrates the World Class Commissioning Engagement Cycle. This cycle is a way of approaching patient engagement when commissioning services. It highlights who needs to do what to engage people at each stage of the commissioning cycle. It can be used to facilitate improvements in world class commissioning, particularly concerning Competency Three - engaging with patients and the public. It may also be applicable where Primary Care Trusts and local councils are exploring opportunities for joint commissioning of services. In practice, decision-making processes are different in NHS organisations and councils, mainly due to different funding arrangements, planning cycles and governance arrangements – for example, NHS organisations have appointed Boards and councils have elected councillors. Local councils are also responsible for a wider range of public services, and at times

priorities for local government may not entirely coincide with NHS priorities. However, the development of the Joint Strategic Needs Assessment is key to commissioning decisions, and should reduce the scope for these separate organisations having differing priorities.

Figure 3 – The Engagement Cycle

LINks should note that the phrase 'World Class Commissioning' and the core competencies apply to Primary Care Trusts (the commissioners of healthcare services) alone. Whilst the commissioning of social care services is highly important, there is no current national guidance on how these services are procured. Nevertheless, good practice would suggest that a strong commissioning cycle as set out above is key to the effective delivery of social care services.

More detailed information on World Class Commissioning and the core competencies may be found at:
www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204

More detail about the Engagement Cycle can be found at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098658

What is Practice Based Commissioning?

Practice Based Commissioning (PBC) is about involving GP practices and other health and primary care professionals in the commissioning of services.

Primary Care Trusts (PCTs) are the budget holders and have overall accountability for healthcare commissioning, however Practice Based Commissioning is crucial at all stages of the commissioning process.

In particular, practice based commissioners, working closely with PCTs and secondary care clinicians will lead the work on deciding clinical outcomes. They also play a key supporting role to PCTs by providing valuable feedback on provider performance.

Practice Based Commissioning is intended to lead to high quality services for patients in local and convenient settings. GPs, nurses and other primary care professionals are in the prime position to translate patient needs into redesigned services that best deliver what local people want.

More information on Practice Based Commissioning may be found at: www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Practice-basedcommissioning/index.htm

What is Specialist Commissioning?

Specialised services are broadly defined as those services with low patient numbers but which need a critical mass of patients to make treatment safe and cost effective.

Particular challenges for specialised services include training specialist staff, supporting high quality research programmes, and making the best use of scarce resources such as expertise, high-tech equipment and donated organs.

Specialised services are subject to different commissioning arrangements from other NHS services.

Examples of specialised services include heart and lung transplantation and secure forensic mental health services for adolescents.

More information on specialised commissioning may be found on: www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Commissioningspecialisedservices/DH_6558

The Centre for Public Scrutiny has published a guide about scrutiny of specialist commissioning. A copy can be downloaded at www.cfps.org.uk/what-we-do/publications/cfps-health/?id=28

LINks and service providers

Providers of health and social care services also have responsibilities to LINks. LINk representatives, who have secured the necessary authorisation, will be able to enter and view health and social care premises to observe the carrying on of activities.

The Code of Coduct relating to LINks powers to 'enter and view' can be found at: www.nhscentreforinvolvement.nhs.uk/linksusefulguidance

Who to contact for more advice

To find out more about LINks and how to contact them, look on the National Centre for Involvement website or the LINks Exchange: www.nhscentreforinvolvement.nhs.uk/links and www.lx.nhs.uk

Information about government policy: www.dh.gov.uk/patientpublicinvolvement

A simple explanation of LINks: www.direct.gov.uk/localinvolvementnetworks
Information about the Care Quality Commission: www.cqc.org.uk