



NATIONAL ASSOCIATION OF LINKS MEMBERS

Meeting with Earl Freddie Howe, Parliamentary Under Secretary of State for Quality 28th July 2010

Earl Howe [FH]

Malcolm Alexander [MA] – Chair, NALM Ruth Marsden [RM] – Vice Chair, NALM

(In attendance: Mary Simpson, DH, Claymore Richardson DH, Erin Naismith DH)

The development of HealthWatch

We met Earl Howe to discuss the development of HealthWatch and to present our view on what would make HealthWatch successful. We presented Earl Howe with the briefing note attached.

We expressed our support and concerns about HW as a vehicle for influence and empowerment and our belief that the 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. We expressed the view that 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.

FH: Said that he recognised our concerns and assured us that the engagement exercise for Healthwatch is a *genuine* consultation. He assured us that he would take our views on board.

He added that he was aware that NALM would want a national Healthwatch free of the CQC influence and fully independent, but said he could not deliver that because it would be regarded as another QANGO. FH said the trick will be to develop local ownership of this national body and said the government is not in the business of recreating CPPIH and wanted a body that is as independent as possible within the CQC.

MA said that NALM feel discomfort that the estimated cost of establishing HealthWatch within the CQC would, about £5m whereas a social enterprise model

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could deliver a successful model for about £2m. MA added that a national body is needed that is accountable to and has the support of local HealthWatch.

FH expressed surprise at our estimate of cost and agreed that effective connection between local and national HealthWatch was essential.

MA said that LINKs are fledgling and that there is still a huge development task to complete. Many LINKs are doing well, but some are struggling to deliver what was intended of them. To more empower them, we need a body with real relevant experience of their world. It will take a staff of 15 – 20, supporting LINKs, providing advice, support, training, speaking on behalf of LINKs to government and regulators. He added that the proximity of HealthWatch to CQC raises real issues in relation to perceptions of independence.

FH said that there were many successful models of public watchdogs, e.g. the Consumer Council for Water which monitors the water companies, as part of OFWAT.

Mary Simpson said that many Regulators have a 'consumer association' and added that the CQC is increasingly working with LINKs

MA replied that the CQC communicated poorly with LINKs and that its competencies were many but did not include public involvement.

RM said that a key issue is whether the HealthWatch contained in the CQC would be credible, responsive and give good value for money.

FH said that he found our financial argument very compelling, but would like to look carefully at the assumptions.

MA gave the example of AvMA as a voluntary sector body, with a budget under £2m which provide policy and legal advice, advice to members of the public, produces much effective work and is very well regarded.

He added that NALM is also very concerned about is the funding issue for local LINKs. Money comes through the Local Authority route and is increasing insecure and this puts LINKs at risk and therefore there is a strong case for ring fencing the funding of LINKs.

FH said that he recognises our concerns and that there are two safeguards which ought to mitigate this problem – one is that the local authorities have a 'legal duty' to support the activity of the LINKs and two, that it is in their interests to see LINKs work well.

RM replied that this has not always proved to be the case, and asked whether local authorities would want to foster a system that sits in judgement on their services? In

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many cases, local authorities have taken part of the LINKs' funding and failed to ensure they have robust support.

FH said the funding for LINKs would not be ring fenced and that the only funding that will be ring fenced is the public health budget.

MA suggested that independence for HealthWatch requires separation from the local authorities and reflected on the composition of CHCs which 50% of their members elected from the voluntary sector and 50% from local authorities. MA added that accountability for national HealthWatch requires that the national board of Healthwatch should be elected from local HealthWatch.

FH accepted the force of this point and added that expensive offices were not necessary for a successful national organisation. He asked what NALM's view was on the future of hosts?

MA said that some had done well in which case the relationship with LINKs should continue. Where they had done badly the local HealthWatch must be able to employ their own staff.

RM said that support staff at each level, need to be genuinely aware of what makes the system succeed. National Healthwatch could be the 'pay and rations' arm for the local Healthwatch staff.

MA said that the Annual Reports show LINKs as still too 'process driven'. The focus must be on *outcomes*. These are paramount and primary...

RM said that the Secretary of State needs to hear the voices of the genuine service users. It may be a heresy to say here in these hallowed halls, but ordinary LINKs' members are the most expert people in knowing how to build and develop HealthWatch.

MA: That's why we are putting together the Transition Board, of about 15 people. We will work on the direction of the new model. We shall report in September. We need to consider the impact of GP commissioning and the whole culture change. PPGs where they exist in GP practices are very variable but will be a key partner.

FH: There's lots of work to do on the culture change. There are some very go-ahead practices. I'm going to Bow to look at their set-up. We had a debate on it in the Lords.

We have a bit of time to reflect on all this. Please do encourage people to feed in their ideas. We need to hear from them. We all want to get to the same place.

We shall meet again on this.

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