



NHS premises, informed as to what is being reported about them. It is usually the case that “no surprises” leads to more effective partnerships. It is important to stress that visiting rights are not bestowed on individuals *per se*, but on the body which sends them, and, wherever possible, authorises the visit in advance. The role of the LINKs chair, and the inputs of the chair between meetings, is likely to be of crucial importance in the fostering of “critical friend” relationships.

Working Relationships

The first months will be key to further successes. In order to establish the style of working that will be adopted, and to remove uncertainties and suspicions, there is a need for **joint training** of LINKs members, staff in the host organisation, stakeholders, and those under scrutiny. Critical friends usually do their best work with people they have learnt to know and trust – and *vice versa*.

Voluntary and non-statutory providers of services are important stakeholders, both as individuals and as institutions. However, they are not in the list of organisations that will be required to present evidence to scrutiny, whether by LINKs or health scrutiny committees. This means that they

will do this voluntarily. To make this work, they need to be involved from the start, recognising that this is voluntary, and to feel confidence in the protocols, so that they do not feel threatened by the prospect of later entry into organisations already built on “statutory expectations”. The statutory stakeholders will need to accept that, where non-statutory providers are concerned, the *formal* scrutiny requirements will be limited to the commissioning of services by the statutory commissioners – and not to their wider roles.

A Big Uncertainty

Where, asked several participants, do children fit into all this?

With help from Dave Gorman, Jacqueline Gray, Simon Leyton, and many participants at these events.

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