

HealthWatch

A closer look at the new role
for Local Involvement
Networks (LINKs)



Introduction

The pace is fast, the changes are multiple and the documents are plenty confusing. To put it simply the NHS reform is baffling; figuring out what is going to be in place, by when, what functions each piece of the puzzle will have and not forgetting how the whole system transition and structure will be funded takes some mind power and patience. Taking it a step at a time, here we look at what part local and national HealthWatch will play.

[Local Involvement Networks](#) (LINKs) were established in April 2008 and are made up of individuals and community groups working together to improve health and social care services. LINK activity includes consultation events and representing and advocating local views and concerns to health and social care partners.

The rationale behind HealthWatch is to enable LINKs to have a greater, clearer role and for there to be a national voice for health consumers; through HealthWatch England ([Equity and Excellence: Liberating the NHS White Paper, 2010](#)).

The coalition's vision for health and social care in England is outlined in [The Health and Social Care Bill](#) (2011, PDF 1.52 MB). The Bill (weighing in at a hefty 420 pages) outlines the functions and particulars of HealthWatch England and Local HealthWatch. The Bill has passed through committee stages in the House of Commons, an allegedly natural break has provided time for review (Government's listening exercises via the [Future Forum](#)) before the legislation reaches final stages in Parliament. However, local developments cannot afford to pause due to the not-so-distant deadlines for new structures (GP Consortia, Health and Wellbeing Boards and the like) to be fully functional; HealthWatch is working towards a start up date of April 2012 (shadow form from autumn 2011)!



Rebranding

LINks are to be renamed as Local HealthWatch. Through their time as a patient and public voice LINks have been working hard to establish themselves as health and social care advocates. HealthWatch implies a purely health focused remit. Sadly, social care is generally omitted from the Health and Social Care Bill.

Redundant LINk materials and broad rebranding is going to be expensive. Renaming could potentially disrupt local connections and public understanding which would inevitably undermine the engagement and representation functions of HealthWatch.

How does it all fit together?

Local HealthWatch will be a consumer champion representing voluntary and community sector groups as well as individuals across health and social care. Local HealthWatch will be accountable to the Local Authority, sit on Health and Wellbeing Boards and influence GP Consortia, providers and Overview and Scrutiny Committees (OSC).

A uniform approach to local level champions will ensure consistency and channels of influence yet there needs to be enough flexibility for Local HealthWatch to be relevant and responsive to local issues. How this is going to be achieved is vague, there is currently inconsistently in the quality of LINks across the country so ensuring a good quality HealthWatch service in each locality will need some consideration.

Local HealthWatch bodies will unite underneath a new national champion voice: HealthWatch England. HealthWatch England will sit within the Care Quality Commission (CQC) and use knowledge from Local HealthWatch as well as its own work to synthesis concerns and target poorly performing services. The idea is that HealthWatch England will have an advisory role to the Department of Health (Secretary of State) and the NHS Commissioning Board. The internal structure of HealthWatch England is unclear as is the election process for membership; there is a need for this to be built from grassroots and include the right balance of skills across health and social care including representatives from Local HealthWatch bodies and the voluntary and community sector including user-led organisations.



The Department of Health's [HealthWatch Transition Plan](#) (2011) states how National and Local HealthWatch are to be in "continuous dialogue"; this will require coordination to ensure that a range of local concerns are represented and relies on, and assumes, Local HealthWatch's capacity, ability and desire to engage.

From LINK to HealthWatch

The *HealthWatch Transition Plan* (2011) details how the move to HealthWatch will build on the roles already executed by LINKs. There is an obvious role for LINK host organisations in supporting the shift.

Local HealthWatch's position on Health and Wellbeing Boards will enable participation in decision-making. HealthWatch will focus on community services as well as help and support individuals particularly those who lack capacity.

In April 2013 Local Authorities will become responsible for NHS complaints advocacy services. Although HealthWatch seems appropriately placed to carry out this role, it has to be noted that this will not necessarily be HealthWatch and another organisation could be commissioned to fulfil this duty; further fragmenting services and opening the market up to private providers.

If you make it to the [appendix](#) of the *HealthWatch Transition Plan* you will find countless examples of LINKs achievements including building local connections, working with CQC, arranging consultations and joining up health and social care. The fact that a collection of the positive impacts of LINKs has been put together is a great sign; however there is no detail of how current expertise will be preserved there is a concern that it will be lost in transition...like moving house and forgetting a couple of boxes!

In many of the publications around the transition towards HealthWatch, LINKs are described as 'evolving' into Local HealthWatch. The term evolve implies a natural process left to it's own devices, it is hard to find anything natural in these reforms and a more structured, thought out transition is required.



Funding

So where is the money coming from for all of this? Looking at the accountability and funding paths throws up more concerns.

Local HealthWatch will be funded by Local Authorities and will therefore be accountable to them; this raises issues of dependency and a conflict of interest is surely on the horizon. Although it seems obvious for funding to be distributed via HealthWatch England, the Government believes this is inappropriate; HealthWatch England will, however, agree standards for Local HealthWatch and Local Authorities to benchmark performance and spread good practice.

Local Authorities will be handed a total of £59.1 million to commission Local HealthWatch organisations. As the Government wants Local Authorities to be able to manage local priorities, it has left the funds without a ring fence. There is already inconsistency in the quality of LINKs and the success of HealthWatch depends heavily on the legacy of the LINK in a local area. It is unlikely that varied investment in HealthWatch across the country will change this and will inevitably lead to scattered quality of public and patient engagement and ultimately add to postcode lotteries and health and social care inequalities.

Some LINKs welcome a broader and more influential role but are crying out for appropriate resources in terms of funding, support and training. Publications state that HealthWatch will require different expertise and skills yet lack details of how these will be sort. Careful consideration of the impact of transition and ensuring the availability of appropriate start-up funds is essential.

Expecting too much?

The success of this transition and furthermore the established function of national and local HealthWatch is dependent on so many factors. To start with, Local HealthWatch has to successfully engage with service users (referred to as 'consumers' these days) and influence providers and GP Consortia. Tighter guidelines around GP Consortia's responsibility to engage with and respond to Local HealthWatch organisations are required.



The success of HealthWatch England depends on Local HealthWatch's capacity to communicate and feed into the national body. It also requires cohesion between Local HealthWatch organisations which would also allow for sharing of best practice and support between the local level structures across the country.

HealthWatch England is supposed to support the development of Local HealthWatch...who form the membership of HealthWatch England, so it is unclear who is supporting the development of these bodies! On top of this, HealthWatch (local and national) should be establishing relationships with bodies (GP Consortia, Boards) that are themselves in their infancy; figuring out their own internal structures. Government has invited Local Authorities to develop pathfinders to test new structures and relationships; learning from these will be...interesting.

The success of HealthWatch depends on so many factors that regrettably have not been fully considered. It seems that the people that HealthWatch is meant to be looking out for (...the consumers) have been forgotten in the whole health and social care shake up. Ensuring the availability of a range of good quality services to meet the needs of the public should surely be the headline, bottom line and every line in between of all discussions and publications surrounding any changes to health and social care, sadly this is not the case.

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