

*The national voice for LINKs' members*



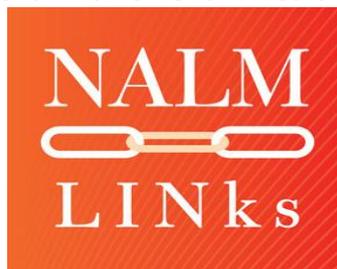
## The Development of HealthWatch/CareWatch

# Briefing note for Earl Howe

Parliamentary Under Secretary of State for Quality

**July 28<sup>th</sup> 2010**

The National Association of LINKs' Members  
*Public and Patient Involvement in Health and Social Care*





# THE AIMS OF NALM

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## The aims of NALM are to:

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1. Provide a national voice for LINKs' members

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2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run

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3. Promote the capacity and effectiveness of LINKs' members to monitor and influence services at a local, regional and national level and to give people a genuine voice in their health and social care services

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4. Support the capacity of communities to be involved and engage in consultations about changes to services, influence key decisions about health and social services and hold those services to account

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5. Promote diversity and inclusion and support the involvement of people whose voices are not currently being heard

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6. Promote open and transparent communication between communities across the country and the health service

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7. Promote accountability in the NHS and social care to patients and the public

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## Briefing Note

We have had the opportunity since 2003 to compare three unique models of PPI, each having been developed with the intention of empowering the public. In each case there have been great concerns about opportunities for communities to influence access to and quality of services. The effectiveness and performance of each PPI systems has been highly variable.

NALM welcomes HealthWatch at a local and national level. We believe this development could substantially increase the power and influence of local people, enable communities across the country to monitor services more effectively, provide a voice that will be heard in the local, regional and national development of health and social care policy, and influence commissioning at every level.

But to do this effectively HealthWatch locally and nationally must be fully independent and democratic, with appropriate statutory powers to monitor the NHS and social care. The HealthWatch system must also have duties to involve the public at a local and national level.

Whilst fully supporting the HealthWatch model, we fundamentally disagree with the dependent relationship that HealthWatch is intended to have on the CQC and local authorities. We believe this approach will be expensive to establish and will undermine the independence of HealthWatch – it must not be dependent on the bodies it monitors and holds to account.

We understood the Big Society model was meant to dismantle the ‘command and control’ approach to public services, but the model proposed intensifies centralised command and control. Instead of empowering communities, it offers an expensive and rigid model, that we believe will undermine the freedom of communities to build powerful local and national bodies, that reach out to local people and empower them to radically improve services.

In relation to the funding of HealthWatch, delegates to the NALM conference on July 8<sup>th</sup> 2010, made the powerful point that without security of funding, at least for an initial period, HealthWatch would be vulnerable and would not thrive in its new metamorphosis. HealthWatch must monitor, scrutinise and work with local people. Volunteers are versatile, imaginative and hard working, but they need stability, continuity and their own staff to get PPI in health and social care back on the road. LINKs can build a highly efficient and effective HealthWatch system at low cost, if freed from the constraints of bureaucracy and central control.

NALM believes that an independent HealthWatch will thrive and be able to hold the regulators and the whole of the health and social care system to account. But this requires current legislation to be modified so that relevant government Departments, statutory bodies, local authorities and providers and commissioners of health and social care have a duty to involve HealthWatch in decision making, commissioning and service development.

To be successful the new system must be widely advertised and a duty place on commissioners and providers to publicise HealthWatch to all users and carers.

HealthWatch provides a significant opportunity for growth, development and real outcomes for public involvement, if the community is freed to use its talents and imagination to build this new system.

## Key Recommendations to the Government on HealthWatch

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### Location in the CQC

- National HealthWatch should not be located within the CQC. It must be an independent, 'bottom-up' democratic body led by elected representatives from Local HealthWatch.

### Holding regulators, providers and commissioners to account

- National and Local HealthWatch must be wholly independent, able to hold the regulators and the whole of the health and social care system to account.

### Guarantor of rights and independence

- National HealthWatch should be the guarantor of the rights, duties and independence of local HealthWatch.

### Local of statutory duties

- The statutory duties of National HealthWatch should be vested in the national bodies that it holds to account by amendments to current legislation, e.g. the duty of CQC to consult HealthWatch should be established through an amendment to the Health and Social Care Act 2008

### Accountability of Healthwatch

- Clear accountability is essential for both the Local and National HealthWatch. These bodies must be able to demonstrate how they are serving the community, and what action they are taking with respect to concerns raised about services in any part of the country.

### Expert advice for local HealthWatch

- National HealthWatch must promote and share good practice, be a source of responsive and expert advice;

### Sources of good practice

- An information system of successful Healthwatch work should be maintained by the National HealthWatch, to show what can be achieved. It should also hold the PPI specialist library and have access to DH and other department libraries,

### Legal and policy advice

- National HealthWatch must be able to give legal and policy advice to local HealthWatch and have resources to communicate local and national issues to the public.

### Governance advice

- National Healthwatch must provide draft governance documents and guidelines to Local HealthWatch for local modification.

#### **Independence from local authorities**

- Local HealthWatch should be fully independent of local authorities and must not be accountable to any body that it monitors.

#### **Ring-fenced funding**

- Local HealthWatch must have centrally provided ring-fenced funding. They are unlikely to survive without secure funding.

#### **Powers to enter and view**

- Local HealthWatch must have the power to enter and view the premises of all health and social care providers regulated by the CQC at any time they believe is appropriate and in the interests of patient and service users.

#### **Publicising the role of HealthWatch**

- There should be a statutory duty for all health and social care commissioners and providers to advertise Local HealthWatch. Public awareness of HealthWatch is essential. Local and National HealthWatch must be comprehensively advertised to the public. Inexpensive advertising is available through many community agencies and local authorities.

#### **Statutory power to refer commissioning decisions**

- HealthWatch will require statutory powers to refer commissioning decisions, if these decisions are believed to be detrimental to the quality and outcomes of health or social care. HealthWatch must have a statutory role in health and social care commissioning.

#### **Calling providers and commissioners to account**

- HealthWatch should be able to require NHS and social care staff, and representatives, to attend their meetings for questioning about the design, quality and outcomes of health and social care.

#### **Focus on outcomes**

- Local and National HealthWatch should ensure that their work is outcome focussed and their achievements well publicised to the public, local and national government.

#### **LINKs involvement in transition**

- LINK Members must be actively involved in all aspects of the transition to HealthWatch.

