

The Healthwatch Network

An overview of patient engagement in England

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Introduction

- About Healthwatch and our structure
- The National Health Service and social care
- The history of patient engagement in England
- Why the old structures had to change
- The Health and Social Care Act 2012 and Healthwatch' statutory remit
- Where our insight comes from and how we use it
- The challenges and barriers we face
- Key lessons to take from Healthwatch' experience

About Healthwatch

Healthwatch England is the independent national champion for people who use health and social care services. We're here to find out what matters to you and to help make sure your views shape the support you need.

There is a local Healthwatch in every area of England. They speak to local people to find out what people like and what could be improved.

They also provide information and advice about publicly-funded health and care services.

The National Health Service

The National Health Service (NHS) was created in 1948 by the then Labour Government through the National Health Service Act 1946.

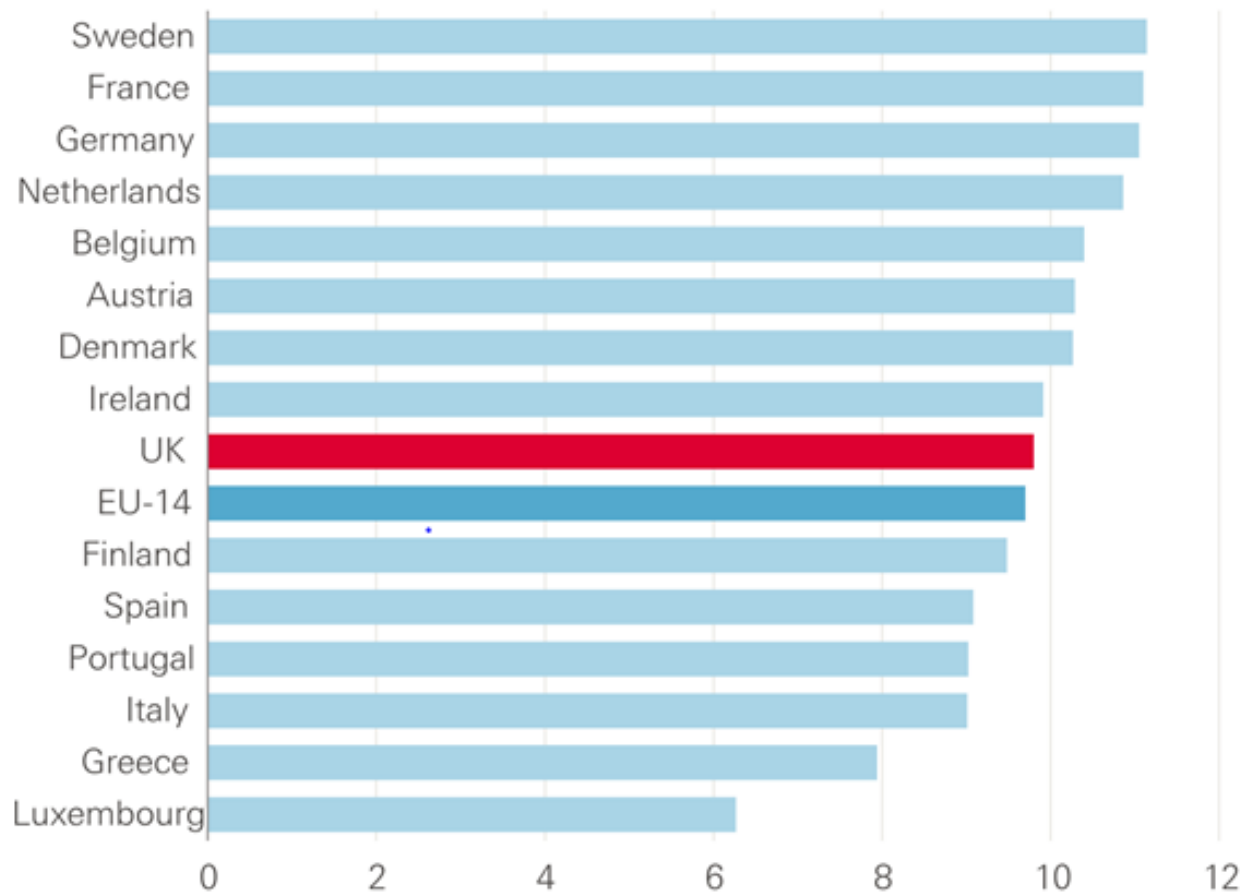
- It is funded through taxation
- The government decides how much money the NHS is given to operate
- Most of the money is allocated to NHS England
- NHS England commission some services and then allocate money to other organisations who make decisions on how to spend money in their area
- Other organisations also receive money such as
 - Regulators
 - Arms length bodies

Principles that guide the NHS

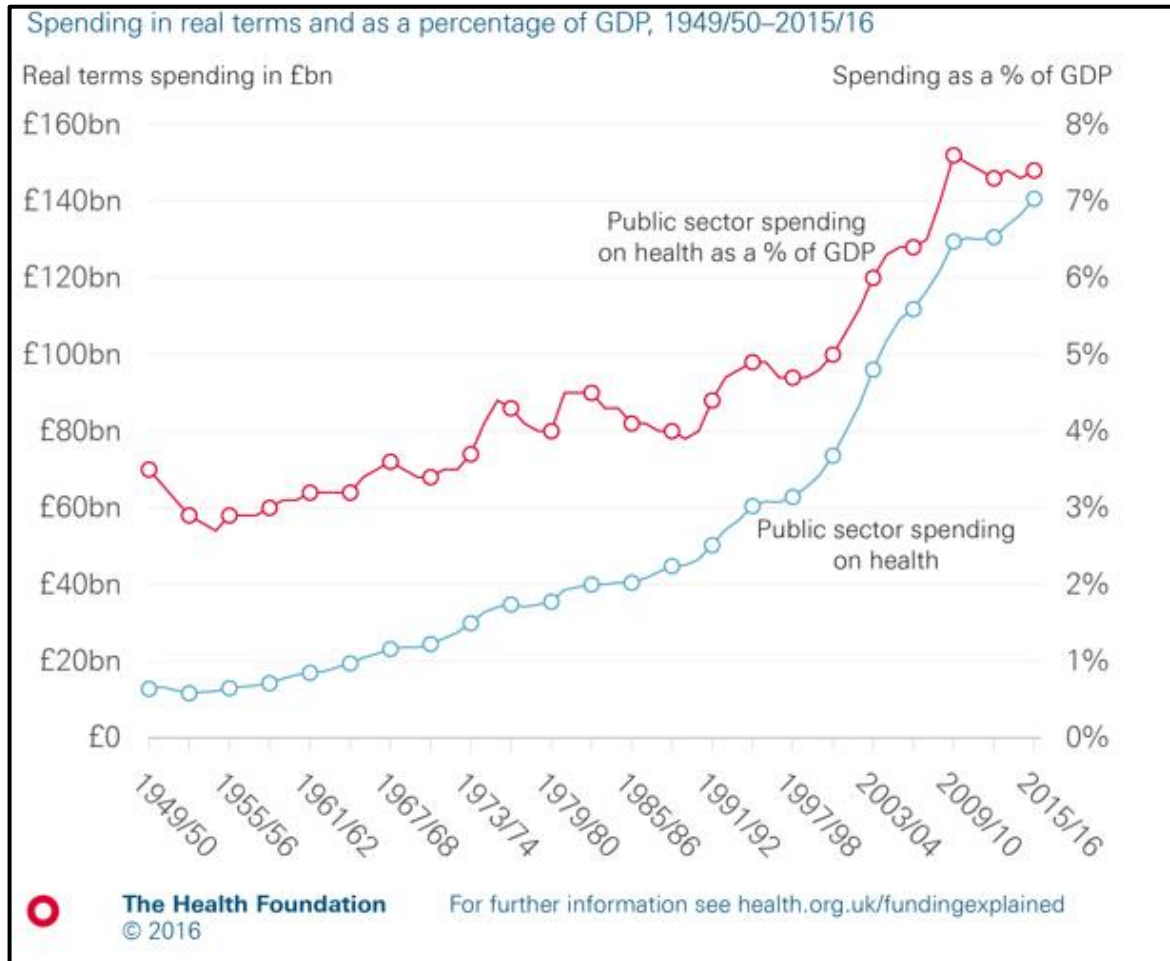
1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves

Spending on healthcare across the EU

Current spending on health as a proportion of GDP in EU-15 countries, 2014



UK public spending on health

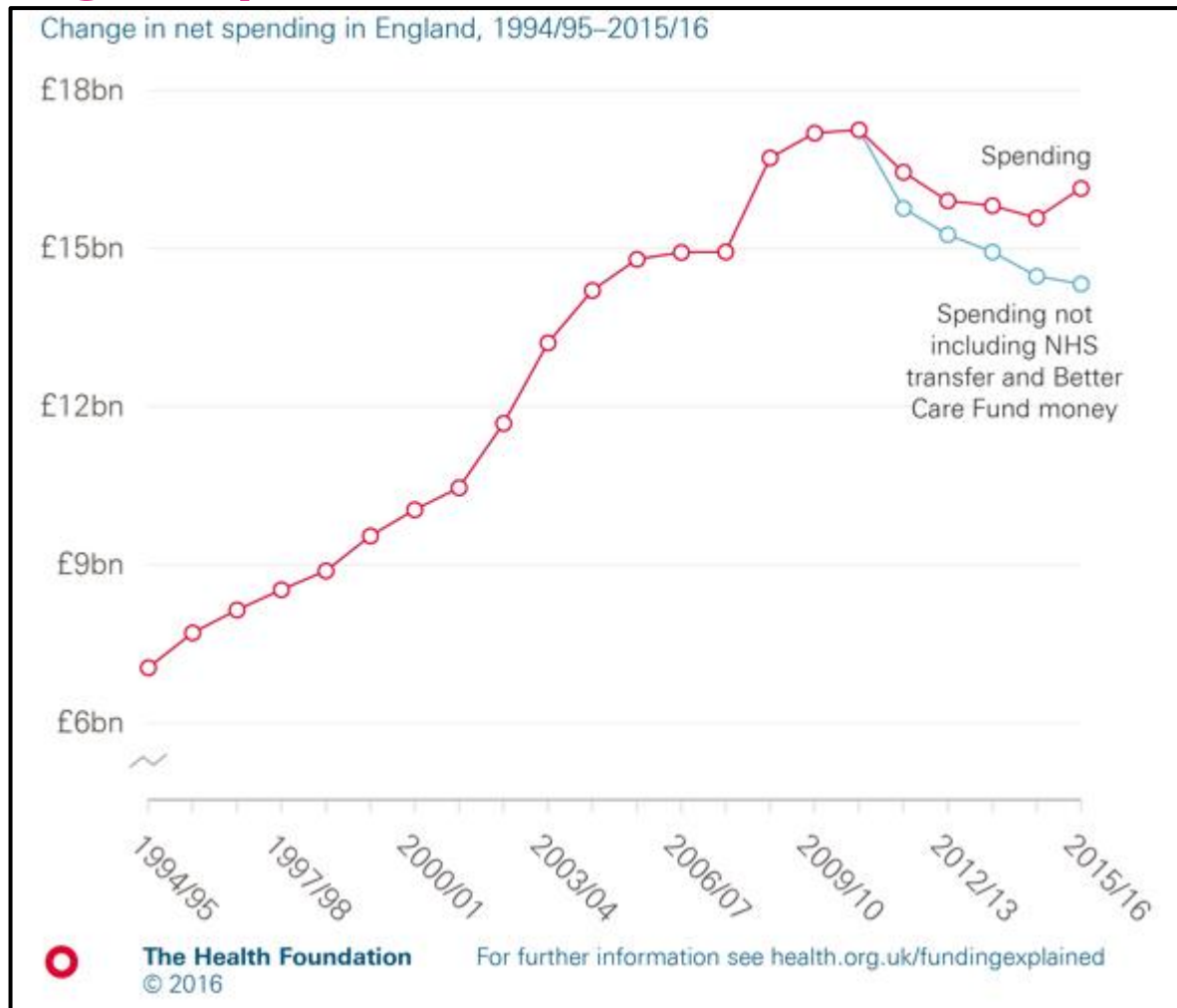


How is social care funded?

While the NHS provides some social care services to those with significant health-related care needs, most publicly funded care in England is organised and paid for by local councils.

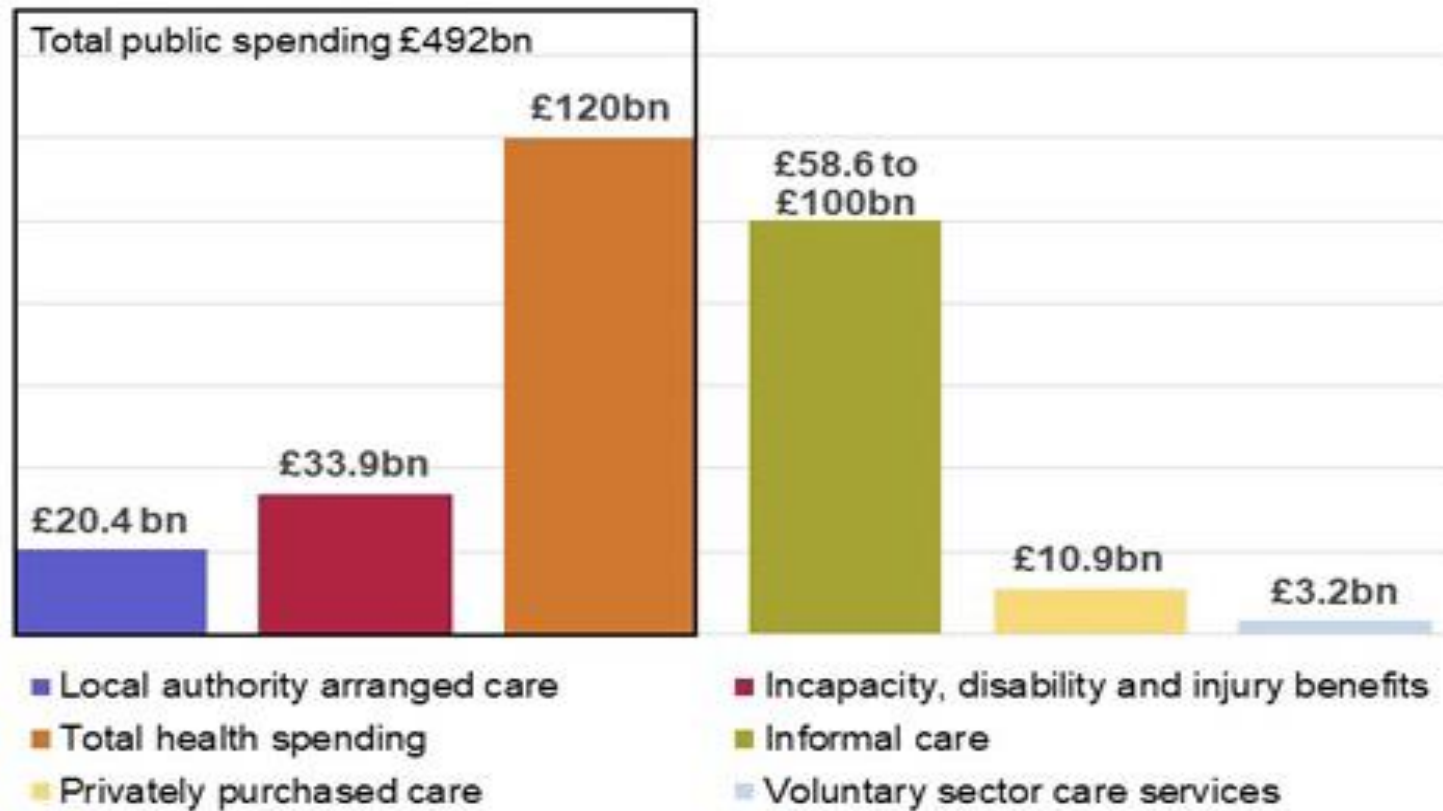
Adult social care spending accounts for more than one-third of councils' overall spending on local services (excluding education).

Spending on personal adult social care services



Cost of social care

Estimates of the value of care for adults 2016-17



Healthwatch England & NHSE commitment to public engagement

NHS England and Healthwatch England share a common goal of ensuring that the views and interests of patients, citizens and consumers are at the heart of everything we do. Through this memorandum of understanding, we agree to work together and to challenge each other when necessary. This will support our shared purpose of improving health and wellbeing outcomes for consumers, including patients, carers, families and communities.

The shared approach for working together will be characterised by openness, transparency, information sharing and timely engagement on issues of mutual interest and importance.

This agreement will sit alongside the other memorandums of understanding and partnership agreements that both NHS England and Healthwatch England have in place with other partners in the health and social care system.

Healthwatch England and NHS Memorandum of Understanding June 2015

Patient engagement in England; a brief history

1974 - Community Health Councils (CHC) established

2003 - Health and Social Care Act 2001 abolishes CHCs, replaced with the Commission for Patient and Public Involvement in Health (CPPIH)

2003 - CPPIH establishes a network of Patient and Public Involvement Forums

2004 - Department for Health announces plans to abolish CPPIH

2008 - CPPIH replaced Local Involvement Network (LINKs)

2013 - Healthwatch Network replaces LINKs

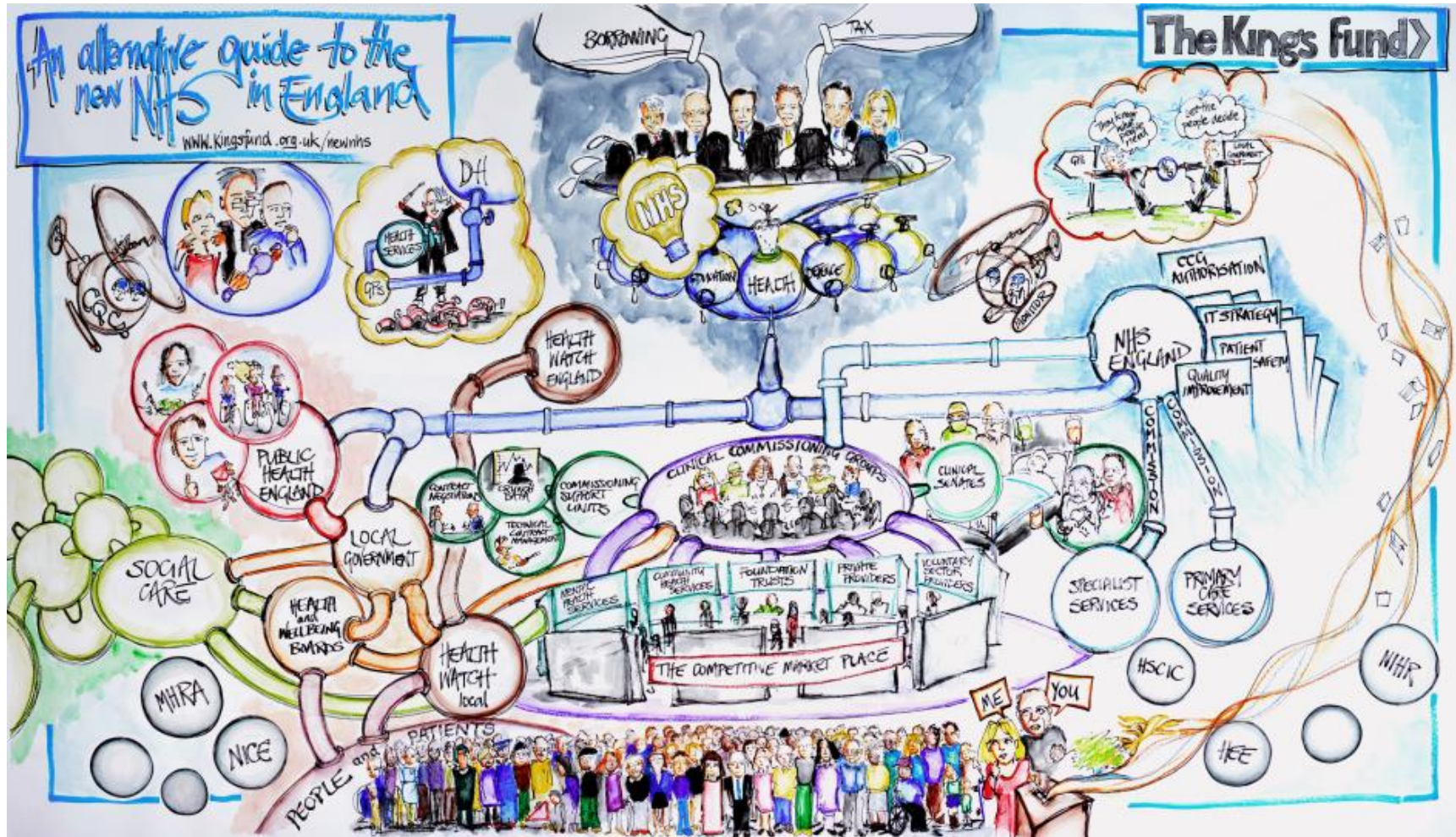
The need for change, why was Healthwatch created?



Issues identified with the LINks model:

- Lack of consistency between local areas
- No central body to oversee quality of work on collate insight
- Seen to lack transparency and accountability
- Low levels of public and professional awareness of LINks and
- Not representative of local communities.

The Health and Social Care Act 2012



Healthwatch's structure and remit

Local Healthwatch

- Commissioned by local authorities in England to:
- Provide local people with information and advice about care services.
- Gather and analyse views on local services and report them to Healthwatch England.
- Make recommendations for special reviews or investigations into local services.

Healthwatch England

As a national body and directorate of CQC, Healthwatch England's role is to:

Advise local authorities on their duties to contract a local Healthwatch.

Have general oversight of the functions of local Healthwatch.

Gather and analyse insight from local Healthwatch.

Advise and make recommendations to other statutory bodies on the quality of health and care services.

Local Healthwatch sources of insight

Proactive engagement

- Attending community events, holding their own events, surveys, focus groups, interviews and workshops.

Reactive engagement

- Such as drop-in sessions, feedback forms, comment cards, social media and via their website.

Third party sources

- Incorporating intelligence gathered from local VCSOs.

Public data

- Using public data, like the GP Patient Survey, to inform their work and focus.

An example of Local Healthwatch in action



healthwatch
Hillingdon

**Safely “home” to
the right care**

The experiences of Older
People being discharged
from Hillingdon Hospital
and the onward care they
received in the community

February 2017

- Water and food available during discharge
- Processes are in place to identify carers
- Patients have more information about their discharge and ongoing care
- A standardised discharge process was introduced across all wards to avoid unnecessary delays
- As a result, rates of readmission and waiting times were reduced.

How local insight is used by Healthwatch England

We collate all of the insight and information recorded and reported by local Healthwatch.

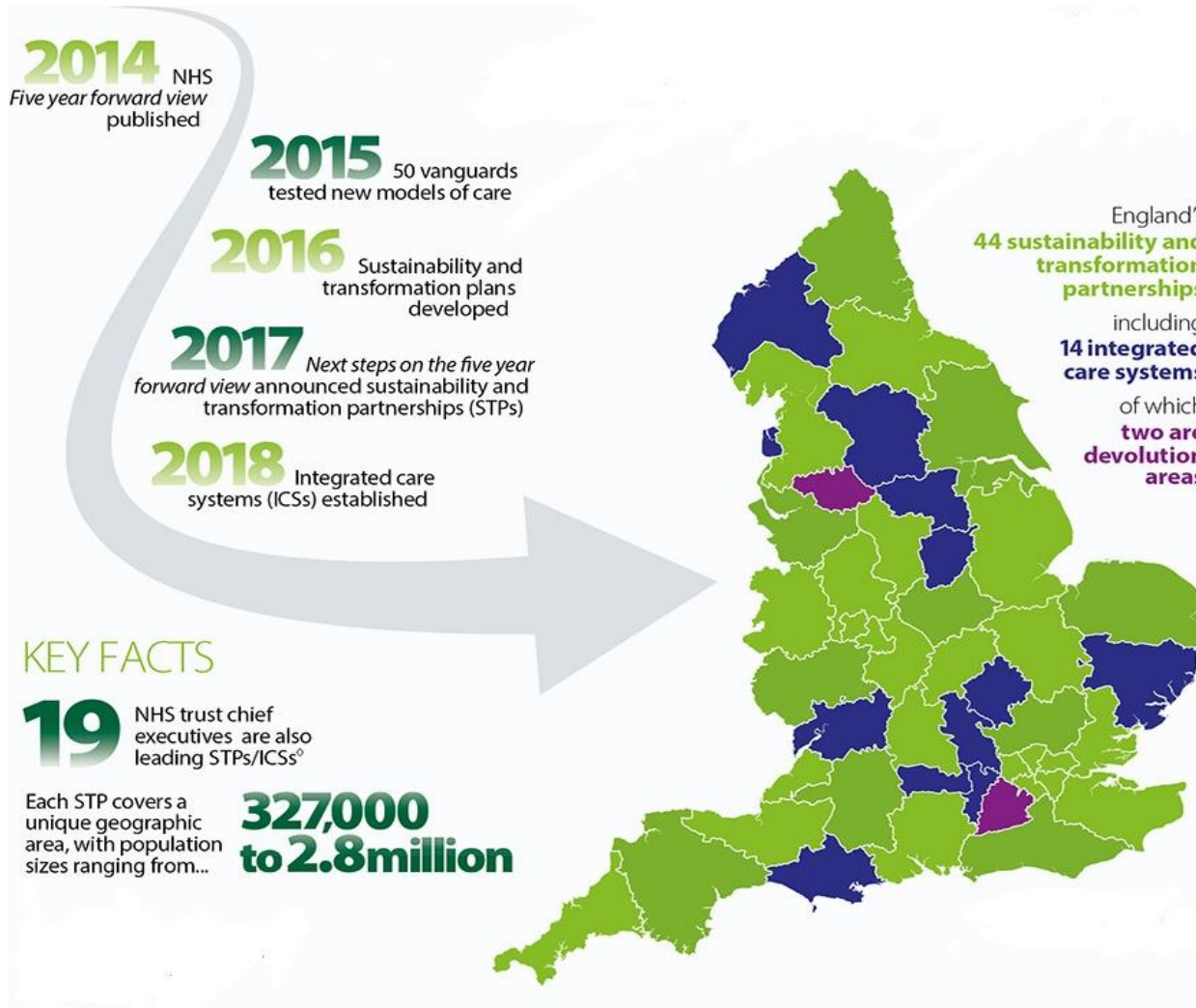
This information is then analysed and used to inform our national policy and allows Healthwatch England to make recommendations to policy makers and legislators.



Challenges and barriers to engagement

- The NHS' structure can change rapidly
- Public sector spending constraints, and having to do more with less money and people
- Commissioning cycles and time needed to 'bed-in'
- Cultural shifts can take time
- Good engagement depends on local relationships and networks

Changing structures and geographical boundaries



Healthwatch and the new NHS structures

KEY PARTNERS INCLUDE...



PUBLIC ENGAGEMENT

- Genuine engagement of patients, communities and NHS staff is crucial to the success of STPs.
- Plans need to be clinically led and follow established requirements for public consultation.
- While there are some examples of great community and staff engagement, this remains a challenge and a source of media and political attention locally and nationally.

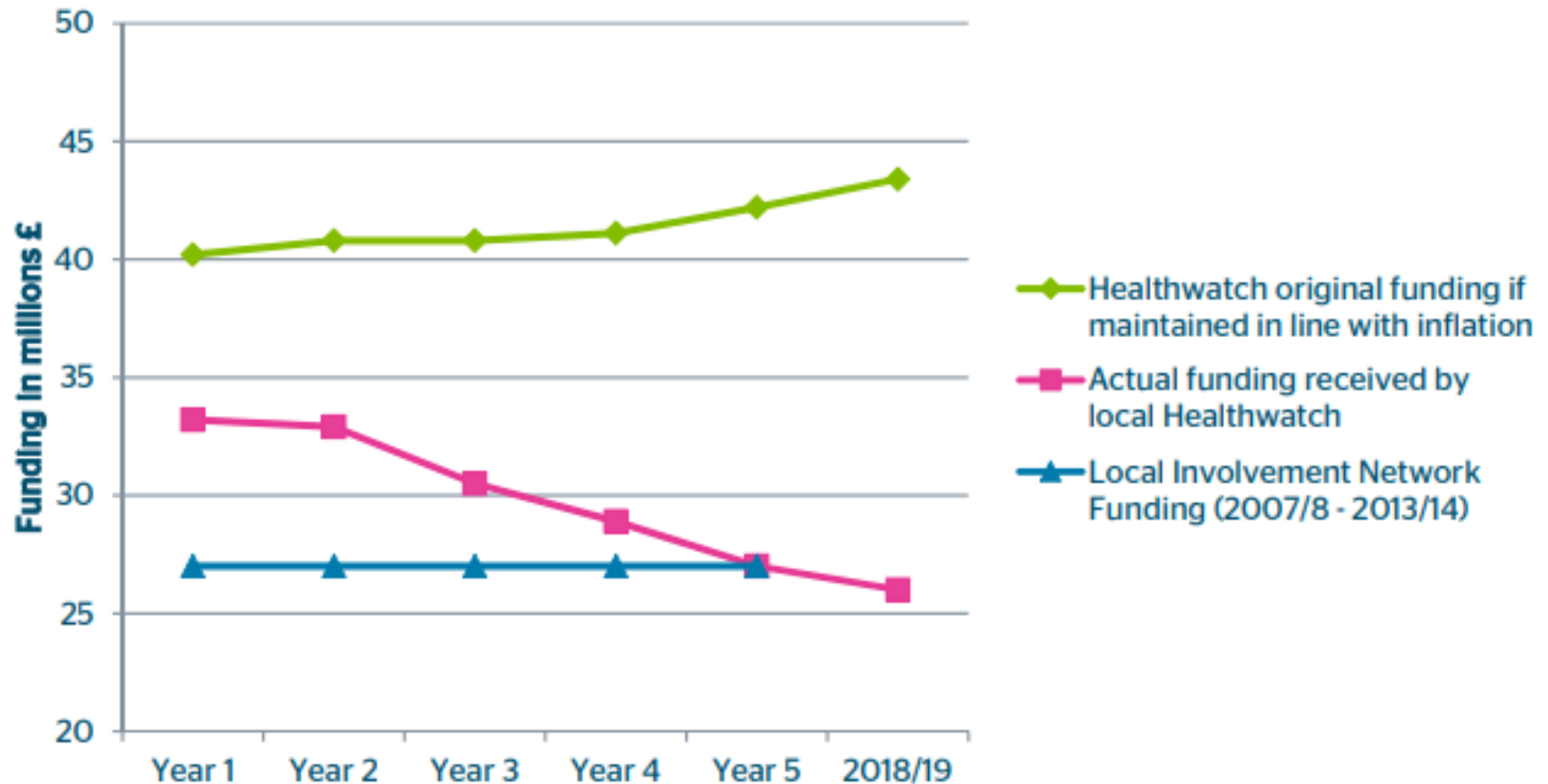


GOVERNANCE

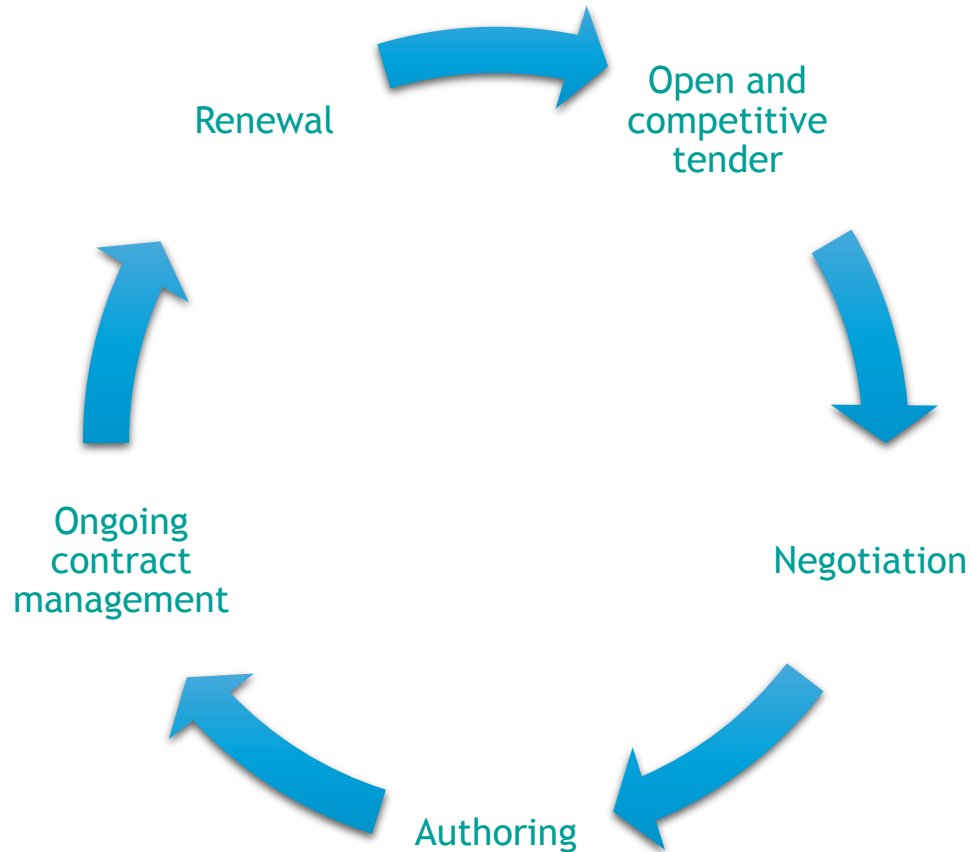
- The role, responsibilities and statutory accountabilities of NHS foundation trust boards and governors are unchanged by the development of STPs and ICSSs.
- However, governors will need to continue to support and challenge foundation trusts as they work in partnership with others.



The Healthwatch funding situation



Contracting and instability



Local relationships and networks

Stakeholder	Average strength of relationship (score out of 5) <small>stakeholder perceptions survey 2019</small>
Clinical Commissioning Groups	4.3
Health and Wellbeing Boards	4.3
Local voluntary sector	4.1
Care Quality Commission	3.5
Members of Parliament	2.5
NHS Improvement	2.3
Professional bodies	2.6


What can happen when patients and public aren't involved in decision making

Health bosses accused of slow progress on sorting out aftermath of Deer Park Medical Centre closure



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"Flaws" in local consultation which resulted in controversial closure of Rothbury hospital beds

More work must be done on the local consultation over a controversial decision to close the inpatient ward in Rothbury

Conclusion and key points to consider

- Setting up patient and public involvement mechanisms takes time - give them the freedom and trust to develop their networks
- Ensuring stability and certainty is key, avoid system wide overhauls
- Make sure funding is sustainable and transparent
- The structures and systems for engagement should be as flexible as the health service so that they can adapt accordingly
- Independence is vital

Conclusion and key points to consider

- Think about how to engage with seldom heard from groups, and make sure feedback is truly representative of communities
- Brand recognition and awareness is important, make sure that the public are aware of where to go to give their feedback and that they know how it will be used, and
- Localism is important, but make sure service delivered is consistent between localities.

References and further reading

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