

Healthwatch England
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Question

2.51 pm

Asked by

- [Lord Harris of Haringey](#)

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To ask Her Majesty's Government why, when advertising the post of Chair of Healthwatch England, the Department of Health stipulated that the successful candidate would require private sector experience, and why the governance arrangements for Healthwatch England have been changed so that its Chief Executive is subordinate to the Chief Executive of the Care Quality Commission.

- [The Parliamentary Under-Secretary of State, Department of Health \(Lord Prior of Brampton\) \(Con\)](#)

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My Lords, the chair appointment was open to applicants from all backgrounds. Public appointments benefit from a diverse mix of skills, experience and backgrounds. In some cases, private sector experience may be sought to bring a different perspective that adds real value to the work of the board or committee. The Healthwatch England CEO has always been a CQC employee and this will not change. They will also continue to be responsible for delivering the committee's priorities.

- [Lord Harris of Haringey \(Lab\)](#)

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My Lords, I am grateful to the Minister for his Answer. However, it is a fact that when the post of the chair of Healthwatch England was advertised, it specifically—I think in the first line, virtually—said that the Government were particularly seeking somebody with private sector experience. Why was that given preference over and above somebody with, perhaps, a background in consumer representation? The CQC chief executive had a direct line of accountability to the Secretary of State. That has now changed. Perhaps the noble Lord can tell us why he thinks his right honourable friend the Secretary of State for Health has acquired a reputation for not wanting to hear contrary views about the state of the health service.

- [Lord Prior of Brampton](#)

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My Lords, I should make it clear that the advert said that someone with a private sector background was desirable, not essential. No one else on the committee of Healthwatch England has a private sector background, so to have that kind of mix would seem common sense to me. Maybe it is particularly the case in that role, following someone such as Anna Bradley, who is very much a champion of consumers. Having that sort of championship of consumers on the board of Healthwatch England is important. With regard to the line of responsibility of the chair of the CQC, she is still ultimately appointed by the Secretary of State for Health.

- [Baroness Walmsley \(LD\)](#)

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My Lords, what precisely is it that somebody with a private sector background could bring to this organisation that somebody without a public or voluntary sector background would not bring? Should not the criteria be much more about understanding how best to undertake public engagement and an ability to shape services that reflect public priorities and concerns? Does this Question not raise a more general one about the politicisation of public appointments?

- [Lord Prior of Brampton](#)

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I disagree. I had a private sector background when I became chairman of the CQC, I might add, so perhaps I am slightly biased in this regard. Having a mix of people from all different backgrounds, whether private, public or voluntary sector, is a very good thing.

- [Lord Lansley \(Con\)](#)

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My Lords, would my noble friend the Minister agree with me, as one who was responsible for the creation of Healthwatch, that there is a powerful rationale for its close working relationship with the CQC? The CQC needs to listen to the patient voice in the exercise of its responsibilities, and Healthwatch benefits significantly from being able to trigger action by the CQC where it finds that things are going wrong.

- [Lord Prior of Brampton](#)

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I agree with my noble friend. Healthwatch has two principal roles: first, to gather intelligence locally, which it can then feed into the CQC and its inspections; and secondly to be the strong voice of patients at a national level.

- [Baroness Wall of New Barnet \(Lab\)](#)

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My Lords, is the Minister satisfied with the support that Healthwatch gets, both physically and financially? In many areas it is struggling, particularly now that it has had to stand off and be independent. With all the changes going on, is there a view on whether it is effective because of the way it is being dealt with?

- [Lord Prior of Brampton](#)

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My Lords, that is a good question. The truth is that Healthwatch is good in parts. Some local Healthwatches are extremely good and some are quite weak. Part of the rationale for the restructuring that the noble Lord, Lord Harris, raised in his Question is to save central overhead costs, which means that there will be more money available to Healthwatch England to do its core job locally.

- [Baroness Hayter of Kentish Town \(Lab\)](#)

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My Lords, is this not just another attempt to bring the private sector into patient representation—just another example of the Government trying to place their business friends everywhere? The new guidelines on ministerial appointments give the Minister three bites of the cherry: to be able to suggest names; to meet some of the candidates before shortlisting to make recommendations to the panel; and then to have the final say. That is completely different from previous practice. If we really are to have an open process, should we not have the Minister involved only at the end, when the panel has made the decision?

- [Lord Prior of Brampton](#)

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I honestly do not think that the noble Baroness is correct. I really do not feel that this process has been politicised in the slightest. It is interesting that the chief executive of NHS England and the new chief operating officer were both previous special advisers to a Labour Government, so it is pretty hard to say that we are politicising appointments in the NHS.

- [Baroness Hussein-Ece \(LD\)](#)

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My Lords, I do not think the Minister has sufficiently explained why the patients' voice, the chairman of Healthwatch, or, indeed, the chief executive should remain subordinate to the chief executive of the Care Quality Commission. Surely the patients' voice should be a strong, independent voice and not subordinate.

- [Lord Prior of Brampton](#)

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I had the privilege of working with Anna Bradley when she was chair of Healthwatch England. I put on public record that she was an outstanding chairman. I do not think any changes have happened that will mean that that role will be in any way diminished.

- [Lord Whitty \(Lab\)](#)

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My Lords, is the Minister confident that the lines of responsibility of the chief executive of Healthwatch are compatible with the very clear assurances that his noble friend, the noble Earl, Lord Howe, gave to this House about the independence of Healthwatch during the passage of the Health and Social Care Act 2012? The House was very anxious about it and I feel that this is against the spirit of those assurances.

- [Lord Prior of Brampton](#)

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My Lords, the critical question is whether the CQC is independent. It is most important that the regulator is independent. So long as Healthwatch can help the CQC carry out its role as an independent regulator, surely that is the really important question we should be asking.