



# HealthWatch Transition Plan

## HealthWatch Transition Plan

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# HealthWatch Transition Plan

**Prepared by: Public and Patient Experience and Engagement Team**

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Appendix – Separate document. Good practice examples from:

- Warwick University Local Authorities Research Consortium  
<http://www2.warwick.ac.uk/fac/soc/wbs/research/lgc/networks/consortium>
- Department of Health analysis of LINKs 2009/10 Annual Reports  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_123155](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123155)
- Working with the Care Quality Commission  
[www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices).
- LINKs workshops, 2009 – see separate appendix

### Foreword by Lord Howe, Parliamentary Under Secretary of State for Quality

The Government is committed to strengthening the patient, service user and public voice in health and care services. It is the experience of the people who use, or may need, those services that should be driving the decisions about what to provide for people, when and where to provide it and how to provide it. We all know there is a huge amount to be proud of about our NHS, social care and public health services. But too often they are built around what is best for those providing them instead of what is best for those who use them.

People don't always know who they can tell about their experiences, their concerns or their compliments. Nor do they know what difference it will make if they do speak up. It isn't always clear where people can get help if they can't find information, or if they need help to make a complaint. There is a wide variety of voluntary as well as statutory organisations that are there to help people but finding them, and using their services, can sometimes be difficult or confusing.

Our plans for HealthWatch will provide people with a single point of contact. They can put people in touch with the right advocacy organisation, or help them find information about the choices they have; they can support people to speak out and they can give those who want to get more involved the opportunity to do so.

The Government is well aware that there have been a number of different arrangements for involving people in health and social care over recent years. All of those arrangements have been driven by volunteers and communities, willingly giving their time and energy for the benefit of everyone. I would like to thank them all.

But the number of changes has been disruptive. The transition from Local Involvement Networks (LINKs) to Local HealthWatch organisations provides the opportunity not only to improve on what we have now, but to minimise the disruption that people feel at times of change.

Our plans for HealthWatch build on what is working well already but will bring even greater benefits. HealthWatch will give people real influence over decisions made about local services; it will support individuals as well as engaging communities; and HealthWatch England will ensure that consumer voice has influence not only locally but nationally too.

We also understand that there will be lots of challenges in the coming year: we want to help make sure LINKs continue to do what they were set up to do; we want to help them be the best they can; we want to build on their successes; and we want to make sure that Local HealthWatch organisations are truly effective consumer champions for health and social care. So there is a lot to do. This Transition Plan sets out where we want to get to, how LINKs can assess where they are now, and what support will be available to help ensure the smoothest possible transition to the new arrangements.

This plan cannot answer all the questions that everyone with an interest in the new arrangements has. It concentrates on what can be set out now, while the legislation putting things in place goes through the Parliamentary process, before HealthWatch England begins to operate and before other parts of the NHS, social care and public health systems have changed. Inevitably, some of these changes have to happen at the same time. We are committed to continuing to work with our partners and stakeholders throughout 2011/12 and beyond. There are some formal arrangements in place, but also some less formal ways

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people can tell us what they think as things develop and these are also set out in the plan.

I look forward to seeing the full benefits of the reforms, especially the plans for HealthWatch, come to fruition in the coming months and years and hope that as many people as possible will get involved and make sure our public NHS and care services are the best they can be, with patients, users of services, their families and carers and the public firmly at the centre of everything they do.

A handwritten signature in black ink, appearing to read 'Lord Howe', written in a cursive style.

**Lord Howe**

### Introduction by Joan Saddler, National Director for Patients and the Public

The establishment of HealthWatch in 2012, to be the champion of patients, people using services, carers and the wider public, means that at both a national and local level, all people have the chance to have their say and know that it will count.

We all will be hoping for gold in the 2012 Olympics. Is it possible that we can have a gold star organisation for people using services that really listens to, hears and responds to their concerns including those concerns raised by young people and people from disenfranchised groups and communities?

As starkly illustrated in accounts of the failings at Staffordshire Hospital, and in the Parliamentary and Health Service Ombudsman's report into the care of elderly people, our health and social care systems must care for and protect vulnerable people. Listening to the concerns, complaints and feedback from patients, carers and people using services is paramount.

I know from my many visits to Local Involvement Networks and communities across England that local people do come together for the good of the community to work with staff in highlighting the need for people-centred service changes. Such joint planning offers solutions and ideas about how things could be improved based upon the experience of patients, service users and those who care for them. Additionally, responsive services offer innovative and effective solutions based around the holistic needs of individuals.

HealthWatch aims to ensure that that voice is integrated at all levels of our health and care systems. Local HealthWatch will also have an important new focus on supporting the diverse needs of individuals, helping them to find the information they need so they can make the most of the wide range of choices available to them. And, as sometimes happens, if people do not have a good experience of NHS care, Local HealthWatch will also be the place they can go to get help if they need it to make a complaint.

The Plan sets out how we will work with LINKs, Hosts, local authorities and other stakeholders throughout 2011-12 to ensure as smooth a transition to HealthWatch as possible. Action learning sets are already being established and we know that many local authorities and LINKs and Hosts are working together now to put forward their plans to be HealthWatch pathfinders. Pathfinders provide the opportunity for all those involved to explore how their Local HealthWatch can operate in the most effective way for local people, seeing how the new organisations can play their full part in the reformed health and care systems, how they relate to other emerging organisations like GP commissioning consortia and local authority health and wellbeing boards. They can test out models and look at governance and accountability issues.

I would particularly like to thank the members of our HealthWatch Advisory Group and Programme Board for giving us their time and expertise both in producing this Transition Plan, and in helping us to shape the development of HealthWatch.

We value people's experiences highly, and I encourage you to get involved and help shape the future.



Joan

# Executive summary

1.1 This is the first in a series of transition documents being produced primarily for Local Involvement Networks (LINKs), their host organisations and English local authorities to support the evolution from LINKs to local HealthWatch.

1.2 The Government's health and social care reforms are centred around the fundamental principle that patients and the public must be at the heart of everything our health and care services do. This will only happen if there are mechanisms in place to involve and engage people in every aspect of how services are planned, commissioned, delivered and monitored. In practice, this means ensuring that consumer voice is integral to the way things are done, not an add-on, an optional extra, or isolated outside decision-making and planning – but a genuine shift to putting people's views and experiences at their heart.

1.3 That is why we want to strengthen patient and public voice through the implementation of HealthWatch as a consumer champion at both local and national levels. To do this, we will establish HealthWatch England and LINKs will become local HealthWatch organisations.

1.4 The Health and Social Care Bill, currently going through Parliament, makes provisions for the establishment of HealthWatch. Subject to Parliamentary approval both HealthWatch England and local HealthWatch will be introduced from April 2012. Until the legislation comes into force, local organisations won't be able to call themselves HealthWatch, although preparations are being made in advance. Royal Assent, when the Bill becomes an Act, is expected by the end of 2011. To follow the progress of the legislation, go to the Parliamentary website:

<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

1.5 Local Authorities will be under a duty to ensure there is an effective and efficient local HealthWatch in their area and they will want to take their LINKs, hosts and local communities with them, building a dialogue and working in partnership to decide what will work best in their locality.

1.6 This document emphasises the importance of continuity while recognising that local HealthWatch organisations will have functions, roles and responsibilities not currently available to LINKs. This means that while the current role of LINKs needs to evolve, a different model may be necessary to deliver successful local HealthWatch organisations. There will be a "before" and "after", but this need not, and should not, mean there will be a "stop" and a "start from scratch".

1.7 Local authorities and LINKs may wish to consider jointly producing their own local transition plans to make sure the new arrangements build on what is already in place. We know from previous reorganisations of patient and public involvement arrangements that failing to learn lessons from the past and failing to build on what works leads to loss of momentum, or worse, leaving people without a voice and services unable to be as responsive as they need to be.

1.8 This document, therefore, begins the process of evolution by describing the vision for HealthWatch, setting out what the current arrangements should look like when they are working really well, and outlining the building blocks being put in place to support the transition.

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1.9 Annex A to this document includes information on a selection of organisational forms and structures, and how they are regulated, which may provide a helpful springboard for discussions about local HealthWatch, and help to stimulate debate. The list is not exhaustive, nor does it represent a list of recommended models.

1.10 We will continue to work with LINKs, local authorities, the Local Government Group, the Association of Directors of Adult Social Services and other key stakeholders through the Department of Health and Local Government Programme Board to produce more information for use by local authorities as the commissioners of local HealthWatch organisations. More information is set out in Chapter 8.

## 2 Vision For HealthWatch

### Statement of Intent

HealthWatch will be the independent consumer champion for the public - locally and nationally - to promote better outcomes in health for all and in social care for adults.

HealthWatch will be representative of diverse communities. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of health and social care. Locally, it will also provide information and advice to help people access and make choices about services as well as access independent complaints advocacy to support people if they need help to complain about NHS services.

HealthWatch will have credibility and public trust through being responsive and acting on concerns when things go wrong, and operating effectively and efficiently.

### The Context

#### The Government's vision for an improved NHS

2.1 The Government's vision for the NHS puts patients and the public first; operates around the principle of shared decision-making as the norm; learns from people's experiences of using services; and listens to patients and the public in the commissioning and provision of services for local communities.<sup>1</sup>

2.2 *Equity and excellence: Liberating the NHS* set out a vision, strategy and proposals for the NHS. It describes a system where patients and the public are at the heart of everything the NHS does; clinicians are empowered to deliver results; and healthcare outcomes in England are amongst the best in the world.

2.3 In the reformed NHS, people will have:

- access to more information about healthcare and their condition;
- ways to rate and record their experiences;
- greater control of their medical records;
- greater choice of provider, of consultant-led team, of general practitioner, and of how they access services; and
- choice of treatment and support options.

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<sup>1</sup> More information and background about the Government's proposals can be found in *Equity and excellence: Liberating the NHS*, and *Liberating the NHS: Legislative framework and next steps*.  
(<http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm>)

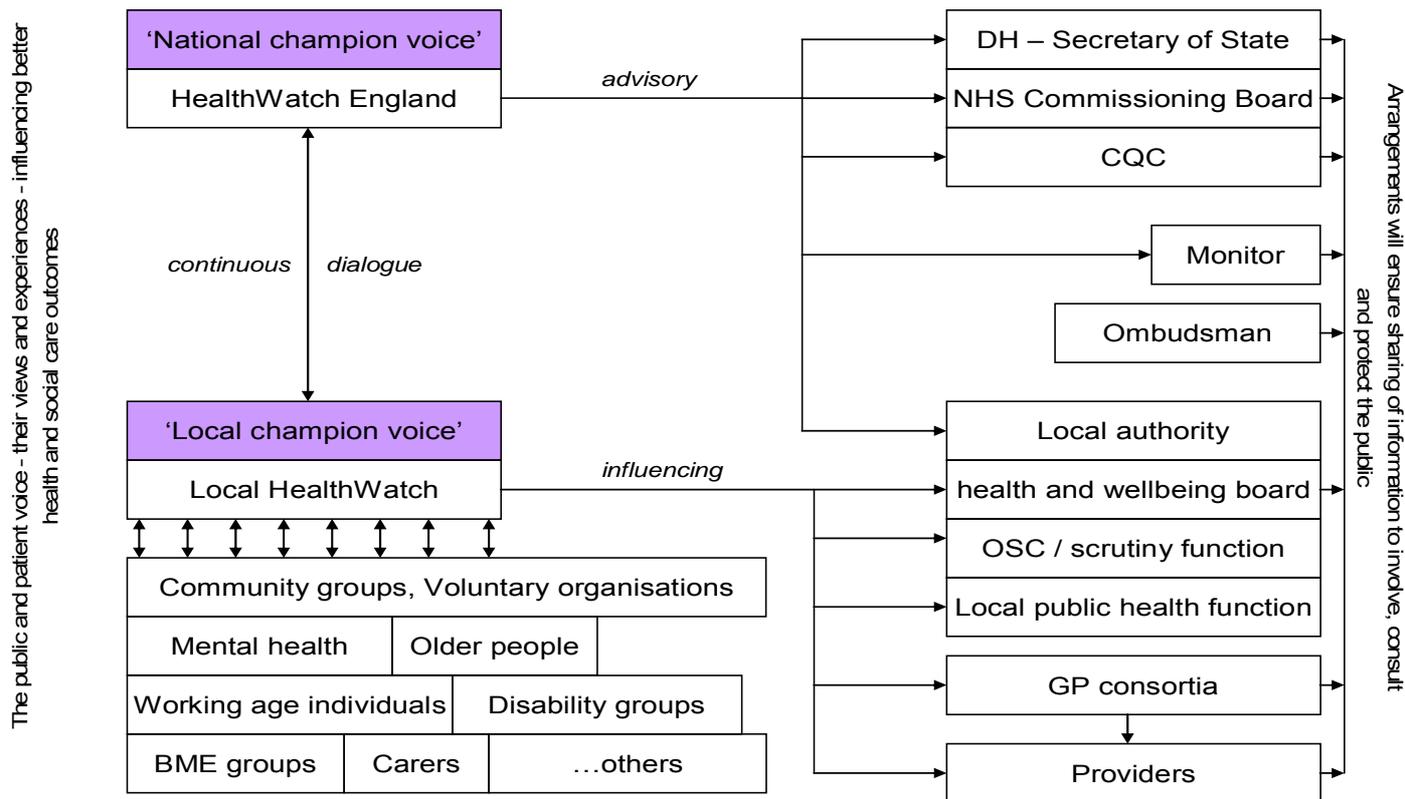
2.4 To help make this vision a reality, the Government has committed to strengthening the collective voice of patients, users of care services and the public and ensuring that voice is no longer lost in the system. One of the main ways of achieving this will be through the HealthWatch arrangements. Other ways will be through duties on commissioners and providers of health and social care services to involve and consult patients and the public.

2.5 The Government's reforms also aim to empower local organisations and professionals and make services more accountable to patients, the public and their communities.

2.6 The new architecture (see Figure 1) in the reformed system would mean:

- working with other healthcare professionals GPs, in consortia, will have responsibility for commissioning NHS healthcare services;
- a new NHS Commissioning Board will lead on quality improvement and promote patient and public involvement and choice;
- local authorities to establish health and wellbeing boards in every upper-tier local authority, to promote joint working and integrated services across health and social care. For the first time, councils will have the powers to scrutinise any NHS funded services, whoever provides them;
- the Parliamentary and Health Service Ombudsman will have greater power to share reports more widely, strengthening the role of complaints in the system;
- NHS foundation trusts will have strengthened internal governance making them more accountable for their results;
- all NHS trusts will become NHS foundation trusts by 2014;
- Monitor will become an economic regulator with responsibility for protecting the interests of patients and the public. It will do this through supporting the continuity of services, driving productivity by regulating prices, and promoting competition to ensure patients' right to choice is protected;
- Public Health England will give public health a distinct identity to promote health protection and prevention; and
- NICE and the NHS Information Centre for health and social care will have improved roles in the new landscape.

**Figure 1: Strengthening the collective voice of patients and the public**



**The Government’s vision for adult social care**

2.7 The Government’s vision for adult social care has a strong emphasis on more personalised services and the best outcomes for those who use services and their carers.<sup>2</sup>

2.8 The ‘Vision for Adult Social Care’ and the ‘Update of the Carers Strategy’ make clear that there should be ‘no decision about me without me’ and that citizens, not service providers or systems, should have choice and control over how their care and support are provided. In addition, both social care service users and carers should equally be supported to help shape and develop local services.

2.9 The local HealthWatch arrangements will be important for local authorities because local HealthWatch will have a remit for adult social care services, including rights of entry to premises where care services are provided.

**The Government’s vision for public health**

2.10 The White Paper *Healthy Lives, Healthy People* describes a new era for public health, with a higher priority and dedicated resources. Local authorities will have a new role in

<sup>2</sup> The key documents for more information and background on these proposals are: *A vision for adult social care: Capable communities and active citizens* ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_121508](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508)), and *Recognised, valued and supported: next steps for the Carers Strategy* ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_122077](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077)).

improving the health and wellbeing of their population as part of a new system with localism at its heart and devolved responsibilities, freedoms and funding.

2.11 The majority of the public health budget will be spent on local services, either via local authorities or the NHS. The Department of Health (DH) will incentivise action by introducing a new health premium to reward local authorities for progress made against the elements of the proposed public health outcomes framework, taking into account health inequalities. The consultations on the White Paper *Healthy Lives, Healthy People* and the proposed funding and commissioning routes have been running since 21 December 2010 and are about to close.<sup>3</sup>

2.12 The local health and wellbeing boards will bring key players together to facilitate strategic and integrated commissioning across the health, social care and public health systems and support better working. Local HealthWatch will be a statutory member of the health and wellbeing board, and will have a role in maximising local engagement by bringing the community and patient voice to the commissioning process.

2.13 For this reason it is very important for local HealthWatch to develop strong relationships with key partners such as Directors of Public Health to develop a shared understanding of the needs of the local population with the purpose of agreeing the best strategy to meet those needs within the collective resources available to the local community. Local HealthWatch needs to develop a good understanding of what 'good' looks like in the local public health arena.

2.14 Local authorities already have an important influence on the health and wellbeing of their population, not only in terms of the care that they commission and provide but also through wider determinants such as housing, transport, leisure, early years provision, and education and job creation, for example.

2.15 The Department of Health will continue to work with public health colleagues and with councils and LINKs (and then HealthWatch) to help to determine what information and evidence HealthWatch will need and how they can best get it and use it.

### **A Stronger Consumer Voice – HealthWatch**

2.16 To ensure that local health and care services are truly centred around what matters to those who use them, or may use them in the future, the public and patient voice needs to be strengthened. One key element of realising the visions for the NHS, public health and adult social care is the establishment of a new consumer champion, HealthWatch.

### **New Responsibilities for Local Government**

2.17 Local HealthWatch organisations will be funded via local authorities and will be accountable to local authorities for operating effectively and providing value for money. Local authorities will have the responsibility for putting in place different arrangements if a local HealthWatch organisation is not operating effectively.

2.18 At least one representative of local HealthWatch will sit on the new local authority health and wellbeing boards helping to ensure that the consumer voice is integral to the wider, strategic decision-making across local NHS services, adult social care and health improvement.

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<sup>3</sup> The consultations end on 31 March 2011.

### Local HealthWatch

2.19 HealthWatch will give local communities a bigger say in how health and social care services are planned, commissioned, delivered and monitored to meet the health and wellbeing needs of local people and groups, and address health inequalities. It will strengthen the voice of local people and groups, helping them to challenge poor quality services.

2.20 HealthWatch will have an important role supporting everyone in the community, but particularly those who are vulnerable or often unheard. Local HealthWatch will provide information about health and care services and about the choices people can make. From April 2013<sup>4</sup> it will provide support for people to complain about the quality of NHS services.

2.21 That is why we are proposing (see Figure 2) that:

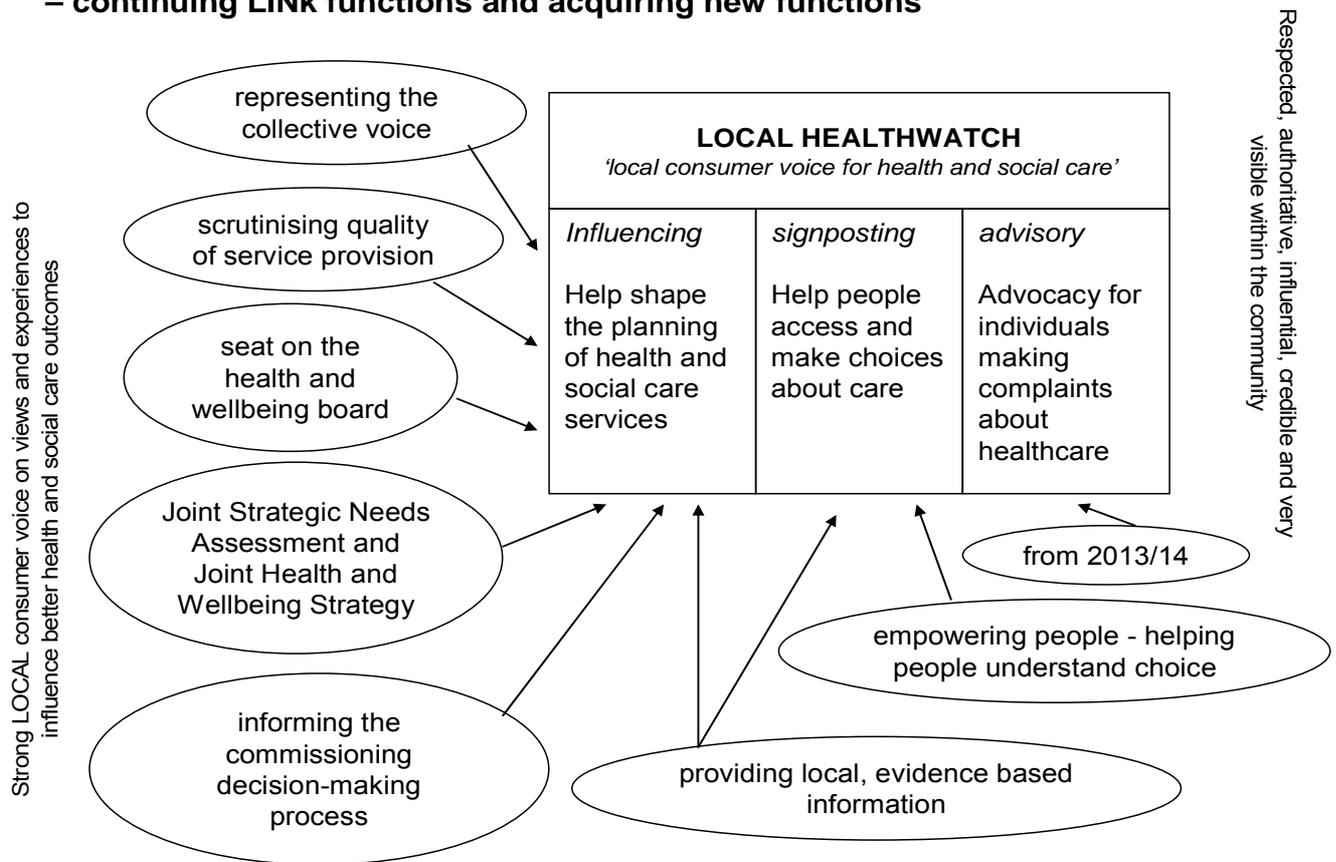
- the role of LINKs will evolve to become local HealthWatch which will have an expanded range of functions;
- local HealthWatch will be statutory organisations;
- local authorities will commission local HealthWatch with freedom to decide how to do this;
- the DH will make additional funding available to local authorities to support local HealthWatch;
- local HealthWatch will have a seat on the local authority health and wellbeing board, to ensure consumer voice is integral to decision-making;
- from April 2013, local authorities will commission NHS complaints advocacy from any suitable provider, including local HealthWatch, and the service will be accessed through local HealthWatch.

2.22 Local authorities will be commissioners and funders of local HealthWatch organisations, and will also be subject to scrutiny from them in respect of their adult social care services. Local authorities and local HealthWatch will be partners on health and wellbeing boards. This is a complex set of relationships and local authorities should begin to think about how they will manage these with their local HealthWatch organisation.

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<sup>4</sup> In response to concerns expressed during consultation on the NHS complaints advocacy proposals in *Equity and excellence: Liberating the NHS*, the Government now proposes to devolve the commissioning of NHS complaints advocacy to local authorities from April 2013. Local authorities will be able to commission the service from any suitable provider, to be accessed through Local HealthWatch.

**Figure 2: Local HealthWatch**  
 – continuing LINK functions and acquiring new functions



## HealthWatch England

2.23 In summary HealthWatch England will:

- be independent of Government through its constitution as a committee of the Care Quality Commission (CQC);
- have a chair that will be a non-executive director of CQC;
- have its own identity within CQC; and
- be able to utilise CQC's expertise and infrastructure.

2.24 HealthWatch England will provide leadership, support and advice for local HealthWatch organisations, creating greater consistency across the country.

2.25 HealthWatch England will be able to advise the Secretary of State for Health, the NHS Commissioning Board, English local authorities and Monitor as well as the CQC about concerns raised by local HealthWatch organisations.

2.26 HealthWatch England will be able to request that the CQC carries out an investigation if it has evidence of poorly performing services.

2.27 With these responsibilities, HealthWatch will have real power to influence how NHS and social care services are run. HealthWatch England will be able to ensure that people's concerns about services are brought together and acted on nationally.

## Building on what is best

2.28 Those characteristics that underpin successful LINKs are equally relevant to Local HealthWatch since existing LINK functions will be undertaken by the new organisations. We want to build on this so that the additional characteristics that need to be developed for Local HealthWatch to be effective can be put in place.

2.29 In addition to the information in this first transition document, the existing guidance for LINKs<sup>5</sup>, and best practice that has already been made available, there is information in Part 5 of this document about action learning sets for LINKs and proposals for HealthWatch Pathfinders.

2.30 LINKs already performing against those characteristics will be well placed to ensure a firm foundation for local HealthWatch. Those that need to make more progress have existing guidance and will have support through action learning to build their effectiveness during 2011/12. This document, together with the guidance on producing annual reports, and the guide to checking progress previously issued by the National Centre for Involvement (NCI), set the benchmarks to enable LINKs, hosts and local authorities to assess progress.

2.31 The Department recognises that building effective organisations takes time, but the vision, and the expectation, is that effective local HealthWatch organisations will:

### **Presenting views, shaping and monitoring health and care services**

- provide the strong, independent, local, consumer voice on views and experiences to help bring about better health and social care outcomes;
- monitor local health and care services and make recommendations to commissioners and providers about things that could or should be improved;
- be authoritative, credible, and influential with commissioners and providers of services, to help shape those services, and help them to improve;
- contribute their information about local health, care and public health services to the Joint Strategic Needs Assessment process and the health and wellbeing strategy.

### **Supporting Individuals**

- be highly visible and accountable in the local community, known about, understood and trusted by local people as a source of information and support;
- signpost people or help them to access information thus helping them exercise choice;
- empower and facilitate people to speak out, including through NHS complaints advocacy.

### **Organisational behaviour**

- operate in a way that encourages and facilitates participation from all who want to be involved, including acting in a transparent way;
- actively engage and involve people that need help to be able to contribute, underpinned by principles of equality and diversity;
- have a good understanding of local voluntary and community groups, other patient and public groups, like Patient Participation Groups and foundation trust membership and

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<sup>5</sup> First produced for the Department of Health by the National Centre for Involvement (NCI), a suite of guides for LINKs is available in the resources section of the LINKs Exchange website ([www.lx.nhs.uk](http://www.lx.nhs.uk)).

how they complement each other. This will enable local Healthwatch groups to work through and with local organisations to understand and present the views of local people, and effectively signpost people to information and advice;

- have excellent relationships with commissioners and providers, acting as a critical friend, informed about the experiences, needs and aspirations of local communities;
- have the capacity to use health, social care and public health information and to help others to do so;
- have an in-depth understanding of the issues facing the local community, and apply this as a member of the local health and wellbeing board;
- be a well-led and well-managed organisation, including being open to scrutiny (for example through self-assessment and peer review), seeking continuous improvement; and
- have a high level of knowledge and expertise in health and social care policy and implementation, including keeping up to date with developments for example in personalisation.

**What does this mean for LINKs?**

- What are we doing to assess our readiness for the introduction of HealthWatch? Are we talking to the local authority about this?
- Do we understand the proposals for the reformed NHS, adult social care and a local public health service?
- Do we understand the Joint Strategic Needs Assessment process?
- Are we already involved in it? If not, how can we participate?
- Are we talking to the local authority and the local community about what local HealthWatch will look like in our area? Or, are we planning to start discussions?
- In scrutinising services, do we know the standards that can be expected? Where and how do we access that information?
- Do we know how to find out more information, if we need it?
- Is our LINK representative of the local community with a diverse membership and a wide range of participants?
- Do we know how to work as a network of networks?
- Have we mapped the existing local organisations that provide information, advice and advocacy for local people so we can effectively signpost people to them and avoid duplication?

**Summary of key differences between Local HealthWatch and LINKs**

<b>Key Differences At A Glance</b>	
<b>From</b>	<b>To</b>
Influence local services	Participate in decision-making via local authority health and wellbeing board
Focus on community voice	Help and support for individuals as well
Local voice	Local and national voice through HealthWatch England

2.32 While local HealthWatch will take forward LINKs’ responsibility for gathering people’s views and making those views known to the people responsible for commissioning, providing

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or scrutinising local services, they will also take on the responsibility for supporting individuals directly.

2.33 From April 2012 local HealthWatch will have a role supporting individuals to access information which, in turn, will help them to make informed choices about their health and the care and treatment options available to them.

2.34 From April 2013 local authorities will take on responsibility for commissioning local NHS complaints advocacy services for people requiring support to make a complaint. These services will be accessed through, and in some cases may be provided by, local HealthWatch.

2.35 Local HealthWatch will also have direct involvement in local commissioning decision-making processes through their role on the local authority health and wellbeing board: this is different from the role of LINKs in using feedback to influence decision-makers.

2.36 Through their relationship with HealthWatch England, local HealthWatch will be able to ensure that people's concerns about services are brought together and acted on nationally.

### Transition

2.37 These changes will be taking place within a new health and care landscape with a number of new organisations, changes to what some existing organisations are responsible for, and the abolition of some organisations. The changes will take full effect from 2013/14. However, the majority of the changes, including the introduction of HealthWatch, take place from 2012/13. Therefore 2011/12 will be a crucial and challenging first year of transition. A timeline of the changes and key milestones for HealthWatch is set out in Figure 3 on page 20.

2.38 For LINKs, this transition year needs to address two key challenges:

- all LINKs being supported to operate at the level of the best;
- a smooth transition to local HealthWatch.

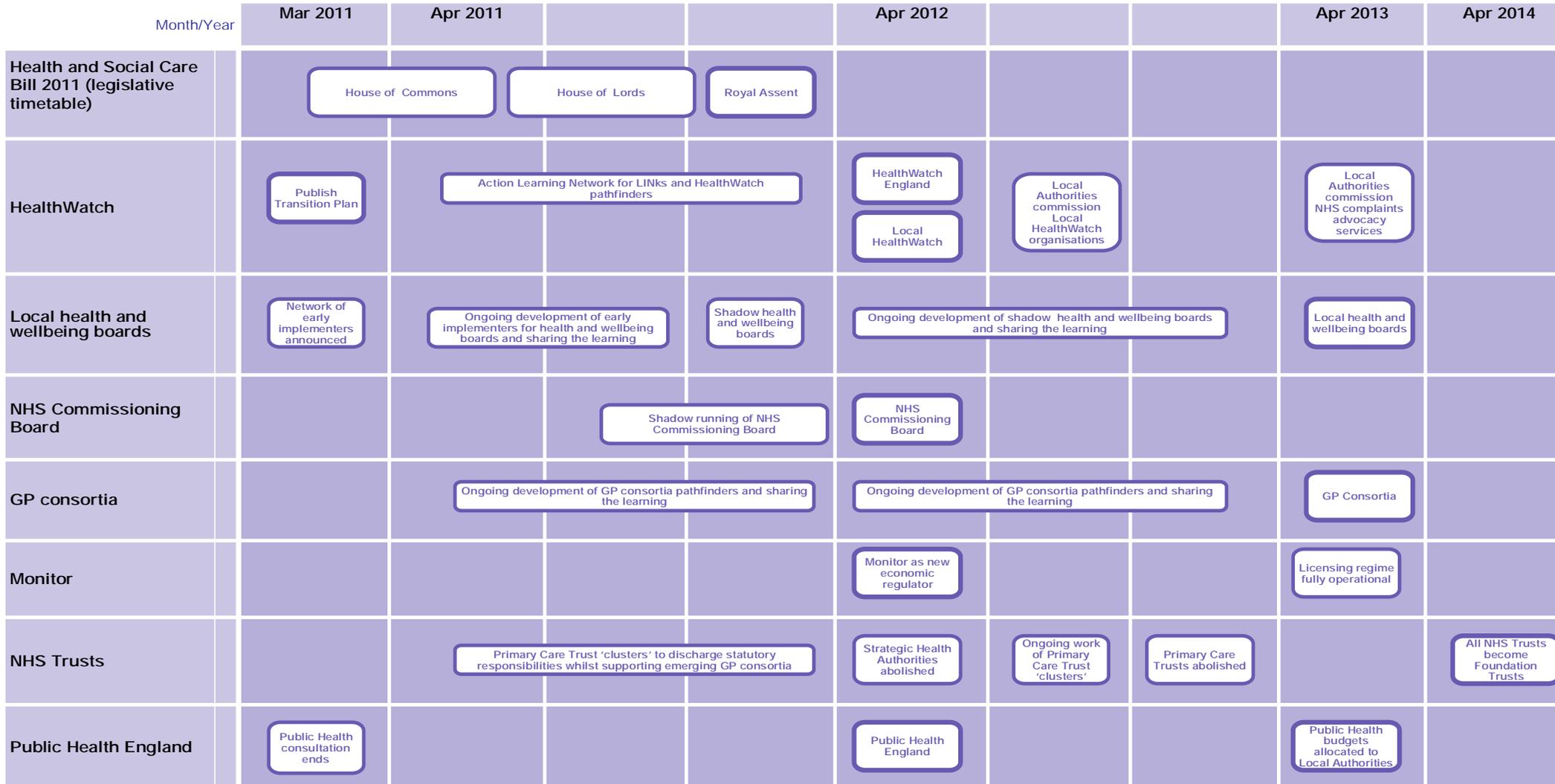
2.39 For local authorities the transition year needs to address:

- what effective and valuable local HealthWatch arrangements would look like;
- the level of investment required in local HealthWatch arrangements.

2.40 The following sections set out:

- a benchmark for an effective LINK, so that LINKs, their hosts and local authorities can assess what is needed to ensure a solid foundation for local HealthWatch, and work towards that;
- the vision for an effective local HealthWatch, to set the context and aims of transition;
- the actions to support LINKs to achieve the first and prepare for the second; and
- what nationally commissioned support will be available, allowing for as much local flexibility as possible.

**Figure 3: Timeline of changes taking place (key milestones)**



### 3. Preparing as an effective LINK

#### Where we need to start from: overview of effective LINKs

3.1 LINKs were introduced in April 2008. They are local community-based networks of organisations and individuals committed to strengthening and widening the influence of patients, users of services, carers, families and the public in the planning, provision and improvement of health and social care services.

3.2 LINKs should have a wide range of participants and involve both individuals and organisations in a way that is inclusive, diverse, and representative of the local area. LINKs should use a range of different formats and methods of communication and involvement, and actively engage people who need help to participate.

#### Role of LINKs

3.3 The Local Government and Public Involvement in Health Act 2007 put a duty on local authorities to have a LINK in their area. The Act, and associated regulations, set out the activities to be carried out by LINKs. They are to:

- promote and support the involvement of people in the commissioning, provision and scrutiny of health and social care services;
- obtain the views of people about their needs for, and experiences of, health and social care services, and make those views known to those responsible for commissioning, providing, managing or scrutinising those services;
- enable people to monitor and review the commissioning and provision of health and care services; and
- make reports and recommendations about how health and care services could, or should, be improved to those responsible for commissioning, providing, managing or scrutinising those services.

3.4 LINKs should be focused on achieving outcomes, including:

- services that are shaped to meet people's needs;
- services that improve as a result of people's experiences; and
- local people have confidence in the validity and transparency of health and social care organisations' decision-making.

3.5 LINKs should reach out into communities that experience exclusion from traditional decision-making processes in health and social care, to ensure that their views are both audible and influential.

3.6 LINKs have specific powers to enable them to influence the improvement of local services. These powers allow them to:

- enter certain types of premises and view the services provided;
- request information and receive a response in a specified timescale;

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- make reports and recommendations and receive a response in a specified timescale; and
- refer matters to a health or social care Overview and Scrutiny Committee and receive a response.<sup>6</sup>

### 3.7 Effective LINKs have governance arrangements that:

- agree the overall priorities and work plan in consultation with wider LINK participants;
- establish principles for LINK participation that is inclusive and encourages diversity;
- decide where, when, how and by whom the LINK's powers should be used;
- ensure the sign-off of external reports;
- ensure the LINK operates within the agreed governance framework;
- promote the LINK and report regularly to its participants and the community on its activities and achievements, as well as producing an annual report;
- ensure principles of diversity, equality and human rights are integral to the LINK's work;
- are regularly reviewed and updated; and
- are publicly available.

3.8 Involvement of LINK participants should be integrated throughout the governance arrangements which should aim to involve and communicate with the wider LINK participants in all the LINK's activities. Extracts from the NCI Guide on Governance (Number 12) are reproduced at Annex B.

3.9 Many LINKs have a relationship with national regulators such as the Care Quality Commission (CQC). They pass information about local experiences to the regulator when they consider that this is the best route to achieve improvements in services.

3.10 Examples of best practice, and links to further information, are contained in the Appendix to this report.

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<sup>6</sup> Local authority scrutiny arrangements may change as a result of proposals in the Health and Social Care Bill. Local authorities will still have a scrutiny function but they will not have to discharge it by having a health Overview and Scrutiny Committee.

## 4 Building effectiveness for local HealthWatch

### Overview of support arrangements

4.1 In order to maintain momentum, whilst working towards their wider role as local HealthWatch, LINKs have told us that one of the most important issues for them in the coming year is to support all LINKs to perform at the level of those that are most effective.

4.2 The full list of issues raised most often by LINKs is shown in Figure 4, on page 24. The figure includes a brief outline of how the issues are being addressed.

4.3 This will require LINKs and their hosts, with peer support where this would be helpful, to assess what their current level of effectiveness is, with a critical but non-judgemental approach based on the available guidance and feedback from their stakeholders. This will help them to identify opportunities for learning and improvement, and allow them to work out what support would best meet their development needs, and to devise plans and actions to address them.

4.4 We have acknowledged this as the first challenge to be addressed during transition and we are putting in place a programme of support. The Centre for Public Scrutiny, supported by the Local Government Association and the Patients Association, is undertaking a review of LINKs' progress and good practice that will also be shared. The Centre is expecting to publish the results in May.

4.5 The programme of support – the full details of which are set out in the next section – includes:

- the HealthWatch Programme Board and Advisory Group;
- the DH and Local Government Programme Board;
- action learning and peer support;
- information and advice;
- HealthWatch pathfinders.

4.6 Overseen by the HealthWatch Programme Board and Advisory Group, part of the HealthWatch development programme will be to share information on shaping local HealthWatch organisations. However, it is not appropriate for central government to prescribe how Local HealthWatch organisations should be set up or how they should operate, and the information will be made available as advice, not statutory guidance.

4.7 Subject to the Department's plans to enable the Care Quality Commission to appoint an additional Non-executive Director to take on the HealthWatch England brief, by the end of 2011 we expect CQC to have set up HealthWatch England (in shadow form) to begin to take on this work as part of its role to provide leadership and support to local HealthWatch organisations.

4.8 It is also important to acknowledge that not all the detail of how the new health and social care systems will operate will be available during the early part of 2011/12: there will have to be a degree of learning together as GP consortia pathfinders, early implementer local authority health and wellbeing boards and HealthWatch pathfinders increasingly establish their identity and understand their individual roles and how they relate to each other. Through these activities the detail of the arrangements will emerge and lessons can be shared more widely.

Figure 4

Issue raised	How the issue is being addressed
Clarity over funding	See Annex D.
Training	This will be for CQC/HealthWatch England once established but action learning sets and pathfinders will produce information and resources throughout 2011/12 – see, especially, Chapter 5.
Awareness raising	This will be mainly for CQC/HealthWatch England; more information is in Chapter 7.
Branding	See Chapter 7.
Operational models and governance	This links to training and is for CQC/HealthWatch England but some pathfinders may start to look at this – see Chapter 5. The HealthWatch Advisory Group will also be considering operational and governance models ahead of the establishment of HealthWatch England.
Guidance	Roles, performance indicators, success factors, role of hosts – information contained in this guide; more will come from CQC/HealthWatch England.
Capacity and reputation of LINKs	Identify and spread good practice – the action learning sets will support all LINKs to perform at their best during 2011/12; best practice examples are available in the Appendix to this plan and more will be made available as it emerges.
Transition Board	The HealthWatch programme governance arrangements, and information about how LINKs can feed into them, are set out in Chapter 5.
Regular communications	LINKs Exchange (LX) will continue as a free resource for all LINKs. DH and CQC will continue either to host or attend stakeholder events, and CQC is setting up an online forum - see Chapters 5 and 7.
Support for volunteers	Our work with LINKs and the voluntary sector to develop HealthWatch includes roles and ways of working for volunteers in HealthWatch. Details will be disseminated through regular bulletins about HealthWatch.
Managing expectations	The HealthWatch development programme will support LINKs to prepare for local HealthWatch; communications with key audiences will help to manage expectations and learning opportunities will be made widely available. Local HealthWatch will not have a role in complaints advocacy until 2013; local HealthWatch will not necessarily deliver that service.
Help LINKs get better at involving seldom heard and hard to reach people/groups	The action learning and continuous improvement work will help LINKs to identify what aspects they may need to concentrate on; using best practice and peer support will also help address this.

## 5 A programme of support during 2011/12

5.1 This document has already set out the activities, behaviours and characteristics of a good local HealthWatch organisation. In this chapter, we set out the programme of support during 2011/12, which will enable partners in the emerging architecture to see that LINKs can be local HealthWatch organisations.

5.2 Understanding how a LINK has been performing to date can be achieved through peer review and feedback from both the host organisation and local authority. This can also include NHS organisations, where the LINK has provided insight into the patient and public voice.

5.3 The Centre for Public Scrutiny, supported by the Local Government Association and the Patients Association, is also undertaking a review of LINKs' progress and good practice which will provide additional examples. The Centre is expecting to publish the results in May.

5.4 This work would build on the evidence base from the Department's analysis of the LINKs 2009/10 annual reports, information from Government Office LINK leads and CQC compliance managers, and feedback from the action learning sets such as the CQC work with LINKs, and the Warwick University work with local authorities and their LINKs. This information will inform the work of the HealthWatch development programme during the transition year.

5.5 Building on the evidence base, the Department will be supporting the LINKs' action learning network and the HealthWatch pathfinders, which we describe below.

5.6 A joint letter from David Behan, Director General for Social Care Local Government and Care Partnerships, and Joan Saddler, National Director for Patients and the Public was issued on 7 March<sup>7</sup>. This set out the Department's approach to the programme of support during the transition year.

### Action Learning Sets

5.7 The Department plan to commission support for all LINKs to perform at the level of the most effective, promote continuous learning, and to prepare for local HealthWatch.

5.8 The purpose of the action learning sets is to build momentum through peer learning and sharing to facilitate and embed continuous improvement for all LINKs as the local HealthWatch is developed. This, in turn, will help to increase consistency where it is desirable, and to build sustainability. The learning from this work will be shared via web publications and, where opportunities arise, via regional or national events.

5.9 The Department is aware that setting up action learning sets is a challenge. For some LINKs, who have been involved in this method of peer learning, this will be taking a form of that action learning set forward. For others, this will mean understanding what these are and how to make the most of them.

5.10 Action learning sets are designed to share information and disseminate improvement. Participants of an action learning set would agree their terms of reference, which would include

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<sup>7</sup> The letter is available at:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_124906](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_124906)

bringing issues to the table for discussion and some clear products to enable others to learn. Such products can be, for example, a set of tools for use in HealthWatch that would enable it to gather the diverse, collective views from its local community when presenting the local voice to commissioners and providers to improve health and social care services.

### *Example of how an action learning set works:*

A successful action learning set is that set up by CQC to explore how CQC and LINKs can work more effectively together.

CQC has completed a learning set with 8 LINKs across the country. The first report from the project was published in December 2010 called *CQC and LINKs: Working to improve care*. It is available on the CQC website at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices). In April 2011, CQC are publishing a guide for LINKs about working with CQC, with examples of tools and templates developed by LINKs in the learning set. At the same time, CQC are publishing a guide for all CQC staff about how to involve LINKs in monitoring services. This builds on current local CQC relationships with LINKs, and will ensure a consistent approach across the country as Local HealthWatch is introduced from April 2012. During 2011, the CQC will be working with other groups of LINKs to explore how they share information about services and build a local relationship.

CQC now produces a monthly bulletin for all LINKs, to update on CQC work with LINKs during the transition year and other CQC developments. The archive of LINKs bulletins is at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices) and enquiries about current work with LINKs can be emailed to [involvement.EDHR@cqc.or.uk](mailto:involvement.EDHR@cqc.or.uk).

5.11 The action learning sets will decide their own aims and will need to commit to a programme of activity that helps them to improve, to report on their progress, and to share any outputs of the activity (e.g. community research tools, helpful policies on governance, conflict of interest) for the benefit of all LINKs.

5.12 The Department will commission support for the action learning network and build momentum to give LINKs an opportunity to engage with the evolutionary process. This will begin creating a 'network of networks' towards a sustainable future for local HealthWatch.

### **What does this mean for LINKs?**

- LINKs can use existing resources and other information to assess their current level of performance and readiness for the introduction of local HealthWatch.
- LINKs will be able to join an action learning set - to be part of an action learning network - and will have access to the outcomes from other action learning sets which may be of particular relevance to them.
- LINKs can make use of the existing communications channels, such as LINKs Exchange<sup>8</sup>, to keep up to date with developments in implementing HealthWatch.

<sup>8</sup> [www.lx.nhs.uk](http://www.lx.nhs.uk)

## Pathfinders

5.13 In *Liberating the NHS: Legislative framework and next steps*, the Government committed to inviting local authorities and LINKs to develop HealthWatch pathfinder organisations to help with the preparations for local HealthWatch.

5.14 The joint letter (referred to in paragraph 5.6) invites the local authority and LINK to submit a funded plan to be a HealthWatch pathfinder.

5.15 The partnership model underpins this approach and there is a need for local authorities to keep LINKs funded during the transition year to make this change happen. The plans are to reflect how the LINK and local authority can, and will, take forward the Government's vision that the local HealthWatch builds on LINKs' functions and adds the building blocks of the new local HealthWatch functions in readiness for April 2012.

5.16 Local authorities and LINKs considering seeking HealthWatch pathfinder status are being asked to think about how they might take forward and develop some of the modelling work, and test this out and evaluate it during the transition year. This would help other LINKs and local authorities to learn what could work in their areas.

5.17 The Department welcomes thematic plans and innovative thinking from LINKs and local authorities. Taking into account the geographic and demographic spread, different local authority types, a range of performance levels of LINKs, and some particularly testing or challenging circumstances would offer a range of ways of working as the new local HealthWatch organisation.

5.18 The pathfinder would also need to think about balancing relationships, where retaining existing relationships e.g. community member and voluntary organisations, is as important as building new ones with GP consortia, local health and wellbeing boards, and HealthWatch England as they emerge in the new landscape.

5.19 If the partnership wanted to explore how more than one LINK, local authority and host organisation might work together, the Department would welcome such innovative approaches. There are no set parameters or boundaries on how that partnership may wish to grow its HealthWatch pathfinder but the aim would be the same: how to establish an effective local HealthWatch.

### *The pathfinder timetable:*

<b>2011</b> March 7	Invitation to become a HealthWatch pathfinder issued.
May 12	Deadline for receipt of proposals.
End May to September	Pathfinders implement their programmes and develop learning modules.
End September	Early evaluation of Pathfinders.
Early October	First learning events held.
October to March <b>2012</b>	Pathfinders continue development and testing.
February	Final evaluation and second learning event held.
April	Subject to legislation, HealthWatch established.

5.20 In addition, information from the HealthWatch development programme will feed into the pathfinders as it becomes available to support continuous learning.

**What does this mean for LINKs and Local Authorities?**

- Local authorities and LINKs (with their host organisations) should discuss and agree proposals to be HealthWatch pathfinders.
- This should include involvement of local people to discuss what local HealthWatch will look like in their area.
- These discussions could also help to identify if there are any areas for improvement the LINK needs to address or if the LINK could provide peer support for others.
- Pathfinder proposals should be submitted to [kasey.chan@dh.gsi.gov.uk](mailto:kasey.chan@dh.gsi.gov.uk) at the Department of Health by Thursday 12 May 2011.

**The DH and CQC HealthWatch Programme Board and Advisory Group**

5.21 Underpinning these initiatives, which will provide learning for all LINKs as well as input to the design of local HealthWatch organisations, the DH and CQC want to ensure that all LINKs have the opportunity to have a say in how proposals to establish HealthWatch are developed.

5.22 Implementation of the Government's proposals for establishing HealthWatch is being overseen by a national Programme Board. It is the Board's role to provide strategic advice to the development and implementation of the programme plan, to set direction, advise on key recommendations and comment on risks. The Board will exist up until HealthWatch England is established, when it will take over the implementation of HealthWatch.

5.23 An underlying principle of the HealthWatch programme is that it adopts a partnership approach between DH, CQC and local authorities, and that it engages and involves people who use health and social care services and their representative organisations in all stages of the development. Chaired by the National Director for Patients and the Public, membership of the Programme Board comprises:

- Lead Directors for DH and CQC
  - Senior DH and CQC representatives
- Representatives of:
- LINKs
  - Host organisations
  - National Association of LINKs Members
  - Association of Directors of Adult Social Services (representing the Think Local Act Personal Partnership)
  - Voluntary Sector
  - Local Government
  - Providers (health and social care)
  - The Department of Communities and Local Government
  - The NHS Institute

5.24 The HealthWatch Programme Board agreed its work programme at its first meeting in February and this is set out in the table below. This is flexible and may change over the year in response to issues arising from the Board.

*HealthWatch programme of work 2011-12:*

<b>2011</b>	
February	<ul style="list-style-type: none"> <li>• Terms of reference and membership</li> <li>• HealthWatch work programme</li> <li>• Risk register</li> <li>• CQC governance</li> <li>• Update from Advisory Group</li> </ul>
24 March	<ul style="list-style-type: none"> <li>• A vision and narrative to make the business case for HealthWatch</li> <li>• A communications strategy</li> <li>• Transition planning for LINKs</li> <li>• Pathfinders programme and the action learning sets</li> <li>• Risk register</li> <li>• Update from Advisory Group</li> </ul>
19 May	<ul style="list-style-type: none"> <li>• Working with local authorities on their new commissioning role and how local HealthWatch can support them</li> <li>• Developing an effective relationship between HealthWatch England, the Care Quality Commission, and local HealthWatch organisations</li> <li>• Developing an approach for the appointment of the Chair for HealthWatch England</li> <li>• Risk register</li> <li>• Update from Advisory Group</li> </ul>
21 July	<ul style="list-style-type: none"> <li>• HealthWatch governance</li> <li>• Developing the role and responsibilities of HealthWatch England and local HealthWatch</li> <li>• Complementary roles of wider voluntary and community sector</li> <li>• Risk register</li> <li>• Update from Advisory Group</li> </ul>
29 September	<ul style="list-style-type: none"> <li>• Sharing the lessons from the Pathfinders programme</li> <li>• Aligning work on funding of local HealthWatch with local authorities' timetable</li> <li>• Risk register</li> <li>• Update from Advisory Group</li> </ul>

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November	<ul style="list-style-type: none"> <li>• Review the preparation of LINKs transition</li> <li>• Draft governance model for HealthWatch England</li> <li>• Risk register</li> <li>• Update from Advisory Group</li> </ul>
<b>2012</b>	
January	<ul style="list-style-type: none"> <li>• Readiness for HealthWatch England and local HealthWatch organisations (from April 2012)</li> <li>• Risk register</li> <li>• Update from Advisory Group</li> </ul>

5.25 The Board has a HealthWatch Advisory Group, drawing in a wider range of stakeholders, to ensure that engagement continues throughout the development process and that the Programme is drawing on a range of expertise. This includes nominated regional LINK representatives and local government representatives.

5.26 Current Advisory Group membership is:

- LINKs members (with representatives chosen by LINKs in the respective Government Office regions. 1 LINK representative per region was chosen for regions outside London; 2 representatives for the London region)
- Representatives of local government
- LINK host organisations
- National Association of LINKs Members
- User- or carer-led organisations
- Voluntary organisations representing people using services and their carers
- Specialists in equality, diversity and human rights
- Specialists in consumer engagement
- Specialists in health scrutiny
- Provider and commissioner representatives from health and social care.

5.27 The role of the Advisory Group is to give expert advice to the Programme Board, to help produce practical and implementable plans and to ensure the Board is taking account of views from LINKs, user- and patient-led organisations, providers and commissioners, and drawing on expert knowledge.

5.28 The Advisory Group can make recommendations to the Programme Board which will always be fed back to them saying whether the recommendation was accepted and, if not, to explain the decision. This ensures continuous dialogue and debate.

5.29 The Advisory Group will be supplemented by one-off workshop events, which may draw in a wider range of people to discuss specific issues, and by an online forum created by CQC.

5.30 The CQC HealthWatch online forum, or community, is being set up to gather people's views about the establishment of HealthWatch. It is open to anyone; there is no limit to the number of people that can join. Comments from the forum will be used to create reports for the Advisory Group and Programme Board to consider. The forum will also be used to share information and provide updates to those that have joined it. The Advisory Group and

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Programme Board meeting notes will also be put on the forum. Anyone wishing to register their interest in joining the forum should email [enquiries.healthwatch@cqc.org.uk](mailto:enquiries.healthwatch@cqc.org.uk).

5.31 The notes from both Programme Board and Advisory Group meetings will be made publicly available via both LX ([www.lx.nhs.uk](http://www.lx.nhs.uk)) and the CQC's HealthWatch web pages (<http://www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm>)

### What does this mean for LINKs?

- LINKs have a regional representative on the Advisory Group; they can share views with their representatives.
- LINKs members who are not on the Advisory Group are able to keep up to date with progress through their regional representative and/or by visiting LINKs Exchange, where notes of meetings will be posted.
- LINKs members will be able to access the online forum which will provide further feedback to the Advisory Group and Programme Board.

### The DH and Local Government (LG) Transition Board

5.32 This is a new Board chaired by David Behan, Director General for Social Care Local Government and Care Partnerships and includes representatives from DH and local government.

5.33 It was originally established in a different form in October 2010 to oversee the local democratic legitimacy proposals in the White Paper. The Board's focus was policy on local authority scrutiny arrangements and health and wellbeing boards. The Board also considered the broad impact of the reforms on local government and local public services.

5.34 More recently, the relevant DH Directors General have agreed that this approach should apply to a wider DH and Local Government Programme that incorporates the changes to the public health system and the implementation of Local HealthWatch. More importantly, it will ensure system alignment as we move forward into the new architecture – and this will help give HealthWatch a greater profile.

5.35 The new DH and Local Government Programme Board will work closely with a number of other governance mechanisms, in particular the Public Health England Programme Board and the HealthWatch Programme Board. The DH and Local Government Programme Board will provide additional advice and oversight to ensure the policy is developed and implemented in line with the broader goals of the wider reforms around local democratic legitimacy.

## 6. Wider engagement: statutory duties to involve and report on consultation

6.1 This section sets out the current duties on NHS organisations to involve and engage patients and the public, and the changes proposed in the Health and Social Care Bill.

### Duty to involve

6.2 A strengthened 'duty to involve' came into force on 3 November 2008<sup>9</sup>. The duty requires certain NHS organisations (see below) to involve users of services in:

- the planning and provision of services;
- the development and consideration of proposals for changes in the way services are provided; and
- decisions affecting the operation of services.

6.3 When developing and considering proposals for changes in the way services are provided, or when making decisions affecting the operation of services, the organisations to which the duty applies are under a duty to involve. The duty applies where the proposals or decisions have an effect on the way in which services are delivered to users or on the range of health services available to users.

6.4 Under the law certain NHS organisations also have to have regard to any government guidance that explains how they should discharge the involvement duty.

### To which NHS organisations does the duty apply?

6.5 The duty to involve applies to strategic health authorities, primary care trusts, NHS trusts and NHS foundation trusts.

### Duty to report on consultation<sup>10</sup>

6.6 The duty to report on consultation applies to primary care trusts and strategic health authorities (if they commission healthcare services) and requires them to report on how people's views have shaped the decisions they make when commissioning services.

### Proposals in the Health and Social Care Bill

6.7 At the time of publication, the Health and Social Care Bill contains proposals that mean that GP commissioning consortia and the NHS Commissioning Board will be under a statutory duty to involve, in the way that primary care trusts are now.

6.8 However, the duty to report on consultation (contained in the 2007 Act) will cease to exist. Instead, a new requirement will be placed on GP commissioning consortia and the NHS Commissioning Board to include information in their annual reports about how people's views have shaped the decisions they have made when commissioning services.

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<sup>9</sup> The duty to involve was enacted by the Local Government and Public Involvement in Health Act 2007. Guidance on the duty and how it can be applied is available at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_089786.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089786.pdf)

<sup>10</sup> The duty to report on consultation was contained in the same Act but came into force in October 2009

## 7. Communications and branding

7.1 During 2011/12 LINKs Exchange ([www.lx.nhs.uk](http://www.lx.nhs.uk)) will remain DH's primary route for sharing information, developments and opportunities for participation with LINKs (and others).

7.2 DH will produce regular newsletters, including information on progress of the legislation (although LINKs are encouraged to keep up to date via the Parliamentary website which is regularly refreshed  
<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>)

7.3 DH is also talking to other stakeholders both to ensure consistency of messaging and to make use of their wider communications channels for example CQC's online HealthWatch pages  
<http://www.cqc.org.uk/aboutcqc/whatwedo/improvinghealthandsocialcare/healthwatch.cfm>) and the Local Government Group's newsletters/ bulletins.

7.4 CQC is also setting up an online forum for LINKs and other interested parties to share ideas. More information about the forum is set out in Part 5.

7.5 Work to design the HealthWatch 'brand' (nationally and locally) will draw on initial work to define the HealthWatch vision. This work is being led by CQC who expect that the branding information will be available in draft form by October 2011. Meanwhile, the Department is taking steps to register the trademark. Subject to the progress of the Health and Social Care Bill through Parliament, CQC hope to publish the final version in December 2011.

7.6 Local communication is the most effective way to reach people who need to know about HealthWatch. Therefore, from Autumn 2011 onwards, we are planning a programme of local communication. The focus will be on using local media. We will draw on successful promotional methods already used by LINKs, and CQC will prepare some simple promotional material that can be adapted locally by LINKs and, in future, Local HealthWatch.

7.7 During 2011 CQC will also consult on plans for the HealthWatch England website. CQC expects to launch the website in April 2012.

7.8 In addition, during 2011 the CQC website will contain information pages on HealthWatch England.

### What does this mean for LINKs?

- The LINKs Exchange will continue to be a free resource to all LINKs to keep up to date with transition news (such as action learning), developments in HealthWatch (such as Programme Board and Advisory Group information, and pathfinders) as well as to share information, views, ideas, local reports and good practice with each other.
- The profile of local HealthWatch will be raised with key stakeholders, especially local government, through use of their existing communication channels.
- Once established, LINKs will have access to CQC's HealthWatch pages on its website.
- Once established, LINKs will have access to an online forum that will allow them to have input to the development of HealthWatch, including branding.
- LINKs will have access to promotional material that they can use locally to raise awareness of local HealthWatch and encourage more people and organisations to get involved.

## 8. Next Steps

8.1 This is a summary of the actions during the transition year:

- evolution of LINKs to become local HealthWatch organisations, enabling local authorities to build on existing foundations rather than having to 'start from scratch';
- support and evaluation of the action learning network through the establishment of action learning sets to provide continuity for the local patient and public voice;
- local authorities and LINKs establishing HealthWatch pathfinders that connect with other emerging bodies such as the early implementer health and wellbeing boards and GP consortia pathfinders to develop local HealthWatch models to become operational from April 2012;
- improving communications on the Government's vision for HealthWatch, in collaboration with stakeholders, in the emerging new health and care system;
- giving HealthWatch its own identity through branding;
- HealthWatch development programme to support the bottom-up approach; and
- publishing supporting documents to this Transition Plan through working collaboratively to co-produce useful material with LINKs, local authorities and representative organisations, to support the successful establishment of HealthWatch from April 2012.

# Annex A

## Examples of Some Organisational Forms and Structures

1. This Annex sets out information about some organisational forms and structures, how they are constituted and their regulatory organisations. It also provides some detail about different ways such companies can be funded.
2. The Annex contains a number of links to external websites where people can access more information.

### Community Interest Companies

3. A Community Interest Company (CIC) is a limited company, with special additional features, created for the use of people who want to conduct a business or other activity for community benefit, and not purely for private advantage. This is achieved by a "community interest test" and "asset lock", which ensure that the CIC is established for community purposes and the assets and profits are dedicated to these purposes. Registration of a company as a CIC has to be approved by the Regulator who also has a continuing monitoring and enforcement role.
4. A CIC cannot register as a Charity (see below) as the asset lock and community interest test perform the same or similar functions.

[www.cicregulator.gov.uk](http://www.cicregulator.gov.uk)

### Industrial and Provident Societies

5. An industrial and provident society is an organisation conducting an industry, business or trade, either as a co-operative or for the benefit of the community, and is registered under the Industrial and Provident Societies Act 1965. The Financial Services Authority (FSA) is the registering authority for societies which register under the Industrial and Provident Societies Act 1965 (I&P Act 1965). This registration function is separate from their role as regulator of the financial services industry in the UK, as provided by the Financial Services and Markets Act 2000 (FSMA) and the statutory instruments made under FSMA.

6. Co-operative societies are run for the mutual benefit of their members, with any surplus usually being ploughed back into the organisation to provide better services and facilities.

[www.fsa.gov.uk](http://www.fsa.gov.uk)

### Company Limited by Guarantee

7. In British company law, a private company limited by guarantee is an alternative type of corporation used primarily for non-profit organisations that require legal personality. A guarantee company does not usually have a share capital or shareholders, but instead has members who act as guarantors. The guarantors give an undertaking to contribute a nominal amount (typically very small) in the event of the winding up of the company.

[www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

### Charitable Status

8. Charitable status is not a corporate form but a status accorded to eligible organisations. Trustees of “Unincorporated Charities”, i.e. those without a corporate legal form, may be held personally liable for the Charity.

### What are charities?

9. Charities are organisations that benefit the public in a way [the law agrees is charitable](#). Most charities with an annual income of over £5,000 have to register with the Charity Commission. Although charities with an income of £5,000 or less (and some others) don't have to register with the Charity Commission, they still need to abide by charity law and almost all are regulated by the Charity Commission.

10. Charities are run by 'trustees' - the people who form the governing body or 'board' of a charity. They may be called trustees, directors, board members, governors or committee members, but they are the people with ultimate responsibility for directing the business of the charity. Most trustees are volunteers, and receive no payment (except out-of-pocket expenses).

[www.charity-commission.gov.uk](http://www.charity-commission.gov.uk)

### Places to go to for advice on legal form and governance structures

[National Association of Voluntary and Community Action](#) (NAVCA) is the umbrella body for [local development and support organisations](#) (infrastructure bodies such as Councils for Voluntary Service, Voluntary Action, Community Action etc....). These local bodies can provide expert advice and guidance on choosing both the most appropriate legal form for a new organisation and the governance arrangements that will ensure full participation and community ownership of the local HealthWatch organisation.

NAVCA also host a '[trainers and consultants directory](#)' many of whom are experts in legal forms and governance.

[www.navca.org.uk](http://www.navca.org.uk)

The [National Council for Voluntary Organisations](#) offers a consultancy service which includes expertise on legal forms and governance.

[www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)

### Funding Options

11. The approach taken locally to establish a local HealthWatch organisation will determine the most appropriate funding vehicle to use.

12. An approach that adopts community ownership and governance in the structure of the new body will require active participation of local people and community groups. This may best be achieved by using a 'grant-in-aid' funding route that empowers the local community to develop the capacity and capability to own the organisation.

13. The NAO have produced a '[successful commissioning](#)' guide that explores the role and purpose of competitive procurement, competed grants and grant-in-aid as funding vehicles for achieving the desired outcome. The approach a local area takes to establishing its Local HealthWatch will determine which route is most appropriate for the local circumstances.

14. Given the range of functions and activity local authorities will be required to deliver to fulfil the HealthWatch responsibilities at local level a mixed approach may be appropriate. For example, the complaints functions which require specialist expertise could be secured through a larger scale procurement in partnership with a number of other authorities.

[www.nao.org.uk](http://www.nao.org.uk)

# Annex B

## **Governance – extracts from NCI Guide 12**

Consider adopting some fundamental principles so that equality and inclusiveness are built into governance arrangements.

LINks need to consider how to get a structure that means they can carry out their activities, reflecting the local geography, the diverse interest of communities and the pattern of health and social care provision.

Fundamental principles (for LINks as a basis for discussions about governance arrangements) in the guide were:

- adopt shared principles and work together to change things for the better;
- demonstrate values by working with others for everyone's benefit;
- act responsibly and play a full part in the work;
- help people to help themselves;
- take responsibility and answer for your actions;
- give everyone a say in how things are done;
- act fairly and in an unbiased way;
- share interests and common purpose with others;
- be open – don't hide it when you are not perfect;
- be honest about what you do and how to do it;
- encourage people to work together to improve their community;
- support similar work that others are doing;
- make a commitment to allow anyone to take part;
- look for opportunities to work together to strengthen accountability locally and beyond; and
- recognise that some people and groups find formal structures daunting and find ways to accommodate their needs.

The governance arrangements should seek to ensure that local community based organisations can appropriately contribute to how LINks will work. In order to work effectively, LINks will need to ensure they reach out to a broader range of the community, and getting them involved will be a critical success factor.

The full guide is available at:

[http://www.lx.nhs.uk/resources/adviceandguidance/?id=302&start2=4&order=created\\_date](http://www.lx.nhs.uk/resources/adviceandguidance/?id=302&start2=4&order=created_date)

# Annex C

## Expected legislative timetable

### House of Commons

- Health and Social Care Bill introduced into Parliament on 19 January 2011.
- Second Reading of the Bill 31 January 2011.
- ► Committee Stage started on 8 February 2011 and is due to end on 31 March 2011. (The HealthWatch clauses were taken in Committee on 10 March.)
- Report Stage (expected mid-May).
- Third Reading (expected mid-May).

### House of Lords

- First Reading (expected mid-May).
- Second Reading (expected early summer).
- Committee Stage (expected to start early summer).
- Report Stage, usually 14 days after Committee Stage (expected end of 2011).
- Third Reading, usually after at least 3 sitting days after Report Stage (expected end of 2011).
- House of Commons consideration of Lords Amendments (no set time after Lords Report Stage). Duration depends on how many further amendments there are: both Houses must reach agreement before the Bill can receive Royal Assent.

### Royal Assent

- No set time following consideration of Amendments, but usually quick – can be a matter of minutes. (NB at time of publication, Royal Assent is expected by end of 2011.)

► The Bill is at this stage at the time of publication. To follow its progress from here to Royal Assent click on the Parliamentary website:

<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

# Annex D

## **Funding for Local Involvement Networks and Local HealthWatch**

The Department of Health's Ongoing Personal Social Services Grant funding (which includes the funding for LINks) is being maintained at current levels, rising in line with inflation, for the Spending Review period. The Spending Review period is until 2014/15.

This means funding will be made available to local authorities to support them to fulfil their statutory duties around LINks and, subject to Parliamentary approval, HealthWatch for the next four years.

Letters to local authorities in England dated 20 October 2010 set out the full details of the Coalition Government's Spending Review. The letter to local authorities from the Secretary of State for Communities and Local Government recognised that this represented a challenging settlement for Councils who will face an average loss of grant of 7.25% in real terms over the next four years. It did, however, make clear that this was accompanied by new financial freedoms and flexibility.

The commitment to allow Councils greater financial freedoms included the decision to roll a number of existing grants into formula grant from 2011/12. Formula grant, like the current Area Based Grant, is not ring-fenced: local authorities are expected to make spending decisions based on local needs and priorities from their total allocations.

David Behan, Director General for Social Care, Local Government and Care Partnerships, wrote to Directors of Adult Social Services the same day. His letter provides more detail on the implications of the Spending Review settlement for social care.

Both letters are available to download:

<http://www.communities.gov.uk/documents/localgovernment/pdf/1745945.pdf>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_120684](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_120684).

# Annex E on Good LINKs

## Principles Underpinning How a Good LINK operates

Common principles about how LINKs undertake their roles include:

- being open and inclusive;
- being accessible to all, including people who feel excluded, people who might need support to participate, people with caring responsibilities and people with full time jobs;
- reaching out to all communities, looking for and collecting evidence of their views and making those views known to the appropriate bodies;
- recognising that addressing the wider determinants of health is central to their role;
- a commitment to communicating the information they receive in a constructive way to service planners, commissioners and providers;
- feeding back responses and outcomes to the wider community on a regular basis.

More details about these core functions, roles and principles for effective LINKs can be found in the “Getting ready for LINKs” guides, first published in August 2007: *Planning your Local Involvement Network*, and *Contracting a host organisation for your Local Involvement Network*.

These are available at

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_077266](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_077266).

## Checking Progress

The guide on Checking Progress, published by the National Centre for Involvement (NCI) in October 2008 (Guide 15 in the NCI series), provided additional reference points for LINKs in evaluating their progress and demonstrating their effectiveness. The guide included assessment, with examples, around the following:

- Ensuring the LINK reflects both health and social care interests
- Understanding the local community and their health and social care needs
- Having a structure that represents and supports an effective local network
- Operating in a way that makes it easy for people to get involved in ways that suit them
- Recognising that people may need help to get involved and providing that support
- Having fit for purpose governance, finance and accountability frameworks and processes in place
- Undertaking activities based on evidence from people’s views
- Using “enter and view” as part of a balanced work programme
- Developing relationships with commissioners, providers and those who scrutinise services
- Developing the knowledge and skills of its participants.

This checklist serves as a reminder of the importance of getting the basics right and doing them well as soon as possible. However, since the guide was published the Department has issued additional information on focusing on outcomes and demonstrating effectiveness through guidance on producing annual reports. This is available via LX at:

[http://www.lx.nhs.uk/resources/adviceandguidance/?id=387&start2=2&order=created\\_date](http://www.lx.nhs.uk/resources/adviceandguidance/?id=387&start2=2&order=created_date)

