



## Meetings/events feedback form

**Date of meeting:** 26 January 2011

**Title of meeting:** Care Quality Commission LINKs Liason Group Meeting held in Bristol

**LINK representative(s) attending:** Dave Bassett

**LINK representative completing feedback form:** Dave Bassett

**Rationale** (*Why are we attending the meeting event*). *Note – if you are delivering a message/presenting re: what the LINK is about, this needs to complement the standard presentation. If not provide details of message given.*

I attended this national meeting where LINKs have the opportunity to meet with staff from both the CQC and the DH who are responsible for leading the transition from LINKs to Healthwatch and to have a say in shaping the future direction and in agreeing and establishing communication networks.

**What were the main issues to come out of the meeting/event from the LINK perspective?** (*List between 1 and 6 bullet points would be helpful*).

**1. Changes since the Command Paper was published**

- Scrutiny committees will remain after all
- Complaints function will be phased in during 2013 not 2012

**2. Healthwatch – what will happen**

**Nationally:**

- Healthwatch England will be a sub committee of CQC, independent of Gov't.
- Chair to be a non executive director of CQC.
- HWE to have a distinctive identity within CQC.
- It will be able to take advantage of CQC's expertise and infrastructure.
- Power of Gov't to make regulations on how the HWE committee is appointed.
- HWE to provide a clear and consistent vision for local Healthwatch.
- **Three Core Functions**
  - Provide direction, leadership and support for local HW.
  - Provide advice to Monitor, the NHS Commissioning Board and Secretary of State.
  - Escalate concerns about the quality of health and care services to CQC.

**Locally:**

- LINKs will evolve into Local Healthwatch (LHW), with an expanded range of functions.
- LHW will be able to employ their own staff.
- Local Authorities duty to commission Healthwatch with freedom to decide how.
- Extra money available to do this but not ring fenced.
- Allows LAs to commission advocacy from any suitable supplier including LHW.
- Phases in complaints process so it starts in 2013. LHW will feed intelligence into HW England.
- LHW to continue LINKs 'role in supporting and promoting public involvement.
- LHW can make recommendations to HW England for CQC to carry out investigations.
- Gov't can set out what LHW membership should look like.

### 3. Development Programme

- **Programme Board** established covering all Healthwatch – sets direction, takes key decisions, comments on risks – chaired at high level and includes senior CQC input.
- **Management Group** established – senior programme team from DH and CQC - takes responsibility for programme delivery and monitoring progress of projects.
- **Advisory Group** established – an expert reference group, including several LINKs – reviewing and commenting on proposals and offering recommendations to the Group.
- **Projects**
  - Focused on local Healthwatch – lead from DH.
  - Focused on setting up Healthwatch England – lead from CQC.

### 4. Next Steps

- DH and CQC are continuing to work together to set up Healthwatch.
- In early 2011 DH consultations on choice and information close.
- DH to publish transition plan in early 2011.
- From April 2012 local authorities will fund Local Healthwatch to deliver most of their new functions.
- Local Authorities will be invited to develop pathfinder organisations.

### 5. National Links Perspective

- We are in a better position than many LINKs across the country that are experiencing significant cuts (Hull -70%) or extreme uncertainty about their budgets for 2011/12.

**Action Points/How can the LINK help?** (*Bullet points re: what, if any, requests for LINK help were received and from who plus who needs to follow up?*)

- I, along with other LINKs, was able to give feedback to the DH and CQC team to help shape some of their thinking. Points raised included:
  - Local CQC managers should continue to strengthen their working relationships with local LINKs particularly around preparing for CQC visits/inspections.
  - It would be helpful to have a national minimum specification for a Local Healthwatch.
  - There should be minimum attention to rewriting governance arrangements to ensure that the focus remains on outcomes not processes.
  - There will need to be more reliance on a staffed service than the current very heavy reliance on volunteers.
  - A national logo or strap line (LINKs moving into Healthwatch) should be produced as early as possible.
  - As scrutiny committees are going to stay it would be helpful for there to be some acknowledgement of the contribution that LHWs can make to the scrutiny process.
  - Regular communication should be established with all current LINKs to ensure all are included, informed and consulted as developments progress.
  - Further meetings of the CQC/LINKs liason group will be arranged over the next year. I am happy to continue attending these on behalf of Staffordshire LINK.

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