



July 23rd 2012 - PRESS RELEASE
Healthwatch Report: <http://tinyurl.com/ch6a4vh>

National Association of LINKs Members

**Healthwatch must be the people's
independent, powerful, public watchdog in
health and social care**

A report by NALM analysing the results of FOIs sent to 152 Local Authorities in England, has explored progress with development of Local Healthwatch (LHW), following Royal Assent of the Health and Social Care Act 2012. The survey explored funding, transition from LINKs to Healthwatch, involvement in Health and Wellbeing Boards and public engagement in the development of Local Healthwatch.

The survey showed many local authorities are doing excellent work in collaboration with Local Involvement Networks (LINKs) to establish Healthwatch, but that only 58% of local authorities were able to confirm that resources were in place for LINKs to continue their work until abolished in March 31st 2013.

Government policy that LINKs should go through a transition to Local Healthwatch whenever possible was not evidenced by the survey, which showed that whilst 51% of local authorities were working closely with the LINK to establish Local Healthwatch, there were few examples of genuine transition – notable exceptions were Islington and Hertfordshire. There was little evidence of plans for LINK legacy to be carried forward to LHW, and little evidence of public participation from children and young people in the development. Leading edge examples of public participation were found in Suffolk and Plymouth.

Evidence of local authorities unlawfully taking over the running of LINKs (Swindon) or attempting to control the LHW were also revealed, e.g. one local authority is consulting the public on what priorities LHW will have before it even exists.

Malcolm Alexander, Chair of NALM said: “our survey shows great progress in some parts of the country. But, Healthwatch must be an independent of the system it monitors and a powerful public watchdog in health and social care. It is a complete waste of time and money to establish a system of public involvement that is toothless and beholden to the local authority that funds it. We need Healthwatch to be democratic, led by its members, with ring-fenced funding and able to monitor and lead the development of local needs-led services. Local Healthwatch must be able to blow the whistle when services are failing local people. We have made 10 recommendations to Ministers and local authorities”.

RECOMMENDATIONS

- 1) Renewed government and local authority commitment to the transition of LINKs into Local Healthwatch (LHW)
- 2) Use of grant-in-aid by local authorities to enable genuine transition from LINKs to LHW
- 3) Active public engagement of the community to ensure inclusive and diverse approaches to the development of the LHW as the people's watchdog.
- 4) Involvement of children and young people in the development of LHW.
- 5) Ensure that LINKs continue to monitor and influence health and social care with local people until abolition on March 31st 2013.
- 6) Ensure LINKs legacy carries over to LHW to avoid the loss of experience and knowledge – new organisations usually take two years to establish.
- 7) Training for all LINKs members in all areas, to ensure that the usual mass migration of volunteers that accompanies the abolition of community organisations is stopped.
- 8) Support for LINK members on Health and Wellbeing Board so they can carry forward their experience to LHW.
- 9) LHW should include advice and information services and the Independent Advocacy Service as an integrated model information rich model. Subcontracting bits of LHW will be inefficient, expensive and a waste of time and resources.
- 10) Healthwatch England should to advise LHW how to access critical information to assess the safety and quality of local health and social care services.

Notes for editors:

Malcolm Alexander is Chair of the National Association of LINKs Members. He can be contacted on: 0208 809 6551 or 07817505193 - NALM2008@aol.com

Ruth Marsden is the Vice Chair of the National Association of LINKs Members. She can be contacted on: 01482 849 980 or 07807519933 or ruth@myford.karoo.co.uk

Local Involvement Networks (LINKs) were set up by statute in 2008 to give citizens a stronger voice in how health and social care services are delivered.

NALM is the national organisation of Local Involvement Network members and was formed on April 1st 2009. NALM aims to stimulate more powerful approaches to public and user involvement and build a major grass roots movement of LINKs and LINKs' members which can influence government policy.

The Health and Social Care Act 2012 abolishes LINK and replaces them by Local Healthwatch in 2013. Many of the duties of LINKs and LHW will be similar.

The Local Government and Public Involvement in Health Act 2008 established Local Involvement Networks (LINKs) to promote and support the involvement of people in the commissioning, provision and scrutiny of local NHS and care services. They do this by monitoring services and obtaining the views of people about their experiences of care and making reports and recommendations about how services should be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

Note of the development of Healthwatch

Local HealthWatch will take on extra duties such as providing information and signposting to the public who need help with understanding how the NHS and social services structures work, and potentially supplying advocacy for those who need help complaining to the NHS about poor treatment.

LINKs are made up of volunteers, supported by a small professional team. They have responsibility for scrutinising all health and social care services in a local authority area. They are tasked, by statute, with providing the voice of those who use our health and social care services.

It is intended that Local HealthWatch be the voice of the user and patient, and a guardian of patient safety. LINKs and Local HealthWatch should be the first line of defence against another Mid-Staffs, they have a right to inspect services.