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National Association of LINKs Members

BRIEFING NOTE ON HEALTHWATCH

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INTRODUCTION

NALM is wholly committed to building an effective, independent and powerful system of patient and public involvement in health and social care. We believe to do this successfully it is essential that Local HealthWatch (LHW) is independent, credible, accountable and responsive to the community it serves. It must be a big *hitter* when it comes to promoting and defending the public interest in health and social care, especially in relation to safety of NHS services and care homes, service quality, and access to appropriate care. Influencing commissioning so that services meet local needs, is central to work of LINKs and HealthWatch. Funding for LHW must come from a source that does not result in LHW being beholden to its funder. NALM has worked continuously, conscientiously, and actively with our members and the Department of Health's HealthWatch Programme Board to achieve these objectives.

We understood our objectives were shared by the government following Andrew Lansley's statement about LINKs (Local Involvement Networks):

"On independence, local involvement networks may struggle to be credible as long as they are funded through local government.

'HealthWatch' I envisage as an independent body with a separate funding stream and the right to decide its own agenda of work. Structures for Patient and Public Engagement must be independent, but how is independence best guaranteed? Should HealthWatch be accountable directly to Parliament?"

We think that an accountability arrangement between HealthWatch England (HWE) and the Parliamentary Health Committee would be desirable.

POSITIVE ASPECTS OF THE PLANS FOR HEALTHWATCH

The proposed seat on the Health and Wellbeing Board (HWBB) is a major step forward for the participation of LHW in strategic partnerships and decision making with health and social care partners. For this role to be successful, LHW will need to have excellent local intelligence and to be directly representative of local people. The credibility of LHW will be at risk unless it is seen as a powerful and influential representative of the local population.

HWE will provide a major and fundamental enhancement to the success, effectiveness and credibility of the LHW system and will provide influence with the CQC, Monitor, the NHS Commissioning Board and the Secretary of State that LINKs currently lack. But HWE lies at the heart of the CQC and will be seen as an internal committee, not a fearless independent champion of the people in health and social care. Elections from LHW to HWE are essential to ensure real accountability to the public.

THE CURRENT DIRECTION OF TRAVEL FOR HEALTHWATCH

We believe the government has made a number of decisions that will undermine the effectiveness of HealthWatch. The shared objectives to develop a highly effective system of PPI remain, but government's decision to incorporate the following features into the HealthWatch system are in our view damaging to its potential success:

- Removing the statutory status of LHW
- Having no requirement for community membership of LHW
- Requiring direct accountability to the local authority for LHW
- Making HealthWatch England directly accountable to the CQC
- Having no duty for CCGs to consult with LHW on their commissioning proposals.

These five aspects of government policy on HealthWatch fundamentally undermine its potential influence and disregard both the lessons from past failures and advice from real practitioners on the front line of PPI. The crux was picked up at the Mid Staffs Inquiry by Tom Kark QC, Counsel to the Inquiry, who made the following very pertinent closing remarks to the Chairman of the Inquiry on 9 December 2011.

29. Effective public involvement in the managements of hospitals and in the system more widely depends upon those organisations built for that purpose (whether LINKs or HealthWatch) being properly funded, organised and the members trained.

<http://www.midstaffspublicinquiry.com/sites/default/files/uploads/Conclusion.pdf>

An example of what can happen when the accountability arrangements are misplaced is illustrated by the following statement:

We gained Pathfinder Status, and since then have to meet with the council's requirement to change our pattern of working and also to adopt all of our reports into the same pattern as council reports, so they look like council committee reports, which make the public look on us as a council committee and strips us of our independence. It was made clear that the concept of LINKs becoming HealthWatch, metamorphosing, would not happen.

Max Coleman, Chair Bedfordshire LINK

TRANSITION, EVOLUTION AND METAMORPHOSIS

Each time governments abolish public involvement in the NHS and social care (twice in the past 9 years) they have created new systems which take about 2 years to become functional. A large number of volunteers have been lost, individuals who were experts in the monitoring of local services, and this was compounded by the loss of local relationships, loss of intelligence about services and loss of organisational memory. Add to this picture public confusion, exasperation by committed volunteers and the waste of considerable sums of public money. We strongly believe that the government's current plans for HealthWatch will lead to similar scenarios.

LEARNING FROM EXPERIENCE AND FRONT LINE PRACTICE

Effective HealthWatch can be achieved by listening to all interested parties, but particularly to the people on the front line who run successful public involvement organisations, e.g. members of LINKs that have demonstrated good outcomes for service users from their monitoring of services, influencing commissioners and active involvement and inclusion of local people. Successful public involvement can't be planned in Whitehall, but government can do much to enable it to happen successfully.

41. The lack of prescription from the Department of Health as to the structure and constitution of LINKs was a serious failing, notwithstanding the good intention behind it to create independent, non-bureaucratic local networks. In Staffordshire, uncertainty about the nature and role of the LINK meant that a disproportionate amount of time and resources were devoted to the establishment of governance and other procedures.

<http://www.midstaffspublicinquiry.com/sites/default/files/uploads/Conclusion.pdf>

WE SHOULD LEARN FROM SUCCESS, NOT ONLY FROM DISASTER

The events at Mid Staffordshire NHS Trust and Winterbourne View remind us that institutions need a powerful public body, watching, listening, advocating for users and working with the leaders of local services to constantly raise standards. Participation in the local HWBB is a key component of LHW's role, but it is only the front-end of its daily work with users of health and social care services to know what is going on, and to influence commissioning so that it effectively meets the needs of local people.

THE RIGHT OF ACCESS TO EFFECTIVE HEALTHWATCH

Every community should have a right of access to a well functioning and successful local HealthWatch. This can be achieved through effective planning, training, proactive support from HWE and support from appropriately trained local authority community development staff. Learning from the HealthWatch Pathfinders and the Action Learning Sets will be crucial. HealthWatch should be open and accessible to all people and groups in the community, its membership should be diverse and its culture inclusive. The government's current proposal could result in LHW with no members at all.

DIVERSITY IN MEMBERSHIP – NOT IN STANDARDS

Wide diversity in the effectiveness of public monitoring of health and social care services is unacceptable. Where LINKs are not effective, there is diminished public influence in health and social care services, which impact on the quality, safety and effectiveness of care. Local authority funding of LINKs has in some cases undermined their ability to function effectively. Many LINKs found their budgets massively cut by their local authority from 2010 - it seems unlikely that these same local authorities will be appropriate bodies to fund LHW or to be the body to which LHW is accountable.

THE IMPACT OF LOSS OF STATUTORY STATUS FOR LHW

Being a statutory body gives LHW significant status in the community. It enables people to feel that there is an independent organisation that is specifically set up to meet their need, that advocates for them, that has statutory rights to monitor and influence, and can be trusted when other systems in health and social care fail. This is especially the case when the patient/carer/citizen is trying to deal with highly complex, large, health and social care bodies. Local authorities and voluntary sector service providers should not run or control HealthWatch, because they have interests which may not be compatible with the duties laid on LHW.

ELECTIONS TO LHW ARE A KEY ADVANTAGE OF STATUTORY LHW

If LHW is a statutory body, Regulations can be laid requiring local elections to LHW. The concern of the government that they should have no involvement in what happens locally will be simple for them to deliver - once the regulations for LHW elections have been put into law, the DH can simply bow out.

ABOLITION OF LINKS WITHOUT TRANSITION IS VERY LIKELY

Government plans to remove the statutory status from LHW will in practice result in the abolition of most LINKs and make transition to LHW unlikely. LINKs would need resources and experience to establish themselves as bodies corporate; they would have to join the 'approved contractors' list of their local council and run the organisation as a charity or company. If LHW bodies are non-statutory, the government cannot lay regulations in relation to membership or governance; consequently LHW will not be required to have a membership – it will be up to local authorities to decide.

A RETREAT FROM THE PUBLIC ARENA?

LHW will be run by bodies which are not publicly accountable, cannot be required to meet in public, will not be subject to the Freedom of Information Act, but will be contractually accountable to the LA. The non-statutory LHW might be a local service provider and their aim in running the LHW might be to further their own organisations aims. Independence evaporates in the model the government are now proposing. Removing the statutory status from LHW waters them down even though they will retain their statutory functions.

GREATER FREEDOM FOR LOCAL PEOPLE TO DESIGN HEALTHWATCH?

Removing the statutory status from LHW will not give local people greater freedom to shape HealthWatch – it will give greater freedom to local authorities. Local authorities will be empowered to decide what LHW will look like in their area and will tender for the organisation they want – local people won't have a say in most cases. Local people were not consulted on budget cuts to LINKs in 2010. Allowing councils to create LHW generates a significant conflict of interest, as the service provider (the local authority) will be establishing the body that will monitor its own services - that is like asking Winterbourne View to design a new regulator for social care providers.

I am a member of the Swindon LINK which is already run by the council. If HealthWatch is left to the local authority we may as well not bother in the future. It will be an absolute farce to think that patients' views will count for anything. No amount of legislation encouraging "involvement" of patients will have any effect whatsoever without complete independence. Funds will be dished out as the council sees fit, leaving HealthWatch without adequate resources to actually achieve anything. Volunteers like myself will simply give up because the obstacles we face at the moment with intransigent and inefficient officials are too great. Karyse Day, Swindon LINK

WHAT KIND OF ORGANISATIONS WILL LOCAL HEALTHWATCH BECOME?

In practice it is likely that voluntary sector organisations and networks (Hosts), which currently provide support services to LINKs, will become LHW. Many of these are excellent but they should not replace the active membership currently leading successful LINKs. We need LHW to have a vibrant local membership, an organisation that is visible to the public; not one that does not need members and can operate away from the public view. The structure of LHW will be decided between the council and the contracted organisation. What the public needs are LHWs in the public arena - like Hillingdon's LINK - which has accessible offices in a shopping centre – not buried in an office and invisible to the public.

CONCLUSION

We do not want to waste two more years setting up LHW – that is how long it will take to get new organisations functioning well. Tax should not be spent on advertisements in the European Journal or other journals to tender for a LHW. Given that there is over a year for LINKs to operate before they are replaced by LHW, the DH should ensure that all LINKs have the support they need for transition to LHW and use an 'authorisation process' enabling those with capacity and willingness to evolve into a statutory LHW. Where such a transition is not possible, then the local authority might need to go out to tender. Grant-in-Aid has been suggested as another means of funding LHW and to enable transition, but this is not an easy option for councils.

HealthWatch could be very successful if the following criteria were met:

- Elections from the community to LHW
- Funds for LHW to come directly from the NHS Commissioning Board – the NHSCB to be monitored by HWE to ensure that funding is handled appropriately.
- NHSCB funding to resolve the inappropriate relationship proposed between LHW and local authorities.
- The bodies HealthWatch monitors cannot also be the bodies they are accountable to.
- CCGs should be required to consult with LHW on its commissioning plans.

As Earl Howe said in relation to the previous Health Bill:

"We are told that one ingredient of the Health Bill will be to strengthen public involvement. I say this with some degree of concern. Everything that I and other noble Lords predicted during the passage of the Act has come to pass. Many local authorities have quite simply failed to understand the legislation properly ----

The Government has made public money available. --- The net result of all this is that many committed and talented people have given up the struggle and are now lost to the system. It is the perception of those who represent LINK members that Ministers are in denial about how bad the situation is in many areas of the country".

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