

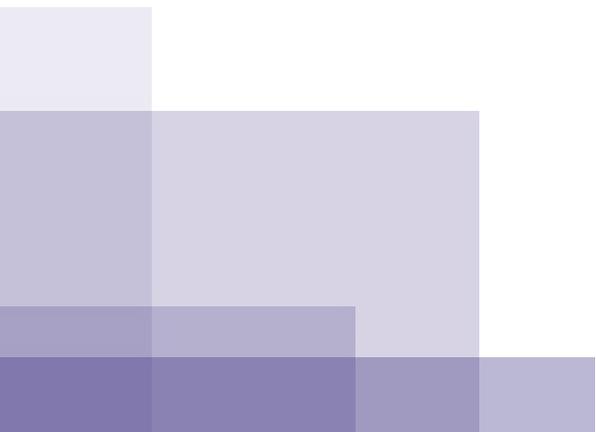
Equity and excellence:
Liberating the NHS

Establishing HealthWatch

Contents

1. An overview
 - About this document
 - Background and context
 - The White Paper engagement process
2. The Proposals
 - Liberating the NHS
 - Building on what you do
 - Local HealthWatch
 - HealthWatch England
 - The role of local authorities
 - The relationship with GP consortia
3. Key issues and questions to consider
4. Have your say
5. Common Questions

An overview



About this document

In July 2010, the Government announced plans to set up an independent champion for health and social care consumers called HealthWatch England. Local Involvement Networks (LINKs) will become local HealthWatch organisations.

The proposals were published as part of the White Paper '[Equality and excellence: Liberating the NHS](#)', the consultation for which will finish on the 5th October 2010.

This document aims to help you, and the people you represent, understand more about the HealthWatch proposals and the issues that you might want to think about when responding to the consultation. Your response to the White Paper will help us to shape how HealthWatch operates.

This document:

- sets out the HealthWatch proposals;
- explains more about the consultation process;
- identifies key issues and questions that you might want to think about when you respond to the White Paper, and;
- answers common questions.

Background and context

The White Paper [‘Equity and excellence: Liberating the NHS’](#) sets out the Government’s vision for transforming health and social care.

The vision

Putting patients first: *“We will put patients at the heart of the NHS, through an information revolution and greater choice and control”.*

Improving healthcare outcomes: *“To achieve our ambition for world-class healthcare outcomes, the service must be focused on outcomes and the quality standards that deliver them. The Government’s objectives are to reduce mortality and morbidity, increase safety, and improve patient experience and outcomes for all”.*

Autonomy, accountability and democratic legitimacy: *“The Government’s reforms will empower professionals and providers, giving them more autonomy and, in return, making them more accountable for the results they achieve, accountable to patients through choice and accountable to the public at local level”.*

A stronger consumer voice

Across England, many people already give up their time - via Local Involvement Networks (LINKs) & Patient Participation Groups - to help shape local health and social care services.

To build on this work and to give consumers a stronger voice, the White Paper proposes to establish HealthWatch England as the national independent champion for health and social care consumers.

We also plan to build on the current role of LINKs by turning them in local HealthWatch - a ‘citizen’s advice bureau’ for health and social care. Legislation to establish HealthWatch is likely to be introduced as part of the forthcoming Health Bill. We expect HealthWatch to be up and running by 2012.

The White Paper engagement process

The White Paper was published on 12th July and set out the main proposals on HealthWatch. Several more detailed consultation papers have been published after this, two of which ask about HealthWatch.

Summary of documents and consultation questions

| Document | Content | Questions | Closing date |
|--|---|---|--------------|
| Equality and Excellence: Liberating the NHS | Sets out the main proposals on HealthWatch | How best to implement the proposals? | 05/10/2010 |
| Liberating the NHS: commissioning for patients | Focuses on public engagement in commissioning decisions | 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? | 10/10/2010 |

The White Paper engagement process

Summary of documents and consultation questions

| Document | Content | Questions | Closing date |
|--|---|--|--------------|
| Liberating the NHS: commissioning for patients | Focuses on public engagement in commissioning decisions | <p>How can we build on and strengthen existing systems of engagement such as Local HealthWatch (LINKs) and GP practices' Patient Participation Groups?</p> <p>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?</p> | 11/10/2010 |
| Liberating the NHS: Increasing democratic legitimacy in health | Focuses on the role of local HealthWatch | 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? | 11/10/2010 |

The White Paper engagement process

Summary of documents and consultation questions

| Document | Content | Questions | Closing date |
|---|--|--|--------------|
| Liberating the NHS: Increasing democratic legitimacy in health | Focuses on the role of local HealthWatch | 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? | 11/10/2010 |

Getting it right

Public engagement in health and social care relies upon the experience and efforts of local people and organisations. We want local communities to help shape the future of the NHS and to help us get our proposal on HealthWatch right. This is why we would encourage you, and those you represent, to respond to the consultation.

Throughout the 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.

We are inviting local authorities, representative groups, LINKs and PPG 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 those they represent and respond to the White Paper consultations.

The proposals

Liberating the NHS

The White Paper sets out plans to put the people who use services at the heart of care by strengthening the voice of both individuals and the public. We want to 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 and being accountable to them.

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 and gives both individuals and communities a stronger voice.

Building on what you do

Up and down the country, Local Involvement Networks, Patient Participation Groups and other consumer groups are helping to make a difference by helping to shape and hold to account health and social care services.

We estimate that in just the last year, LINKs alone have involved around 50,000 people and organisations and achieved approximately 300 service improvements.

Liberating the NHS gives a clear commitment to build on these efforts. We want to keep the role LINKs have in influencing how health and social care services are planned and delivered. However, we also want to give you the ability to make your views known nationally and to give patients a new local champion who can support them to complain and make choices about services.

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.

The role of PPGs and LINKs are not ending. LINKs will evolve into local HealthWatch, the consumer champions for patients and communities. Local HealthWatch will also provide a powerful new voice for PPGs and other consumer groups that join them

Local HealthWatch

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

Existing powers

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, and;
- 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.

New role

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. Local HealthWatch will be able to do this independently of their local authority and HealthWatch England will be able recommend that the Care Quality Commission takes action.

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

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.

An independent part of CQC

CQC is the regulator for health and social care services in England, which aims to ensure better care is provided for everyone.

We are proposing to make HealthWatch England part of CQC because this will build on their existing use of patient experience information to regulate care and makes good economic sense in today's financial climate.

Building on what already exists will enable HealthWatch to become established more quickly, so that it can provide national support and leadership to LINKs, as they evolve into local HealthWatch and beyond.

Shaping policy and delivery

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 will give the public, through HealthWatch, a powerful voice in identifying concerns and ensuring action is taken

There will also be a legal requirement for its views to be taken into account by Secretary of State, the NHS Commissioning Board and Regulators, including CQC. 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 role of local authorities

Local authorities will have a vital role in ensuring local HealthWatch organisations are successful and will be able to commission HealthWatch to provide services to the local community.

Local authorities will fund the work of local HealthWatch organisations and will contract support to help them carry out their work. Local authorities will have a legal duty to ensure that the activities and support for local HealthWatch organisations are effective and value for money.

In the event of under-performance, the local authority will be able to intervene and, if necessary re-tender the contract to support the work of HealthWatch.

Local authorities will also have to 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.

Under the White Paper proposals, local authorities will also assume responsibility for funding NHS complaints advocacy, currently provided by the Independent Complaints Advocacy Service (ICAS) . They will be able to commission local HealthWatch or HealthWatch England to provide complaints advocacy, helping people to access and make choices about services, and supporting individuals who want to make a complaint.

Each local authority area will also have a Health and Wellbeing Board, the role of which will be to scrutinise local decisions. A representative from the local HealthWatch will sit on this board.

The relationship with GP Consortia

The White Paper proposes putting local consortia of GP practices in charge of commissioning services. One of the principal aims of this proposal 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 ensuring that their commissioning decisions are shaped by needs and wants of patients and communities.

GP consortia will have a duty to involve patients and the public in decisions and will need to engage them in both the commissioning and delivery of services. Local HealthWatch will help with this engagement by providing evidence about what local people need and want.

GP Consortia will need to establish constructive relationships with both local HealthWatch and with HealthWatch England.

Key issues and questions to consider

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 responding to the White Paper:

Expanding the 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 happen for local HealthWatch to fulfil its new functions around health complaints advocacy? In particular to support people who do not have the means or capacity to make choices about their care?
- Q What needs to happen for local HealthWatch to support people making choices, in particular to support people who do not have the means or capacity to make choices about their care?

Key issues and questions to consider

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

- Q What should be done to embed local HealthWatch as the local consumer voice, and HealthWatch England as the national voice for health and social care consumers?
- Q How should HealthWatch England and local HealthWatch relate to and work with other patient and community groups and structures, and what principles should underpin this relationship?
- Q How should local HealthWatch work with the local authority and GP consortia to influence commissioning decisions?
- Q What needs to happen for local HealthWatch to support the needs of vulnerable people – such older or very frail people? What needs to happen for HealthWatch to champion the rights of people who lack capacity to make decisions about their care?

Key issues and questions to consider

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 What role, if any, should HealthWatch England play in holding local authorities to account for how local HealthWatch is operated?

Key issues and questions to consider

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 happen for local HealthWatch to be an independent consumer champion for health and social care?
- Q What role should HealthWatch England and local authorities play in assessing the effectiveness of local HealthWatch?
- Q What needs to happen to ensure transparency over how HealthWatch funding is spent by local HealthWatch and by local authorities?
- Q How will local HealthWatch cover both health and social care services?
- Q What role 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

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 happen to ensure an effective balance is achieved between HealthWatch England and local HealthWatch?
- Q What role should HealthWatch England play in achieving this balance?

Key issues and questions to consider

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, Monitor, Department of Health and CQC. What principles should underpin these relationship?
- Q What needs to happen to build relationships between local HealthWatch and other local partners, such as local authorities or GP Commissioning Consortia?

Key issues and questions to consider

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?

Have your say



How to have your say

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.

Find out more

To download the White Paper and other documents, visit: www.dh.gov.uk/liberatingthenhs

Submit your views

Write to:

- White Paper Team
- Room 601
- Department of Health
- 79 Whitehall
- London SW1A 2NS

Or email:

- NHSWhitePaper@dh.gsi.gov.uk

Common questions



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.

7. What will happen to other forms of patient participation like Patient Participation Groups and Foundation Trust Members?

Patient groups attached to a particular NHS organisation will remain but they will be encouraged to join their local HealthWatch, helping their community to have a more powerful voice.

8. What about Patient Advice and Liaison Services (PALs)?

PALs services exist within NHS organisations and are best placed to answer individuals' questions and resolve concerns that relate to services run by that organisation. We envisage that local HealthWatch organisations will build on the current work of LINKs (which includes picking up on community concerns and feedback) and will be based in the community. However, we are still consulting on the future role and responsibilities of HealthWatch will cover.