



LINK Event Report: HealthWatch Consultation



9 September 2010

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1. Introduction and Background

In July 2010 The White Paper **Equity and Excellence: Liberating the NHS** set out the government's ambition to give patients more information and choice about their care – in future there will be 'no decision about me without me'. Patients will have more comprehensive information about NHS services and will share in decisions about their care. The White Paper also outlined plans to strengthen the patients' voice through the introduction of a new consumer champion, HealthWatch. Local Involvement Networks (LINKs) will become local HealthWatch organisations.

It is expected that HealthWatch is to be up and running by 2012.

2. Expanding the role of LINKs as local HealthWatch

Proposals to expand the role of LINKs will mean significant changes and potential benefits for the local community. Local HealthWatch will require different expertises and skills. They will provide services as well as representing their community, taking on new functions around complaints advocacy and information.

In summary:

Embedding patient voice: The needs and wishes of service users will to be at the heart of every decision that health and social care professionals make.

Governance: HealthWatch England will be established within the CQC structure. Local HealthWatch will have a relationship with both HealthWatch England and with local authorities.

Independence and accountability: The government have stated that the decision to place HealthWatch England within CQC and the relationship with, and funding of, local HealthWatch through local authorities is in line with their move towards more streamlined public services and local democracy.

National/local balance: a balance between a uniform approach which ensures consistency and a local approach which is relevant and responsive to local issues is essential.

Relationships: HealthWatch England and local HealthWatch will need to establish effective relationships with a range of organisations and bodies.

Transition: change of this scale will require a transitional period before the new arrangements will be fully functional. Subject to legislation, local HealthWatch will be expected to take on the full range of their new responsibilities from April 2012.

It is perceived that Local HealthWatch will be the local consumer champion across health and social care.

A HealthWatch member will also sit on the new Health and Wellbeing boards so the community has a say in local decisions.

3. What we did

North Tyneside LINK held a consultation event with its members on 9 September to collect their views on how they thought the change from LINK to HealthWatch, proposed in the White Paper, should be handled.

23 LINK members, both individual and organisational members, attended.

LINK gave a presentation and overview of the proposed changes to LINK. The audience then split into two groups to feedback their views in line with the following criteria.

4. What you said

Embedding patient voice

Q: How should this happen locally and nationally?

With HealthWatch having extra roles the challenge will be to support people to have a voice. HealthWatch will need to consider different channels of communication and use 'non traditional' ways of reaching communities. It should access already existing community groups and

leaders. HealthWatch needs to listen to the views of real users and not just their representatives.

Members felt that consultation was often a 'ticky box' exercise and there should be an obligation in law to involve people at a much earlier stage in commissioning and developing health and social care services.

Members were concerned with the proposals for GPs to lead on commissioning services and felt they did not have the time or skills to consult fully with patients. Members also raised the question of how GP consortia will gather evidence to find out what people really need. They felt that HealthWatch would need to go out into their community and reach groups, not wait for them to go to HealthWatch.

Governance

Q: What will be needed?

Members felt that the present proposals for accountability and relationships were unclear between local authorities, local HealthWatch and HealthWatch England. Clear guidelines for accountability and roles and responsibilities of each organisation need to be spelt out.

Members thought it should be made clear what HealthWatch could expect from the local authority and that local authorities need to be accountable to local HealthWatch and should respond in an appropriate and timely manner. There was also concern that local authorities would find it difficult to fund and take on the extra duties of HealthWatch in these times of cuts.

It was suggested that as a representative of local Healthwatch would sit on the new Health and Wellbeing Board. HealthWatch's reports should be open for public debate.

Members also felt that the proposed scrutiny function should not become part of the new Health and Wellbeing Board but should be an external function.

Independence and accountability

Q: What needs to happen to ensure independence?

Members agreed that Healthwatch's independence is very important. They felt that the government should protect HealthWatch's independence from local authorities (for example if HealthWatch is critical of the local authority) by funding local HealthWatch via HealthWatch England and introducing plans to ring-fence the funding. Members felt there was a danger to an organisation's independence if its role was to offer constructive criticism to its funder.

National/local balance

Q: How should this work?

There needs to be a clear commitment to funding of HealthWatch from the government to enhance autonomy.

If funding came via HealthWatch England it may offer national standardisation with local HealthWatch organisations learning from each other rather than working in isolation.

Relationships

Q: How should these be developed nationally and locally to have maximum influence?

GP consortia will need to have statutory obligations to develop their relationships with HealthWatch and understand it has statutory rights. The relationship between GP consortia and HealthWatch needs to be clearly defined as it should play a large role in representing all people from all sections of the community in a balanced way.

If funding is removed from the local authority this may lead to a better, mutually beneficial relationship and be above local party politics.

Expanding the role of LINKs and making it happen

Q: What needs to happen so LINKs can take on these extra responsibilities?

In order to achieve this transition members felt that there must be greater clarity of roles and clarity of funding. What HealthWatch can or can not achieve will be dictated by the amount of money provided.

HealthWatch will not be able to provide the level of complaints advocacy needed and support vulnerable people to make informed choices without more resources.

Members discussed the possibility of working with ICAS and commissioning a complaints support service which could include adult social care, so current skills and knowledge in this area would not be lost.

Concerns were raised that if HealthWatch takes on too much it may lose the positives LINK has established by working at a local level, particularly with smaller organisations. The public may perceive HealthWatch as another bureaucratic quango.

5. What happens now?

All those in attendance felt that this had been a valuable exercise and that they had greater understanding of HealthWatch and its remit.

The LINK team will present this report to the North Tyneside LINK board on 28 September to approve as their response to the associated part of the government's White Paper consultation.

After board approval, the report will also be shared with the LINK lead at the North East Strategic Health Authority and contribute to the regional response.

The report will be shared with North Tyneside LINK members through our website and newsletter and with our partnership organisations through direct mailing.

Members will also be kept involved in any discussions and outcomes from the White Paper.

6. Evaluation

23 LINK individual and organisational members attended the meeting. The majority of attendees said that the meeting had been 'very useful' and appreciated the opportunity to contribute.

When asked what was beneficial about the event comments included:

"Hearing the plans in the White Paper and what the future may hold for LINKs."

"It helped focus attention on the issues that need to be discussed and gain more information."

The LINK team would like to thank all those LINK members who attended and contributed to the discussions.

If you would like to find out more about HealthWatch, have a comment or experience you would like to share with us regarding any of the issues raised in this report please contact LINK on 0191 200 1429 or email link@voda.org.uk.