The national voice for LINks' members

HealthWatch
Making It Happen

Health and Social Care Champions at a National and Local Level

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The National Association of LINks' Members

Public and Patient Involvement in Health and Social Care

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ICAS	...	...	...	Independent Complaints Advocacy Service
LA	...	...	...	Local Authorities
LHW	...	...	...	Local HealthWatch
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HealthWatch Making It Happen

"We can't solve problems by using the same kind of thinking we used when we created them." Albert Einstein, and quoted by Earl Howe at a conference on the NHS White Paper.

LINks (Local Involvement Networks) are statutory bodies established in 2008 to monitor and influence health and social care services. The government intends to replace LINks with a new body called Healthwatch in 2011-12. This document explores some of the strengths and weaknesses of the proposed system of public involvement.

Making HealthWatch work effectively

The first priority for HealthWatch, both locally and nationally, is INDEPENDENCE. Without full and visible independence HealthWatch will fail.

We welcome the introduction of HW and are committed to making it work, but the recent decision not to ring-fence funding for LINks/HealthWatch has damaged the morale of LINks' members - the very people who will form the core and be the engine of LHW. **It is essential for LINks to be in a robust shape in 2011-12, not just to take on their new role as LHW, but to meet the increasing demands and challenges that will take place as a result of the major reorganisation of health and social care.**

To make HW an effective voice for patients and users of social care services, there are five key interrelated areas that need addressing. We are undertaking further work to "flesh out" key areas and further papers will follow.

The key points are:

1. Funding for LINks 2011-12 and LHW in successive years
2. The legal and governance status of HealthWatch England (HWE)
3. The legal and governance status of Local HealthWatch (LHW)
4. The independence of Local and National HealthWatch
5. Support, funding and effectiveness of LHW

1. Funding for LINks 2011-2012 and LHW in successive years

Effective LINks are an excellent example of the 'Big Society' in operation - representing the local population, with an active membership of unpaid volunteers, supported by a small professional staff team.

Early indications suggest a substantial cut to LINks' funding of between 25%-30% or more ... well above the reduction of 7.5% in funding for Local Government. This contrasts with the DH's statement that funding for LINks (via local government) for 2011-2012 and HW for 2012-2013 has been **increased** in line with inflation.

It is unreasonable, and verging on exploitative, to ask volunteers to both advocate for their populations on health and social care issues, and also to spend their valuable time trying to negotiate LINks budgets with the local authority.

The DH has written to local authorities reminding them of their duty to ensure that a LINk is provided to the local community, but anecdotally, it appears that some local authorities do not believe the DH will enforce this duty. There is also some risk that LAs may water down the capacity of LINks to perform their functions by reducing the current levels of funding.

Urgent action is needed to ring-fence funding for LINks and LHW and we believe that future funding should come through HWE as the budget holder.

2. The Legal and Governance Status of HWE

We believe the government wants to create an independent voice for users of health and social care services and we are, therefore, concerned that the CQC has been chosen as the home for HWE. The CQC has considerable merits, but many LINks feel that their past performance on listening to the public has been poor. All evidence shows that the public needs to be convinced that LINks/HW is independent and siting HWE within CQC erodes the credibility of that independence.

It will take a substantial cultural change - and much time - for any arrangement within the CQC to work effectively. What will happen if HWE has serious concerns about the effectiveness of the CQC ... for failing to take action where poor care has been identified by LHW ... if the staff of HWE have a contract of employment with CQC?

If this arrangement is to work, HWE must be a fully independent legal entity within the CQC with its own HWE Board of Management, and this Board must be drawn predominately from elected representatives of LINks/HealthWatch. If local people are to work effectively at the 'bottom', they should be trusted to have real power at the 'top'.

The functions and responsibilities of HWE should include:

- **Setting up and maintenance for LHW**
- **Provision of indemnity**
- **Advising on effective public involvement in health and social care**
- **Training**
- **Influencing national commissioning, quality and policy**
- **Providing legal opinions to LHW**
- **Supporting the integration of LHW and ICAS**
- **Powers to support the development of robust and effective LHW, in every part of England, able to demonstrate benefits for local people.**

3. The Legal and Governance Status of LHW

Current legislation is vague on the legal status of LINks and this has been detrimental to their effectiveness. Previous models of PPI, and PPI systems in other parts of the UK, had their powers and duties defined with much greater clarity. **We recommend that the Bill clarifies and enhances the legal status of HealthWatch.** For example, they could be set up as a 'body corporate' and as a 'public benefits corporation'. This would be consistent with the status that the government has always said it wishes to give to LHW, would provide proper protection for members and enable LHW to enter into contracts for staff and for services.

4. The Independence of Local and National HealthWatch

There is a critical and glaring conflict of interests in local authorities deciding levels of funding for the body responsible for scrutinising their social care services.

Under the present legislation, LINks appear to be accountable to the Secretary of State for Health and have a membership to whom they are also accountable. This arrangement appears to confer a high degree of independence, but in some instances, LINk members have felt their independence compromised by local authorities and by Hosts. Some LINks have reported threats to their funding and actual reductions, where the LINk has resisted pressure to comply with the direction dictated by local authorities or Hosts. The three-way arrangement (LINks, local authority and Host), has not been a great success in some cases, and some LINks members would argue it has been a failure and not in the best interests of the public or the best use of public funds.

> *"I resigned from the LINk 'stewardship group' because I could take no more of the Host's persistent undermining of our work, abrogating to itself powers to which it had no right, patronising volunteers, favouring its own interests over and above those of the general public and of effective scrutiny of health and adult services in our area".* *LINk member*

The White Paper contradicts itself, in referring to LHW as being independent. On the one hand, the government say they want to remove politics from health and yet they propose making LHW accountable to local authorities – the bodies they will monitor. Clear evidence of the loss of independence can be seen in the developing chaos over LINk budgets, with local authorities slashing funding intended by the DH to fund LINks and using the money to fund other services.

We believe it is imperative that the powers to promote the effectiveness and performance of LINks/LHW that now lie with the Secretary of State and local authorities, should be transferred to an independent HWE.

LHW should be required to enhance its accountability to the community by making it a duty to hold elections for their governing body, and by opening up LHW to greater public scrutiny by the community ... as some LINks already do.

This will meet all the objectives of the government's localisation, and 'Big Society' agendas, without LHW becoming part of the local political apparatus.

5. Support, Funding and Effectiveness of LHW

Support and funding

The existing contracting arrangements for LINKs are not good value for money. One hundred and fifty-two local authorities each have their own standing orders, and varying levels of skills and competence within contracting teams. These teams are likely to be reduced over the next 4 years - and it is hard to believe that effective monitoring of LINks/LHW contracts will be carried out with the expertise that this role requires.

Ten percent, or more, of the money allocated by the DH for LINks under the present arrangement, went to the local authority - not to Hosts to support LINks – some £2.5 million plus per annum.

> *"Camden LINk pays Camden Council £8,000 per annum to manage the contract with its Host. This is for 4, two hour meetings per annum or a charge by the LA of £1,000 per hour".* *Camden LINk member*

We believe that for a reduced amount, HWE could commission support services for LHW and support the development of localisation agenda. The Board of HWE, made up of elected LHW representative, would ensure good governance and the vast majority of monies would go to LHW, rather than subsidising other services in which LAs or Hosts have an interest.

The arrangements for funding and supporting LHW must credibly secure its independence and local influence, and members must have control over the appointments of Hosts or have the capacity provide these functions direct. LHW must have direct control over their budgets. This must be the default position.

Effectiveness

LHW must be highly effective at monitoring health and social care, influencing commissioning and involving local people in all that they do. The White Paper suggests that local authorities should intervene when LHW is not working effectively, but experience of this process with LINks demonstrates that this approach has led to protracted disputes, which severely damaged the effectiveness of some LINks.

We believe that a better solution would be to have one organisation – HWE to commission LHW. This would enable HWE to gain the necessary experience and expertise to promote the effectiveness of LHW and to provide advice, support and training.

HWE should be the body equipped and empowered to promote and support compliance with the 'duties' placed on LHW under the legislation. This approach is lacking under the present arrangement and was handled poorly by the 'Commission for Patients and Public Involvement in Health' (CPPIH), which was set up by DH to support Patients' Forums, but was top heavy and too remote from the front-line.

LHW will need minimal but appropriate governance arrangements, which can easily be developed from the experience of LINks, together with advice from HWE. These arrangements will need to deal with the direct employment of staff and the accountability of LHW. LHW and HWE will require dedicated **indemnity** cover, tailor-made for their unique and important role.

The Freedom of Information Act should also be extended to require the disclosure to the public of documents held by Healthwatch.

Conclusion

The key to success of HealthWatch is:
Independence … Independence … Independence!

We fully support HW, but are very concerned that the model proposed by government will embed fundamental and evidenced weaknesses into the establishment and implementation of LHW and HWE.

We urge government to learn from the disorder, demoralisation and haemorrhage of members caused by the abolition of CHCs and of Patients' Forums ... and from the problematic contracting arrangements for LINks, which in many cases have been poor value for money and led to long start-up times that hampered the effectiveness of LINks.

We propose a democratic, highly functional, credible model with a bottom-up approach, which gives elected local people considerable influence in the operation of HWE and provides infinitely better VFM than the model proposed in the White Paper.

Ultimately, HW will be reliant for success on the goodwill of voluntary unpaid members, supported by small effective staff teams. It is essential that the volunteers are listened to and their concerns are addressed or this excellent proposal for HW will flounder.

Independence … Independence … Independence