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Chair, NALM
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David Behan,
Director General of Social Care, Local Government and Care Partnerships
Department of Health
Richmond House
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SWI

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Dear David,

Thank you so much for speaking at the NALM conference. Your challenging contribution was very much welcomed and valued by LINks members.

We believe that diverse and inclusive Healthwatch organisations could substantially increase the power and influence of local people to monitor services more effectively, improve safety, influence commissioning and provide a voice that will be heard in the local, regional and national development of health and social care policy.

However, the substantial cuts to LINk budgets in 2010-11 have put enormous pressure on many LINks, and hit them hard as they are attempting to effect a successful transition to Healthwatch. Refusing to fund the 75 Pathfinders was a terrible blow, whilst the promise of Action Learning Sets and other centrally provided support has fizzled out.

Will you please reconsider your decision not to fund Pathfinder LINks/Healthwatch, and take urgent steps to facilitate and enable an effective transition to Healthwatch, by providing a package of targeted support to LINks?

To be effective HealthWatch locally and nationally must be fully independent and democratic. Our frontline experience informs us, that the dependent relationship that HealthWatch is intended to have in relation to local authorities is a deeply flawed approach. We believe the proposed system will be expensive to establish and will undermine the independence of HealthWatch – the independent public champion cannot be accountability to, funded by and be dependent upon the body it monitors and holds to account. The decision not to ring fence LHW funding will make these bodies weak and vulnerable. We believe the Department's model will be poor value for money, because it will fail to achieve the Government's objectives

for LHW, i.e. to build a stronger voice for patients, the public and service users in the health and social care system.

Will you work with NALM and regional LINks to produce an effective model that will secure the objective of Government policy for a powerful and independent system of public involvement in health and social care?

LINk representatives have worked earnestly with the CQC over the past year with the intention of building collaborative approaches to the creation Healthwatch England. Our experience of the CQC has convinced us that the location of HWE in the CQC is a mistake, is inappropriate and will not secure the independence and support and resources that the LHW needs. We need HWE to be established as an independent body – outside of the CQC.

An expert team is needed that has the knowledge, experience and expertise both to build HWE, support the transition of LINks into LHW and ensure it has the ability to carry out its five statutory functions. LHW will need support, training, advice, resources, expertise on policy and legal processes and hundreds of other issues if LHW is to take off quickly.

Will you re-examine the proposed model for HWE and consider how the effectiveness, accountability to local people and the independence of HWE can be secured?

Volunteers are versatile, imaginative and hard working, but they need stability, continuity and effective support organisations to get public involvement in health and social care into the next stage of development. LINks can build a highly efficient and effective HealthWatch system at low cost, if freed from the constraints of local government bureaucracy and control. The current proposals will we believe lead to a two year hiatus with LHW not being functional until 2014.

LINks are ready for transition, but we urgently need effective joint DH-LINks-LA leadership if we are to deal with the issues described above, and if Healthwatch is to have meaning, value and influence.

There is no point in creating bodies which fail to meet the objectives which we all agree are essential for Healthwatch.

Malcolm Alexander
Chair
NALM

Ruth Marsden
Vice Chair

Key Recommendations to the DH on HealthWatch

- **Location in the CQC**

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

- **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**

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

- **Accountability of Healthwatch**

Clear accountability is essential for both the Local and HealthWatch England. 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**

HealthWatch England 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 HealthWatch England, 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**

HealthWatch England 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**

Healthwatch England 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, including Clinical Commissioning Groups.

- **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 focused 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.