



# Healthwatch England Narrative

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<b>Contact details</b>	Helen Jones Healthwatch Team LG05 Wellington House 133-135 Waterloo Road SE1 8UG 2079724530	
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# Healthwatch England Narrative



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## Section One – White Paper context

- 1.1 The current system of patient and public involvement in health and social care is inaccessible and fragmented, has been constrained by a lack of real power, and subjected to three overhauls in the last nine years.
- 1.2 In 2003, the previous Government abolished the system of Community Health Councils, which had existed for 29 years. In their place, a system of 'Patients' Forums' was established, overseen by a Commission for Patient and Public Involvement in Health (CPPIH). Then, in 2008, the then Government abolished both Patients' Forums and CPPIH.
- 1.3 The current system is based on local involvement networks (LINKs). LINKs are community-based, locally accountable networks, designed to strengthen the patient, public and user voice in commissioning, provision and scrutiny of local services. However, LINKs have encountered a number of issues:
  - There is no national body to provide national leadership for LINKs.
  - LINKs have struggled to involve a wide range of people and different sections of the community, resulting in them being unrepresentative of their local population. There has been unnecessary variation in ways of working and effectiveness, showing lack of peer support.
  - There is a lack of awareness of the work of LINKs; they have no consistent identity, hindering their success and potential to reach different groups within the local community.
- 1.4 The White Paper *Equity and excellence: Liberating the NHS* (July 2010) outlined the Government's intention to put patients and the public first by creating a new Healthwatch – to strengthen the collective voice of patients and the public. The White Paper set out the following proposal:

*"We will strengthen the collective voice of patients, and we will bring forward provisions in the forthcoming Health Bill to create Healthwatch England, a new independent consumer champion within the Care Quality Commission. Local Involvement Networks (LINKs) will become the local Healthwatch, creating a strong local infrastructure, and we will enhance the role of local authorities in promoting choice, through the Healthwatch arrangements they commission."*

(Page 28: 2010)

1.5 Healthwatch will build on the strengths of the current system, addressing its weaknesses, and taking on additional functions.

In particular:

- Recognising that there needs to be a national body to provide coherence and guidance for those working at the local level; Healthwatch England will take on this national leadership role for local Healthwatch, benefitting from the efficiencies created by working with CQC and strengthening the ability for local voice to influence CQC and other national bodies.
- Recognising the need to connect with service users and members of the public, Healthwatch will have a strong identity, making it recognisable for users of health and social care services, and members of the local communities.

## Section Two – Key policy ambitions

- 2.1 The Health and Social Care Bill 2011 proposes that Healthwatch will be the new consumer champion for both health and social care. It will exist in two distinct forms – local Healthwatch, at local level, and Healthwatch England, at national level.
- 2.2 Local Healthwatch will gather local views on the health and social care system to provide feedback, which will enable Healthwatch England to advise on the national picture, in turn influencing national policy, advice and guidance.
- 2.3 In order for it to achieve these aims, Healthwatch needs to be a recognisable, unified entity, which functions at both the local and national levels. The aim is therefore to have a credible identity for all Healthwatch bodies, which the public can easily identify. This will be achieved through a programme of communication using local and national media, including voluntary sector and trade press, but also making use of web-based communication. A ‘toolkit’ of templates and briefings for use by local Healthwatch will be published, which will facilitate coherence in the use of the Healthwatch identity.
- 2.4 The fundamental purpose of Healthwatch England is to be a national body, which enables the collective views of the people who use health and social care services to influence national policy, advice and guidance. It will need to establish relationships with a range of bodies, both statutory and independent. It will draw on the knowledge and resources of voluntary organisations. It will be able to collaborate with voluntary bodies, research groups and others to develop its work programme.

## Section Three – Key changes to the current system

- 3.1 Local Healthwatch will gather views on the social care as well as the healthcare system. The aim of local Healthwatch therefore will be to gather views of patients and the public on both health and social care at the local level, but it will have the additional benefit of having a national level body to act as consumer champion.
- 3.2 The ambition is that Healthwatch will be a system rooted in local experience, with local Healthwatch harnessing the expertise of the voluntary sector and others at the local level, and Healthwatch England providing the national platform to ensure that the collective patient and public voice can have the power to influence national bodies such as the regulators (for example Monitor, the Care Quality Commission) and the NHS Commissioning Board. Local Healthwatch, for example will have a seat on the new health and wellbeing boards, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups. This will ensure that local Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities. This aligns with the Government's ambition to give greater freedom to local authorities to make better decisions about the commissioning of services, as they are best placed to assess local needs.
- 3.3 The Government's intention of raising the profile of patient, user and public voice requires a two-fold plan.

Firstly, there is a need to have continuity between the work of LINKs and local Healthwatch; it would be detrimental to lose that community of knowledge and trust, which people involved with LINKs have built.

Secondly, there is a need to go further than the loose network model which was the basis for LINKs. Establishing local Healthwatch as corporate bodies with statutory functions is further strengthened by the establishment of the new national body, Healthwatch England, which was missing in the system for LINKs.

## Section Four – Functions of Healthwatch England

- 4.1 Under current proposals set out in the Bill, Healthwatch England will be the national consumer voice for patients and the public. Healthwatch England will be set up as a statutory committee of the CQC, and the CQC is now working closely with the Department and stakeholders on preparations for the creation of this new committee. Once established in October 2012 (as proposed), Healthwatch England will have three main functions:
1. It will provide national leadership, guidance and support by way of advice and assistance to local Healthwatch organisations; this will help to create greater consistency across local Healthwatch organisations, for example through the sharing of best practice.
  2. It will be able to escalate concerns about health and social care services raised by local Healthwatch, users of service, and members of the public to CQC. CQC will be required to respond in writing to advice provided by Healthwatch England.
  3. It will be able to provide advice and information (which could include recommendations and reports) to the Secretary of State, NHS Commissioning Board, Monitor and English local authorities. The recipients of Healthwatch England's advice will be required in law to respond to Healthwatch England in writing.
  4. In addition, the Secretary of State for Health will be required to consult Healthwatch England on the mandate to the NHS Commissioning Board.

# Section Five – Key issues

## 1. Independence of Healthwatch England

- 5.1.1 Like all public bodies CQC has a corporate governance framework, which Healthwatch England will be required to comply with, but it will have operational independence from CQC. The Department and CQC will ensure that Healthwatch England receives sufficient resources to deliver its work programme.
- 5.1.2 Healthwatch England will set its own strategic priorities, based on feedback from local Healthwatch organisations and others, such as national voluntary organisations and local community groups. Healthwatch England will have editorial independence, i.e. in acting as the national champion, Healthwatch England will collate and formulate the national view, and present it either verbally or in writing. It will produce and publish its own reports, independent of CQC (even where they are commenting on the same issues or responding to the same consultations).
- 5.1.3 Healthwatch England must present an annual report to Parliament on the way it has exercised functions during the year. This will be a distinct report by, and the responsibility of, Healthwatch England. The Healthwatch England annual report will be published and sent directly to local Healthwatch organisations, and will thus be available for the public to access.

## 2. Location of Healthwatch England within CQC

- 5.2.1 Healthwatch England will be key to enabling the collective views and experiences of people who use services to influence national policy, advice and guidance. Establishing Healthwatch England as a committee of CQC will help strengthen links between patient/public views and regulation, and better enable CQC to address failings in the quality and safety of care by enriching the evidence used to regulate services. This information – alongside other data that it gathers – will also inform the CQC's risk management systems at a local level and also inform the CQC's national work such as special reviews.
- 5.2.2 Though Healthwatch England will have its own identity within the CQC, it will be able to benefit from the efficiencies that are created if support and infrastructure are provided by CQC. For example, provision of CQC resources to support Healthwatch England's corporate infrastructure in areas such as HR and facilities management, finance and IT will enable Healthwatch England to focus on its core functions without having to concern itself with the administrative and operational responsibilities of an organisation.

- 5.2.3 CQC will also be able to offer Healthwatch England valuable expertise in data management, gathering and use of intelligence, analysis, and an evidence base of information about services across the country. Whatever arrangements are made for sharing policy knowledge or pooling intelligence, Healthwatch England will reach its own conclusions and publish its own findings and advice.
- 5.2.4 People who use services are at the heart of CQC's work, and their views and experiences are already integral to the delivery of regulatory functions. For instance regulatory methodologies and tools are developed with input from people who use services, the Acting Together programme involves people who use services, i.e. "experts by experience", in inspections of care services, and the Speak Out Network brings in views from "hard to reach" groups across the country. Healthwatch England therefore will add value in acting as the national voice.

### 3. Relationship between the Chair of Healthwatch England and CQC

- 5.3.1 It is intended that the Chair of Healthwatch England will be a member of the CQC Board. In carrying out their primary function in relation to the work of the committee in representing the views and experiences of patients, service users, carers and the public, they will need to exercise independence of judgement from the CQC and will report to the Secretary of State. As a member of the CQC Board, the Chair of Healthwatch England will report to the CQC Chair and observe the corporate behaviours of a CQC Board member, but s/he will exercise independence in the operation of Healthwatch England, which will be governed by a formal arrangement between CQC and Healthwatch England.
- 5.3.2 As a member of the CQC board, the Chair of Healthwatch England will play a full role in developing and directing the CQC, and will add an extra dimension to CQC's work. It will be necessary for the Chair of Healthwatch England and the Chair of CQC to build a constructive and collaborative relationship, so they can deliver their responsibilities effectively.

### 4. The Healthwatch England Committee

- 5.4.1 Though the Chair of Healthwatch England will sit on the CQC Board, it is envisaged that Healthwatch England will not have a majority of members who are also CQC Board members or staff. The membership of Healthwatch England will be set out in regulations. There will be a public consultation on the membership regulations, which will ensure that stakeholders and members of the public are able to contribute to the development of the regulations.

- 5.4.2 In order to act as the national consumer champion, it is important that Healthwatch England has a membership that is representative of a range of interests including patients, service users, carers and the public, and from a range of organisations including; local Healthwatch, voluntary and community-based groups, including those organisations that work with hard-to-reach groups.
- 5.4.3 In preparing for the start date in October 2012, the staffing structure for Healthwatch England will be agreed by the Chair-designate (i.e. the CQC member who is also the future Chair of Healthwatch England). It will include a core team to support the Chair and committee members of Healthwatch England, and teams providing: support for local Healthwatch, information, analysis, policy and evaluation, and communications.
- 5.4.4 Healthwatch England is intended to be a strategic organisation, with focus on its core responsibilities, with support services such as finance, human resources and building management provided by CQC.
- 5.4.5 The start date of October 2012 will provide the opportunity for senior Healthwatch England members and CQC staff, once appointed, to start building relationships with the emerging new local bodies in the reformed health and social care structure. These relationships will be developed during 2012, ready to support full implementation of the changes in the NHS during 2013 and 2014.

## 5. Relationship between Healthwatch England, Local Government and local Healthwatch

- 5.5.1 Local authorities will commission local Healthwatch and seek to ensure that they perform effectively and are value for money. Healthwatch England will need to work closely with local government (through the Local Government Association) in order to ensure that the commissioners of local Healthwatch (local authorities) are fully briefed on the standards for demonstrating effective operation and value for money. At the same time, the key to the success and effectiveness of Healthwatch England will lie in the primacy of the relationship between local Healthwatch and Healthwatch England. While Healthwatch England will be providing assistance and advice to local Healthwatch organisations, they will be keeping Healthwatch England informed about the views of patients and public at the local level. Healthwatch England will be able to respond by using that information to influence the national agenda.

- 5.5.2 A crucial function of Healthwatch England is providing leadership and support for local Healthwatch. Healthwatch England will be encouraged to have a strong principle of continuous dialogue with local Healthwatch, keeping communication lines open and acting transparently. This will facilitate Healthwatch England's responsibility to provide national leadership and support. CQC are developing tools to enable Healthwatch England to gather and analyse information from local Healthwatch and to facilitate the sharing of information and good practice between local Healthwatch organisations.
- 5.5.3 This local-to-national relationship is essential to build trust and reputation with patients and members of the public and to assure them that Healthwatch will be their voice and act on their concerns. Communicating with people and engaging with their communities, as well as identifying and prioritising concerns, will be key to this. Local Healthwatch will be able to raise concerns about the quality of services with Healthwatch England through local CQC staff, or directly to Healthwatch England, whose staffing structure will include a team whose role is to provide active support to local Healthwatch. As Healthwatch England will have a role in collating such local views and advising at the national level, it will therefore need to establish and maintain strong relationships with local Healthwatch organisations to build and sustain the credibility of Healthwatch with the public.

## 6. The difference between the roles of Healthwatch England and CQC

- 5.6.1 Healthwatch England will not be set up to duplicate the regulation or inspection functions of CQC. Healthwatch England will be able to provide advice and recommendations to influence CQC, but Healthwatch England itself will not carry out those regulatory or inspectorate functions and will have a remit that is wider than CQC's. For instance, CQC has no responsibility for the commissioning of health and social care services; the standard of most children's social care provision is not regulated by CQC, but Healthwatch England will have a role to play in both these areas.

## Section Six: Summary

- 6.1 The government's intention to put patients and the public first means that, more than ever, the health and social care system in England needs to be aware of, and responsive to, the views and experiences of service users and the public.
- 6.2 It is anticipated that the establishment of Healthwatch will provide a recognisable identity able to champion the voice of patients and the public, at both the local and national level. Through Healthwatch, people will be able to hold the new system to account. Locating Healthwatch England within CQC will create the ability to genuinely affect the high-level work of commissioners and regulators, to ensure that the collective voice can play a fundamental role in the decision-making process.
- 6.3 For Healthwatch to succeed in its aims, it will need to undergo continuous development and improvement. This will require the ability to be responsive and Healthwatch will need to act according to changing national and local needs. At national level, Healthwatch England must be prepared to respond to issues raised at local level, and escalate those issues to the relevant national body.
- 6.4 These are not easy tasks, but we are confident that the establishment of Healthwatch means there is a real chance for patients and the public to have their voices heard.



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