

There needs to be local determination and flexibility to decide the best possible arrangements for scrutiny functions. There should be close working arrangements between scrutiny and HealthWatch to ensure that user concerns and issues are fully addressed. Scrutiny and HealthWatch should come together to undertake a wide range of scrutiny functions as together they are charged with representing the interests of individuals and communities who rely upon these services.

A combined scrutiny and HealthWatch function should be able to refer matters which are not resolved locally if they impact on a wider cross section of the community or a particular community of interest, which relies on the service in question. ADASS would like to see firmer proposals on the alternatives to the current statutory powers of referral that are vested in the scrutiny committee.

The establishment of HealthWatch is completely in line with the intention to ensure that patients and users have choice, control and involvement in the commissioning of health and social care services that best meet their needs. HealthWatch will have a vital role as a strong champion organisation for patients and users with clear powers to challenge decisions and provision. It will need *sufficient resources and an appropriately qualified workforce* to deliver its key roles.

The wider functions that HealthWatch will be adopting have some similarities to those exercised by Citizens Advice Bureaux (CAB). Consideration might be given to whether it could be linked to CAB which has a recognisable and trusted branding. It will also need to engage with harder to reach communities and reflect their needs within the HWBs. In many places Local Involvement Networks (LINKS) have struggled to build their capacity and influence. The current structures of LINKS and host arrangements have meant that they have spent effort on internal governance rather than focusing outwards on better services.

Building quickly on the experience of LINKS will be important if the new organisations are to effectively carry out the function of lobbying on behalf of citizens who use health and social care services and calling commissioners and providers to account against national standards and quality concerns.

While respecting the independence of HealthWatch, the local authority should be able to measure HealthWatch performance against their contribution to the shared outcomes for an area, as well as responding to the issues raised by HealthWatch.

We agree that the new organisations should be commissioned by councils and it is *important that the funding arrangements for these are clarified as a matter of urgency* or there is a significant risk in some areas of losing the positive work that LINKS are now bringing to fruition.