



healthwatch

Healthwatch England Annual Report 2015-2016

# Every voice matters

Putting people at the heart of care

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# **Healthwatch England Annual Report 2015-2016**

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Presented to Parliament pursuant to section 45 C (2) of the Health and Social Care Act 2008 as inserted by the Health and Social Care Act 2012.

# Healthwatch England is the national consumer champion in health and care.

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## Contents

<b>About us</b>	<b>6</b>
<b>Foreword - from Jane Mordue</b>	<b>8</b>
<b>The year in numbers</b>	<b>10</b>
<b>Improving today's services:</b>	<b>12</b>
+ In focus: Improving people's experiences of leaving care	13
+ In focus: Transforming mental health services for children	16
+ In focus: Improving access to gender identity services	18
+ In focus: Making sure services learn from complaints	20
<b>Shaping tomorrow's health and care:</b>	<b>22</b>
+ Creating better community services	24
+ In focus: GP services	24
+ In focus: Pharmacy	25
+ In focus: Dentistry	25
+ Helping communities have their say	26
+ Sharing people's views on the use of patient data	27
<b>Looking to the future - by Susan Robinson</b>	<b>28</b>
<b>Thank you</b>	<b>30</b>



# About us

**We are the independent consumer champion for health and care. Our job is to make sure that those who run local health and care services understand and act on what really matters to people.**

## Our vision:

We are working towards a society in which people's health and social care needs are heard, understood and met. Achieving this vision will mean that:

- + People shape health and social care delivery
- + People influence the services they receive personally
- + People hold services to account

## How we work:

A local Healthwatch exists in every area of England. We support them to find out what people want from health and care services and to advocate for services that work for local communities.

Local Healthwatch also act as our eyes and ears on the ground, telling us what people think about local health and social care services. They seek the opinions of their communities about particular types of care, and they are also there to listen to any concerns the public bring to them.

At Healthwatch England, as part of the independent regulator the Care Quality Commission (CQC), we provide tools and training to the network to enable them to have the most useful conversations with their communities.

We use the information the network shares with us and our statutory powers to ensure the voice of the public is strengthened and heard by those who design, commission, deliver and regulate health and care services.

Everything we do is informed by our values – Collaborative, Credible, Inclusive, Independent, and Influential. By following these values, we are able to work with local Healthwatch and our partners to address the issues that matter most to the public.



## What people expect

What do you expect when it comes to managing your health and care? This is the question we asked the public when Healthwatch England was launched.

The result of what they told us is captured in **eight principles** which provide a framework for our work.



## Consumer principles

<p><b>1. Being listened to</b></p>	<p><b>2. A safe, dignified and quality service</b></p>	<p><b>3. Access</b></p>	<p><b>4. Being involved</b></p>
<p><b>5. Essential services</b></p>	<p><b>6. Information and education</b></p>	<p><b>7. Choice</b></p>	<p><b>8. A healthy environment</b></p>



# Foreword

**By Jane Mordue,  
Interim Chair of Healthwatch England**

**I am very pleased to present our fourth annual report to Parliament. This marks the end of a productive year for the Healthwatch network in which together we have brought people's voices to the heart of health and social care decision making.**



## Stronger public voice

During the past 12 months, the public have shown just how willing they are to share their experiences of care. They are happy to say what needs to change now and in the future to ensure that health and social care works for them, their families and their communities.

We've learnt a lot more about how to make the most of the views people share with the Healthwatch network. We have started to show that by highlighting people's experiences to the right decision makers, at the right time, the public and professionals can work together to start to tackle the significant health and care challenges our society faces.

It's very encouraging to see that, as people's willingness to share their experiences with

Healthwatch grows, so does the appetite of professionals to listen. Often during the early days of Healthwatch we would have to request the opportunity to present the patient voice at meetings and committees, and to sell the benefits of hearing what they had to say. It is testament to the value we have collectively brought to these discussions that in many cases we are now invited to contribute, and asked to advise others about how to engage the public most effectively. This openness is extremely positive, but if services are to truly deliver what people want from health and care, it must become the norm for them to be involved early in the decision making process.

## Stronger local Healthwatch

At a local level, Healthwatch have been demonstrating how important strong partnerships with statutory bodies and local decision makers can be in securing changes to services for the benefit of people. At a national level, we have responded to our sponsor Minister's encouragement to focus our efforts on supporting the network as effectively as possible and ensuring that the right information

about patient and service user experience is shared with the right people. I am delighted that we have been able to make real progress in both of these areas, particularly during a year of significant change for our organisation, including in our leadership. We are proud to see a growing commitment not just to seeking people's views but to really listening to them.

## Work in progress

In a changing world, proper involvement of people in decision making couldn't be more important. Health and social care reforms will struggle to be successful without input from the people who use services. Together with local Healthwatch we have been playing our part in helping to give people a voice in the process, and will continue to do so in the months and years to come.

This is what it means to be a consumer champion - not only to seek people's views but to help others do the same. It is great to see a much more public-focused approach to transforming health and social care. But to get the very best from people, we need to see a move away from piecemeal consultation, towards ongoing, open conversation about their experiences. Only when real, fruitful public involvement becomes an inherent part of decision

making can services hope to meet the needs of the people who use them.

The value we bring is our on-the-ground connection to the public, and our commitment to listening to every voice, not just those who shout the loudest. Every day, local Healthwatch are seeing the difference that sharing people's views with those in power can make. Whether it leads to a new GP surgery opening in an underserved area, or better signage being installed to help people find the care they need, they are working to bring about the changes that people want to see.

We look forward to working with the network and our partners in the next year to ensure that people are at the heart of health and social care - both now, and in the future.



## The year in numbers

Find out about just some of the ways we've supported local Healthwatch during the last year to make people's voices heard, and to run effective, sustainable organisations.

We trained **local Healthwatch** to inform the **220,000** people who contacted them **285,000** times about local health and care services.



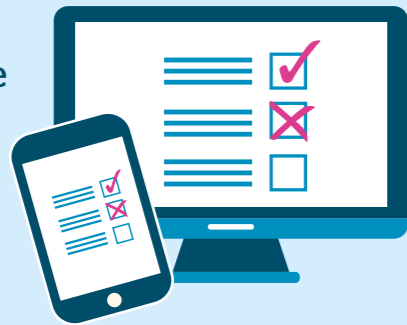
We used the experiences that **385,000** people shared with local Healthwatch to inform our work.

We publicised the difference local Healthwatch have helped to make through the **1,450 reports** they produced following **3,500 visits** to health and social care services.



Delegates from **42 local Healthwatch** came to the training we ran about how to promote local Healthwatch services and publicise successes.

We trained over **1/2** of the Healthwatch network to record people's feedback on health and social care services using our customer relationship management system.



We brought together over **100** NHS, social care and local Healthwatch leaders at a national conference on better involving the public in healthcare reforms.



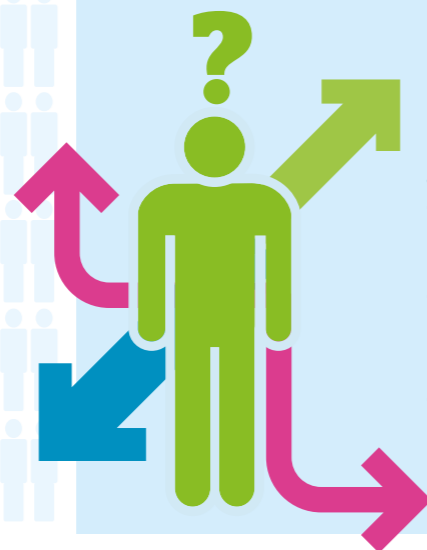
We ran our third national conference for local Healthwatch, attended by **300** people.



We helped over **41,000** people find local Healthwatch through our website.



We held events on improving the quality of the local Healthwatch network, which **95** commissioners of local Healthwatch attended.



We gave local Healthwatch guidance to inform their day to day activities, including how to work most effectively with our network's **6,000** volunteers.

We worked with the network to develop Quality Statements to provide a common understanding of what local Healthwatch do.

**59 local Healthwatch** started using them within three months of publication to help them offer a consistent and high quality service.



We contacted **9 councils** that had disproportionately reduced their funding for local Healthwatch to understand why this happened.

We then worked to boost understanding of the purpose of the network, and used what we learnt to inform the Quality Statements.



# Improving today's services

**In 2015/16, we continued to use the stories and experiences people shared with local Healthwatch to highlight where improvements are needed to services.**

Over the next few pages we will explore some of these issues, how we and local Healthwatch have contributed to change, and our planned next steps.

## **In focus: Improving people's experiences of leaving care**

### **The issue: What people told us**

**When hospital discharge goes wrong, it comes at significant cost, both to people and the services that support them.**

Together with 101 local Healthwatch we gathered stories from more than 3,200 people about their experiences of discharge in the context of old age, mental health conditions or homelessness. We found five common reasons people felt their departure from care was not managed properly:

1. People are experiencing delays and a lack of co-ordination between services.
2. People are feeling left without the services and support they need after discharge.
3. People feel stigmatised and discriminated against and that they are not treated with appropriate respect because of their conditions and circumstances.
4. People feel they are not involved in decisions about their care or given the information they need.
5. People feel that their full range of needs is not considered.

### **Five things people expect from the discharge process**

1. To be treated with dignity, compassion and respect;
2. That their needs and circumstances will be considered as a whole - not just their presenting symptoms;
3. To be involved in decisions about their treatment and discharge;
4. To move smoothly from hospital to support available in the community; and
5. To know where they could go for help once discharged.





**In focus: Improving people's experiences of leaving care**

**Local action**

Improving people's experience of leaving hospital remains a key priority for the network. More than 20 local Healthwatch are planning work to help address this issue in 2016/17.

During 2015/16, Healthwatch Oxfordshire did a survey to find out about local discharge procedures. They spoke to 212 patients in local acute and community hospitals, as well as 91 local care providers, GPs and pharmacists. Healthwatch Oxfordshire then made 14 recommendations for improvement, including:

- + Immediate action to increase the number of patients receiving their estimated discharge date within 36 hours of admission;
- + Patients being given a named discharge co-ordinator responsible for ensuring proper communication with them and their families about their discharge;
- + Overhauling pharmacy arrangements so that patients receive two weeks' worth of the medications they need 24 hours before they are discharged, with clear information emailed to their GP and pharmacist; and
- + Redesigning hospital discharge summaries and making sure these are given to GPs and patients in a timely manner.



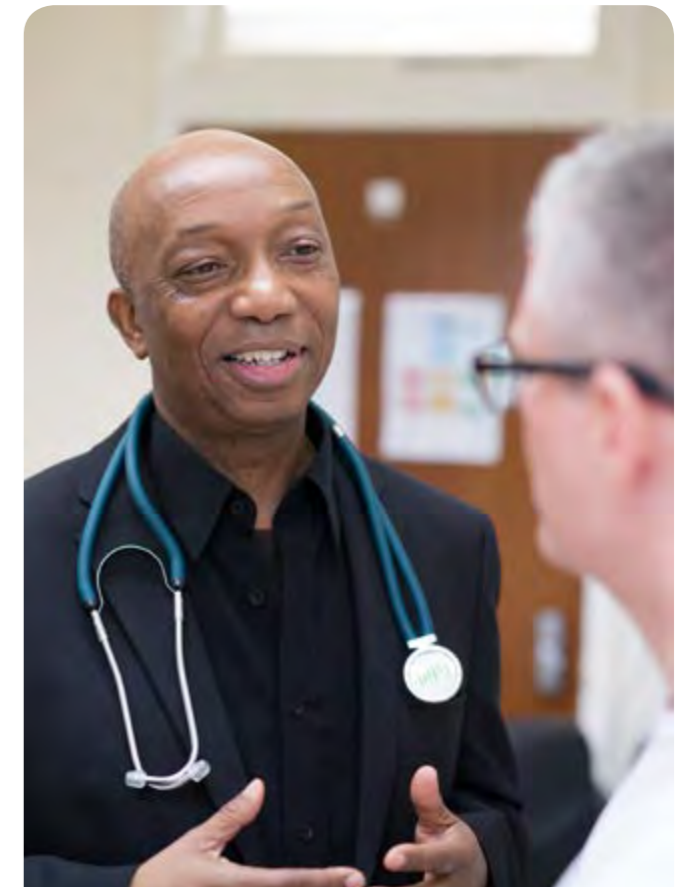
Thanks to the experiences people shared, the Oxford University Hospitals NHS Foundation Trust and Oxford Health NHS Foundation Trust have implemented a number of improvements and saw a reduction in the number of people waiting to be discharged.

**National action**

- + In July 2015 our report - **Safely home** - highlighted the human impact of this long-standing issue and called on the health and social care sector to take action to improve people's experience of leaving services. The report concluded that the human and financial costs of poor and unsafe discharge ought to provide "a new imperative for change" and called for "concerted action and coordinated national leadership".
- + Shortly before we launched **Safely home**, the Department of Health and Healthwatch England jointly chaired a meeting of key national and local government, health, care and voluntary sector organisations to map out a way forward. Continued discussions were then informed by helpful reports from NHS Providers and the NHS Confederation's commission on urgent care for older people.
- + The Department of Health Shared Delivery Plan now presents a number of opportunities for the Department and the NHS to tackle the challenges highlighted in **Safely home**.
- + We've continued to submit evidence to other bodies conducting their own research into this issue, including the Public Administration and Constitutional Affairs Select Committee and the Public Accounts Committee. Our evidence is also cited in the Parliamentary and Health Service Ombudsman's report on complaints regarding transfer between care services.
- + The Department has established a new programme to develop a vision for improving discharge that all health and care services can share. We are representing the Healthwatch network on the programme's expert reference group.
- + We have worked with NHS England to improve the information available to staff and patients about the different aspects of leaving care.

**Where next?**

We will continue to use the insight that local Healthwatch share to inform our contribution to the Department of Health's work programme and to advise others about the improvements needed to the discharge process. We will also connect local Healthwatch with any opportunities to be involved in local conversations about improvements to discharge.



## In focus: Transforming mental health services for children

### The issue: What people told us

Each year we ask local Healthwatch what are the biggest health and care issues facing local residents.

In 2016, mental health care had become the public's number one concern, especially services for children.

When the network spoke to their communities about children's mental health services, they found that improvements were needed in three areas:

1. Promoting resilience and early intervention, raising mental health awareness and tackling stigma.
2. Improving access, referrals and transitions between services.
3. Improving staff attitudes and increasing meaningful engagement with and support to parents and carers.

### Local action

Healthwatch Essex created the YEAH! Project to give young people across Essex a platform to share their daily experiences of health and care.

They spoke to over 400 people aged 15-19 and found a real appetite for education about mental health. Some said they found GPs were not always understanding about mental health issues, and that mental health services were difficult to access.

Healthwatch Essex's findings contributed to the decision by the NHS and councils in Essex, Southend and Thurrock to launch a £3.3 million plan to improve mental health for children and young people. The Open Up, Reach Out plan sets out how mental health services for children and young people in Essex will change over the next five years.

### National action

Together with local Healthwatch, we have helped to put people's views at the centre of Government plans to improve future children's mental health services.

We shared people's experiences of mental health care to inform **Future in mind**, published in March 2015 by the Department of Health and NHS England. This report sets out the case for change in the delivery of mental health services for children and young people.

Throughout 2015/16 we have taken part in discussions about how the recommendations would be implemented, both at a national and local level. Local Healthwatch identified that Local Transformation Plans were in need of more up to date input from young people and have since played a critical role in ensuring they are involved in the plans' implementation.

### What other views of mental health services have we been sharing?

When it comes to wider mental health services, the challenges people share with local Healthwatch focus on four key areas which we have shared with national decision makers:

1. Mental health awareness, prevention and early intervention.
2. Access to effective and appropriate support for all.
3. Patient and family involvement in care and discharge planning.
4. Investigation into patient safety and quality of care in mental health settings.

To help the network raise awareness of people's concerns, we published a toolkit containing examples of the ways other local Healthwatch have made a difference, as well as suggested ways to find out about people's experiences.

### Insight into post-partum psychosis

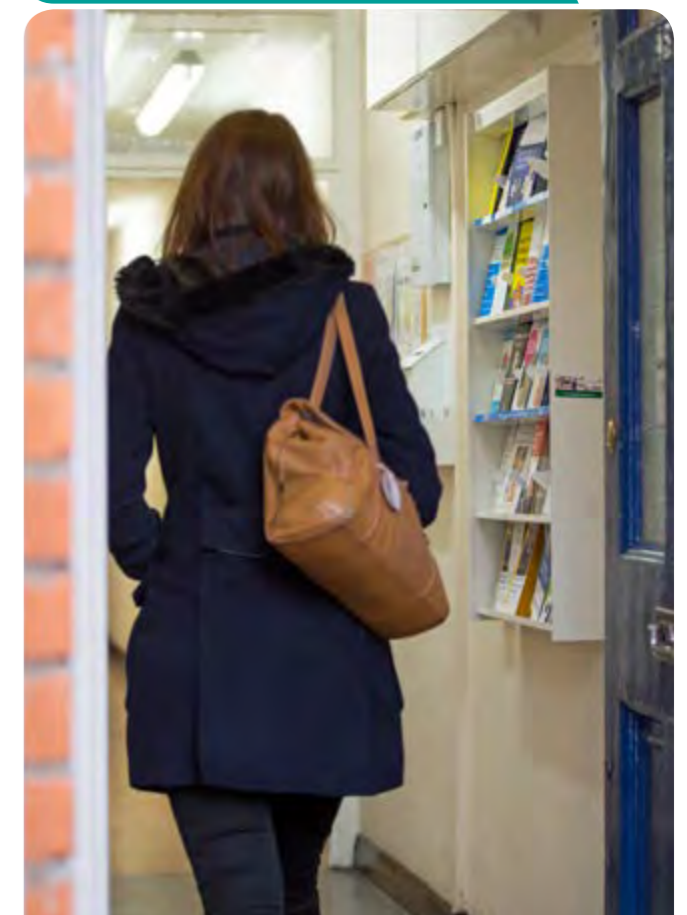
During our special inquiry into what happens when people leave care settings, we worked with Channel 4 News to share people's experiences.

A series of news packages focused on women who had experienced post-natal depression and investigated mental health funding cuts and their impact on the availability of beds and patient care.

This reporting won a Mind Media Award 2015. The awards celebrate the best examples of reporting and portrayal of mental health in print, broadcast and digital media.

### What next?

We will continue to support local Healthwatch in their involvement with Local Transformation Plans and to ensure that people's views are heard by leaders at a national level. The involvement of local Healthwatch – and therefore the public – with this project has provided a great model for how healthcare reforms should work. We will encourage others to take a similar approach to ensure that people have the opportunity to have a say about how local services are developed.





## In focus: Improving access to gender identity services

### The issue:

#### What people said

The period before and after gender reassignment surgery can be extremely distressing for the individuals involved. Mental health concerns, stigma and family difficulties are common, making life stressful and upsetting for many. Gender identity issues affect a very small proportion of the population but their impact on people is huge.

Access to gender reassignment surgery is a significant challenge for the health system. We first heard about this issue in 2014 when local Healthwatch told us that people were experiencing long delays for reassignment surgery. Recent figures show that as more referrals are being made to gender identity clinics and resources are stretched, some people are experiencing extensive waiting times for appointments.

### Local action

- + Healthwatch Hampshire has worked in partnership with Chrysalis, a charity supporting transitioning adults, to understand local people's experiences. They have also worked together to raise awareness amongst Clinical Commissioning Groups and GPs of people's needs whilst on the transgender journey.
- + Working with the transgender community, voluntary groups, the NHS and local government, Healthwatch Hertfordshire undertook a Transgender Needs Assessment to better understand people's needs and experiences. They are also working with partner organisations to update guidance for GPs and other health professionals on how to better support transgender and non-binary people.
- + Healthwatch Devon published a report based on the views of 149 local people who spoke to them about their experiences of accessing support and treatment. It identified a number of areas for improvement, including waiting times, quality of information, and understanding about transgender issues.
- + Healthwatch Telford and Wrekin raised concerns with NHS England about delays to the development of the new Gender Identity protocol, which aims to bring about greater consistency in the way that gender identity services are provided.

### National action

We wrote to NHS England to highlight this problem, and to recommend a number of changes to help improve access to these services. Meanwhile, local Healthwatch have been working within their communities to understand people's experiences and help improve access to services for transgender and non-binary people.

NHS England allocated an additional £4.5m to bring down waiting times for gender identity services in 2015/16 and is investing a further £6.5m in 2016/17. Health Education England and NHS England are exploring ways to address recruitment gaps, staff retention issues, and training needs amongst teams delivering gender identity treatment. NHS England has also recognised the importance of listening to patients' views in order to improve services, and of working with local Healthwatch to do so. It has agreed to improve the way it communicates about gender identity services with the public and has started publishing regular blogs about the subject.

### What next?

Whilst strong progress has been made, there is still a long way to go to ensure that people get the support they need in a timely fashion. It is vital that the conversation continues between those with the power to improve access to gender identity services, and the transgender and non-binary community. We will continue to support local Healthwatch to gather people's experiences, and to work with NHS England to ensure these views are heard.





## In focus: Making sure services learn from complaints

### The issue:

#### What people said

In 2014, our first report on the health and social care complaints system - **Suffering in silence** - found that people often experienced a process that was **complex, frustrating and ineffective**.

Our research and conversations with patients, care users and the public also indicates that many people who experience poor care don't actually report it.



**Only 1 in 5 people who experienced poor care wrote a letter of complaint.**

In the last year we have continued to express people's need for a system that treats them with compassion, resolves issues quickly and helps services learn from mistakes. As those at the forefront of resolving complaints are demonstrating, a system that works in this way can help health and social care professionals and decision makers see complaints and other feedback as a force for good rather than a cause for concern.

### Local action

Healthwatch East Sussex has been working with East Sussex Healthcare NHS Trust to review the Trust's complaints procedure.

The local Healthwatch appointed a team of independent volunteers to assess the processes used after the Trust was placed into special measures by the Care Quality Commission. This work has identified a number of areas of good practice, as well as elements in need of improvement, including speed of response to complaints, the level of support available to complainants, and demonstration of changes made. The Trust will use the findings to inform a complaints action plan to help improve the experience of making a complaint for local people.



### National action

In June 2015 we published **Every complaint matters**. Developed using our conversations with thousands of people who have had an experience of making a complaint, the document set out a number of areas which, if addressed, we think could help lead to a better health and care complaints system.

We also worked with the Department of Health, and health and social care leaders at a national and local level, to continue to highlight people's experiences and help bring about change.

For example, in partnership with the Parliamentary and Health Service Ombudsman and the Local Government Ombudsman, we published **My Expectations for Raising Concerns and Complaints, a Consumer-Led Vision of Good Complaints Handling**.

This work has contributed to real progress:

- + For the first time the NHS Mandate, which sets out the NHS's priorities for the next five years, highlights the importance of complaints being part of the health service's culture of learning. In our role as a statutory consultee on the Mandate, we highlighted the vital importance of learning from people's experiences.
- + We have also continued to support local Healthwatch to effect change locally. Following a direct request from the Secretary of State for Health to show what support we are offering, we produced a toolkit for local Healthwatch to help them scrutinise local complaints handling. Based on the expertise of local Healthwatch who have already carried out this work, the toolkit is being used across England to drive improvements.

### What next?

We will work with local Healthwatch to extend the toolkit to include information about how services can better support people with complaints about social care.

By working with partners, we will help to improve consistency in the way that social care complaints are collected and analysed across the sector. This will play an important role in helping the CQC and local authorities to use this data to better target their inspections.





# Shaping tomorrow's health and care

**The NHS Five Year Forward View sets out ambitious reforms to break down barriers between family doctors and hospitals, between physical and mental health support, and between NHS and social care systems.**

These reforms are being delivered through a number of different programmes, such as the Better Care Fund, the New Care Models vanguards, and Sustainability and Transformation Plans. With so much change happening, it's vital that people have the opportunity to contribute from the start, and that their views inform the services they will use in the future.

This is why we have been working behind the scenes to help the Department of Health, NHS England and other national bodies to understand the critical importance of engaging local communities so that the services to be provided for the people are influenced by the people.

Timely engagement is the key to ensuring that the public feels ownership of these far-reaching changes. The Healthwatch network has worked hard to encourage services to find out about the challenges people currently face when accessing health and care, and the improvements they would like future services to deliver.



The next few pages include highlights from our work to ensure that people's views are at the heart of the services of tomorrow.

## Creating better community services

People expect to have access to the primary care services they need. From GP appointments, to dentistry and pharmacies, people need to know they can access the care they require, when they require it.

In many cases, primary care services are working well, but in others, people continue to experience problems. During the last 12 months, we have learnt more about the difficulties people are coming up against, and how services could be better in the future.



### In focus: GP services

The 11,000 conversations the Healthwatch network has had with people about their experiences of primary care highlighted a number of things that the public wants from future services. When it came to GPs, people called for greater collaboration between services, more information to let them manage their own health and conditions, and better use of technology within GP practices.

We conducted a series of focus groups and deliberative events to gain a detailed understanding of people's experiences. We published what we heard about people's experiences and the improvements they would like to see in the long term. We shared this information with the public and with our partners to inform the development of care in the future.

We were pleased to see the issues that the public shared with us reflected in the **General Practice Forward View**. Published by NHS England, this sets out a number of ways in which an extra £2.4 billion will be used to support GP services. This includes enabling GPs to employ pharmacists and mental health professionals to work inside surgeries, and to invest in technology for systems such as online booking - both priorities were identified by the Healthwatch network.

### In focus: Pharmacy

Local Healthwatch have heard that people are aware of the pressures on GP services and would like to help by seeking healthcare support and advice elsewhere. There is the potential for pharmacists to play a much bigger role in people's care.

A national poll commissioned by Healthwatch England in 2015 revealed:

- + Three quarters of people say they would go to a pharmacist, rather than a GP, to get medication for a minor illness. Only 1 in 10 says they wouldn't.
- + Over half would go to a pharmacist to seek advice for a specific minor illness or injury.
- + A third of people would consider using a pharmacy instead of visiting a GP for general medical advice.

In response to the Government's consultation into the future of community pharmacy, we provided an overview of what local Healthwatch have heard about people's experiences of pharmacists, and the role they could play in helping people to prevent illness, deal with minor concerns, and manage long term conditions. We also hosted a round table with local Healthwatch and Department of Health officials to talk about our findings.

#### Healthwatch Lambeth visited local pharmacies to assess how well they catered for people with learning disabilities.

They then recommended a number of changes to the Local Pharmaceutical Committee in Lambeth, including improvements to communication, accessibility, and written materials provided for people with learning disabilities. As a result of this work, the Right 4 Everyone programme has been established, which aims to address the particular inequalities experienced by people with learning disabilities, and to share best practice amongst other community health services.

### In focus: Dentistry

In most parts of the country, access to dentistry is not a problem. But in some areas and for some groups of people, it is a significant challenge.

We have been sharing local insight to influence improvements to current services, and to inform the revised NHS Dental Contract, which determines how NHS care is provided and paid for across the country, and which could begin to be rolled out 2018/19.

In partnership with General Dental Council and CQC colleagues respectively, we are leading two work streams for the Regulation of Dental Services Programme Board - one on helping patients to navigate the complaints system and the other on supporting improved communication between services and the public.

### Where next?

We will continue to share findings from the network to ensure that future services are informed by the people who use them.



## Helping communities have their say

Greater Manchester is the first part of England to see the devolution of health and care services. This means that the region now has the power to tailor its services to best meet the needs of people living and working in the area. Local Healthwatch have spoken to their communities who are keen to have their say in the development of future services in the region.

We have worked with the 10 local Healthwatch in Greater Manchester to run a series of workshops with the public about what health and care services should look like in the future. The discussions focused on three topics: service integration, primary care services, and preventive health.

This work has given local decision makers invaluable insight from communities such as Bolton, Oldham and Stockport to influence the commissioning of health and care services within Greater Manchester.

We have also provided the Healthwatch network with guidance on how to run this kind of deliberative research to help them access the most useful insight from their communities to inform changes to services.



## Sharing people's views on the use of patient data

People's patient records have a vital role to play in informing medical research and changes to health and social care services. The public understands this but they need reassurance about how their data is used, by whom and what for.

Understanding patient views on data sharing has been a priority for us and the Healthwatch network over the last couple of years. Highlights from our activity include:

- + Local Healthwatch found that if records are only shared for the purpose of healthcare and research, and there are procedures in place to ensure security, confidentiality and accuracy, people are happy for their records to be shared with all or some of the professionals involved in their care.
- + We contributed these findings, along with the results of a poll we ran in 2015 on public attitudes to data security, to the Department of Health's consultation on the National Data Guardian's review findings, to inform the future policy on how people consent to or opt out of sharing.
- + We commissioned a poll of 2,044 people in early 2016, to find out more about people's views on sharing their data. We found that two thirds would be happy for their data to be shared, as long as it was anonymised. Despite this willingness, only one in five said they feel sufficiently informed about how such data would be used. More than half said they fear they may regret giving permission for their information to be shared.
- + We are delighted to see that people's views have been reflected in the published National Data Guardian review. We have helped to gather public opinion to inform the consultation about the recommendations included in the review.

### Where next?

We will continue to work with local Healthwatch in Greater Manchester to ensure that people have a real say in how future services will operate in the region.

We also look forward to continuing to work with the Government as it considers the responses to the consultation on the National Data Guardian's proposals. Through forums like the National Information Board, we aim to continue to encourage and facilitate an ongoing conversation between policy makers and the public to build confidence in how their data is being used and ensure people's concerns are addressed.





# Looking to the future

**By Susan Robinson,  
Acting National Director**

**As the consumer champion in health and care, every element of our work aims to help bring people to the heart of decision making. To improve people's experiences - and those of their friends and families - we need to ensure that people have the opportunity to have their say about what they want, and that their opinions result in change.**



**This isn't something we do on our own. We work in partnership with statutory bodies, the voluntary sector, and other organisations to help ensure that people are involved at the right time, and that their views are listened to. We look forward to working more closely with these communities in the months and years ahead so that together we can ensure health and social care services work for the people who use them.**

Given the large scale reforms taking place across health and social care, it is more important than ever that those who run services hear what people want from them. The public have told us that they understand the challenges that services face and they want to play a bigger role in looking after their own health and care.

This is why, in the next year, we will focus on three key priorities to help make this happen, as well as on developing our future strategy for how we will ensure this continues in the long term.

Supporting the network is an absolutely fundamental part of our role - we are here to help them bring people's voices to the fore and influence change. Our first priority will therefore be to provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people. We will help the network to run effective, sustainable organisations by providing training, guidance, and support. This will involve continuing to provide what local Healthwatch tell us they value, as well as developing new ways of working together nationally and regionally to achieve change. In our new position as a more integrated part of the CQC, we have also been able to encourage greater involvement of local Healthwatch in the Commission's future strategy to

regulate health and social care services. The unique insight local Healthwatch are able to provide about people's experiences will help the CQC to better target its inspections to ensure care is safe, effective, compassionate and of a high quality.

Secondly, we will bring the public's views to the heart of national decisions about the NHS and social care. The Healthwatch network gather invaluable insight into what people want from services - both now and in the future. Over the next 12 months, we will implement an improved approach to bringing the evidence local Healthwatch collects together; analysing what it tells us about the public's experience and making it more quickly available to those planning and delivering services. All of this work will enable us to highlight the issues of greatest importance to people for our national and local stakeholders, in order to help improve current services and inform those developed in the future.

Our third priority will be to build and develop an effective learning and values based Healthwatch England. We will work to establish the most efficient, flexible and cost effective way to best support the network and make the most of the huge range of insight they share about people's experiences of services. Working more closely with the CQC will enable us to make the most of shared expertise and resources to boost our effectiveness and efficiency. This process will provide solid foundations from which the permanent Chair and National Director can lead Healthwatch England and the network into the months and years to come. We look forward to working with the CQC throughout this period and beyond, and to making the most of the wealth of opportunities our closer integration brings to our organisations, to local Healthwatch, and to the public.







Healthwatch England  
National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)

t: 03000 683 000

e: [enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk)

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