



## Meeting with Earl Howe, Parliamentary Under-Secretary of State in the Department of Health

**December 14<sup>th</sup> 2011**

### **Attendance**

- Earl Howe, Parliamentary Under-Secretary of State for Health
- Baroness Northover, Government Whip in the Lords and Spokesperson on Health
- John Wilderspin (National Director, Health and Wellbeing Board Implementation)
- Kasey Chan (Implementation Lead for Public and Patient Engagement - HealthWatch policy)
- Katy Knight (Earl Howe's office)
- Ruth Marsden (Vice Chair NALM),
- Malcolm Alexander (Chair NALM)

### **Healthwatch Pathfinders**

We discussed the need to ensure that the HW resources, (£60m), which will be made available by the Department of Health, are used specifically and effectively to develop LINKs into Healthwatch and to create more powerful and influential bodies to represent the public in the NHS and social care. We stressed that currently the money intended for HW pathfinder development, but 'diverted' for generic support work for LHW, is not being used in a way that is transparent and accountable. We said that at very least transparency was needed.

We expressed our concern that there was much disillusionment amongst LINKs members at the moment and that many could not see how their LINK would transform into Healthwatch. We asked Earl Howe to reconsider the case for individual funding of HW Pathfinders as a way of providing models for successful transition. We said that expectations created by promises of "the independent patients' champion" should be met, both for the credibility of Healthwatch itself and of the Department of Health.

**Earl Howe said that both carrying forward the functions of LINKs to Healthwatch and enabling volunteers to move forward was essential. A further announcement will be made in the New Year about the funding of Healthwatch Pathfinders.**

### **Transition from LINKs to Healthwatch—development path for LINK members**

We discussed the means by which LINK members will move forward into HW. We proposed a ‘readiness’ package’ that included training, support and advice that would enable LINK members to carry forward their leading role and activities into the HW system. We said that a real ‘platform’ was essential to carry forward from LINKs to LHW those LINKs’ members who are individual volunteers.

Earl Howe said he understood that expecting LINKs to become a body corporate in order to be in the running to successfully bid to become LHW was a tall order, but that a **collaborative approach between LINKs, local authorities and other parties would be useful to support the transition. We also agreed that a ‘map’ was needed for LINKs members, describing the way forward and that it was important to integrate the experience of LINKs’ members into the Healthwatch systems.**

We offered examples of the work carried out by Elizabeth Manero when CHCs closed and the developing work in London with the SHA, JIP and LINKs.

**Earl Howe agreed that type of collaborative approach between LINKs, local authorities and other parties would be useful to support the transition. We also agreed that a ‘map’ was needed for LINKs members, describing the way forward and that it was important to integrate the experience of LINKs’ members into the HW systems.**

Note: we need to look closely into how this can be done most effectively and what the outcomes might be.

### **Ringfencing of LHW funds**

We emphasized the importance of LHW being fully funded at the level designated by the DH. We expressed our concern that the designated £60m would be dissipated into other activities and services if it was not ring-fenced.

Earl Howe, said that LAs would be encouraged to spend the designated money for the purpose intended, but that PPI cannot be immune from the financial cuts being faced in the DH and in the NHS. He said that LAs are enthusiastic about HWBBs and about the inclusion of the public’s voice in that work through LHW. He added that engaging the public is of great importance and it was essential to get a breadth of views about local services. He said it is important to support and include people less able to articulate their views. In addition it is important to include local bodies other than Healthwatch.

## **NOTE ON MEETING WITH EARL HOWE – DECEMBER 14<sup>TH</sup> 2011**

**Earl Howe was willing to explore NALM's concerns (about funding allocated for LINK by the DH) and agreed to look at ways of strengthening that message to LAs.**

### **Independence of LHW**

We expressed our concern that the independence and capacity of LHW would be undermined if they were beholden to LAs for their funding. We emphasized the impact of budget cuts of up to 75% on LINKs and suggested that LINKs and HW could not be independent, speak out on behalf of their communities and have an equal place in strategic decision making, if they were dependent on the LA partners for their funding. We said that LHW could not monitor LA services and challenge LAs, if LAs also hold LHW funds.

Earl Howe said that in relation to the funding provided to local authorities for LINKs and Healthwatch transparency is essential, i.e. seeing how funds are allocated and spent and placing this information in the public arena.

We emphasized again that from our considerable experience and research that practice in local government, in relation to the allocation of funds, is sometimes quite remote from the DH's intention to fund LINKs and LHW adequately.

### **Duties on Clinical Commissioning Groups (CCGs) to involve LHW**

We asked Earl Howe if he would agree to make a specific link between LHW and CCGs in relation to the duty on CCGs to involve LHW in local commissioning decisions. Earl Howe asked if we meant on the face of the Bill and we confirmed that that was our goal. We added that although there is a duty derived from s221 of the Local Government and Involvement in Health Act to involve LINKs/LHW in influencing commissioning decisions, that the DH's commitment to HW (demonstrated through the proposed expenditure of £60m), needed to be reinforced by placing a specific duty to consult LHW within the duties placed on Clinical Commissioning Groups. We added that in discussion with GPs that we had found no opposition to the proposed amendment. We pointed out that it was essential for LHW to be involved 'upstream' as well as at the end of decisions on commissioning.

**Earl Howe recognised the importance of this issue about the connection between LHW and Clinical Commissioning Groups. He set out three ways that this could be approached: (1) discussion with CCGs at the local level to engage them; (2) providing guidance; and (3) explore the available duties in the Bill – and agreed to take the issue away for further consideration.**

## **Independence of Healthwatch England**

Earl Howe said he had met Lord Harris, Baroness Jolly, Lord Patel and Baroness Cumberlege to discuss a number of issues in the Bill including independence of HWE. They were continuing to press for full independence of HWE. He said that he supported HWE being and feeling an independent national body and having direct influence and power within the CQC. He said that HWE's judgement must be independent of the CQC and that it must have direct levers into the CQC. He said the Chair needs to be a special person who is not afraid to speak out and who is wholly credible.

We said that the structures and bureaucracy of CQC were far from ideal for HWE, which should be outward facing and supportive at the start up and development of LHW.

We argued for an independent HWE, which has a Board that is diverse, accountable and elected. We said that if HWE is not accountable locally that it would quickly evolve into a body like the CPPIH - which would be unacceptable. Earl Howe understood the limitations of CPPIH. We asked for elections from LHW based on a process that enables people with necessary skills and competence to stand for elections in their region.

**Earl Howe felt that an election process may be more lengthy than an appointments process but agreed to explore our proposal that members in the first year should be appointed as 'caretakers' , whilst membership of the HWE board in the second and subsequent years would be elected mostly through LHW.**

**Earl Howe offered a further meeting in the near future to discuss ongoing issues.**

**End of note**

**Note prepared by Malcolm Alexander and Ruth Marsden**

**Checked for accuracy by Kasey Chan: Implementation Lead for Public and Patient Engagement - HealthWatch policy, Department of Health**