

HEALTHWATCH AND THE NHS GOVERNOR

Opportunities for closer working for the benefit of patients

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Session blurb

Healthwatch England, supported by the many local Healthwatch organisations, is the independent national champion for people who use health and social care services. As the leading public involvement body for the NHS in England, Imelda Redmond, Healthwatch England's national director, outlined the work of Healthwatch and its relevance to foundation trust governors.

Overview of session

Opening remarks

- Imelda Redmond was non executive director of a trust previously and has therefore seen the crucial role governors play first hand. Governors are too often underutilised.

About Healthwatch

- Healthwatch was established in 2012 with the role of ensuring the voice of public is heard. Healthwatch does this at a local, regional and national level. Healthwatch works across health and social care sector, which gives it a rich breadth of knowledge.
- Healthwatch receives public feedback – which it feeds into decision making bodies – through a range of channels, including through conference events and local meetings as well as the public getting in contact with it directly.
- There are 152 Healthwatch which are directly commissioned by local authorities There must be one Healthwatch for every local authority area. Healthwatch has a statutory place on council health and wellbeing boards.
- Healthwatch England is directly commissioned by the Department of Health and Social Care.
- Healthwatch is doing work around a diverse set of issues at a local level including GP registration for homeless people, A&E pressures, public attitudes to the reconfiguration of services and access to care for the traveller community.
- Volunteering is a really important part of Healthwatch's work – it has 6,000 volunteers.
- Healthwatch has the right to go into any service and get feedback from people and feed that back to those running and commissioning services.

Influence over the NHS long term plan

- Healthwatch played a significant role in influencing the contents of the NHS long term plan. The timescales for the plan's development did not allow for adequate consultation with the public so Healthwatch worked with NHS England using the information it already had from the public – it fed in 43,000 people's views in total.
- The main focus of public feedback to Healthwatch concerned primary care. Improving access, the continuity of care and people wanting the NHS to make greater use of technology were key themes.
- Healthwatch also fed in people's views around mental health – a key issue was people feeling like they are not being listened to and their concerns taken on board.

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- Healthwatch fed in people's views on A&E, where the most common issue was around the quality of care and treatment. Poor communication was also a key issue – the public have said they would not mind waiting if the reason behind the wait was properly communicated to them.
- Healthwatch also fed in the public's concerns around social care, particularly people feeling there is 'nowhere to go' for information that is reliable and trustworthy, and care not being available locally despite people being able to pay.
- A number of concerns Healthwatch raised were picked up in the plan, however funding for public health and other services provided by local authorities is a key missing element.
- Healthwatch welcome the plan's commitments around technology, mental health for children and young people, primary and dental care support in care homes, supporting people to age well and establishing a key worker for children with complex needs in particular.

Future work

- Healthwatch is running a programme in every local authority area to engage with the public on what the priorities of local STPs should be. A lead Healthwatch to coordinate work has been identified for every one of the STP areas. Feedback will be used to support STPs writing their plans over the summer.
- Healthwatch is also currently conducting two surveys. The survey findings will inform individual reports for each STP as well as a national report.
- One is focused on how things can be better organised to help people manage their own health better, whilst the other is seeking people's experiences of using specialist services. Over 18,000 responses have been received so far.

Closing remarks

- There is a lot of synergy between the aims of Healthwatch and governors – both focus on getting the views of patients into the heart of the system to improve things and use resources to do the most good.
- Healthwatch volunteer base is bound to cross over with individuals who are governors.
- The chairs of governors boards should get to know the chairs of their local Healthwatch.

Q&A

Building relationships and partnership working

- Several attendees highlighted the good relationships they have with their local Healthwatch. Healthwatch is seen as a useful source of information and advice for a lot of governors on a range of health and social care, as well as local, issues.
- Some trusts do not allow members of Healthwatch to be governors. Many attendees and Healthwatch England felt this was a missed opportunity and an unnecessary barrier, although there was understanding that conflicts of interest may be a concern – yet these could be overcome putting the right protocols in place. NHS Providers and Healthwatch England said they will look into this issue in more detail.
- There was consensus that governors building strong relationships and having exposure to as many views as possible was the most important thing.
- Healthwatch and trusts should coordinate public consultations. Imelda agreed this would be a sensible approach to take when similar questions are being asked or consultations are taking place at the same time.

The long term plan

- Concern was expressed over Healthwatch England's praise of the long term plan during Imelda's presentation. An attendee said the financial settlement is not enough and what is needed is action as opposed to warm words/commitments.
- Imelda explained the presentation was focusing on the extent to which Healthwatch was able to influence the plan and the degree to which the plan's content reflects the public's feedback. Imelda added that she understood NHS Providers presented their analysis of the plan for governors in the morning session.
- Particular concern was raised about the long term plan's commitments around mental health care for children and young people – an attendee said the ambition does not match the scale of need in reality and there's still a risk of people 'falling through the gaps' during transition from children to adult services.
- Imelda agreed progress needs to be made now as children should not be waiting for the mental health care they need. She said starting planning for transitions early is key to stopping people falling through the gaps.

STPs/ICSSs and system transformation

- One attendee asked whether Healthwatch's right to enter and review services extend to STPs? Imelda said it does not, but Healthwatch is working hard to ensure there is a strong public voice within STPs/ICSSs.
- One attendee highlighted they do not know which STP their trust sits in and that transformation is a 'mystical' word. They asked how people will know when their services have been transformed?
- Imelda agreed that terms such as STP and transformation mean very little to people and national bodies need to use terms people understand. She lamented national bodies' reliance on obscure three letter acronyms.
- Gill added that governors need to be aware that transformation can happen at all sorts of levels, ranging from very simple transformations (going to one place to receive a number of different services and support) to clinical transformation, where the lived experience of people is improved, people live longer etc. Gill also highlighted administration transformations, such as the sharing of back office functions, which are equally as important as

they often release vital financial savings. Gill stressed that governors need to be looking at all these different levels of transformation and how they interlink. She suggested NHS Providers develop a document that includes this information so governors have this to refer to/guide them.

- There was a question about how Healthwatch intends to influence the ICS agenda. Imelda said Healthwatch is well positioned to play a role given it spans across all services and sees things from the public's viewpoint. However, she said ICSs are 'a bit of a red herring' as 90% of services need to be thought about at a local level – it is only large services to think about their organisation on bigger scales.

Other issues raised

- One attendee said the elephant in the room is how the NHS is publicly funded whilst the vast majority of care is not. Gill stressed that a coherent social care policy and funding plan was absolutely vital and to ask NHS Providers to make this to the national bodies. She also added the importance of capital funding for NHS (not just revenue).
- The importance of management caring for staff was stressed by one attendee. Public often comment to Healthwatch that they see staff being 'run off their feet' so it's obviously an important issue to them.