

Equity and excellence:
Liberating the NHS

Establishing HealthWatch

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About this document

This document aims to help you to engage with the people you represent and work with about the proposals for HealthWatch. Your feedback will help us to develop more detailed thinking about how HealthWatch will operate.

This document:

- sets out the proposals for LINks and HealthWatch, as described in the White Paper *Equity and excellence: Liberating the NHS*;
- answers any questions you may have at this time;
- pulls together in one place the questions that are being formally consulted upon; and
- identifies key issues and questions that you might want to think about when you frame your response to the White Paper

Introduction, background and context

Published on 12th July 2010, *Equity and excellence: Liberating the NHS* set out the Government's vision for the NHS. Its intent is to create a patient-centred NHS that is more transparent, with increased autonomy and clear accountability for quality and results at every level.

To realise our ambition for the NHS, patients and the public must be at the heart of everything that we do.

- The NHS will be led by the front-line, not the top, so that services are more responsive to individuals, and to communities.
- Local people will have a greater say in decisions that affect their health and care, and have a clear route to influence the services they receive.
- Local commissioners will have greater freedom to commission services that are informed and shaped by a strengthened public voice, and support that focuses on outcomes for people who use those services.

We cannot and should not under-estimate the importance of involving local people in helping to implement this vision, nor the increasingly important role that Local Involvement Networks (LINks) and HealthWatch will play, at a national and local level.

The Government intends to build on current arrangements to develop a more powerful local infrastructure for engagement. Legislation for LINks to become Local HealthWatch organisations is likely to be introduced as part of the forthcoming Health Bill. HealthWatch will be up and running by 2012.

More about the engagement process for the White Paper

Further work lies ahead to develop and implement detailed proposals to deliver the Government's vision. We do not want to repeat the mistakes of the past by failing to engage the people who will be at the heart of the new system in its design.

Throughout the White Paper consultation period, we will be talking to experts, practitioners, influencers and intermediaries in the field of patient and public engagement to explore how the new HealthWatch arrangements can deliver a stronger, more influential public voice.

There will be a series of in-depth workshops and face-to-face meetings to explore issues around the establishment of and transition to the new HealthWatch arrangements, and other opportunities for people to hear more about the White Paper proposals and to have their say.

We are inviting local authorities, representative groups, LINks participants, health and social care staff, patient and carer groups and other interested parties to consider the issues set out in this paper, so that they can consult with their constituents about how HealthWatch should operate.

This engagement process is intended to give you a voice in designing how HealthWatch will work – it is not a substitute for responding to the official consultations and you should still submit your comments to the White Paper Team.

How to have your say

The Department of Health is now consulting on the White Paper proposals.

A number of separate consultation documents have been published in support of the White Paper. Two of these contain further details relating to HealthWatch and contain specific consultation questions for you to consider. We strongly encourage you to read these documents alongside the White Paper proposals. For ease of reference, the additional consultation questions are reproduced overleaf.

The White Paper and consultation documents are available at www.dh.gov.uk/liberatingthenhs

We strongly encourage you, and the people you represent and work with, to submit your views on the proposals set out in the White Paper.

To ensure that the Department considers your views, all responses to the White Paper proposals should be sent, no later than 5th October 2010, to

- White Paper Team
 - Room 601
 - Department of Health
 - 79 Whitehall
 - London SW1A 2NS
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- Email: NHSWhitePaper@dh.gsi.gov.uk

Additional consultation questions

Commissioning for patients:

- How can GP Consortia and the NHS Commissioning Board best involve patients in making commissioning decisions that are built on patient insight?
- How can GP Consortia best work alongside community partners (including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?
- How can we build on and strengthen existing systems of engagement such as Local HealthWatch (LINKs) and GP practices' Patient Participation Groups?
- What action needs to be taken to ensure that no-one is disadvantaged by the proposals, and how do you think they can promote equality of opportunity and outcome for all patients and, where appropriate, staff?

Increasing Local Democratic Legitimacy in Health:

- Should Local HealthWatch have a formal role in seeking patients' views on whether local providers and commissioners of NHS services are taking account of the NHS Constitution?
- Should Local HealthWatch take on the wider role outlined... with responsibility for complaints advocacy and supporting individuals to exercise choice and control?
- What needs to be done to enable local authorities to be the most effective commissioners of Local HealthWatch?

As stated previously, you should direct your responses to these questions to the White Paper team.

The proposals

A decorative graphic in the bottom-left corner consisting of a grid of overlapping squares in various shades of purple and blue. The squares are arranged in a roughly rectangular shape, with some overlapping others to create a layered effect.

Draft

The case for change

The White Paper sets out plans to strengthen the collective voice of patients and the public. The proposed arrangements for patient voice will instil a culture of active responsibility where everyone, including Local HealthWatch, is empowered to ask, challenge and intervene. This will help ensure that resources are used effectively to deliver better health and social care.

The rationale for doing this is clear. In today's society, consumers have a powerful voice. They expect to be asked for their views – about the quality of a service or product they have used, and about what they want in the future. The private sector has learnt that the voice of the consumer is key to improving the quality and experience of services. For them, consumer insight and engagement are important aspects of their business.

It is no different for the NHS. We will simply be unable to make the changes in services that we want to see without fully involving local people and patients. This is essential – not an optional extra.

Engaging people in making health and social care services better is not new. While good progress has been made in places, it is far from being the norm for every service. There is a clear need to go further and faster, with a strong system of national and local engagement that builds on what has already been established – evolution, not revolution.

Local Involvement Networks

Up and down the country, LINKs are helping to make a difference by helping to shape and hold to account local health and social care services. We estimate that in the last year, LINKs have involved over 50,000 people and organisations and achieved around 300 service improvements.

Liberating the NHS gives a clear commitment to build on this by keeping their responsibilities for health and social care, by making them more representative within their local communities and giving them the ability to make their views known nationally, when they need to be.

The Government believes the impact of LINKs would be even greater if their role and powers were clearer, and there was a national voice for health consumers.

LINKs are not ending – they are evolving into Local HealthWatch, local consumer champions across health and social care.



Local HealthWatch

Local HealthWatch will be the local consumer champion across health and social care.

Local HealthWatch will

- retain LINKs' existing responsibilities to promote patient and public involvement, and to seek views on services which can be fed back into local commissioning
- have continued rights to enter and view provider services
- continue to be able to comment on changes to local services

Like LINKs, they are likely to continue to take an interest in the NHS Constitution

The White Paper proposes giving Local HealthWatch additional functions and funding, for providing complaints advocacy services and for supporting individuals to exercise choice. In particular, they will support people who lack the means or capacity to make choices.

Local HealthWatch will be able to report concerns about the quality of local health and social care services to HealthWatch England independently of their host authority, to inform the need for potential regulatory action.

HealthWatch England

Under current proposals, HealthWatch England will be set up as an independent arm of the Care Quality Commission, with a specific remit to represent at a national level people using health and social care services. This will give people a real influence over the way services are planned and delivered.

We are proposing to make HealthWatch England part of CQC. This builds on their existing use of patient experience information to regulate care and makes good economic sense in today's financial climate. It will enable HealthWatch to become established more quickly, so that it can provide support and leadership to LINKs as they evolve into Local HealthWatch.

HealthWatch England will use evidence from Local HealthWatch and from carrying out its own work to identify concerns and poorly performing services. It will then be able to recommend to CQC that they investigate those services. This gives the public, through HealthWatch, a powerful voice in identifying concerns and ensuring action is taken

HealthWatch England will provide national leadership and support to Local HealthWatch organisations. Its views will be taken into account by SofS, the NHS Commissioning Board and Regulators, including CQC itself. This will be underpinned by statute.

The intention is that HealthWatch England will have to be consulted about any new commissioning guidelines developed for our health and social care services. Thus, they will be able to influence national strategy, policy and operations, as well as input to the registration and regulation of services.

The relationship with Local Authorities

Local authorities have a vital role in commissioning HealthWatch arrangements.

They will continue to fund Local HealthWatch and contract for their services. They will have an important responsibility, set out in statute, for discharging these duties and holding Local HealthWatch to account for delivering services that are effective and value for money. In the event of under-performance, they will intervene and, if necessary and when in the best interests of the local population, will be able to re-tender the contract.

Local authorities will ensure that the focus of Local HealthWatch activities is representative of the local community.

The consultation document *Local democratic legitimacy in health* explores how Local HealthWatch could input into the process of assessing the needs of the local population and influencing commissioning decisions.

Local authorities will assume responsibility for NHS complaints advocacy, currently provided as a national function under the Independent Complaints Advocacy Service (ICAS) contract. They will be able to commission Local HealthWatch or HealthWatch England to provide complaints advocacy. They will help people to access and make choices about services, and support individuals who want to make a complaint.

The relationship with GP Consortia

One of the principal aims of GP commissioning is to make decisions more responsive to the needs and wishes of patients and the public. GP Consortia will need to develop efficient and effective ways of harnessing public voice so that commissioning decisions are shaped by people's expressed needs and wants.

GP consortia will have a duty of public and patient involvement, and will need to engage patients and the public in their neighbourhoods in all stages of commissioning. Through its local infrastructure, Local HealthWatch will provide evidence about local communities and their needs and aspirations.

GP Consortia will need to establish and nurture new relationships with Local HealthWatch and with HealthWatch England.

Key issues and questions to consider

The White Paper is clear on “what” HealthWatch should do. Together, we need to consider “how” it should work to achieve its aims.

In addition to the consultation questions outlined earlier, the following pages outline some things you might want to consider when framing your response to the White Paper:

1. **Relationships:** HealthWatch England and Local HealthWatch will need to establish effective relationships with a range of organisations and bodies.
 - q HealthWatch England will need to develop working arrangements with the NHS Commissioning Board and Regulators, including CQC itself. What principles should underpin this relationship?
 - q What needs to happen to maximise the effectiveness of relationships between Local HealthWatch and other local partners, such as local authorities or GP Commissioning Consortia?

Key issues and questions to consider

2. **The expanded role of LINKs, as Local HealthWatch:** as proposed, the expanded role offers significant benefits for local communities and for LINKs themselves. At the same time, they represent a significant change. 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.
- q What needs to be done or put in place to enable Local HealthWatch to fulfil its new functions around health complaints advocacy, in particular to support people who lack the means or capacity to make choices about their care?
 - q How will the new health complaints advocacy function within HealthWatch operate alongside existing arrangements for social care complaints advocacy?
 - q What needs to be done or put in place to enable Local HealthWatch to fulfil its new functions around information and choice, in particular to support people who lack the means or capacity to make choices about their care?
 - q How will Local HealthWatch responsibilities around information and choice relate to local authorities' responsibilities on these issues?

Key issues and questions to consider

3. **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.
- q What needs to be done to ensure an effective balance is achieved between national consistency of operation and local responsiveness?
 - q What role should HealthWatch England play in achieving this balance?



Key issues and questions to consider

4. **Embedding patient voice**, is central to the way things are done and not just a statutory duty to tick off. The vision of a patient-led NHS and the need for an effective patient voice locally will require clarity about the purpose of engagement arrangements at different levels and effective relationships between parties.
- q What should be done to embed Local HealthWatch as the local consumer voice, and HealthWatch England as the national voice? How can their influence be maximised?
 - q How should HealthWatch England and Local HealthWatch relate to and work with other patient engagement groups and structures, and what principles should underpin this relationship?
 - q How should HealthWatch England and Local HealthWatch relate to and work with patient groups and voluntary and community services?
 - q How should local HealthWatch work with the local authority and GP consortia to influence commissioning decisions?
 - q What needs to be done to enable Local HealthWatch to best support the needs of vulnerable people – such as elderly or very frail people? What needs to be done to enable HealthWatch to champion the rights of people who lack capacity to make decisions about their care?

Key issues and questions to consider

5. **Independence and accountability:** the decision to place HealthWatch England within CQC and the relationship with, and funding of, Local HealthWatch through local authorities is in line with the move towards more streamlined public services and local democracy.
- q What needs to be done or put in place to ensure Local HealthWatch meets its brief to be an independent consumer champion?
 - q What role, if any, should HealthWatch England and local authorities play in assessing the effectiveness of Local HealthWatch in delivering a stronger public voice?
 - q What needs to be done to ensure greater transparency over how HealthWatch funding is spent, by Local HealthWatch and by local authorities? In particular, what needs to be done to ensure that funding for complaints advocacy is used for that purpose?
 - q How will Local HealthWatch operate in relation to social care, and what are the implications of this?
 - q What role, if any, should Local HealthWatch play in seeking patients' views on whether local providers and commissioners are taking account of the NHS Constitution?

Key issues and questions to consider

6. **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.
- q What do we need to take into account for the transition of LINKs into Local HealthWatch?
 - q What support will LINKs need during this period?
 - q What additional skills will staff and volunteers require to deliver the expanded functions, and how can they be developed?
 - q What are the organisational and resource implications of expanding LINKs' functions?

Key issues and questions to consider

7. **Governance:** HealthWatch England will be established within the CQC structure. Local HealthWatch will have a relationship with both HealthWatch England and with local authorities.
- q What governance arrangements need to be put in place to ensure that accountabilities are clear for all parties?
 - q How should HealthWatch England be constituted within the CQC structure?
 - q How can HealthWatch England be both 'independent' and 'within' the regulator?
 - q What role, if any, should HealthWatch England play in holding local authorities to account for how local HealthWatch is operated?
 - q Should CQC be subject to additional legal duties to enable HealthWatch England, as part of CQC, to hold local authorities to account as commissioners of Local HealthWatch services? What should these duties cover?

Common questions

1. What is HealthWatch?

To give patients a stronger voice, the Government is planning to establish a new consumer champion called HealthWatch England. To ensure that there is a champion for patients' concerns in every area, the Government are also planning to transform Local Involvement Networks into Local HealthWatch organisations.

2. When will HealthWatch start work?

The legislation to create HealthWatch and its functions will be laid before Government later this year. It is expected that HealthWatch England will be set up in shadow form in autumn 2011 to support LINKs to become local HealthWatch organisations. We expect HealthWatch England and Local HealthWatch to be up and running from April 2012.

3. Will HealthWatch receive more money to support its broader remit?

Subject to the comprehensive spending review, the White Paper proposes giving Local HealthWatch additional funding in connection with its new functions around providing complaints advocacy services and for supporting individuals to exercise choice.

Common questions

4. Why are you abolishing LINKs?

We are not. The Government recognises the achievements of LINKs and wants to build upon their work. The changes we are proposing to transform LINKs into Local HealthWatch will give them greater influence and give health and social care consumers an even stronger local voice.

5. LINKs align very closely with PCT and local authority boundaries. How will Local HealthWatch manage the increase in commissioners in the local area from the establishment of GP consortia?

We don't yet know what the GP consortia will look like, and as we do not intend to be prescriptive about the geography of consortia, we do not know where they will draw their boundaries. There will be an onus on both parties to engage in the interests of their local population.

6. Will local authorities be able to commission health complaints advocacy services from other providers?

The White Paper proposes that local authorities will commission health complaints advocacy from either Local HealthWatch or HealthWatch England. You should respond to the White Paper team if you feel that alternative arrangements would be more effective, so that we can take your views on board.