



Governance Documents

September 2009

Contents	Page
1 Introduction to The LINK – Local Involvement Network	4
1.1 The Role of the Reading LINK	4
1.2 Summary of the Legal Powers of The LINK	5
1.3 The Local Involvement Networks Regulations 2008	5
1.4 Referral to the Overview and Scrutiny Committee by LINK	5
2 The Development History of The Reading LINK	6
2.1 Background to the size of the Board	7
2.2 Background to the Board membership	7
2.3 Background to the Interim Board	9
2.4 Make-up of Interim Board	9
2.5 Person specification for Interim Board	9
2.6 Process for putting the Interim Board together	9
2.7 Tasks for the interim Board	10
2.8 Reading LINK election process – Amended September 2009	10-12
3 Notification to RBC of Readiness To Carry Out s221 Activities	13
4 Guiding Principles of The LINK	14
5 The Reading LINK Board – March 09	15
5.1 Structure	15
5.2 Board Skill Set	15
5.3 Role of The Board	16
5.4 How the Board Will Work – some principles	16
5.5 Conflict of Interest	16
5.6 Principles of Public Life (Nolan)	16
5.7 Revised Decision Making Statement incl. Appeal Process	17
6 The Reference Group	18
6.1 Role of Reference Group	18
6.2 Membership of Reference Group	18
7 Managing the Work Plan	19
7.1 Introduction	19
7.2 Receiving referrals	19
7.3 Referral to The Reading LINK Board	20
7.4 Appointment of Task and Finish Group	20
7.5 The role of the Task and finish Group	21
7.6 Project Conclusion	21
7.7 Communication with surrounding LINKs and PCT	21
7.8 Overall Reporting on Reading LINK Activity	21

7.8	Overall Reporting on Reading LINK Activity	21
8	Reading LINK Communication Statement	22
8.1	Introduction	22
8.2	Key Audiences for Communication	22
8.3	Types of Information To Be Gathered/Circulated	22
8.4	What Impression Will We Make	23
8.5	Communication Milestones	23
8.6	Specific target audiences	24
8.7	Communication with Task Groups	24
9	Expenses Guidance for Members of the Reading LINK	25
9.1	Introduction	25
9.2	Who can claim expenses	25
9.3	Rail	23
9.3	Bus	26
9.4	Underground	26
9.6	Taxi	26
9.7	Private cars, motorcycles and bicycles	26
9.8	Subsistence and Incidental Expenses	27
9.9	Carer's costs	27
9.10	Completing the Expense Claim Form	27
9.11	Submission and Authorisation of Expense Claims	27
9.12	Payment of Expense Claims	27
9.13	Reading LINK Expenses Claim Form	28
10	Data Protection Regulations for Reading LINK Members	28
10.1	Introduction	28
10.2	Power to Act	28
10.3	Information	28-30
10.4	Rights, Responsibilities and Code of Conduct for LINK Volunteers	31-32
11	Appendix:	

1. Introduction to the LINK – Local Involvement Network

The LINK has been set up to give communities a stronger voice in how their health and social care services are delivered. The role of the LINK is to find out what people like and dislike about local services, monitor the care they provide and use their powers to hold services to account.

Reading Borough Council has a duty under section 221(2) of the Local Government and Public Involvement in Health Act 2008, as a local authority with social services responsibilities, to make contractual arrangements for the activities, specified below, to be carried out in their area:

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services [health care and social care].
- Enabling people to monitor and review the commissioning and provision of local care services relating to; the standard of provision; whether and how local care services could be improved; and whether and how local services ought to be improved.
- Obtaining the views of people about their need for and their experiences of local care services.
- Making such views known and making reports and recommendations about how local care services could or ought to be improved to people responsible for commissioning, providing, managing or scrutinising local care services.

Reading Borough Council have contracted with Reading Voluntary Action to provide 'host' services to the Reading LINK since 1st October 09.

1.1 The role of the Reading LINK

1. Promote and support the involvement of local people in:

- Commissioning [before]
- Provision [during]
- Scrutiny [after] of local care services.

2. Convey their views to the responsible bodies

3. Recommend how services can be improved

4. Identify areas of need

5. Sit across health and social care and support/enable communication and joint working between them.

1.2 Summary of the legal powers of the LINK

[The full wording of the regulations (part 2 and part 4) are attached to the end of this document. See pages 34 - 37]

1.3 The Local Involvement Networks Regulations 2008

Duties of service-providers to respond to reports and recommendations by local involvement networks.

Upon receipt of a report or recommendation by a service-provider that service-provider must within 20 working days:

- Acknowledge receipt to the referrer and
- Provide an explanation to the referrer of any action it intends to take in respect of the report or recommendation or an explanation of why it does not intend to take any action in respect of that report or recommendation.

Duty of Service-Providers to allow entry by local involvement networks

A service-provider must allow an authorised representative to:

- Enter and view and
- Observe the carrying-on of activities on premises that it owns or controls.

This duty does not apply if the presence of an authorised representative on the premises would compromise:

- The effective provision of care services or
- The privacy or dignity of any person.

1.4 Referral to the Overview and Scrutiny Committee by LINK

The Overview and Scrutiny Committee must;

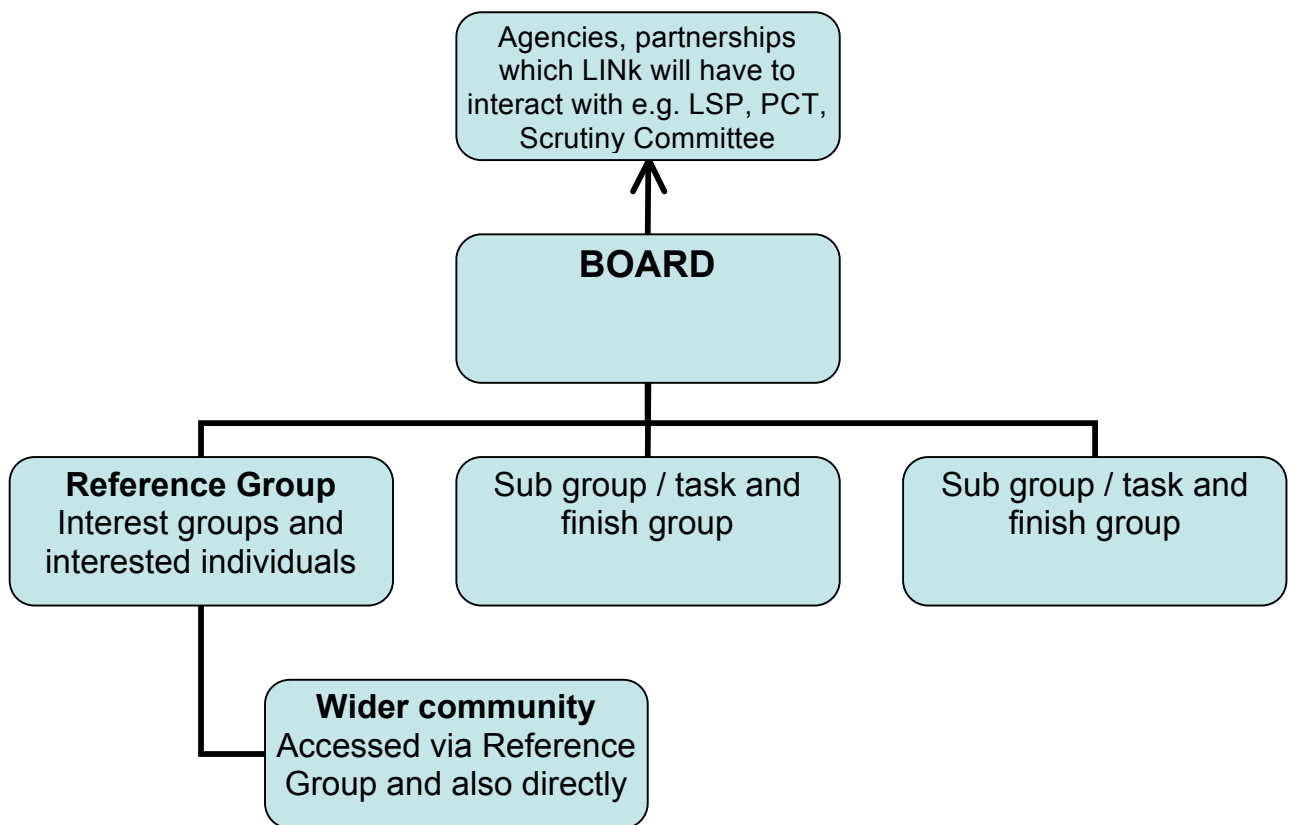
- Acknowledge receipt of the referral within 20 working days and
- Keep the LINK informed of any action taken in relation to the matter.

2 The development history of the Reading LINK

This section provides a summary of the development of the LINK in Reading. It describes how the first structure and Board came together and the thinking behind those decisions.

A Task Group made up of interested parties from the statutory and voluntary sector worked together to outline how the Reading LINK might work and how it may be structured.

Structure / model



Comments

The following comments were noted on the model, to be considered at a later stage of development.

- The need to consider how individuals will interact / get involved with the LINK

- Working with the Scrutiny Committee
 - ⇒ How will the LINK and the SC communicate ?
 - ⇒ Should there be a LINK seat on the SC ?
 - ⇒ It is important that the LINK does not duplicate scrutiny functions

2.1 Background to the size of the Board

The Task Group agreed that the Board should start off with **12 members**. With an acknowledgment that should this not work it is easier to expand than contract.

The Task Group considered a larger Board but decided against it due to the costs of servicing a large group and the difficulty in managing it if everyone turned up. The reason for having a larger Board was a concern that only a few people would get actively involved, so this ensured there was a reasonable core group. It was felt that instead every effort should be made to create a vibrant small and effective Board and that members would feel more responsible if they were part of a smaller group.

2.2 Background to the Board membership

The Task Group recognised that, however the Board is made up, it should be justifiable (with a rationale) and transparent.

The Group discussed two possible approaches to making up the Board – from the perspective of the patient / client (patient’s groups etc – Category 1) and from a broader community perspective (community fora such as the Faith Forum – Category 2).

The idea of looking at it from a services perspective¹ was also put forward but the Task Group preferred to look at it as a way of organising the work once the Board is in operation – the Board could choose to invite each Board member to take a ‘portfolio’ for a specific type of service. It was agreed that both Category 1 and Category 2 must provide services in Reading

The attraction of the patient /client approach was that it ensured that specific service users are represented and avoids a potentially long and slow decision making chain. On the other hand, the broader community approach was seen as a positive break away from the old PPI Forum set-up, signalling that the LINK is new and different. It would also ensure participation by younger people and more generally facilitate engagement with the wider community (beyond health).

¹ Potential categories of service : GP/primary care, acute care, mental health, social care, dentistry, children & maternity, social housing and welfare, pensioner services, transport services, prison & young offender services, religion & ethnic communities

Lastly, these fora already possess a lot of local knowledge and are experienced in representing different interests – they are umbrella groups.

The issue of involvement by individuals was not discussed in any detail, but for the time being it was felt important to allocate a couple of seats on the Board to people who did not represent any specific group. The Board would not invite formal Councillor representation as they already have routes for pushing issues, there may be potential conflicts of interest and it is not possible to have just one Councillor. The Board Agrees that it is permissible for someone to join the Board in their capacity as a Category 1, 2 or Individual member, but also be a Councillor i.e. they would not join in their capacity as a Councillor and would be required to sign the Member’s Register of Interests.

The Task Group eventually decided on a hybrid of the two approaches, so as to both ensure adequate patient / client representation and the engagement of the wider community. There was not time to finish the discussion on the exact allocation of seats – there were two proposals which varied only in the number of seats allocated to individuals – either two or four, with the others evenly divided between the other approaches. The Interim Board may wish to come back to this.

Proposed Make-up of Interim Board

CATEGORY 1²

Patient support groups	1 seat
Disability support groups	1 seat
Carers groups	1 seat
Social care groups	1 seat
<i>[Another group</i>	<i>1 seat]</i>

CATEGORY 2³

Sakoma	1 seat
Faith Forum	1 seat
RCVYS	1 seat
RFTRA	1 seat
<i>[Another group</i>	<i>1 seat]</i>

Individuals 4 seats / 2 seats

TOTAL seats **12**

² Other potential Category 1 groups were : campaigning groups

³ Other potential Category 2 groups were : Youth Cabinet, Access Forum, Employers, Sure Start, Transport Users Group

2.3 Background to the Interim Board

The 27th March 2008 Task Group meeting agreed that an **Interim Board** should be set up as soon as its make-up has been decided. The LINK will be formally instituted on 1st October 2008.

It was agreed the Interim Board will continue its governance discussions over the summer 08, including deciding how the 'final' Board is to be appointed / elected (for example, perhaps via an election process using the Reference Group). The 'final' Board set-up is likely to take place during 2009. The Task Group noted that care should be taken to avoid losing all **continuity between the Interim Board and the final Board**, so should consider having at least some of the same people on it.

The Host Organisation does not sit on the Board but will support the meetings

2.4 Make-up of Interim Board

The Task Group thought it was important to have strong continuity between the Task Group and the Interim Board so that the Board could benefit from their in depth knowledge and understanding of the history of the LINK and the old PPI Forum. They therefore decided that the Interim Board should have four seats allocated to individuals, specifically people who had been involved in the Task Group.

2.5 Person specification for Interim Board

Not everyone would have all these skills, but they should have some of them.

- An interest in health and social care
- Organisational or management experience
- Good communication skills, especially oral
- Programme development skills
- Strategic thinking
- Open minded (i.e. not pushing a single issue)
- Training and development skills

2.6 Process for putting the Interim Board together

Category 1

Reading Council would write to groups on the Forum database, informing them about the LINK and inviting them to put forward a nomination for the Interim

Board in line with the person specification.⁴ Once nominations were in, the Council would discuss them with the Category 2 representatives and the Individuals and decide who should be selected. The aim is to achieve a balanced Board.

Category 2

Reading Council would write to each group, inviting them to put forward a nomination for the Board in line with the person specification.

Individuals

The Group selected the following people :

- David Shepherd
- Rebecca Day [Resigned Jan 09]
- Tony Hall
- Clare Palmer

2.7 Tasks for the Interim Board

- Finalise governance matters e.g. how the Board is selected, set up of Reference Group etc.
- Tackle some issues left over from the PPI Forum
- Tackle a 'new' issue
-

It was agreed that the Interim Board structure should remain until elections to be held in July 2009.

2.8 Reading LINK election key dates/process – Amended Sept 09

19th Oct 09 - The first full LINK Board election is to take place during the week beginning the 19th October 09.

Reading LINK Board appointment/election process

Overall aim

The overall aim is to provide an open, transparent and accessible process that is democratic and inclusive.

Outcome to produce a LINK Board that is:

- Knowledgeable and/or interested in health and social care services
- able to reflect or engage with all areas of the Reading community

⁴ Suggestions for Carers Groups to approach were Princess Royal Trust and Reading Crossroads

- able to give time to attend meetings and become involved in the work of the Reading LINK
- committed to enabling the community to have influence over the health and social care services they receive.

Reading LINK Board members

- The work of the Reading LINK will be directed by a LINK Board elected in accordance with this Reading LINK Election Process.
- A Board member must live or work, either paid or voluntary, within Reading borough.
- The maximum number of LINK Board members is 12.

The appointment of LINK Board members

The LINK Reference Group shall elect the LINK Board members.

At the first LINK annual general meeting, to be held in October 09, all members of the LINK Interim Board shall retire but shall be eligible for re-election at that annual general meeting.

At each subsequent annual general meeting one-third of the Board must retire but shall be eligible for re-election at that annual general meeting. The one-third will be identified using the following criteria:

- Firstly, those who wish to step down
- Secondly, those who have served the longest term
- Thirdly, if the first two criteria do not identify enough people the Board will draw straws.

No one may be elected a LINK Board member at any annual general meeting unless prior to the meeting the LINK staff team is given a notice that:

- Is signed by a Reference group member entitled to vote at the meeting, nominees **are permitted** to nominate themselves;
- States the members intention to propose the appointment of a person as a Board member;
- Is signed by the person who is to be proposed to show his or her willingness to be appointed.

The LINK Board may co-opt additional Board members to the extent that the Board does not exceed the maximum of 12. Any co-opted Board members must retire at the next annual general meeting but shall be eligible for re-election at that annual general meeting.

Removal of Board Members

A LINK Board member shall cease to hold office if he or she:

- Is absent without good reason for 3 consecutive Board meetings and the Board resolve that his or her office be vacated.
- Resigns by giving notice to the Board.
- Becomes incapable by reason of mental disorder, illness or injury.

Membership of the Reference Group

- Membership is open to individuals who are over eighteen and who live or work, either paid or voluntary, in the Reading Borough area.
- The LINK staff team will keep a register of names and addresses of the members.
- Anyone wishing to join the Reference Group at an AGM and then vote must provide at the meeting - proof of identity and evidence of their residential address, or paid/voluntary work address.
- Membership of the Reference Group is not transferable to anyone else.

General meetings

- The minimum period of notice for a general meeting is 21 clear days.
- A quorum for a general meeting shall be 10 Reference Group members.

Voting

- Each Reference Group member shall have one vote.
- Members may vote at the annual general meeting by way of ballot box or by post to the LINK staff team prior to the general meeting.
- **In the event that 12, or less, nominations are received the Board will be appointed as a whole by a majority show of hands at the annual general meeting.**

Amendment

The Reading LINK Appointment/election Process can be amended by a majority decision of the Reading LINK Board.

3 Notification to RBC of the LINKs' readiness to carry out s221 activities.

Each LINK is required to notify the local authority that they are ready to carry out s221 activities. The Reading LINK notified Reading Borough Council in November 2008.

John Littlefair
Corporate Procurement Unit
Reading Borough Council
Civic Centre
Reading
RG1 7AE

18th November 2008

Dear John

Notification of commencement of activities

I am writing on behalf of the Reading LINK to notify Reading Borough Council that the LINK is ready to commence the activities listed under s221 of the Local Government and Public Involvement in Health Act 2007.

The procedures for decision making, as required by the Local Involvement Networks Regulations 2008 have been agreed.

Please let me know if you require any additional information.

Yours sincerely

Rachel Spencer

4 Guiding Principles

Reading LINK has adopted the following guiding principles:

Working together to achieve the best possible outcome for people who need health and social care

1. **Equality and ease of access** to the LINK
2. **Understands** and recognises the needs of different communities
3. **A proactive** approach to involving people
4. The LINK is **accountable** to the community
5. It makes itself as knowledgeable as possible (eg understanding how commissioning works)
6. Takes a **person centred approach**, seeking integrated service provision (eg looks at transport to as well as service provided, or childcare requirements during a hospital appointment)
7. The LINK will work with integrity and objectivity
8. **Transparency** in the way the LINK operates
9. **Uses an evidence-based** way of working
10. **Highlights and commends good practice**
11. Gives a **voice to the voiceless**
12. Acts as a **critical friend** to providers and commissioners
13. Works **collaboratively** (eg with other LINKs and relevant agencies)

5. The Reading LINK Board – March 09

[see appendix – Pages 31-33 Pen portraits of Interim Board members]

5.1 Structure

Forums

- Mary Jacobs - Reading Children Voluntary Youth Services
- Malcolm Stone – Reading Federation Tenants & Residents Associations
- Reverend John Rogers – Reading Faith Forum
- Nina Sethi – Sakoma

Individuals

- Clare Palmer
- David Shepherd
- Tony Hall
- Rebecca Day [resigned Jan 09]

Diverse experience

- Jan Rothwell
- Emel Soylu
- Janet Wignall
- John Shaw

5.2 Board skill set

The Board will need a number of skills, some or all of which can be acquired through a training and development programme. Skills include :

- Chairing
- Strategic understanding – seeing the bigger picture
- Planning

5.3 Role of Board

Internal

- Set priorities and a work plan, managing competing demands on its time and resources
- Manage the programme of work
- Evaluate how effectively it is achieving what it set out to do
- Evaluate how well it is working internally (its governance)
- Decide how its own budget will be spent
- Review and approve the work of sub groups, including whether the work meets LINK standards
- Set a training and support programme for LINK members

External

- Represent the LINK with key external partners
- Report back to the community
- Report the results of its work to relevant agencies

5.4 How the Board will work – some principles

Balance – the Board must see itself as having overall managerial responsibility, so should keep a balanced perspective and not get drawn into pushing individual issues

Chairing – The Board has decided **not** to have a permanent Chair, but that the Board Meeting Planning Group (which is different for every meeting) would elect a chair from amongst its number for the forthcoming meeting. The Board AGREED that the **role of the Chair** is primarily to run the Board Meeting

5.5 Conflict of Interest

Conflict of interest is about the potential for gaining a personal or organisational advantage as a result of having a financial or other interest in an issue the LINK is discussing.

If a Board member thinks they may have a conflict of interest they must :

- Declare it as soon as possible
- The Board will discuss it and take a view on the way forward, on a case by case basis.

5.6 Principles of Public Life (Nolan)

The LINK Board agreed to acknowledge and adopt the Nolan principles when carrying out their duties.

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

5.7 Decision making statement

A revised Decision Making Statement including Appeals Process was agreed at the March 2009 Interim Board Meeting.

The decisions covered

The statement covers the following types of decision.

- How the LINK will carry out its activities.
- Which care services are included in activities.
- The spending of money.
- Whether to request information from a service provider.
- Whether to refer a report or recommendation to a service provider.
- Which premises are to be entered and viewed by an authorised representative.
- Whether to refer a matter to an overview and scrutiny committee.
- Whether to report a matter to another person.

Decision making procedure

By a simple majority of Reading LINK Board members present at a meeting and entitled to vote.

Breaches of procedure

Should a Board member carry out an action in breach of this statement the Reading LINK Board may ratify that action or take steps to undo the action taken.

Persistent breaches of procedure

Should a Board member persist in carrying out unauthorised activities, they will be removed from the Board by a majority vote of their fellow Board members.

Appeal process

The Board member may request an appeal hearing to explain their actions and provide further information. Three Board members selected by their peers will hear the appeal. The selected Board members will report back to the full Board who will make a final decision by a majority vote.

6 The Reference Group

6.1 Role of Reference Group

1. Identifies issues the LINK should tackle and alerts the Board
2. Wider community engagement, providing access to the wider community and interests

- Looks at the bigger picture (does not handle individual complaints)
- Holds a balance of interests i.e. it avoids being hijacked by specific interests
- Provides the Board with a range of knowledge and experience to draw on, including specialists
- Proactively keeps an eye on how representative it is, as new issues / groups emerge
- Provides people to sit on sub groups and task and finish groups
- Holds the Board to account in an informal way, a role which may develop over time

6.2 Membership of Reference Group

- **Providers** – when they are in the role of service users or advocacy group
- **Service users** and their groups
- **Advocacy groups**

Attention should be paid to ensuring that young people are represented as they tend to be left out.

The Reference Group should not exclude anyone (e.g. individuals) – there should be **no limit on size**.

7. Managing The Workplan

7.1 Introduction

The Reading Interim LINK Board has been selected to ensure representation of patient/client groups (i.e. Patient support groups), a broader community perspective (i.e. Faith Forum) and individuals.

Referrals requesting monitoring and reviewing of the provision of local health and care services, will be referred to the Interim Board. The Interim Board will review each referral, giving consideration to current information on the subject (i.e., research, press interest, national campaigns), the number of local people affected by the issue, number of enquiries on the subject, and if the issue raised may relate to harder to reach groups.

Issues will be gathered through meetings with both individuals and community groups and Interim Board members may raise issues that have been brought to their attention through attendance at community meetings.

7.2 Receiving referrals

Each referral made to the Reading LINK, will be recorded on the “Reading LINK referral form”. Initial basic information will be collected by the LINK staff:

- Name of referrer
- Organisation
- Contact details
- Subject of referral
- Date referral received
- Expected outcome from referrer

Q – Would the referrer wish to become involved in any activities carried out by the Reading LINK in relation to the referral and to what extent?– LINK staff will ask this.

LINK staff will ensure referrals made are not complaints, if this is the case Reading LINK Staff will signpost the referrer to the most appropriate body to register their complaint i.e., Patient Advice & Liaison Services (PALS) or Reading Borough Council. A note of this action will be recorded.

Each referral will receive an initial acknowledgement of receipt by Reading LINK within 10 working days by phone, e-mail or letter as appropriate. Confirmation of this will be recorded on the referral form.

Reading LINK staff will then gather and record information and evidence on the referral, which would include:

- No. of enquiries received by Reading LINK in relation to referral.
- No of people affected
- Relation to harder to reach communities
- Additional Information

NB. The source from where the information was gathered will be included on the referral form.

Each referral will then be assigned to one of 3 categories:

- Health
- Social Care
- Combined – Health & Social Care

7.3 Referral To The Reading LINK Board

All new referrals received each month will be sent out to the LINK Board before the planning meeting for each Board meeting.

At each Board meeting, time will be allocated to review these referrals under a recurring agenda item.

The Board will review each referral and agree the appropriate course of action as follows:

Referral to be taken as a project and allocated a Task & Finish group.
--

OR

Referral to be highlighted to PCT, RBC or OSC and so included in quarterly report to appropriate body.
--

OR

Other – i.e., further research, raised at appropriate meeting as agenda item or referral to a surrounding LINK.

Essentially no referral will be “rejected”, Reading LINK will aim to channel each in the appropriate direction and carry out work on a number of referrals via the Task & Finish Groups.

7.4 Appointment Of The Task & Finish Group

The board will appoint a Task & Finish Group to each project. Each Task & Finish Group will be made up of a minimum of 2 Board members, as well as interested members of the Reference Group, professionals, service users, family or carers, the issue sponsor, interested voluntary organisations & service providers.

The group may be virtual and need only meet if/when necessary.

7.5 The role of the Task & Finish Group will be to:

- Plan the process for implementation, timescale and allocation of resources (including any financial resources) and complete an “Action Plan.”
- Contact the Reference Group or other groups/individuals with expertise and special interest to invite participation as appropriate.
- Mobilise Community Resources by gathering views and information available on the project to be undertaken, if appropriate.
- Make contact with the service provider to assist in gathering further information if appropriate.
- Collating of information will be conducted through the LINK staff and regular updates/interim reports will be provided to the board.
- Producing a report – A standard format report will be prepared by the LINK staff for approval by the Board, before submission to the appropriate body. The report will include outcomes and recommendations.

7.6 Project Conclusion

Following review of the final report the Board will:

- Make recommendations to service providers as appropriate
- Publish and circulate to all interested parties, outcomes of the project.
- Refer to OSC as appropriate
- Determine if any further follow up or review of the project is required.
- Agree response back to original referrer.

7.7 Communication With Surrounding LINKs & PCT

It is anticipated that referrals will need to be communicated to our surrounding LINKs and Health Network (PCT PPI Team). Reading LINK staff will send a monthly standard format report detailing all new referrals received during that month to:

- Wokingham LINK (Health & Social Care)
- West Berkshire LINK (Health & Social Care)
- Berkshire West NHS PCT (PPI Team/Health Network)

Reading LINK would anticipate reciprocal arrangements with surrounding LINKs and communicate this information to the Reading LINK Board. Any potential co-ordinated projects or cross referrals would need to be agreed by the Board via the referral route.

7.8 Overall Reporting On Reading LINK Activities

Reading LINK staff will produce a quarterly summary report on its activities, which will be provided to PCT, Reading Borough Council, OSC and Reading LINK Reference Group as well as being published on the Reading LINK website.

8. Reading LINK Communication Statement

8.1 Introduction: The purpose of this statement is to outline the Reading LINK approach to communication. Effective communication and information sharing are key factors to developing a vibrant and successful LINK.

The LINK will need to be creative and innovative in how it gathers information and ideas in order to include representation of the whole community. Where possible communication will be undertaken using existing networks and communication channels. Information will be delivered in a style that is appropriate for and understandable by, its target audience.

8.2 Key Audiences For Communication

- The Reference Group made up of:
 1. providers in the role of service users or advocacy groups,
 2. service users and their groups
 3. advocacy groups
 4. interested individuals
- Potential Reference Group members – the general public, voluntary & community organisations etc
- NHS hospital trusts/individual hospitals
- Primary Care Trusts/individual GPs and dentists
- Ambulance trusts
- Mental health and/or social care trusts
- Politicians
- Overview and Scrutiny Committee
- Local authority
- Media
- Other LINKs

8.3 Types of information to be gathered

Types of information to be circulated

Potential issues from all the key audiences.	Contact details – telephone, email, website.
Details of potential Reference Group members and volunteers.	Details of meetings and events both upcoming and those that have taken place.
Expertise, evidence, opinions on issues identified as priority.	Information on the purpose of the LINK how it works and the ways people can participate.
Information on the work of other LINKs and the Overview and Scrutiny Committee.	News on issues being explored, findings so far and how people can contribute. Details of any successes – the difference made and to whom.

8.4 What Impression Will We Make?

Any communication will not only provide information but will make an impression of the nature and value of the LINK.

- A feeling participants have been listened to and it was/is very worthwhile getting involved
- That the LINK is vibrant and active with a clear sense of purpose
- A feeling of respect and trust around the LINK
- Intellectual rigour
- Realistic expectations of the LINK
- That the LINK is consistent and enduring
- That the LINK is independent and strong
- That the LINK is understandable and accessible

8.5 Communication Milestones

Method	Frequency	Target dates
Web pages	Ongoing	Dec 08
E bulletins	Monthly or as appropriate	Oct 08
Leaflets/posters distributed, to include; GP surgeries, libraries, community outlets, hospitals, forums, schools.	Ongoing	Nov 08
Hard copy newsletters	Every 6 months or as appropriate	Jan 09
Articles to the media	Every opportunity if positive	Nov 08
Meetings and events – stands, networking and presenting.	Local Strategic Partnership event	18 th Nov 08
	LINK Stakeholder event	Jan 09
Reports of work and activities	Yearly or as appropriate	March 09

8.6 Specific Target Audiences

Specific groups of people will be targeted if an issue is considered to be especially relevant to them e.g. young people via text or through schools and colleges.

8.7 Communication With Task Groups

The LINK Board will receive requests from organisations and individuals for issues to be researched and for recommendations for improvement to be made to service providers.

The LINK Board will apply set criteria before prioritising issues. These criteria are likely to include the level of interest, the level of importance, the level of urgency, expectations of impact and any cost implications.

The Board will also refer to the issue sponsor and the work programmes of the Overview & Scrutiny Committee as well as those of the Primary Care Trust, Reading Borough Council and neighbouring LINKs. They may also carry out mini research to help them with their decision.

Decisions will be made by a simple majority and the entire Board will be held collectively responsible for those decisions.

The LINK Board will agree an annual programme of work that can be reviewed and adjusted to accommodate new issues referred.

The LINK Board will respond to any issue requests within 10 working days of receipt.

9. Expenses Guidance for Members of the Reading LINK [Amended 12th Jan 09]

9.1 Introduction

As a member of the Reading LINK we are happy to pay any reasonable expenses that cannot properly be claimed in any other way. The money that you spend or other costs incurred will depend on your circumstances and what you do as a member. This is a guide to:

- What costs you can claim from the LINK when going to meetings and taking part in agreed LINK business
- How to claim these costs
- How you will be reimbursed

9.2 Who can claim expenses?

- A member going to an agreed meeting or participating in a LINK activity
- A member of a committee set up by the LINK

You may have a special need which means **a carer or personal assistant** has to travel with you. You can claim travel and associated costs for them in line with this *Expenses Guidance*.

The LINK has a duty to make sure that the money spent on LINK activities is used properly. At the same time, the LINK want it to be as straightforward as possible for you to claim back money you have spent carrying out your duties as a member of the LINK.

There are some simple rules that we have to follow when deciding whether money can be repaid. These are:

- Expenditure must have taken place through LINK activity.
- Your claim for repayment is in line with this *Expenses Guidance* and completion of the *Expenses Claim Form*.

If you have any questions about what sort of costs are reasonable please speak to your Host or the LINK Board before you incur any costs.

This *Expenses Guidance* and the *Expenses Claim Form* are available from the HOST.

9.3 Rail

You may claim the cost of a standard class ticket. If you can book your journey in advance, or travel outside peak hours, you should seek to use the cheapest

standard class ticket available, (for example advanced purchased tickets). Ask for a **receipt** and attach this with your used tickets, to your *Expense Claim Form*. If you have a railcard or season ticket, you can claim the proportion which relates to the journeys you have made for the LINK.

If you have any special needs relating to rail travel, (for example if you require assistance because of a disability), please contact your Host.

9.4 Bus

You may claim the cost of the fare. Keep the ticket and attach it to your *Expense Claim Form*.

9.5 Underground

You may claim the cost of the fare.

Usually it is not possible to keep the ticket. Please note on your *Expense Claim Form* which station you travelled from and to.

9.6 Taxi

Wherever possible you should use public transport for short journeys.

If this is not possible, or if you have a special need that means you are not able to use public transport, you may use a taxi.

Before you do so, please speak to your LINK Board to seek approval.

If the expense is agreed you should ask for a **receipt**. Please attach this receipt to your *Expense Claim Form*.

9.7 Private Cars, Motorcycles and Bicycles

If you claim for the use of your vehicle on LINK business you will need to ensure:

- your motor insurance covers volunteer activity
- you have a valid driving licence
- you have a valid tax disc on your vehicle
- your vehicle has an MOT certificate (if required).

Any loss or damage caused to your vehicle while using it for LINK business should be covered by your insurance. *The LINK will not pay the cost of fines or other penalties.*

If you use your own vehicle, costs will be repaid at the following mileage rates. Where possible please consider car sharing.

	First 10,000 miles claimed in the tax year	Each mile over 10,000 miles in the tax year
Car	40p	25p
Motorcycle	24p	24p
Bicycle	10p	10p
For each passenger	2p	2p

Use the *Expenses Claim Form* to claim the costs of journeys made using your own vehicle. You will need to write down the details of the journey and the names of any LINK Members you give lifts to as passengers.

9.8 Subsistence and Incidental Expenses

These expenses should be agreed in advance with your LINK Board. If the claim is approved attach receipts to your *Expense Claim Form*. If you have any special needs relating to other expenses please contact the LINK Board.

9.9 Carer's costs

You may be able to claim repayment for a carer's costs to enable you to attend a LINK meeting or undertake LINK activity. *The cost must be approved by your LINK Board prior to any arrangements being made.* Carer's costs might include care for children aged 16 or under and other dependants where there is a medical or social care reason for care.

You may claim for repayment for a carer for the duration of the LINK activity if agreed in advance. In addition, you can claim for travelling time to and from the activity. *The maximum allowance that can be paid is £7.50 per hour.* You cannot claim for care provided by a member of your household, or a person under 16. You should claim for carer support on the *Expense Claim Form* and provide:

- the agreement of the LINK Board
- details of the reason for the claim
- the start and end times of the activity and travelling time for which you are claiming
- an invoice or a receipt to support the claim.

9.10 Completing the Expense Claim Form

You are requested to make your claim for expenses within a month of the date on which the money was spent. You may use an *Expense Claim Form* to claim after each journey or activity, or you may make one claim each month for several different journeys or activities. Claims should be supported by an invoice or receipt that provides details of what you are claiming for. If you have any questions about how to claim, please contact your Host.

9.11 Submission and Authorisation of Expense Claims

LINK members should send their claim form to the Host. In approving payment the Host is confirming accuracy of the claim.

9.12 Payment of Expense Claims

Claims above £15 must be approved by the LINK Board. Claims for £15 or below will normally be paid directly to you by the Host. *Payments will be made by cheque.* If you have any question about how expense payments are arranged please speak to your Host.

9.13. Reading LINK Expenses claim Form: see **Appendix 3 – separate document**

10. Data Protection Regulations for Reading LINK Members

10.1 Introduction

Anyone who holds and uses personal information about other people has to comply with the Data Protection Act. This law relates to personal privacy and controls how information about living individuals may be collected, used, kept and released.

Personal information can be any details about someone that identifies who they are. This includes photos, addresses, telephone numbers and other personal details.

10.2 Power to Act

The Host has an obligation to inform LINK members of their duties under Section 4(4) The Data Protection Act 1998. The Host also has an obligation to ensure that LINK members comply with this law.

10.3 Information

The Data Protection Act applies to all personal information in paper or electronic format. This includes emails, floppy discs, CDs or files on a computer hard drive. This may include information about service users, other LINK members, members of the public and health service staff. The LINK should not collect personal information unless it is absolutely essential. Anonymous data will usually be enough.

- **Principle 1: Personal information shall be handled fairly and lawfully.**

LINK members must not hold personal information about others unless the individuals have given their actual consent. The LINK members should make sure that the reason for the collection is explained and that people have agreed to this.

Example: If service-users are asked to complete a questionnaire, it should state what the LINK is planning to do with the information and the individual must agree to this. The LINK should use anonymous questionnaires whenever possible.

Photographs are always classified as sensitive data because they may reveal information about the subject's race and ethnicity. Permission should always be obtained to keep or use a photograph of an individual.

- **Principle 2: Personal information shall be held only for a specified purpose and shall not be used for other unrelated reasons**

The LINK will only use information obtained for the purpose specified.

Example: If the LINK has the name and address of a person who has completed a survey, that information cannot then be used for any other purpose unless the individual has specifically agreed to it.

- **Principle 3: Personal information shall be relevant and only sufficient for the LINK activities.**

The LINK will not collect information about individuals which is not completely necessary. The LINK or their members will not ask for information without making sure that the questions are strictly relevant. Any unnecessary personal information provided must be destroyed immediately.

Example: A survey on catering should not record information about occupation as this would not be relevant.

- **Principle 4: Personal information shall be accurate and where necessary kept up to date.**

If personal information is kept it must be checked and if necessary corrected or updated. No information should be kept unless LINKs are confident that it is accurate. LINKs should not assume that information collected six months ago is still accurate today. If necessary the information will need to be collected again.

- **Principle 5: Once it has been used, personal information shall not be kept for longer than is necessary.**

The LINK needs to make sure that any personal information they hold is reviewed, to ensure that information is not kept for longer than is necessary. Regular reviews of paper and electronic files containing personal information should be made.

Example: Once personal information has been used for its purpose it should not be kept 'just in case'. If a patient has filled in a survey about services, a report should be completed for the LINKs and the original survey should be destroyed. If the patient has agreed to be contacted only their contact details should be kept.

- **Principle 6: LINK Members will deal with personal information in accordance with the rights of the individuals involved.**

Individuals have a legal right of privacy and a right to know and see what information is being kept about them. Where LINK members have received personal information and the individual has not consented, the information should be destroyed immediately and not used for any purpose.

If someone wants to know what information the LINK holds about them they must apply in writing to the Host Organisation. The Host will then contact the LINK and co-ordinate a response. Any requests that come direct to the LINK should be passed to the Host for a response.

- **Principle 7: All personal information will be kept securely and safeguarded against loss, destruction or damage.**

The LINK Member should ensure that any personal data is kept in a secure place. The LINK and the Host must also aim to prevent unauthorised access to any computers in which personal information is stored. Any personal information should be kept to a minimum and should ideally be collected and destroyed once it has been used.

Example: There may be interested people in the community that wish to have regular updates from the LINK. Where these are individuals, names and addresses should be treated as personal information.

11. Rights, Responsibilities and Code of Conduct for LINK Volunteers

Thank you for volunteering as a LINK participant. Your knowledge and skills are valued and respected.

Below sets out what you can expect from the Host Organisation and what they expect from you as a LINK participant.

If the Host Organisation does not meet your expectations please speak to your Local Authority (LA) about your concerns.

Adherence to 'Public Service Values' is integral to the Reading LINK and is a condition of your participation. Breaches could lead to action being taken by the LINK Board through the Interim Host.

You have the right:

- To receive adequate guidance and feedback
- To give only as much time as you wish
- To a safe working environment
- To receive appropriate training
- To claim out of pocket expenses
- To equal opportunities
- To confidentiality
- To complain
- To say no
- To withdraw from volunteering as a Link participant at any time

You have the responsibility:

- To agree the commitment you wish to make and uphold that commitment
- To be reliable
- To inform your LINK Development Officer in good time if you cannot attend an event
- To respect confidentiality
- To respect others
- To be honest
- To look after your own safety
- To recognise that you are a representative of the Reading LINK when volunteering

You are required:

- **To seek out and listen to the views** of patients, service users, carers and the public, especially those individuals and groups whose voices are not usually heard. You should represent and promote relevant views, even if they are not the same as their own

- To **raise issues for consideration** by the LINK which are based on evidence from patients, service users or the public which demonstrate this is a matter of wider concern
- To make sure that people are **aware of who can deal with complaints** about personal or individual treatment in both health and social care
- To ensure that you have read and understood the regulations laid down for LINK participation and follow the guidance that you are given by the Host organisation
- To let the Host organisation know of any **changes to your personal circumstances** which could affect your participation in LINK activities.
- Declare any **conflict of interest** or anything that might be seen by other people as a conflict of interest, as soon as it arises.
- To **comply with relevant legislation** including equal opportunities, discrimination, human rights, data protection and freedom of information act
- To carry out all **work in line with the action plan** agreed by the LINK
- To **report back to other LINK members** following any activity undertaken on behalf of the Link
- **Communications with external agencies** are to be agreed in advance with the LINK Board.

Appendix 1

Pen-Portraits Of LINK Board Members Of The Interim Board – Reading LINK

MARY JACOBS

I have been involved in Health and Social Care for over 30 years including Training and Development, working with the long term unemployed, developing home care systems and specialist social day care clubs. My current work with young carers has led to my involvement with RCVYS and I am currently their treasurer. I have also worked with many Strategy Groups, am an experienced Trainer and whilst following my remit to ensure that young peoples' issues are kept on the agenda I bring to the LINK open-mindedness and the ability to work for the good of all.

CLARE PALMER

I am a teacher by training and have worked for many years as a volunteer with an International Development Agency. I am currently Chair of the Churches In Reading Drop in Centre for the homeless and needy My particular interest is in mental health issues and social care issues especially with to regard to more vulnerable people such as the homeless and those with learning difficulties. I am interested in the treatment of people with mental health problems or with learning disabilities in hospital. As a trained Counsellor and through life experience, I have the ability not to be diverted into concentrating on isolated issues

JOHN SHAW

I am Chief Executive of the Princess Royal Trust Carers Service. Previous background in housing agency and Scope, the national disability charity. Also a Governor of the Royal Berkshire NHS Trust. Married, am an elected councillor on Basingstoke and Deane Borough Council but strictly politically neutral when I cross the border into Berkshire.

DAVID SHEPHERD

Having worked as an Audit Manager for the Department of Health from 1962 to 1990 and the Audit Commission from 1990 to my retirement in 2004, I have a good understanding of how both local government and the health service operate both in probity terms and from a value for money perspective. My job involved visiting both local authorities and hospitals and other levels of accountability in the health service across the southern third of the country. From 2006 to 2008 I did voluntary work as a member of the PPI Forum for the Royal Berkshire Hospital and more recently I have been appointed as a member of the Trust's Patients Panel for clinical support services.

MALCOLM STONE

Professionally qualified in banking and management, I had a 45 year career mostly in the Far East in banking and business including public company group chairmanship. Since retirement in 2002 I have engaged in community/voluntary work cutting my teeth on the £59 million PFI project to refurbish 1,500 Council homes in Whitley. As Chair of PFI tenants & residents association I was elected an officer of RFTRA and am Acting Chair of their Joint Consultative Committee with Reading BC. I am Chair of Berkshire County Network for Social Enterprise; Board member of The Forum and the Stronger Together Consortium.

REVEREND JOHN ROGERS

John joined St Michael's Tilehurst from the NE where he gained extensive experience as an executive board member of a multinational retail organisation. He developed a Local Advisory Group and was lay board member of Sedgefield Primary Care Group. He ran his own Domiciliary Care organisation and subsequently became project manager for a regional network for front line providers of services to the homeless. Latterly he was project manager for an organisation supporting people seeking asylum.

JAN ROTHWELL

My professional career includes work as a project and programme manager in both the private and public sector. My current role as Project Manager at the Citizens Advice Bureau for a DoH funded project includes addressing health inequalities and helping people to make positive lifestyle choices. At the CAB I have also worked as a volunteer adviser and supervisor. The Bureau is developing its advice offering in the social care arena and so through my work I have an awareness of and interest in local health and social care issues.

EMEL SOYLU

My career as a Senior Researcher at the BBC Monitoring Unit included organizing and coordinating events and conferences and preparing presentations for publicity purposes. My current role uses my skills as a Clinical Psychologist to both develop and present art projects designed for stigmatized groups, and develop monitoring tools to measure clients' achievements. My skills in working with "hard to reach groups" will contribute to the LINK reaching these people.

JANET WIGNALL

I am a trained Medical Social Worker with experience in both hospital and local authority settings. Currently I am a volunteer with Age Concern and maintain my interest in both health and social care. My experience in teaching Communication Skills as part of NVQ Level 4 in Social Care ensures my ability to listen to others and respect their ideas and communicate these effectively. These skills I bring to the Reading LINK together with my experience of working with the Macmillan Cancer Support Centre.

NINA SETHI

For the past 20 years I have worked on local health and social care issues and have participated on many forums including Healthier Reading Forum and the Multi-Ethnic Health and Social Care Planning Group. My current role with Alafia includes service delivery, business planning and staff management and I am experienced in delivering training on cultural awareness and diversity. My experiences which have exposed me to many different organizations locally and nationally have considerably broadened my horizons

TONY HALL

My career was as a Government Scientist and included Vice Chairmanship of the Civil Service Trade Union National Executive. Currently I am a member of the Health and Social Care Policy Committee of the Civil Service Pensioners Alliance and was for four years a member of the Patient and Public Involvement Forum for Reading and Berkshire West. In both my career and voluntary activity I have experience in developing programmes of activity and understand the need for LINK to reflect client views on Health and Social Care.

28th September 2008

Appendix 2

PART 2 Local involvement networks

Local authority arrangements

2. (1) The arrangements made by a local authority under section 221(1) of the Act must require that the local involvement network arrangements made pursuant to those local authority arrangements include provision that a local involvement network must:

- (a) before making any relevant decisions, have and publish the required procedures;
- (b) if any amendments are made to a required procedure, as soon as practicable publish the required procedure as amended;
- (c) comply with the required procedures as may be amended from time to time;
- (d) within a reasonable time after a relevant decision has been made, publish a written statement of that decision and the reasons for that decision; and
- (e) comply with the requirements about authorised representatives in regulation 3.

(2) For the purposes of this regulation a “relevant decision” is a decision of a local involvement network as to :

- (a) how the local involvement network is to undertake the relevant section 221 activities;
- (b) which care services in relation to which those activities are to be carried out;
- (c) the spending of amounts in relation to the local involvement network’s section 221 activities;
- (d) whether to request information from a services-provider;
- (e) whether to refer a report or a recommendation to a services-provider;
- (f) which premises owned or controlled by a services-provider an authorised representative is to enter and view and when those premises are to be visited;
- (g) whether to refer a matter to an overview and scrutiny committee of a local authority; or
- (h) whether to report a matter concerning one or more of the section 221 activities to another person.

(3) In this regulation:

- (a) “Host” means the person with whom the local authority has made local authority arrangements pursuant to which the local involvement network is carrying on section 221 activities;
- (b) “relevant section 221 activities”, in relation to a local involvement network, means the section 221 activities that the local involvement network is to carry on pursuant to local authority arrangements;
- (c) “required procedures” means—
 - (i) a procedure for making relevant decisions, including provisions as to who may make such decisions; and
 - (ii) a procedure for dealing with breaches of the procedure referred to in sub-paragraph (i).

(4) The procedure referred to in paragraph (3)(c)(ii) must include provision setting out the circumstances in which the breach must be referred by the local involvement network to the Host or the relevant local authority

Arrangements for authorised representatives for the purposes of entering and viewing

3.—(1) The requirements referred to in regulation 2(1)(e) are that a local involvement network must—

(a) have and publish a procedure for the making of decisions by the local involvement network about who may be an authorised representative;

(b) if any amendments are made to the procedure referred to in sub-paragraph (a), as soon as practicable publish the procedure as amended;

(c) comply with the procedure referred to in sub-paragraph (a) as may be amended from time to time;

(d) maintain and publish a list of individuals authorised by that local involvement network as authorised representatives;

(e) provide each authorised representative with written evidence of that individual's authorisation; and

(f) ensure that only an individual to whom paragraph (2) applies may be an authorised representative.

(2) This paragraph applies to an individual if—

(a) a criminal records certificate under section 113A of the Police Act 1997(10) has been obtained in respect of that individual;

(b) a person nominated by the local involvement network ("nominated person") has considered that certificate; and

(c) the nominated person is satisfied that the individual to whom that certificate refers is a suitable person for the purposes of entering and viewing, and observing the carrying-on of activities on, premises owned or controlled by a services-provider.

(3) For the purposes of paragraph (2), the nominated person must not be the individual to whom the certificate refers.

Notification requirements

4.—(1) Subject to paragraph (2), a local involvement network must notify in writing the relevant local authority of the date when that person first carries on one of the section 221 activities pursuant to arrangements made by the relevant local authority.

(2) Paragraph (1) applies only where a local involvement network first carries on one of those activities before 30th September 2008.

(3) A notification under paragraph (1) must be sent as soon as practicable after the duty imposed by paragraph (1) applies.

Duties of services-providers to respond to reports and recommendations by local involvement networks

5.—(1) Subject to regulation 6, this regulation applies where a local involvement network has, in the carrying-on of section 221 activities pursuant to arrangements made under section 221(1) of the Act, made a report or recommendation to a services-provider.

(2) Where a report or recommendation (whether an original or a copy) is received for the first time by a relevant services-provider that services-provider must within 20 working days beginning with the date of receipt of that report or recommendation—

(a) acknowledge receipt to the referrer; and

(b) provide an explanation to the referrer of any action it intends to take in respect of the report or recommendation or an explanation of why it does not intend to take any action in respect of that report

or recommendation.

(3) Where a report or recommendation (whether an original or a copy) is received by a services-provider, other than a relevant services-provider, for the first time that services-provider must within 20 working days beginning with the date of receipt of that report or recommendation—

(a) acknowledge receipt to the referrer;

(b) provide a copy of the report or recommendation to any other services-provider which appears to it to be a relevant services-provider; and

(c) inform the referrer if no other services-provider appears to it to be a relevant services-provider.

(4) A relevant services-provider is a services-provider who was responsible for commissioning any of the care services to which the report or recommendation relates.

(5) This paragraph applies where the relevant services-providers in respect of a report or recommendation agree that one of those services-providers may act on their behalf in relation to a report or recommendation made by a local involvement network in accordance with paragraph (1).

(6) Where paragraph (5) applies—

(a) the duty in paragraph (2)(b) does not apply; and

(b) the services-provider acting on behalf of the relevant services-providers must, within 20 working days of the latest date on which the report or recommendation was received by one of those services-providers, provide to the referrer—

(i) an explanation of any action any of the relevant services-providers intends to take in respect of the report or recommendation; or

(ii) an explanation of why none of the relevant services-providers intends to take any action in respect of that report or recommendation.

(7) If a relevant services-provider receives a report or recommendation from a local involvement network it must send a copy of the report or recommendation to any other relevant services-provider which appears to it not to have received that report or recommendation, or a copy of it.

(8) If a relevant services-provider receives a copy of a report or recommendation from a services-provider it must send a copy to any other relevant services-provider which appears to it not to have received a copy of that report or recommendation.

(9) In this regulation “the referrer” means the local involvement network who made the report or recommendation.

(10) Where a services-provider is required to acknowledge receipt, provide an explanation or inform the referrer, that services-provider must do so in writing.

Excluded services

6.—(1) Regulation 5 does not apply where a report or recommendation relates wholly to—

(a) excluded activities; or

(b) excluded services.

(2) Where a report or recommendation relates partly to—

(a) excluded activities; or

(b) excluded services,

then regulation 5 applies only to that part of the report or recommendation that does not relate to those activities or services.

(3) In this regulation “excluded services” means services which are not care services in respect of which the local involvement network who made the report or recommendation is carrying-on activities in pursuance of arrangements made under section 221(1) of the Act.

PART 4 Miscellaneous

Local involvement networks: referrals of social care matters

17. For the purposes of section 226(2)(a) of the Act, the time by which the duty under that section is to be performed is 20 working days beginning with the date on which the referral to which the duty applies was made.

Amendment of regulation 2 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002

18.—(1) Regulation 2 of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002(11) is amended as follows.

(2) In paragraph (2)(c) for the words “Patients’ Forum pursuant to a referral under section 15(5)(a) of the 2002 Act” substitute “local involvement network or relevant person when that person refers a matter falling within paragraph (1) to the committee”.

(3) After paragraph (2) insert—

“(2A) Where a matter falling within paragraph (1) is referred to the overview and scrutiny committee by a local involvement network or a relevant person, the overview and scrutiny committee must—

(a) acknowledge receipt of the referral within 20 working days beginning with the date on which the referral to which the duty applies was made; and

(b) keep the referrer informed of any action taken in relation to the matter.”

(4) After paragraph (3) insert— “(4) For the purposes of this regulation—

(a) a matter is referred by a local involvement network if it is referred by a local involvement network in the carrying-on of activities specified under section 221(2) of the 2007 Act in pursuance of arrangements made under section 221(1) of that Act;

(b) a matter is referred by a relevant person if it is referred by a relevant person in the carrying-on of activities specified under section 221(2) of the 2007 Act in pursuance of arrangements made by a local authority to comply with the duty imposed by section 228(2) of that Act.

(5) In relation to a report or recommendation referred to an overview and scrutiny committee by a relevant person, the reference in paragraph (2A) to the “referrer” is, from the relevant time in relation to that committee’s local authority, a reference to the relevant local involvement network.

(6) In this regulation—

“the 2007 Act” means the Local Government and Public Involvement in Health Act 2007;

“local involvement network” means a person who is to carry on activities specified under section 221(2) of the 2007 Act in pursuance of arrangements made under section 221(1) of that Act;

“the relevant local involvement network” means a local involvement network who pursuant to arrangements made under section 221(1) of the 2007 Act is to carry on activities to which the matter referred in paragraph (1) relates;

“relevant person” means a person carrying-on section 221 activities in pursuance of arrangements made by a local authority to comply with the duty imposed by section 228(2) of that Act;

“the relevant time” shall be construed in accordance with regulation 7 of the Local Involvement Networks Regulations 2008; “working day” means any day other than a Saturday, a Sunday, Christmas Day, Good Friday or a day which is a bank holiday (in England) under the Banking and Financial Dealings Act 1971.”