**Agenda Item 14**

Report to: **Scrutiny Committee for Audit, Best Value and Community Services**

Date: **1 June 2011**

By: **Chairman of the Review Board**

Title of report: **Scrutiny review of Local Involvement Network (LINk) model**

Purpose of report: **To present the outcomes of the tabletop scrutiny review and its recommendations**

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**RECOMMENDATION: that the Committee considers and endorses the report and recommendations of the Review Board.**

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## 1. Financial Appraisal

1.1 There are no direct financial implications as a result of this report.

## 2. Summary

2.1 The tabletop review of the Local Involvement Network (LINk) model of patient, service user and public involvement in health and social care was initiated by the Community Services Scrutiny Committee in November 2010. The review followed on from the Committee's earlier review of the Council's relationship with the voluntary and community sector, which considered how the Council should undertake its duty to commission support for the East Sussex LINk.

2.2 The tabletop review is intended to inform the development of Healthwatch in East Sussex which, subject to national legislation, is expected to replace the LINk during 2012.

2.3 The Review Board comprised Councillor David Rogers (Chairman) and Councillors Jon Harris and Barry Taylor.

2.4 The attached report contains the findings and recommendations of the Review Board.

2.5 The Committee is recommended to endorse the Board's report and recommendations for submission to the East Sussex Healthwatch Development Group, an advisory and consultative forum made up of key stakeholders which is advising the Council on the development of Healthwatch locally.

## 3. Recommendation

3.1 The Committee is recommended to endorse the Board's report and recommendations.

COUNCILLOR DAVID ROGERS OBE
Chairman of Review Board

Contact Officer: Claire Lee Tel No. 01273 481327
Local Members: All

BACKGROUND DOCUMENTS
The Report of the Review Board – appendix

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East Sussex County Council

# Scrutiny Review of the Local Involvement Network (LINk) model

## Report by the Review Board:

Councillor Jon Harris
Councillor David Rogers OBE (Chairman)
Councillor Barry Taylor

May 2011

Community Services Scrutiny Committee

**The report of the Scrutiny Review of the Local Involvement Network (LINk) model**

## Recommendations

| Recommendation | | Page |
|---|---|---|
| 1 | **The following attributes should be maintained and built upon by Healthwatch:**<br>**a) a distinct identity, separate from the local authority, which clearly demonstrates independence.**<br>**b) Effective relationships and protocols with health and social care agencies, to avoid starting from scratch.**<br>**c) 'Enter and view' protocols and training programmes.**<br>**d) Use of social media.** | 8 |
| 2 | **LINk participants are a valuable resource of people with active interest in health and social care. An approach should be developed in East Sussex to ensure the transfer of the database of LINk participants to Healthwatch, subject to an individual's opportunity to opt out of this process.** | 8 |
| 3 | **The challenges highlighted in this report should be taken into account when developing Healthwatch in East Sussex, in particular:**<br>**a) The need for simplified and clearly articulated lines of accountability.**<br>**b) The need for effective prioritisation of issues of importance to local communities.**<br>**c) The need to seek out the views of under-represented groups, with a focus on using existing networks and organisations.** | 11 |
| 4 | **That Healthwatch will need to take into account:**<br>**a) The need to encourage existing LINk volunteers to continue whilst also welcoming new volunteers.**<br>**b) The need for a clear structure to be developed early on which enables issues-based work to take place as quickly as possible. The importance of 'quick wins' on issues of concern to local people to establish the impact and relevance of Healthwatch cannot be underestimated.** | 13 |
| 5 | **The East Sussex Healthwatch Development Group should discuss the findings of this review and take forward the recommendations outlined above.** | 14 |

# Introduction

1. Local Involvement Networks (LINks) are a key part of the national system of patient, public and service user involvement in health and social care. They were established by the Local Government and Public Involvement in Health Act 2007 to replace the previous system of Patient and Public Involvement Forums (PPIFs) and were designed to give local people and users of health and social care services a stronger voice in designing and monitoring those services. PPIFs had themselves replaced a long standing system of Community Health Councils in 2003.

2. LINks are intended to be networks bringing together individuals, groups and organisations with an interest in health and social care to represent a lay perspective to commissioners and providers of these services with a view to having an impact on improving the quality of care and broader health and wellbeing in communities.

3. LINks have specific statutory powers (see box below), roles and certain governance requirements set out in legislation, but no national structure or way of working was laid down for all LINks to follow. Instead, each LINk was encouraged to develop their own way of doing things, their own structure and priorities which would reflect the local context and the preferences of participants. This means that each LINk is different, but over time many LINks have shared practice, policies and procedures, meaning that some similarities have developed.

**Statutory powers of LINks**

- To request information from providers and commissioners of publicly funded health and social care services
- To make reports and recommendations to service providers and commissioners, to which the provider/commissioner must give a response
- To refer a matter to the relevant overview and scrutiny committee of the local authority
- To enter places where health and social care services commissioned by the NHS or local authority and view the services being provided

4. LINks were expected to be fully inclusive, allowing and enabling anyone in the local community to ‘join’ or participate in their work. They are led by their participants, i.e. volunteer individuals and representatives of voluntary sector organisations, rather than by paid staff.

5. Social care authorities were given a duty, and associated funding, to commission support for LINk activities to take place within their area. This took the form of tendering for a contract with an organisation (usually voluntary sector) to ‘host’ the LINk. Some ‘host organisations’ support more than one LINk. The host organisation is accountable to the Local Authority for delivery of its contract to provide support and must also be responsive to the needs and priorities decided upon by the LINk which it is there to support. The LINk, however, is independent of the Local Authority and accountable for its work only to its participants and the wider public.

6. In July 2010, the new government published a health white paper, *Equity and Excellence: Liberating the NHS* which signalled that LINks would be replaced by a new patient and public involvement organisation called 'Healthwatch'. Local Healthwatch would again be commissioned by local authorities and retain similar functions to LINks in giving a voice to patient and public views and concerns, but also take on additional functions including the provision of information about health and care services and supporting people to make choices. A national Healthwatch Committee would also be created within the Care Quality Commission to work with, and give a national voice to, local Healthwatch organisations. It was proposed that Healthwatch would come into existence during 2012 at which point LINks would cease to exist.

## *Aims and objectives of the review*

7. In 2007 the Community Services Scrutiny Committee undertook a review which examined how the Council should go about meeting its new duty to commission support for LINk activities within East Sussex. In light of the government's stated intention to introduce Healthwatch to replace LINks from 2012, the Committee decided to undertake a short further review of how the LINk model has worked, with a view to informing the development of Healthwatch in East Sussex.

8. The agreed aim was to review the experience of the LINk model of patient and public involvement in health and social care against its original aims, using East Sussex LINk as an example, specifically

- To identify strengths of the model which the proposed new Healthwatch arrangements can build on.
- To identify weaknesses of the model which Healthwatch will need to address.

9. To meet these aims the Review Board undertook four main activities:

- Review of relevant documentation
- Survey of LINk participants and other stakeholders
- Focus group with key stakeholders
- Meetings with LINk core group members, host organisation staff and local authority commissioner.

10. Further details of the methodology can be found in appendix 1. This report presents key findings and recommendations based on the information gathered.

# Findings

## *Strengths of the LINk model*

### Independence

11. One of the key strengths highlighted by LINk participants and statutory agencies alike is the independent nature of the LINk. The fact that the LINk is clearly separate from the local authority and the NHS gives people confidence that it speaks with its own voice and is not under the influence of the organisations it is there to challenge. The LINk's ability to set its own priorities and, to some extent, its own structure is also valued, as are the legal powers underpinning the LINk which give it a statutory footing.

12. Many LINk participants see the fact that the network is volunteer-led as a positive aspect of this independence. For example, it has been suggested that some people who may distrust or find it hard to communicate with 'official' bodies may be more comfortable raising concerns with an organisation led by volunteers and supported by a voluntary sector organisation. However, some people have suggested that the volunteer-led nature of the organisation has created some difficulties such as skills gaps, lack of capacity to undertake work and difficulty in recruiting sufficient active volunteers (issues discussed further below).

### Information sharing

13. One aspect of LINks' work has been to inform local people about health and social care issues and developments as part of encouraging people to get involved and provide feedback. In East Sussex the LINk appears to have had some success in this area. A website and regular LINk newsletter has supplied information to participants and a wider stakeholder readership. The LINk has embraced social media such as Facebook and Twitter and begun to utilise these channels to create dialogue. However some participants have felt 'overloaded' with information, perhaps reflecting the different levels of engagement people will wish to have within such an inclusive network.

14. In East Sussex, a cornerstone of the LINk's work has been the organisation of themed public meetings. These have been a key way for the LINk to facilitate information sharing and feedback from participants. Views from a range of stakeholders suggest that these meetings have developed well over time, with improved format and volunteer leadership as the LINk has learned from experience. The LINk and its host organisation have worked hard to rotate meetings around the county and to use accessible community venues. However, despite best efforts, attendance at meetings has been fairly limited in many cases.

**What has the LINk been most successful at doing?**

*"Providing the opportunity for individuals as well as organisations to learn about what is happening in health and social care, particularly the rural areas."*

*"Day to day guidance/advice to enquirers – little recognised but valuable."*

### Relationships with health and social care agencies

15. For LINks to successfully influence and change the commissioning and provision of services they must develop effective working relationships with local health and social care bodies. Evidence from East Sussex suggests that this has largely been achieved, that commissioners and providers have generally co-operated with the LINk and that effective communication protocols are in place. This has been facilitated through a LINk Liaison Group which brings together representatives from the LINk, the host, the local authority, health and social care commissioners and providers and the voluntary sector to support the LINk's work.

16. The LINk has provided lay representation on a wide range of committees and boards which has been positive in raising its profile and ability to influence. However, representatives have been drawn from a relatively small pool of volunteers and the extent to which they have been able to represent the wider views of service users and the public is unclear.

17. Particularly positive working relationships have been developed with the Care Quality Commission and the County Council's Health and Adult Social Care Overview and Scrutiny Committees. These relationships have resulted in joint work on specific projects.

**What has the LINk been most successful at doing?**

*"Representing patient and public opinion at meetings with statutory authorities"*

## 'Enter and view' activities

18. When LINks were created, it was seen as particularly important by members of predecessor PPIFs and some other stakeholders, that the PPIFs' ability to undertake visits to places providing care, talk to patients and report their findings was maintained within the powers allocated to LINks. This has been borne out locally, with East Sussex LINk's ability to 'enter and view' places providing health and social care being important to its work programme. The LINk has successfully recruited and trained volunteers authorised to undertake such visits and has used these powers to investigate issues such as privacy and dignity in hospital wards.

19. A particularly successful project resulted from a commission from the Health Overview and Scrutiny Committee (HOSC) to undertake hospital visits to assess nutritional care being received by patients. This focused piece of work contributed valuable information to a wider scrutiny review on the topic and demonstrated the way the powers of LINks and HOSCs can be used in a complementary way, with each playing to its strengths.

**What has the LINk been most successful at doing?**

*"Undertaking specific focused projects where they have a clear remit e.g. nutrition with the HOSC"*

*"Enter and view training of representatives has been acknowledged nationally as good practice."*

## Voice for local concerns

20. The LINk has been able to give a voice to some specific local issues which have been identified through contact with local people. Examples have included delays to breast screening and specific mental health service issues. They have also been able to refer people with more individual concerns or queries to other services such as Patient Advice and Liaison Services (PALS) or complaints services. Feedback suggests that LINk participants have valued the LINk's ability to raise specific issues which may otherwise not be high on the agenda of statutory agencies.

**What has the LINk been most successful at doing?**

*"Gathering views and raising concerns as they are 'on the ground' and well placed to collect these views, being perceived as less threatening and accessible than more official channels."*

*"Raising issues that are often 'hidden' from the more general community but are really important to those who are impacted by them."*

**Recommendation 1.**

**The following attributes should be maintained and built upon by Healthwatch:**

- **e) a distinct identity, separate from the local authority, which clearly demonstrates independence.**
- **f) Effective relationships and protocols with health and social care agencies, to avoid starting from scratch.**
- **g) 'Enter and view' protocols and training programmes.**
- **h) Use of social media.**

**Recommendation 2**

**LINk participants are a valuable resource of people with active interest in health and social care. An approach should be developed in East Sussex to ensure the transfer of the database of LINk participants to Healthwatch, subject to an individual's opportunity to opt out of this process.**

## *Challenges and problems with the LINk model*

### Three way relationship – LINk, host, local authority

21. The evidence gathered by the Review Board suggests that a significant issue with the LINk model has been the tripartite relationship between the local authority, host and LINk. Even for those directly involved in making this set of relationships work it has not always been easy to delineate where responsibilities and accountability lie. For many of those less directly involved, such as wider LINk participants or voluntary sector organisations, it has proved confusing and difficult to know 'who's in charge'. There is also potential for confusion between the wider role of the host organisation (as a local voluntary sector organisation) and its role as host organisation.

22. Lines of accountability have been problematic. LINks' accountability is to their participants and the public but this has been difficult to achieve in practice. In East Sussex the LINk has been steered by a core group which has largely been elected by the wider LINk but it is not clear that ongoing accountability for decisions about the LINk's work has been fully achieved. Some feedback suggests that the core group has become viewed as 'the LINk', both within the LINk itself and amongst wider stakeholders.

23. The host organisation's dual accountability to both the LINk and local authority has sometimes left them 'caught in the middle' and subject to different demands which do not always align. For the local authority it has been hard to tread the line of ensuring the host organisation's delivery of their contract to provide support to ensure the LINk's effectiveness without being seen to intervene with decisions made by the independent LINK about their working practices and priorities.

*"Some difficulties have occurred because of a lack of clarity about the role of the host organisation. It has never been established whether the host supports or leads the agenda of the LINk."*

*"Perhaps legislation could have been changed to give more power to the host as opposed to volunteers who often don't have the time to complete/see through projects to the best outcome. I also believe roles need to be clearly outlined to ensure there is no confusion."*

## ‘Representativeness’ and credibility

24. LINks were encouraged through national guidance to be as inclusive as possible and, in particular, to reach out to communities and individuals whose voices may not normally be heard. This is a challenging remit which has taken time to develop locally. East Sussex LINk has made progress in engaging with diverse communities, including bringing representatives of some harder to reach groups onto the core group. However, volunteers willing to take on the significant amount of work involved with leadership roles within the LINk have tended to be of a similar age and background.

25. Despite significant recruitment efforts it has been difficult to attract volunteers willing to take an active part in the work of the LINk, meaning that much of the work has fallen to a relatively small group. This impacts on the LINk’s ability to represent broader interests and perspectives, which in turn limits credibility with service commissioners and providers. For LINks to have maximum impact they must be able to clearly represent views from a range of sources, rather than being seen to provide the views of individuals or small groups only. Access to this sort of local intelligence would also support LINks in providing challenge to statutory agencies.

26. One issue for an inclusive, volunteer-led group to manage has been the strong interests of some participants. It has been challenging to maintain the enthusiasm of those who have approached the LINk due to a personal experience or wish to pursue a particular health or social care issue, whilst also ensuring the LINk has a balanced work programme based on the needs and issues of the wider community.

*“More work at the early stages with excluded groups would have been valuable and improved representation.”*

*“LINks in general seem to have struggled to reach out to local communities to find out what really matters to them. Showing providers and commissioners clear evidence of concern from a variety of sources is essential to show the credibility of their work.”*

*“I believe that volunteers have had too much power and have been able to concentrate on single issues that they want to pursue. There should be more equitable responsibility for taking themes and issues forward between volunteers and paid staff and more involvement from voluntary organisations.”*

*“The LINk seems to be represented by the same faces all the time….Some of the conclusions... presented in public…can be the opinion of one person but presented as the opinion of a wider cross section. This serves to dilute the voice of the LINk.”*

## Networking

27. One of the key features of LINks’ design was that they would be a network (rather than an organisation), bringing together existing organisations, groups and networks. The intention was to build on what works in communities and to draw on existing knowledge and engagement with service users and carers.

28. In practice this has been difficult to achieve. In East Sussex the LINk has attempted to work with existing networks and organisations to some extent. Feedback suggests that it has not always been easy for voluntary sector organisations or groups to understand the concept of the LINk, how to engage with it or see how it adds value to existing local structures. The LINk has felt frustrated that, despite the efforts made, it has not been more successful in achieving engagement from voluntary groups. This has resulted in the LINk establishing its own structures and working groups more than working through existing avenues. This carries the risk of duplicating effort.

29. Much outreach work has been undertaken by the host organisation staff as opposed to the LINk participants. This has the benefit of using the skills of development workers but means that LINk participants, who may be representatives on various health and social care bodies, have limited contact with service users and carers they aim to represent.

> *"Joining with existing groups has been harder than we might have thought it would be.."*
>
> *"[Need to] engage with diverse communities, use existing networks and events to raise awareness of LINk…"*

## Size of LINk remit

30. Feedback suggests that LINks may have struggled with the size of their remit, both geographically (in a county area such as East Sussex) and in terms of the range of services covered. In contrast to their predecessor PPIFs, LINks' remit covers social care as well as health – a significant expansion which has taken time to get to grips with. LINks also cover the full range of health services in an area.

31. Whilst there are many positive aspects to this broad agenda in terms of being able to follow patient pathways and look across organisational boundaries, it does mean that LINks have a potentially vast range of topics and issues to investigate. This makes focus, prioritisation and potentially delegation, crucial if LINks are to avoid being swamped. The resources available to each LINk are also relatively limited and must be directed carefully towards priority issues.

32. Evidence gathered by the Review Board suggests that prioritisation has been a particular challenge. Some respondents suggest that the LINk in East Sussex has been spread too thinly and may have achieved more by focusing on a smaller number of specific projects. However, others suggest that LINks should look even more widely, beyond services, to the broader determinants of health and wellbeing in community – factors such as lifestyle, housing and environment.

> *"They seem to have been trying to do too much. If they had concentrated on one thing and done it well it would have been much better."*
>
> *"Lack of focus and prioritising of pieces of work at an early stage that show the community the fact that changes can be made*
>
> *"Taking social care under the umbrella of LINk in addition to health has without doubt been a major challenge."*
>
> *"As a relatively knowledgeable person about social housing and the impact that housing can have on one's wellbeing I thought the LINk would encompass other strands of its working that related to these factors as well."*

## Governance processes

33. LINks have been able to develop their own governance and decision making structures as long as they meet certain requirements such as agreement of annual reports and accounts. Feedback suggests that the development of governance arrangements locally took a significant amount of time and effort and may have resulted in relatively complex and resource-intensive arrangements. Structures in some areas may have been influenced by the predecessor PPIFs, which operated as committees, rather than taking more innovative approaches.

> *"I think the structures in the LINk are too complicated and difficult for people to understand."*
>
> *"LINk model is too embroiled/engrossed in process, too bureaucratic."*
>
> *"In the early stages there was an over-emphasis on the governance issues at the expense of doing any work."*

**Recommendation 3**

**The challenges highlighted in this report should be taken into account when developing Healthwatch in East Sussex, in particular:**

**a) The need for simplified and clearly articulated lines of accountability.**

**b) The need for effective prioritisation of issues of importance to local communities.**

**c) The need to seek out the views of under-represented groups, with a focus on using existing networks and organisations.**

# *Barriers experienced by LINks*

## Public apathy

34. Feedback suggests that LINks have struggled to attract people willing to get involved in an active way with their work. Many LINk participants have expressed frustration with public 'apathy' and noted that people only tend to become interested when they or a family member has a negative experience of services or experiences a health problem. This, in turn, can mean that LINks become strongly influenced by people with strong views and interests. There may also be a link to the wide geographical area covered by many LINks. Very local matters are often of most concern and interest, but what is important to people in one part of the county may not be of concern in another. It is difficult for LINks to reflect and balance very local concerns in the context of their county-wide remit.

> *"General apathy to health and social care issues cannot be underestimated until an individual is directly threatened in some way."*

## Lack of national guidance/structure

35. The freedom given to LINks to develop their own structure and way of working locally has proved to be a double-edged sword. Some LINk participants have welcomed the opportunity to set their own direction. However, others, and many statutory sector partners have expressed frustration that the lack of direction meant that a significant proportion of LINks' time in the early days was spent developing structures rather than working on specific issues. The lack of national policies on issues such as participant expenses or 'enter and view' procedures meant that individual LINks had to develop these from scratch (although there was much collaboration between LINks to share the work).

36. The local freedom has also led to significant variation between LINks in different areas. Again this has pros and cons. It is positive that LINks have been able to reflect local circumstances but there has been some feedback that this has impacted on understanding of the concept and what people can expect from LINks.

> *"There were no government guidelines for set-up which extended the process."*
>
> *"A clearer mandate at the outset would have been useful although we have been able to develop our own approach."*

## LINk branding

37. A common complaint from LINk participants and some other stakeholders has been that the name 'Local Involvement Network' does not adequately reflect what LINks are about. There is no mention of health or social care in the name and LINk participants have felt this has made it harder to sell and more difficult for people to find. The lack of an official national LINk body to provide a national presence has also been criticised. The name of 'Healthwatch' for LINks' proposed replacement and the creation of national Healthwatch may address these points.

38. LINks have also highlighted the lack of national publicity to support their local efforts to promote their role.

> *"Nationally the advertising programme for the introduction of the LINk was totally inadequate as today many people have no idea of the existence of the organisation."*
>
> *"After a number of years many people do not know the name or the name conveys nothing to them"*
>
> *"Concept of an involvement network difficult for most people to grasp and therefore the relevance of being involved."*

## Legacy from previous structures

39. LINks replaced the predecessor organisations Patient and Public Involvement Forums, which themselves replaced Community Health Councils. Each time there has been a change in structure a proportion of people involved have transferred to the new structure. This has the advantage of maintaining local knowledge and skills amongst active volunteers. However, feedback suggests this can also make the transition more challenging as people require time to adjust to new ways of working. It may be difficult for completely new volunteers to work alongside those who have been familiar with the previous system.

40. The frequent reorganisation of structures has been criticised due to the effort expended on dissolving and establishing organisations and the disruption to work on local health and social care issues. Some LINk participants and stakeholders feel that LINks have not had sufficient time to become established before being replaced.

> *"The legacy inherited from the PPIF was not entirely helpful so it was necessary to overcome the image of the predecessor."*
>
> *"High percentage of key LINk volunteers were previously PPIF members and this historical connection was not always helpful as there was resistance to change."*
>
> *"We should not forget that three years is a short time for such a body to develop."*
>
> *"Just as it was getting going it's been stopped."*

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**Recommendation 4**

**That Healthwatch will need to take into account:**

**a) The need to encourage existing LINk volunteers to continue whilst also welcoming new volunteers.**

**b) The need for a clear structure to be developed early on which enables issues-based work to take place as quickly as possible. The importance of 'quick wins' on issues of concern to local people to establish the impact and relevance of Healthwatch cannot be underestimated.**

## Conclusions

41. It is striking that there are a wide variety of views about the success or otherwise of the LINk model. Survey results demonstrate markedly split opinions amongst stakeholders on the extent to which East Sussex LINk has achieved the aims set out for LINks nationally and how well it has avoided potential pitfalls. These mixed opinions may reflect different expectations of LINks, a lack of clarity about their aims and achievements or different levels of engagement. It is also important to bear in mind that LINks are relatively young organisations and are still developing.

42. However, a number of clear themes have emerged in terms of strengths, weaknesses and barriers. The importance of an independent voice for patients and service users has been highlighted, as has the need for widespread engagement with the diverse communities of East Sussex, particularly the most vulnerable. The challenges in achieving effective engagement are, and will continue to be significant. The need for clarity of purpose, priorities and accountability is evident.

43. The development of Healthwatch presents real opportunities to address some of the weaknesses of the LINk model whilst also building on its strengths. Inevitably the transition will be challenging, particularly for those directly involved with the LINk, but the opportunity to strengthen the voice of East Sussex residents in health and social care through the creation of a new and different organisation is a strong incentive to embrace change.

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**Recommendation 5**

**The East Sussex Healthwatch Development Group should discuss the findings of this review and take forward the recommendations outlined above.**

# Appendix 1: Methodology

## *Scope and terms of reference of the review*

The Review was established to consider and make recommendations on the following:

a) To identify strengths of the LINk model which the proposed new Healthwatch arrangements can build on.

b) To identify weaknesses of the model which Healthwatch will need to address.

## *Board Membership and project support*

Review Board Members: Councillors Jon Harris, David Rogers OBE (Chairman) and Barry Taylor

The Project Manager was Claire Lee, Scrutiny Lead Officer.

## *Board meeting dates*

Focus Group with members of the LINk Liaison Group (see below) 10 February 2011

Review Board meeting 16 March 2011

## *Witnesses providing evidence*

**The Board would like to thank all the witnesses who provided evidence in person:**

LINk Liaison Group attendees

Ivy Elsey, LINk Core Group Vice-Chair

Sara Geater, Head of Engagement and Equalities, East Sussex Primary Care Trusts

Denise Leary, Community Engagement Manager, Adult Social Care, East Sussex County Council

Elizabeth Mackie, LINk Manager, East Sussex Disability Association (LINk host)

Paul Rideout, Third Sector Policy Manager, East Sussex County Council (LINk host organisation contract manager)

Nick Tapp, East Sussex Disability Association (ESDA), the LINk host organisation

Jamie Whitburn, Communications Officer, East Sussex Primary Care Trusts

Review Board witnesses

Alan Keys, LINk Core Group Chair

Ivy Elsey, LINk Core Group Vice-Chair

Janet Colvert, LINk Core Group Member and former Chair

John Curry, LINk Core Group Member – voluntary sector

Nick Tapp, Chief Executive, East Sussex Disability Association

Jan Cutting, Development Worker, LINk support team, East Sussex Disability Association

Paul Rideout, Third Sector Policy Manager, East Sussex County Council

Survey respondents

The Review Board would also like to thank over 70 LINk participants, core group members and stakeholders from voluntary and statutory sector organisations who completed the questionnaire. Quotations within the report are taken from comments made by respondents.

## *Evidence papers*

| Item | Date |
|---|---|
| Local Involvement Networks Annual Reports 2009/10, Department of Health | September 2010 |
| Equity and Excellence: Liberating the NHS, Department of Health | July 2010 |
| Local Involvement Networks regulations, Department of Health | 2008 |
| Getting ready for LINks: Planning your Local Involvement Network, Department of Health | August 2007 |

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