



Response by the Association of Directors of Adult Social Services (ADASS) to the Department of Health consultation on the regulations for Healthwatch England membership.

Background:

The Association of Directors of Adult Social Services (ADASS) represents Directors of Adult Social Services in Local Authorities in England. As well as having statutory responsibilities for the commissioning and provision of social care, ADASS members often also share a number of responsibilities for the commissioning and provision of housing, leisure, library, culture, arts and community services within their Councils.

ADASS welcomes the opportunity to comment on this consultation and to work closely with DH and Healthwatch England to realize the ambition for Healthwatch England to be a national consumer champion that enables the collective views of the people who use health and social care services to influence national policy, advice and guidance.

Consultation responses:

Number of members

1. The Department's recommendation is to have a minimum membership of 6,
Do you agree? If not, what would be your view? (please provide examples of best practice where possible)

ADASS Response: Yes, a minimum of 6 seems reasonable.

2. The Department's recommendation is to have a maximum membership of 12
Do you agree? If not, what would be your view? (please provide examples of best practice where possible)

ADASS Response: Yes, a higher number would be likely to lead to difficulty in co-ordination and decision making processes.

Suitability for membership

3. The Department's position is that the setting of any criteria on the skills and expertise that are required for a person to be a member of HealthWatch England should be a matter for the Chair of HealthWatch England, working collaboratively with CQC (and other stakeholders), **do you agree? If not, what would be your view?**

ADASS Response: Whilst we agree that this is a matter for the Chair working with other stakeholders. We would hope a wide group of stakeholders are involved with framing the required skills and expertise required to become a member of the HealthWatch England Board. We would hope that people who have demonstrated meaningful engagement with the health and social care agenda, have a reputation for championing equality and diversity issues whilst adhering strictly to the Nolan Principles of public life are selected/elected. Also, whilst not all Board members could be expected to have a good knowledge or track record in both health and social care it will be important to ensure an effective balance on the Board and that social care expertise is reflected strongly amongst the membership as well as health

4. The Department's recommendation is that some individuals may be automatically disqualified for reasons such as:

- People who have received a prison sentence or suspended sentence of 3 months or more in the last 5 years;
- People who are the subject of a bankruptcy restrictions order or interim order;
- Anyone who has been dismissed by an NHS body or local authority within the past five years, other than by reason of redundancy;
- In certain circumstances, those who have had an earlier term of appointment terminated;
- Anyone who is under a disqualification order under the Company Directors Disqualification Act 1986;
- Anyone who has been removed from trusteeship of a charity.
- Anyone who fails to comply with the HealthWatch England Code of Conduct and Conflict of Interests.

Do you agree with these conditions? If not, what would be your view?

ADASS Response: Yes. Furthermore, the conflict of interest test should take place as part of the selection/election process to quality assure the integrity and credibility of the Board membership.

Process for appointing members

5. The Department's position is that members will be appointed to HealthWatch England according to a transparent appointment criteria – **do you agree? If not, what would be your view?**

ADASS Response: Yes, transparent appointment criteria are required.

6. An alternative may be for nominees for HealthWatch England to be elected at local level, potentially led by local HealthWatch, a certain number of whom would be appointed according to a transparent appointment criteria – **do you agree? If not, what would be your view? (please provide examples of best practice where possible)** *(please note this would not be a possible option until the establishment of local HealthWatch in April 2013)*

ADASS Response: We agree that proportion of the HealthWatch England Board members should be selected from Local HealthWatch ranks. In our view this would connect HealthWatch England to Local HealthWatch strongly facilitating the flow of information. Joining the new system together as a coherent whole will be a significant challenge. Connecting the national and local HealthWatch through membership will overcome the appearance of a system that has two separate parts with no tangible connection.

However it will also be important that those appointed meet the same criteria as the rest of the Board

7. The Department's position is that the maximum tenure of a member should be 4 years, **do you agree? If not, what would be your view? (please provide examples of best practice where possible)**

ADASS Response: Whilst a maximum single term is supported, we believe that at that point members should be reconsidered for selection and go through some form of process should they wish to continue. We believe it is not a sound assumption that there are an abundance of people willing and able with the right skills and experience to become members of the Board. Clearly if members from local HealthWatch regions are appointed they could be rotated.

The overriding principle is that we should try to retain effective members who make a positive difference.

**Sarah Norman: Co-Chair ADASS Standards and Performance Policy Network
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