



Governance Documents

March 2011

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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;

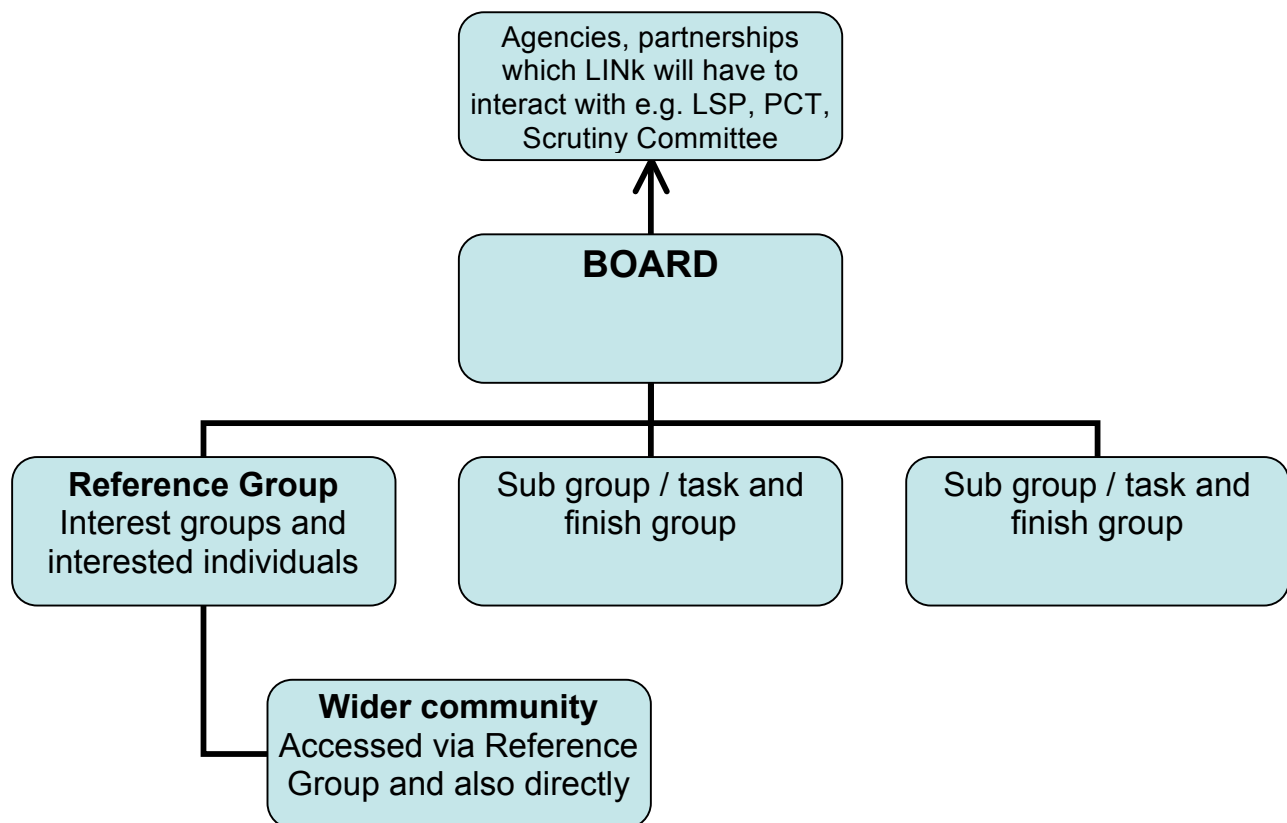
- Acknowledge receipt of the referral within 20 working days and
- Keep the LINK informed of any action taken in relation to the matter.

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

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

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

The first full LINK Board election took place on 20th October 2009.

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
- able to give time to attend meetings and become involved in the work of the Reading LINK

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

- 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 of the LINK

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

[see appendix 1– Pages 51-53 Pen portraits of Board members]

5.1 Structure (see 2.8 page 10)

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. Safeguarding Vulnerable Adults Policy

Introduction

The purpose of this policy is to outline the duty and responsibility of LINK Board members and volunteers working on behalf of the Reading LINK in relation to the protection of vulnerable adults from abuse.

All children and adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The key objectives of this policy are:

- To explain the responsibilities LINK Board members and volunteers have in respect of vulnerable adult protection.
- To provide an overview of vulnerable adult protection
- To provide a clear procedure that will be implemented where protection issues arise.
- Although children are not included within the work remit of the LINK it is possible that LINK staff, volunteers and Board members will interact with children during LINK activities. It is intended therefore that the principles and procedure outlined in this policy will also apply to concerns around child safety.

Context - Vulnerable adults

For the purpose of this document ‘adult’ means a person aged 18 years or over.

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse. The broad definition of a ‘vulnerable adult’ referred to in the 1997 Consultation Paper ‘Who decides?’ issued by the Lord Chancellor’s Department, is a person:

“Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

A vulnerable adult is defined by the SVGA as a person who is aged 18 years or over and who:

- Is living in residential accommodation, such as a care home or a residential special school
- Is living in sheltered housing
- Is receiving domiciliary care in their home
- Is receiving any form of healthcare

- Is detained in lawful custody [in a prison, remand centre, young offenders institution, secure training centre or attendance centre, or under the powers of the Immigration and Asylum Act 1999.]
- Is under the supervision of the probation services
- Is receiving a welfare service defined as the provision of support, assistance or advice by any person, the purpose of which is to develop an individual's capacity to live independently in accommodation or support their capacity to do so
- Is receiving a service or participating in an activity for people who have particular needs because of their age or who have any form of disability
- Is an expectant or nursing mother living in residential care, or
- Is receiving direct payments from a local authority or health and social care trust in lieu of social care services.

The first priority should always be to ensure the safety and protection of vulnerable adults. To this end it is the responsibility of all to act on any suspicion or evidence of abuse or neglect (see the Public Interest Disclosure Act 1998) and to pass on their concerns to a responsible person/agency.

For purposes of ensuring consistent and widely understood terminology, this policy and procedures will use the phrase 'Vulnerable Adults' to identify those eligible for interventions within the procedures.

Legal framework:

Vulnerable adults

This guidance reflects the principles contained within the Human Rights Act 1998, the Mental Capacity Act 2005, Public Interest Disclosure Act 1998, Safeguarding Vulnerable Groups Act 2006 and Local Involvement Networks Regulations 2008.

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The **Human Rights Act 1998** gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The **Public Interest Disclosure Act 1998** (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

The **Local Involvement Networks Regulations 2008** set out the arrangements for LINK representatives to 'enter and view' the premises of health and social care service providers.

Regulation 3 requires that representatives can only be authorised if:

- They have undergone a Criminal Records Bureau Check, in line with section 113A of the Police Act 1997, and have a certificate to verify this: and
- A 'nominated person' of the LINK has considered the certificate and is satisfied that the person is suitable to carry out visits.

Every LINK must make publicly available a comprehensive and up to date list of all of its authorised representatives.

[For information regarding the arrangements for 'enter & view' please refer to the Reading LINK Enter & View Policies and Procedures.]

The **Safeguarding Vulnerable Groups Act 2006** provides the legislative framework for a vetting and barring scheme for people who work with children and vulnerable adults. The purpose of the new scheme is to minimise the risk of harm posed to children and vulnerable adults by those that might seek to harm them through their work [paid or unpaid].

It seeks to do this by barring unsuitable individuals not just on the basis of referrals but also at the earliest possible opportunity as part of a centralised vetting process that all those working closely with children and/or vulnerable adults will need to go through.

Organisations that carry out certain activities are 'Regulated Activity Providers' [RAP's] and as such must not permit barred people from carrying out those activities.

Implementation timeline

Jan '10 – Obtain enhanced CRB disclosures on anyone who will be carrying out regulated activity.

12 Oct '09 – Refer information to the ISA [Independent Safeguarding Authority] if a person has to be removed from regulated activity because of certain behaviours.

1st Nov '10 – Make sure potential new employees/volunteers/trustees are ISA registered before allowing them to engage in regulated activity.

1st April '11 – Arrange for any staff/volunteer/trustee already working in regulated activity to apply for registration by **31st July '15**.

Regulated activity

Regulated activity covers anyone working closely with children or vulnerable adults, either paid or unpaid, not part of a family or personal arrangement that occurs as frequently as once a week [with the same group of children or vulnerable adults] or more or on 4 days in one month or more or overnight. It can include:

- Teaching, training, or instruction, care or supervision of children or provided **wholly or mainly** to vulnerable adults.

- Providing advice or guidance for children
- Providing advice, guidance or assistance **wholly or mainly** to vulnerable adults
- Any form of healthcare treatment or therapy provided to children or vulnerable adults
- Driving a vehicle that is being used for the specific purpose of conveying children or vulnerable adults
- Working in a specified place - [schools, childcare premises, residential homes for children in care, children's hospitals, childrens' detention centres, children's centres, adult care homes and further education institutions.]

Key dates for Board members and volunteers

1st Nov '10 – Anyone moving into regulated activity, paid or voluntary, with a new Regulated Activity Provider must apply for ISA registration before starting in that role. It will be a criminal offence to move into a regulated activity role without being ISA-registered.

31 July '15 – this is the final cut off date by which everyone working [paid or unpaid] in regulated activity must be ISA registered.

It is the responsibility of the LINK Safeguarding Committee to consider all safeguarding issues raised by LINK activities.

The LINK Safeguarding Committee

The LINK Safeguarding Committee will consist of three appointed LINK Board members.

The committee shall meet twice a year or as required. The responsibilities of the Committee include:

- Overseeing the implementation of the LINK Safeguarding Policy.
- To act as the 'nominated person' for the purposes of the LINK Involvement Regulations 2008 and to consider the suitability of individuals to act as LINK representatives carrying out 'enter and view' activities. Suitability will be measured by a CRB check.
- To oversee any activity carried out in line with is policy.
- To review the content of this policy annually and consider any training needs.

Safeguarding checks of LINK Board members and 'enter and view' representatives

All LINK Board members and 'enter and view' volunteers are required to have submitted clear CRB checks to the LINK Safeguarding committee before beginning their activities.

Transition arrangements - this requirement will apply to current LINK Board members from the 2010 AGM onwards.

The role of Board members and volunteers

All Board members and volunteers working on behalf of Reading LINK have a duty to promote the welfare and safety of vulnerable adults and children.

Board members and volunteers may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable them to make informed and confident responses to specific protection issues.

What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

- **Physical abuse**- including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse**- including rape and sexual assault or sexual acts to which the vulnerable adult did not, or could not consent or was pressured into consenting.
- **Psychological abuse**- including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse**- including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission**- including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Discriminatory abuse**- including racist, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

Procedure in the event of a disclosure

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion of abuse.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual/child.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Responding to an allegation

Any suspicion, allegation or incident of abuse must be reported to the LINK host team at RVA on that or the nearest working day.

The LINK host team shall telephone and report the matter to the appropriate local social services duty social worker and inform the LINK Safeguarding Committee. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority social services department within 24 hours.

If there is concern that a crime has been committed the police must be informed in addition to the requirements above.

Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for Support and guidance
- Explain the procedure to the individual making the allegation if appropriate
- Remember the need for ongoing support.

DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- **Panic**

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies.

Confidentiality

Host staff, LINK Board members and volunteers have a professional responsibility to share relevant information about protection with other professionals, particularly investigative agencies and social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information will be kept confidential. All written records will be kept in a secure area for a specific time. Records will only record details required in the initial contact form.

If an adult confides in a Board member or volunteer and requests that the information is kept secret, it is important that they tell the child or adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the person before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff should let the person know the position regarding their role and what action they will have to take as a result.

They should assure the vulnerable adult that they will keep them informed of any action to be taken and why. The persons involved in the process of sharing

information should be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other Reading LINK policies including:

- Governance document
- Enter and View Policy and Procedure

Reading LINK Board nominations

All nominated LINK Board members must confirm their agreement to any safeguarding requirements, including CRB checks or vetting and barring registration, before they are put forward for possible election. Subsequent CRB checks can be transferred.

References, internet links and further sources of information

'No Secrets' report

The first national policy developed for the protection of vulnerable adults, for use by all health and social care organisations and the police. It introduced guidance around local multi-agency arrangements and was issued under Section 7 of the Local Authority Social Services Act 1970. Its implementation is led by local authorities with social services responsibilities.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4002849

Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults. <http://www.elderabuse.org.uk>

The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people.

<http://www.cpa.org.uk/index.html>

Independent Safeguarding Authority - Information line on 0300 123 1111

www.isa.homeoffice.gov.uk

7 The Reference Group

7.1 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

7.2 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**.

8. Managing The Workplan

8.1 Introduction

The Reading 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 Board. The 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 Board members may raise issues that have been brought to their attention through attendance at community meetings.

8.2. Criteria for selecting issues: Approved at the Board meeting on 24th Jan 2011.

Issues which the LINK could take up come from several **sources**:

- Reference Group
- LINK consultation
- From an individual or group direct to the Board
- Board members

Criteria for selecting which issues to take up are needed because:

- The 2010 consultation generated a long list of issues which, although they have been categorised within 4 priority areas, now need to be whittled down to a short list which is actually taken forward.
- New issues will come up during the year and the Board will need to decide which, if any, it will take up.

The **priority areas** which the Board has identified are:

- Mental health
- Access to information for social care
- Being seen on time for hospital appointments
- Access to NHS dental services

Agreed Criteria

- a. **Number** of people affected
- b. **Severity** of the problem - factors to consider

- Life expectancy
 - Quality of life
 - Independence
 - Impact on carers
 - Duration of impact of problem (short / medium / long)
- c. **Impact on re-balancing disadvantage** – equality.
- d. **Potential of LINK to influence** this issues (a lot / a little)
- e. **No-one else is tackling it** – we have something unique to offer.
- f. **Commonality with other LINKs / agencies** – potential for collaboration.
- g. **Public opinion** i.e. how concerned the public is about this issue. Even if the LINK does not consider the issue to be a huge problem, it may see a useful role in demonstrating the realities e.g. as it did in relation to dental care.
- h. **Urgency** – for example, there is a deadline.
- i. **Availability of resource** – skills, knowledge, capacity, budget. However, if a new issue comes in during the year which is a high priority on the other criteria, the Board may decide to reduce its work on other issues to free up resource. In any case, the Board needs to retain some spare capacity to enable flexibility.

Public service cuts

There was some discussion as to whether a cut in service should be a criteria for the LINK taking up an issue. In some cases there is over provision and the Board concluded that it should focus on situations where there was little data on a service which was under threat and where the LINK thought more data was needed.

Decision making process

- The Board decided that it will **not use a scoring system** (although individual Board members will inevitably use an informal scoring system in their heads, as it were). A formal scoring system was considered too onerous and it was felt that at present the Board is able to manage without one.
- Decisions will be informed by **data** collected by the host.
- **In making its decision, the Board will look at all the criteria and make a judgement based on that.**
- All Board members will have differing views, but ultimately the **Board will speak with one voice.**

8.3 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

8.4 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.

8.5 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.

8.6 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.

8.7 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.

8.8 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.

8.8 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.

9. Enter & View

9.1 Reading LINK Enter & View Policy and Procedures -

1. Introduction

Reading LINK is the Local Involvement Network for Health and Social Care established under the Local Government and Public Involvement in Health Act 2007. It is hosted by Reading Voluntary Action, operating under a contract with Reading Borough Council.

The role of a LINK is to:

- Give local people an opportunity to say what they think about their local health and social care services
- Give local people an opportunity to monitor and check how services are planned and run
- Provide that feedback to the people that commission and provide local health and social care services

To enable a LINK to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

To facilitate this the Local Government and Public Involvement in Health Act gave LINKs various statutory powers, one of which is to enter some types of health and social care premises to be able to view the nature and quality of services being provided. Visits can happen via prior arrangement, or unannounced.

The Reading LINK will use its power to enter and view premises having due regard to the Department of Health (non-statutory) Code of Conduct relating to LINK visits to enter and view services. This is available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

Authorised representatives of Reading LINK will also have regard to the broad Principles of Public Life, established by the Nolan Committee, available at:

<http://www.public-standards.gov.uk/>

2. Purpose

The purpose of this policy is to set out the framework for the use of the power to 'enter and view', which will be adhered to by the Reading LINK board, its 'task and finish' sub groups⁵ and authorised representatives⁶ as part of their role in responding to feedback provided by the local community. This policy will cover the legal framework, as well as the practical aspects of conducting such visits and should be used in conjunction with the Reading LINK Safeguarding Vulnerable Adults Policy, included in its governance documents http://www.readinglink.org.uk/CMS/FILES/Gov_of_Reading_LINK_v_2.0.pdf

3. Principles

The purpose of a LINK is not to seek out faults, but to consider the standard and provision of services and how they may be improved. Reading LINK will only use its power to enter and view premises, when this is proportionate to the need to gather information relating to the issue it is considering and will do so in a responsible and considerate manner.

In undertaking visits, the rights of patients, service users, staff and residents will be respected and protected. Visits will be conducted in a spirit of openness and partnership with the provider and users of the service in question, with whom Reading LINK will promote a positive and constructive dialogue and relationship.

4. Premises to which this policy applies (and exceptions to these)

Under the Local Government and Public Involvement in Health Act 2007 Reading LINK has the power to enter and view care services provided by:

The Local Involvement Networks (Duty of Services-Providers to Allow Entry) Regulations 2008, impose a duty on providers of health and social care services to allow authorised representatives of Reading LINK to enter premises that they own or control to observe the services that are being provided, but not including any activities

⁵ Task and Finish sub groups are time limited groups set up by Reading LINK to examine a particular health or social care issue.

⁶ Authorised representatives are people who have been given formal authority by Reading LINK to use its power to enter and view provider premises.

which relate to the provision of social care services to children⁷. These are:

- NHS Trusts
 - NHS Foundation Trusts
 - Primary Care Trusts (PCT's)
 - Local Authorities
 - Primary Medical Services ie GP's
 - Primary Dental Services
 - Primary Ophthalmic Services ie Opticians
 - Pharmacy Services
 - Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care services⁸
- There are however some important exceptions to the duty to allow LINK representatives to enter and view relevant premises:
- if the visit compromises either the effective provision of a service or the privacy or dignity of any person;
 - if the premises where the care is being provided is a person's own home⁹;
 - where the premises or parts of premises are used solely as accommodation for employees;
 - where the premises are non-communal parts of care homes;
 - where services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when premises are closed);
 - if, in the opinion of the provider of the service being visited, the authorised representative, in seeking to enter and view its premises, is not acting reasonably and proportionately; and/or if the authorised representative does not provide evidence that he or she is authorised in accordance with Regulation 4 of the LINKs (Duty of Services- Providers to Allow Entry) Regulations 2008.

5. Persons authorised by Reading LINK to conduct a visit

Only authorised persons may conduct a visit to enter premises, observe health and social care activities and talk to service users, and they may only do so for the purposes of carrying out the approved activities of Reading LINK.

⁷ The Government is of the view that it would be inappropriate for children's social care to be included as there are already effective measures in place to scrutinise and oversee children's social care and also to seek the views of children and young people in the development of their services.

⁸ Commissioners of services provided by the independent sector have been legally obliged to include provision in any contract let after 1 April 2008 to require the provider to allow authorised representatives of a LINK to enter and view, and observe the carrying on of activities in premises that are owned or controlled by them. Guidance on the implications of the governments directions on this for independent providers can be found on the Department of Health website at www.dh.gov.uk/LINKs

⁹ this does not mean that an authorised representative cannot enter when invited by residents – it just means that there is no duty to allow them to enter

All authorised persons making a visit will wear their signed identification and authority to act on behalf of Reading LINK so that it is visible at all times.

Reading LINK has adopted a procedure for the authorisation of persons to enter premises and observe services being provided on its behalf, which is set out in Appendix 1.

A list of persons authorised to enter premises and observe services on behalf of Reading LINK will be made available at <http://www.readinglink.org.uk>

6. Circumstances in which a visit may be made

Persons authorised by Reading LINK may be requested to conduct a visit to premises to observe health or social care services being provided and/or speak to persons who receive those services where the Reading LINK board, or a task and finish group that it has established, considers this is a necessary, appropriate and proportionate action in order to gain information in connection with a particular health or social care issue it is considering.

The information likely to be gained by such a visit should be important to the overall consideration of the issue in question and it is likely, but not essential, that this will be in circumstances where such information cannot be obtained in another way.

Unless the LINK board, or its Task and Finish group, consider that the obtaining of the information it seeks is likely to be compromised, such visits will always be made through prior arrangement with the service provider in question.

Reading LINK will always consult with the relevant regulator prior to conducting a visit to a provider's premises and take account of their inspection schedule, including any potential for a joint visit, and any relevant information available from their inspections, before making a final decision on a LINK visit.

Before agreeing that a visit will be made, the LINK board, or its relevant Task and Finish group, will consider, agree and document what the specific aim and outcomes of the visit in question are intended to be.

7. Preparatory work for a visit

Where appropriate, and possible, the preparatory work outlined below will be conducted in liaison with the authorised persons selected to conduct the visit and with provider of the service in question.

In preparing for a visit the LINK board or Task and Finish group will consider the following:

- ❖ the appropriate individuals and the number of authorised persons to undertake the visit (which shall be at least two) having regard to the size and nature of the premises, the services to be observed, the authorised persons own experience, skills and abilities and equality issues e.g. gender, diversity etc.

- ❖ the appropriate timing of the visit, having regard to that of activities and services being provided at the premises, so as to minimise interruption of these, whilst not compromising the aims of the visit.
- ❖ how the aims and intended outcomes of the visit might be best achieved e.g. talking to services users, observing particular activities and interactions, speaking to user forums, talking to staff, noting general environmental factors etc.
- ❖ whether any special support needs might be required to effectively conduct the visit and engage with service users e.g. signing, translation services, interacting with people with dementia etc.
- ❖ which visitors should conduct which particular aspects of the visit, taking account of individuals' experience, skills and abilities and any equality issues.
- ❖ how visitors should respond to specific complaints or compliments made during the visit by service users or others present, including the use of internal complaints procedures, PALS, Safeguarding Boards etc.
- ❖ how and by whom notes of the findings of the visit are to be prepared and how conclusions and recommendations are to be drawn up and agreed.
- ❖ appointment of a 'lead' visitor for the purpose of the particular visit, with responsibility to liaise with the premises manager, make decisions about adjustment of the visit plan according to circumstances arising and coordinate the writing of visit notes, conclusions and recommendations.

If the prospective visitors are not already involved in considering the relevant issue, then the LINK board or Task and Finish group will prepare a detailed briefing on the issue for the selected visitors, to include the background, the specific aims and outcomes of the visit and all information pertinent to these.

8. How Reading LINK visits will be conducted

Reading LINK visitors will treat staff, service users, residents, patients, their carers or family fairly, courteously and with sensitivity and respect, ensuring that their dignity and privacy is maintained at all times.

Recognising that user, resident or patient needs should always take priority, visitors will seek to avoid the disruption of effective health or social care service delivery. Visitors will cooperate with requests of staff, service users, residents, patients, their carers or family where necessary and comply with all operational health and safety requirements.

Authorised visitors will make arrangements to meet in advance of the visit and will not enter the premises (or proceed past public reception) without having produced their authorisation and gained permission from the premises manager (or duty manager), unless other arrangements have been made in advance with the provider. Reading LINK identification as an authorised visitor will be worn visibly at all times during the course of a visit.

The lead visitor will introduce all the visitors, explain the context, aims and specific

activities they wish to undertake as part of the visit e.g. observing particular aspects of service delivery, speaking to service users etc., how long the visit is likely to last and ask whether any of this is likely to compromise effective provision of a service or the privacy or dignity of any person.

Where a visit is unannounced, the lead visitor will further explain about Reading LINK and its authorised visitors, what will happen to the information gained from the visit, how draft reports will be shared and give the premises manager copies of the Reading LINK information leaflet and this policy, and highlighting how any concerns about the conduct of the visit can be pursued.

Visitors will be mindful at all times of the principles established for Reading LINK visits and the exceptions to the duty to allow authorised LINK representatives to enter and view relevant premises set out in Section 4 of this policy.

If it becomes clear that the intended form of the visit is likely to fall foul of any of these exceptions, then the lead visitor shall decide if and how the activities proposed during the visit can be changed to ensure this does not happen, whilst enabling the visit to proceed effectively.

If the lead visitor decides that it is not possible to conduct the visit in a way that substantially achieves the intended aims and outcomes, then s/he may decide that it should be abandoned and rescheduled for another date/time, either by appointment or unannounced.

It is likely, and generally desirable, that providers of services to be observed during the visit will wish to accompany visitors as they do so and, unless this is considered likely to compromise the purpose of the visit, Reading LINK visitors will respect their wishes. Visitors should consider the potential for, and benefits of, service users accompanying them during the course of their visit.

Where visitors intend to speak with service users, they should seek to be introduced by a member of the provider's staff or accompanying service user, but may then request a private conversation where this is preferred. Visitors wishing to speak with a service user must seek that user's explicit agreement, after explaining the nature and purpose of their visit, and observe the user's wishes during the course of their conversation.

If any specific concern in relation to the safety or well-being of a user arises during a conversation then the visitor should consult with the lead visitor about the most appropriate course(s) of action and explain to the service user how this information will be handled and what action will be taken.

Visitors should make every effort to ensure that the duration of the visit does not exceed the length of time indicated at the commencement, and the lead visitor has particular responsibility for this.

9. Concerns about the conduct of Reading LINK visits

If any member of staff, service user, resident, patient or their carer or family member expresses a concern about the conduct of a Reading LINK visit generally, or that of a

visitor, then the visitor should immediately alert the lead visitor. The visitor may seek to clarify the concern in order that they can convey it to the lead visitor, but must not seek to contradict or minimise it in any way.

The lead visitor should speak to the person who has expressed a concern as soon as possible and seek to overcome any misunderstanding, but not to contradict a the concern that has been raised or to minimise it in any way.

Where the member of staff, service user, resident, patient or their carer or family member has an ongoing concern the lead visitor will record this for their own purposes and report and also provide that person with a Reading LINK 'visit concern' form to be completed and returned to the host organisation in a prepaid envelope, to be returned to the host organisation. The person expressing such a concern will also be provided with a copy of the Reading LINK complaints procedure.

The host organisation will ensure that any expression of concern received from a member of staff, service user, resident, patient or their carer or family member is dealt with in accordance with the approved Reading LINK complaints procedure.

Where concerns arising from a visit are found to be justified, then the Reading LINK board or the Safeguarding and Enter & View sub committee shall consider the need for any amendments to this policy and procedure, for further training or guidance to the visitor(s) in question and other visitors, or the need for further action, which may include withdrawal of the authorisation of the person(s) in question as a Reading LINK visitor.

10. What happens after a Reading LINK visit

Following a visit, the lead visitor will be responsible for ensuring that the findings of the visit are documented as soon as is reasonably practical, and no later than four weeks from the date of the visit.

Findings should reflect a balanced assessment of the service viewed and offer suggestions for improvement where appropriate. The visit report should indicate the sources of information/evidence, whilst maintaining confidentiality e.g. visitor observation, staff member, service user etc. Compliments made, or good practice noted, should be included.

A draft of the documented findings will be sent to the provider for comment, and where appropriate relevant service users/user groups, residents, patients, carers and their families and at least two weeks allowed for submission of comments.

A final visit report will be prepared for the consideration of the Reading LINK board, or its task and finish group, that sets out the context for the visit, the aims and outcomes sought, the findings of the visitors, taking account of any comments received, and any recommendations for improvement.

After consideration by the Reading LINK board, or its task and finish group, a copy of the final visit findings report will be sent to the provider and service users/user groups, residents, patients, carers and their families, as appropriate.

A copy of the visit findings report, or a broader based report covering other aspects of the issue in question, will be sent to the commissioner of the service, the Care Quality Commission, relevant regulator, Safeguarding Officer, HSE, or other statutory body or the relevant Overview and Scrutiny Committee as appropriate.

(Approved by Safeguarding and Enter & View Sub Committee 6 September 2010)

Appendix 1

Procedure for the authorisation of persons to enter premises and observe health or social care services being provided

1. Authorised persons will be drawn from the Reading LINK Governing Board and the Reading LINK Reference Group.
2. The Reading LINK Safeguarding and Enter & View Sub Committee has been nominated by the Board to consider and approve all authorised persons.
3. In determining the suitability of persons who wish to become authorised, the sub committee will consider their skills, experience and abilities in relation to the agreed statement of role, skills and qualifications for authorised visitors.
4. Any person considered suitable to be authorised by the sub committee for the purposes of entering premises and observing health and social care provision will be required to submit to a check with the Criminal Records Bureau, in accordance with S. 113a of the Police Act 1997 before commencing activity and every three years thereafter.
5. The Safeguarding and Enter & View Sub Committee has been nominated to consider the outcome of CRB checks and will decline to authorise any person with a listed offence, regardless of the nature or severity of the offence.
6. The knowledge of offences gained through CRB checks will be kept confidential to the members of the Sub Committee nominated for this purpose.
7. Persons authorised by Reading LINK to enter premises, view health and social care services being provided or speak to users of such services will be given appropriate training before undertaking any such visits e.g. in Visit procedures and behaviour, Safeguarding Procedures, Confidentiality, Equality and Diversity, Nolan Principles etc.
8. Authorised persons will be required to sign a statement to confirm that they understand and will abide by the Reading LINK Enter and View Policy and Procedures, Safeguarding Policy and Procedures, Confidentiality Policy and Data Protection regulations as well as the Nolan Principles of Public Life.

9. A person's authorisation to enter premises and observe health and social care services being provided may be withdrawn by the LINK board where any of the above policies and procedures are breached by that person or where the actions of that person, in connection with LINK business or in any other capacity, damage, or are likely to damage, the reputation of Reading LINK or its ability to conduct its work effectively.
10. In considering the withdrawal of authorisation, the Reading LINK board will afford the person concerned a direct hearing of any reasons why that person does not think withdrawal of their authority is appropriate.

9.2 Reading LINK Safeguarding & Enter and View sub committee Terms of Reference (September 2010)

Purpose of the sub committee

- To oversee the implementation of all safeguarding and enter and view policies and requirements
- To draft relevant policies for the approval of the LINK Board
- To review the LINK Safeguarding Policy and the LINK Enter & View Policy annually
- To identify relevant training needs
- To make arrangements for support and development of Enter and View Representatives
- To act as the 'nominated person' for the purposes of the LINK Involvement Regulations 2008 and to consider the suitability of individuals to act as LINK representatives carrying out 'enter and view' activities.

Legal framework

The Local Involvement Networks Regulations 2008 set out the arrangement for LINK representatives to 'enter and view' the premises of health and social care service providers. Regulation 3 requires that representatives can only be authorised if:

- They have undergone a Criminal Records Bureau Check in line with section 113A of the Police Act 1997, and have a certificate to verify this: and
- A 'nominated person' of the LINK has considered the certificate and is satisfied that the prospective representative is suitable to carry out visits.

The regulations allow the Reading LINK Board to identify a committee as their nominated person and the Safeguarding & Enter and View sub committee has been nominated to act in that capacity.

Membership and meetings

The Reading LINK Board will appoint 3 members to the sub committee on an annual basis. The sub committee will meet twice a year or as required. The sub committee will report to the LINK Board.

9.3 Representing Reading LINK as an Authorised Visitor

Summary of the role

The role of a Local Involvement Network (LINK) is to:

- Give local people an opportunity to say what they think about their local health and social care services
- Give local people an opportunity to monitor and check how services are planned and run
- Provide that feedback to the people that commission¹⁰ and provide local health and social care services

To enable a LINK to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

As an authorised representative of the Reading LINK you would be part of a team entering Health and Social Care Premises to observe and assess the nature and quality of services and obtain the view of people using the service. You will be helping to review the nature and standards of services and make recommendations to commissioners and providers of services as required.

What skills and qualifications do you need?

There are no formal qualifications that an authorised LINK visitor requires, but you do need to have some key personal attributes and skills:

- ❖ excellent interpersonal skills, with an ability to communicate clearly and calmly
- ❖ good listening skills and ability to be sensitive to and understand other people's perspectives
- ❖ a commitment to maintain confidentiality and be respectful of the privacy and dignity of others
- ❖ able to value people as individuals and respect different and diverse people
- ❖ able to participate in reviewing information before a visit and preparing reports of a visit afterwards
- ❖ able to work as a member of a team in a variety of roles as requested
- ❖ completed a satisfactory Criminal Records Bureau Check

¹⁰ The commissioners of health and social care services will normally be the local Primary Care Trust (Berkshire West NHS) or Reading Borough Council

9.4 Role and Person description for Authorised Visitors Representing Reading LINK as an Authorised Visitor

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- ❖ able to value people as individuals and respect different and diverse people
- ❖ able to participate in reviewing information before a visit and preparing reports of a visit afterwards
- ❖ able to work as a member of a team in a variety of roles as requested
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**Reading LINK Board
August 2010**

¹¹ The commissioners of health and social care services will normally be the local Primary Care Trust (Berkshire West NHS) or Reading Borough Council

10. Reading LINK Communication Statement

10.1 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.

10.2 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

10.3 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.

10.4 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

10.5 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

10.6 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.

10.7 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.

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

11.1 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

11.2 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.

11.3 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.

11.4 Bus

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

11.5 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.

11.6 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*.

11.7 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.

11.8 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.

11.9 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.

11.10 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.

11.11 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.

11.12 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.

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

12. Data Protection Regulations for Reading LINK Members

12.1 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.

12.2 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.

12.3 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.

12.4 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

Candidate Profiles for Reading LINK Board Appointments October 2010

Shelia Booth

I am a retired GP and worked in the Reading Hospitals during my training. I was diagnosed with Multiple Sclerosis in 1987 and after maternity leave continued working as an assistant GP in Reading until 1993. I am a Trustee of two charities, one of which is concerned with befriending and advice service for residents of Southcote. The other charity is concerned with providing assistants for the disabled. I am also a member of the RBC Access Forum and Physical Disability and Sensory Needs Partnership Board. I am committed to promoting high quality social care for those who require it. I have two student sons, one of whom is a medical student.

John Fisher

I am aged 57 and was born in Zimbabwe and university educated in South Africa and feel through my background and current interests I can contribute greatly to the work of LINK. As with most, friends and family have made use of the services offered by the NHS, both in- and out-patient and I am able to draw on these experiences in forming my judgment. With interests that include care of the elderly, ophthalmology, orthopaedics and hospital acquired infection, I am also concerned about mental health issues. My business background also makes me interested in the financial aspects of health care and how improved services can be offered at a time when increased funding cannot be guaranteed.

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. I am also the Chairman of the Thames Valley Pensioners Convention, which campaigns locally on health and care issues for the older generation as well as pensions. 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.

Mary Jacobs

I have been involved in Health and Social Care for nearly 40 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.

Caroline Langdon

I have lived in Reading since 2001, for the past five years I have lived in Caversham. Before that I was in Bournemouth for 14 years. I am an active member of U/A, University of 3rd Age and run an Italian class twice monthly. I attend line-dancing classes, crafts, enjoying opera, science and technology and also attend another music appreciation groups.

I did voluntary EFL teaching in Reading for Ealing Families Charity, helping refugees with their English. I had done that work as a job in Bournemouth, as well as office work and market research interviewing. 1977-1980 I did a B A in European Studies and languages in Southampton.

Over the past few years I have been attending regular meetings at RFTRA (Reading Federation of Tenants & Resident's Association).

I belong to the United Nations Association (London based) and am a committee member of UfP (Uniting for Peace) which is London based.

Reverend John Rogers

I have been involved in Health and Social Care for nearly 40 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.

John Shaw

I am Chief Executive of the Princess Royal Trust Carers Service in Reading and am a current member of the LINK Board standing for re-election. My past work experience has included work for a housing agency and for Scope, the national disability charity. I am also a Governor of the Royal Berkshire NHS Trust. I have a particular interest in ensuring that the needs of carers and disabled people are taken fully into account in the design and delivery of our local health and social care services.

David Shepherd

I retired from the Audit Commission in 2004, having worked as an Audit Manager for the Department of Health from 1962 to 1990 and the Audit Commission from 1990. 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. From 2006 to 2008, in a voluntary capacity, I was 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. I am also a member of NHS West Berkshire Health Network. I have been involved from the outset in the establishment of the Reading Link. I fully support its main objectives in highlighting the concerns of the local community on health and social care issues and taking effective action to address and resolve them, the Link's recent work on diabetes being a good example. I am a frequent user of NHS services having been diagnosed with myasthenia gravis in April 2008.

Janet Wignall

I have found the past year as a LINKs Board member an enlightening and stimulating experience. I would like to continue to serve as a Board member. After training as a Medical Social Worker in the late sixties, my career has been in hospital and local authority settings. Some of this has involved direct contact with people who need services, some has been in staff development roles, which have brought me into contact with staff in residential and day care centres. I have taught social care staff at local colleges and as an Open University tutor. Over the years I have seen considerable change in how health and social care is delivered. I had the opportunity to analyse and reflect on change as part of the work I did for an MA in Applied

Social Work. I am keen to be involved in as a Board member in continuing change, if this is to the benefit of patients and service users.

Subrata Saha

Dr Subrata Saha worked as a Post-doctoral Research Fellow at the School of Health and Social Care, University of Reading until September 2010. Currently she is working as a Research Fellow in the International Development department. Subrata completed an MSc at Chittagong University, Bangladesh, a postgraduate course at Aberdeen University and a PhD in Development Studies at the University of Reading. Prior to the PhD course, Subrata worked in a managerial post in the public sector in Bangladesh for almost 11 years. Her doctoral research analysed gender, age and poverty dimensions in the Sylhet region, Bangladesh. During her doctoral research, Subrata developed a keen interest in the area of age, ethnicity and health inequalities. These interests are reflected in her research on the families an inter-generational care giving among Bangladeshi and Pakistani communities living in Reading. She has presented papers on this topic in various national and international conferences. Subrata's current research project is to explore how health information is communicated to and within three South Asian Communities in Reading: Bangladeshi, Pakistani and Indian.

Sabrata's reasons to stand, as a nominee for membership of the Reading LINK Board is the desire to contribute her knowledge and understanding in the area of health and social care in respect of the perceived needs and wishes of minority ethnic people. Subrata believes her professional experience working in Health and community care settings will be a valuable aid to this work.

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.”