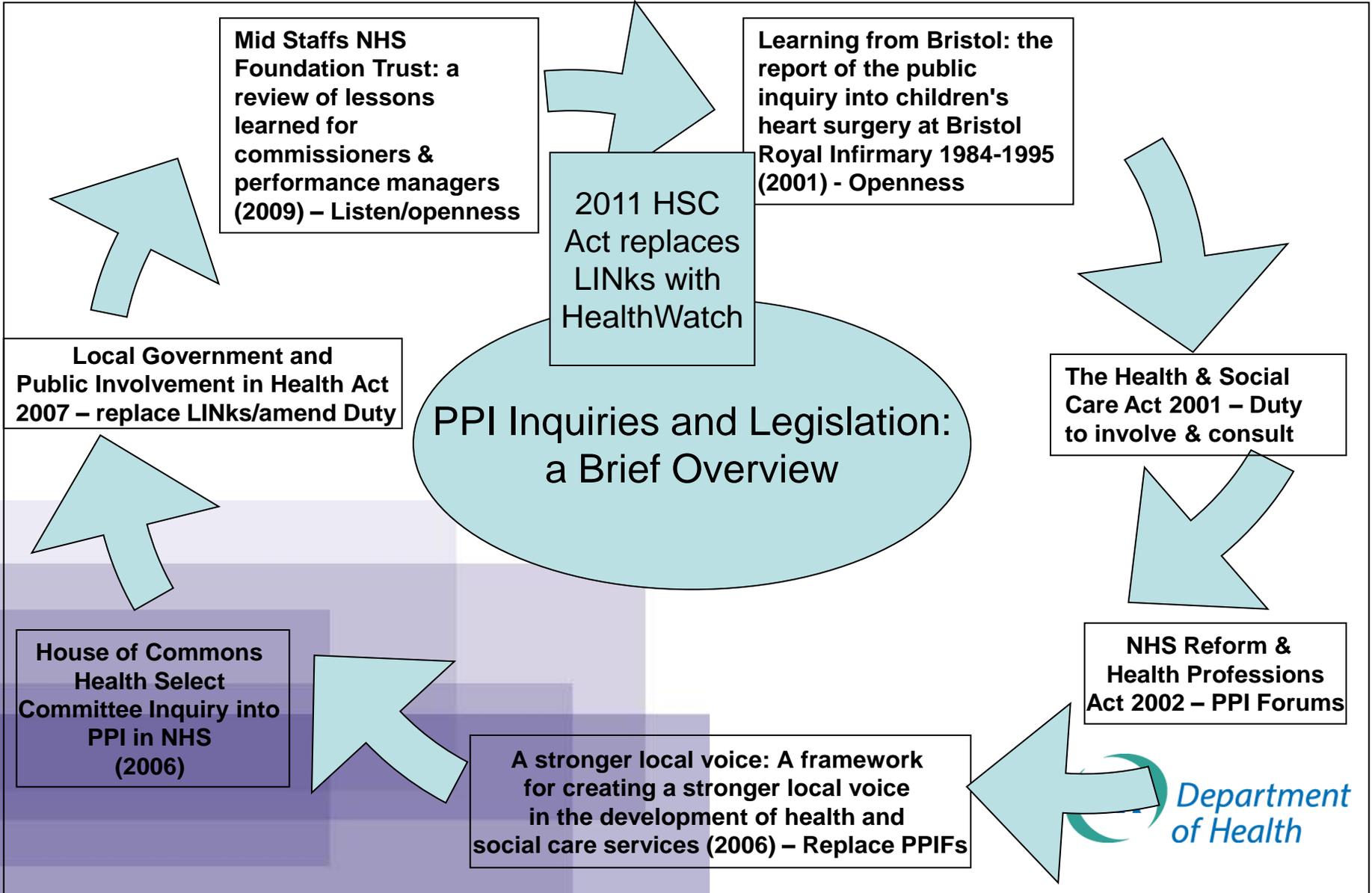


HealthWatch – the vision

Joan Saddler, National Director Patient and Public Engagement



Mid Staffs NHS Foundation Trust: a review of lessons learned for commissioners & performance managers (2009) - Listen/openness

Learning from Bristol: the report of the public inquiry into children's heart surgery at Bristol Royal Infirmary 1984-1995 (2001) - Openness

2011 HSC Act replaces LINKs with HealthWatch

The Health & Social Care Act 2001 - Duty to involve & consult

PPI Inquiries and Legislation: a Brief Overview

Local Government and Public Involvement in Health Act 2007 - replace LINKs/amend Duty

NHS Reform & Health Professions Act 2002 - PPI Forums

House of Commons Health Select Committee Inquiry into PPI in NHS (2006)

A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services (2006) - Replace PPIFs



Engaging service users in design & delivery of services

Duty to involve and consult

More local accountability

Measuring quality through eyes of service users

Quality based on needs and preferences of service users

NHS Accountable to people & Communities

The power of information

Quality information in the right place at the right time

Individual empowerment

Collective engagement

Embedding strategic systems

The national scene for HealthWatch

- *Liberating the NHS: legislative framework and next steps* set out a vision for NHS reforms and describes a system where:
 - patients and the public are at the heart of everything the NHS does
 - health and care outcomes in England are among the best in the world
 - clinicians are empowered to deliver results

Strengthening the voice of patients, users of services and the public help to achieve this:

The national scene for HealthWatch

- Health and Social Care Bill 2011 introduced in January has gone through the House of Commons and now at the House of Lords stage
- NHS Listening Exercise in April and May followed by the NHS Future Forum's report and the Government's response in June
- The Future Forum made recommendations which helped to strengthen the voice of patients, users of services and the public in the Bill through the proposals for HealthWatch and other partners in the wider reforms for health and social care

HealthWatch England (HWE) – the vision

- **HealthWatch England will be a new independent consumer champion for the national collective voice**
- National champion for patients and the public
- Set up as a committee within the Care Quality Commission
- National role to provide advice to the Secretary of State for Health, NHS Commissioning Board, Monitor, English local authorities, and CQC
- Provide leadership and support to Local HealthWatch organisations
- Operate open, two-way communication with Local HealthWatch around the country

Local HealthWatch (LHW) – the vision

- **Local Involvement Networks (LINKs) provide the foundation for Local HealthWatch organisations to be the local collective voice**
- Local champion for patients and the public
- Build on the good work of LINKs and carry forward their core functions in LHW
- Take on additional functions
- Shaped as a corporate body so it can employ staff
- LHW membership to be representative of different users in its local communities
- A seat on the local health and wellbeing board to influence commissioning decisions
- Commissioners and providers to have due regard to findings from LHW
- Subject LHW to public duties such as the Freedom of Information Act 2000

The transition to Local HealthWatch

Continuity of existing arrangements...

- local authorities will have duty to commission and fund Local HealthWatch

What will be **different**...

- move from influence to decision making through a seat on local health and wellbeing board
- help individuals as well as understand and present community views
- not only will views and experiences count locally – they will be used nationally by Secretary of State, Monitor, NHS Commissioning Board, Local Authorities, as well as CQC
- Local HealthWatch can employ its own staff

The transition to Local HealthWatch

What **relationships** need building and strengthening...

- Health and well-being board – stronger role, capacity to join up and make commissioning decisions; a more strategic role and skills for HealthWatch;
- ensuring Local HealthWatch is **inclusive and diverse** representing its communities i.e. working with other groups to ensure all voices are heard including seldom heard people, children and young people, parents etc
- Clinical Commissioning Groups and providers i.e. engaging and helping them to understand how to use **patient and public voice in their decision-making**
- capability and **tapping into existing local and professional expertise** such as from voluntary and community groups

The HealthWatch development programme

Building for continuous learning and development and doing this through putting in place a programme of support:

- LINks to be involved in a **local action learning set** to create a national action learning network
- **75 HealthWatch pathfinders** are partnerships between LINks, local authorities and other partners to test out aspects of Local HealthWatch
- DH and CQC **working collaboratively** with stakeholders who are members of the HealthWatch programme board and HealthWatch Advisory Group (i.e. LINK regional representatives) to deliver the HealthWatch programme.

Community engagement

‘..**building** active and sustainable communities based on (**equitable principles**) social justice, mutual respect, participation, equality, learning and co-operation.

It involves **changing** power structures to **remove the barriers** that prevent people from participating in the issues that affect their lives’

It will ‘inform, consult, delegate.....’

‘Community Engagement’ / Public health guidance 9,
National Institute for Health & Clinical Excellence

Key findings of 'What matters to patients' themes from Kings Fund/College study commissioned by DH (Draft 2011)

Findings confirm what is already known.

- There are two main categories of 'what matters'
 - Transactional aspects of care – eg in which the individual is cared '**for**' meets the preferences of the patient such as timings and locations of appointments,
 - Relational aspects of care – eg where the individual is cared '**about**' – care that forms part of an ongoing relationship with the patient.

The findings map onto existing 'Frameworks' of what's important to patients.

- The Institute of Medicine
- Picker Institute

Public sector challenge for present reform

- **Big themes and challenges to public sector delivery remain:**
- **Changing demographics and disease patterns - focus on accountability to all local people**
- **Competing languages of health and social care – start with the language of people using services**
- **Tough financial climate worldwide ~20b ~200b ~17m**
- **Keeping apace with technology - message & medium**
- **Higher patient and public expectations – responsiveness & reputation**

The national scene for HealthWatch

- **Strengthening the voice of patients, users of services and the public**

Being open and inclusive

transparent

listening

co-operating

respect

sharing resources

sharing power.....

