

# Statement for NALM Conference 2011

## HEALTHWATCH: DYNAMIC - EMPOWERING - INCLUSIVE

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This is NALM's third national conference and is attended by 150 delegates from 64 LINKs as well as colleagues from local authorities, the CQC, Department of Health and NHS Institute of Innovation, Afiya Trust, National Voices and many others.

We have seen LINKs grow into popular, influential and inclusive bodies. They are doing the job they were set up to do and working hard to achieve effective local health and social care services. It has been a struggle, but the progress in many parts of the country has been excellent.

Today we will discuss, debate and explore all the major issues relating to the development of Local HealthWatch and HealthWatch England. This conference is part of the journey to develop HealthWatch. This journey has been more open and inclusive than before, but still leaves us wondering if we are going on a journey to more powerful, inclusive and dynamic HealthWatch organisations, or on a journey to another *déjà vu* experience.

If HealthWatch is a cornerstone of government policy and they are prepared to commit £60m to its development at a time of austerity, then it must be very important to them. If Andrew Lansley was sincere when he committed himself on June 8th 2010, to the mantra of the Learning Disability Service Users Advisory Group – 'nothing about us without us'; why have some of the biggest decisions have made without us?

Many LINKs have been actively involved in the development of HealthWatch through the HealthWatch Advisory Committee and events led by the CQC and the DH, but there are major concerns about some aspects of the programme, which we must resolve. Today's conference is designed to produce ideas, recommendations and advice on these major issues, which we will take forward to Ministers after the conference.

We identify the key issues as follows:

- Local HealthWatch must evolve from LINKs. Transition is essential - abolition will set back patient and public involvement by two years. We need a government commitment to a process that ensures that the vital work of LINKs transforms into Local HealthWatch.

- **Government plans to commission Local HealthWatch through local authorities are flawed and will create major conflicts of interest. HealthWatch cannot be accountable to and funded by local authorities – the bodies which commission and provide the services that HealthWatch monitors.**
- **For HealthWatch to be successful and powerful it must be fully independent of local authorities.**
- **HealthWatch England must be independent of the CQC if it is to be an effective body representing the public's interest in the NHS and social care. The board must be ELECTED from local HealthWatch.**
- **HealthWatch must be accountable and democratic bodies.**
- **£60m funding must be ringfenced if the governments intentions for HealthWatch are to be realised. What is the point of committing this money just to see it drain away into other services?**
- **HealthWatch Pathfinders must be adequately funded if they are to be inspirational leaders for learning and development. LINKs can't do this successfully on reducing budgets.**
- **We must learn the lessons from Mid-Staffordshire NHS Foundation Trust, and the numerous care homes which have become places of oppression and agony for the residents. HealthWatch must be the champion of public, patients and carers – a line of defence against poor standards and a beacon for high quality, safe and user centred services.**

**Malcolm Alexander  
Chair  
NALM**

**Ruth Marsden  
Vice Chair**

**September 30<sup>th</sup> 2011**