

National Association of LINKs Members

Patient and Public Involvement in Health and Social Care

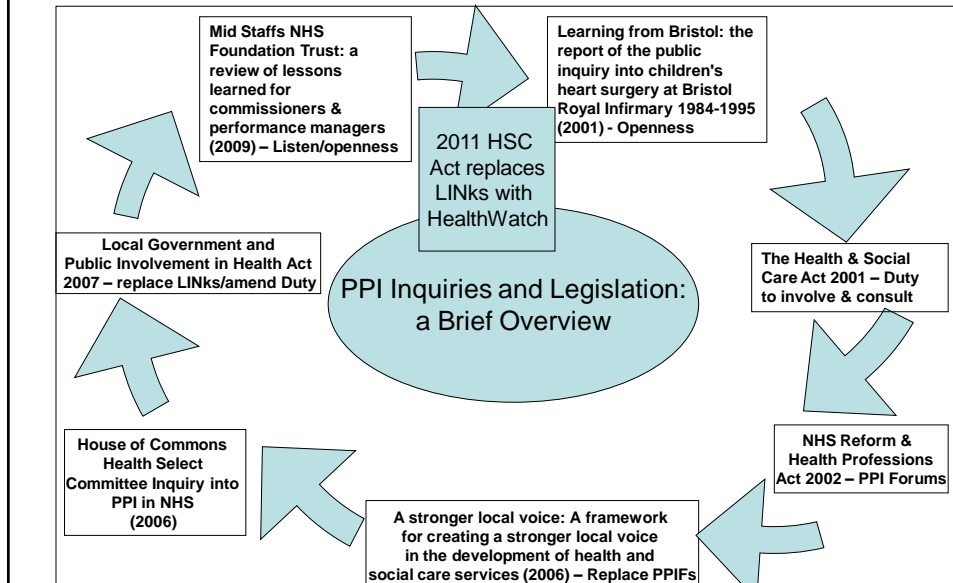
HealthWatch

Tuesday, October 4th 2011

Progress so far

- HealthWatch – will be the statutory public champion for people who use care services
- Government's intentions:
 - CQC to establish HealthWatch England
 - Department of Health leading on work to establish local HealthWatch, evolving from LINKs
 - Local authorities fund LINKs

Why Healthwatch – Why now?



Key Government Priority



- Healthwatch is a cornerstone of government policy
- Prepared to commit £60m to its development at a time of austerity
- But, unfunded Pathfinders

Building Healthwatch



- **LINks have been actively involved in the development of Healthwatch**
- **During the development stage close working between CQC/DH/LINKs**
- **High level of involvement in HealthWatch Programme Board and Advisory Group**

HealthWatch England



- **A statutory committee of CQC**
- **Distinct identity?**
- **HealthWatch England accountability to Local Healthwatch?**
- **HWE setting standards for LHW?**
- **Duties in relation to Secretary of State, Monitor, CQC and NHS Commissioning Board**

Chair of HWE



- **HWE chair will be a CQC board member**
- **Will work two days per week!**
- **Salary to reflect high public profile and importance – about £35,000**
- **Aim to advertise autumn 2011, appoint chair-designate April 2012**

HWE board



- **Strategic role, not operational**
- **About 12 members, appointed by CQC, working 2-3 days/month – we want them elected**
- **Board could represent range of community interests:**
 - local HealthWatch organisations
 - local user groups
 - local voluntary organisations
 - national user representative organisations
 - local/regional perspective

5 Statutory roles of LHW in Health and Social Care



- Influencing local commissioning
- Monitoring and inspecting local services
- Gathering information and intelligence
- Providing information/advice/signposting
- Independent Complaints Advocacy

Building and strengthening partnerships between local authorities and LINKs



- LA duty to commission LHW and provide govt funding
- LHW sets own priorities based on information and intelligence gathered about local health and social care
- Works collaboratively to ensure local patient and public voice heard from the community and its diverse people
- Building effective relationships to support LHW as 'critical friend' on local Health and Wellbeing Board
- Developing the JSNA and JHWS (Joint Health and Wellbeing Board strategy)

HealthWatch England operating model: with local HealthWatch



• Local HealthWatch

Local voice – for individuals,
community groups & vol orgs

Influence on commissioning and
Health & Wellbeing Boards

Gather local info on views and
experiences from all sources

Enter and view, hold providers to
account, report, recommendations

Signpost, info, access, choice,
advice

NHS complaints advocacy?



• HealthWatch England

Empowerment, support and
leadership, regional presence

Local data informs national view on
commissioning

Local info informs negotiations with
SoS, NHSCB, Monitor etc

Support through tools and
methodologies, CQC intelligence

Regional presence in support

For LAs to commission

HealthWatch England Support to local HealthWatch



- regional networks
- advice, tools and guidance, training
- sharing intelligence and best practice
- conduit between local voice and HWE
- supporting relationships with local CQC staff

But major Problems with LHW



- **Commissioning LHW through local authorities creates major conflicts of interest**
- **To be successful and powerful LHW must be fully independent of local authorities**
- **LHW can't be accountable to and funded by local authorities – which commission and provide services Healthwatch monitors**

Funding problems

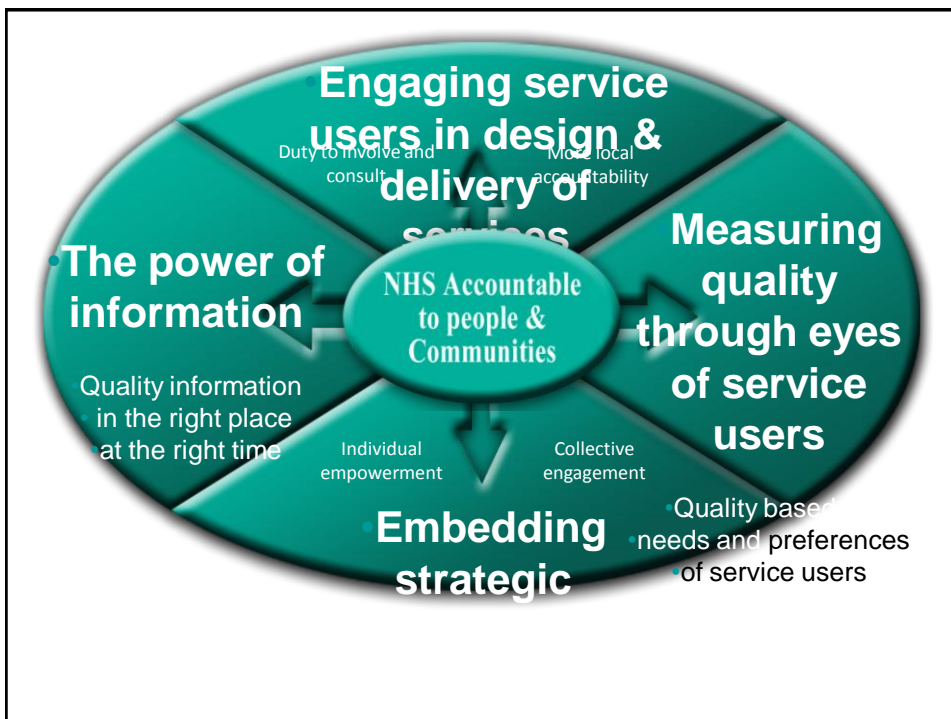


- **£60m funding for LHW is not ringfenced**
- **Healthwatch Pathfinders not funded but need to be inspirational leaders for learning and development**

Independence – Healthwatch England



- Healthwatch England must be independent of the CQC if it is to be an effective body representing the public's interest in the NHS and social care. The board must be ELECTED from local HealthWatch



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Chair

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