

Healthwatch England Strategy 2014 - 16





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1 Chair's Foreword



This is the first strategic plan for Healthwatch England and sets out how, by working together, the Healthwatch network will truly champion the interests of those who use health and social care services.

I believe this strategy sets an ambitious and yet practical agenda for both Healthwatch England and the wider Healthwatch network. If we are able to deliver what we intend, we will help to bring about significant improvement for users, consumers, patients and their carers.

When I started my term as Chair, almost two years ago, Healthwatch was little more than an idea. My first task was to finish the preparation for the launch of Healthwatch England, including recruiting a Committee and Chief Executive. Next was preparing to work with and support local Healthwatch, all of which had to be commissioned by their local authorities by April 2013.

As we built Healthwatch, we had to learn how to use our new powers and speak out on behalf of consumers at a time of major change for health and social care services.

We have learnt a great deal through our public consultations and conversations about how and why people use health and social care services. We have also started to understand the challenges people face and what changes they want to see for the future.

Importantly we have also established a clear understanding of the environment in which Healthwatch England and local Healthwatch have to work to drive these changes, including how we can work together to maximise our impact and influence our partners across the health and social care sector.

There is significant expectation about what Healthwatch should and could be. Covering both health and social care, and representing the interests of both adults and children, the potential scope of our work is vast. It is vital that we prioritise effectively if we are to deliver long term impact and value for money for the taxpayer.

We need to be careful to build on existing evidence and the work of others in order to avoid replicating what is already being done. So, we will use our limited resources to advise and challenge others to do what we think is in the best interests of consumers, rather than trying to do everything ourselves.

We also have to address both the immediate issues and problems with current delivery, as well as help to design services for the future that deliver more of what people want for less.



All of this makes it critical for us to have a clear strategy that focuses our energies on the things that deliver most improvement for people using health and social care.

The only way to make sense of this is to be single-minded in our focus on the experiences and views of the public. It is this single-mindedness around the needs of consumers that makes us unique as an organisation in health and social care and means we start and end everything we do with people.

In December 2014 we published a draft strategy that laid out what we think about our place in the complex world of health and social care and where we think we should focus our efforts.

We have held a wide and deep consultation around England which has included a range of events with different groups of less often heard service users and carers, as well as deliberative events with consumers and a range of stakeholder forums. We have also talked extensively with local Healthwatch.

There was a consensus about the need for a strong consumer voice, an energy and enthusiasm for the issues and there was clear buy in to our main priority areas of work.

But, we also heard the need to be more specific and precise in our priorities, to be clearer about who we are and our relationship with the network and generally more careful with our language.

We have reflected hard on what you have all told us and tried to respond positively. Our strategy has changed considerably as a result and we thank you for your constructive and considered input. At Healthwatch England we are all now content that this strategy can guide us for the next two years. I hope you agree.



2 About Healthwatch

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body.

Healthwatch is unique in that its sole purpose is to understand the needs, experiences and concerns of people who use services and to speak out on their behalf.



3 Vision, Mission, Values

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

Our Mission

Healthwatch England is the consumer champion for health and social care.

We achieve this by:

- Listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same
- Working with the Healthwatch network to champion service improvement and to empower local people

Our Values

All of our work is informed by our values.

Inclusive

We start with people first.

We work for children, young people and adults.

We cover all health and social care services.

We work for everyone, not just those who shout the loudest.



Influential

We set the agenda and make change happen.

We are responsive. We take what we learn and translate it into action.

We are innovative and creative. We know that we cannot fix things by sticking to the status quo.

We work with the network of local Healthwatch to make an impact both locally and nationally.

Independent

We are independent and act on behalf of all consumers.

We listen to consumers and speak loudly on their behalf.

We challenge those in power to design and deliver better health and social care services.

We like to highlight what works well but are not afraid to point out when things have gone wrong.

Credible

We value knowledge.

We seek out data and intelligence to challenge assumptions with facts.

We celebrate and share good practice in health and social care.

We hold ourselves to the highest standards.

Collaborative

We keep the debate positive and we get things done.

We work in partnership with the public, health and social care sectors and the voluntary and community sector.

We learn from people's experiences and from specialists and experts. We build on what is already known and collaborate in developing and sharing new insights.



4 Diversity and Inclusion

Because Healthwatch England starts with people first, it is essential for all our work to be inclusive, accessible and meaningful to everyone. Our work covers the health and social care needs of children, young people and adults and we are committed to working for everyone, not just those who shout the loudest.

There are big differences in people's experience of health and social care - people's ability to access services might be affected by their ethnicity or gender. How well people are listened to might be affected by their disability or income. At the same time, access to health and social care affects people's ability to work, care for others or play a part in their local communities. This is why diversity and inclusion is at the heart of everything we do.

Our work will be compliant with equalities law but we want to go further than the legal minimum. We know that diversity and inclusion has to be part of everything we do, but we also know that we should plan and monitor our work in this area separately. In our work on diversity and inclusion we want to learn from the Healthwatch network and act as a role model by demonstrating our own commitment to this area. This is why every year we will produce a Diversity and Inclusion Plan, to support the Business Plan, and this will set out the work we are doing and how we will know that we are working in an inclusive way and for the diverse communities across England.

Diversity and inclusion is about all of us - including Healthwatch staff and Committee and everyone who works in the network or comes into contact with us. We will ensure our staff and Committee can do their work in an environment where they are valued, involved and supported and feel safe from discrimination.



5 The world we work in

Health and social care are vital parts of many people's day to day lives. Many of us are passionate about the NHS and social care because we, or a loved one, are using a service right now. At some point, every one of us will need support or treatment.

This is a time of significant challenge to health and social care services. An ageing population is something to celebrate and it is health and social care services which have allowed many of us to live for longer. This changing demographic represents a new challenge for services. Needs are changing; there is a growth in demand for social care and there are now different demands on health services with more of us managing long term or multiple conditions. At the same time, the resources available to services are shrinking. It is more important than ever for people to know what they can expect from health and social care and to stay as healthy and independent as possible.

The recent uncovering of major health and social care scandals has knocked people's confidence in services. Following Mid-Staffordshire, the catalogue of worries has been added to by Morecambe Bay and Winterbourne View. These tragic events hold one thing in common - local people were raising concerns and worries long before they were properly listened to. These scandals have made a clear case for the need to have a powerful voice for those who use health and social care services.

On the back of these scandals the Government commissioned a number of reviews, including the Francis Inquiry, the Berwick Review and the Clywd-Hart review. It responded to the recommendations with the publication of 'Hard Truths' which sets out its action plan for the future. All of these documents recognise the need for Healthwatch to be a powerful champion locally and nationally for those who use health and social care services.

Health and social care services are vast in their coverage and remit, together consuming £129 billion of our public resources in England. Given the scope and scale of the services, it is not surprising that people find it a bewildering environment. Many people have spoken to us about how challenging it can be to get even basic information, such as what services are available locally and how to access them. Add to this the fact that we often use services when we are vulnerable or fearful and it is not surprising that many of us find it difficult to speak up, to share our ideas or voice our concerns.

We have heard many reports of the culture within health and social care being that of the "professional knows best". We often feel like things are done to us rather than being full and equal partners in our care. This culture is reflected in the fact that there are many more ways in which institutional and professional interests are heard than the interests of people. There are negative consequences of this for the individual consumer, the professional and for all of us. If people don't feel fully involved or informed, they may end up using services inappropriately. If services



aren't designed to match people's needs, then there will be waste and an unnecessary cost to the taxpayer.

Generational shifts and technological changes also mean that this paternalistic culture cannot be sustained. Mobile technology has unleashed a wealth of information. We are now used to instant feedback mechanisms and analysis of complex local data or comparisons is now at our fingertips. Tracking our own personal data in real time has become the norm for many.

There is huge change on the horizon for both health and social care. The allocation of £3.8 billion into the Better Care Fund, combined with initiatives such as NHS England's Urgent and Emergency Care Review, mean that the services we all use on a day to day basis are undergoing radical redesign. But for integration to work properly the system needs to ensure the public not only understand what changes are happening but have input to them. Designing the blue prints for the future without people's involvement will simply not work.



6 How we work

The Healthwatch network is made up of local Healthwatch across each of the 152 local authority areas and Healthwatch England, the national body. The network is strongest working together to share information, expertise and learning in order to improve health and social care services.

Healthwatch has a common purpose - to ensure the voices of people who use services are listened to and responded to. The network shares a brand, has common values and comes together to work on priority areas and campaigns. Local Healthwatch across England provide unique insight into people's experiences of health and social care issues across the country; they are the eyes and ears on the ground telling us what matters to their local communities.

Locally, Healthwatch voices people's concerns and provides feedback to service providers and commissioners. Through local engagement they collect vital data on how and why people use services in their area. Its place on the Health and Wellbeing Board means local Healthwatch can represent the voice of people in decision making. Local Healthwatch directly supports people in their community by giving them information or signposting them to the local services they need.

Local Healthwatch are independent organisations dealing with local concerns and they are commissioned directly by local authorities, so Healthwatch England does not manage their performance. Rather, Healthwatch England works with the network, providing leadership and support as each local Healthwatch builds its profile and impact on local services. Healthwatch England promotes standards and good practice, provides materials, toolkits, information, training and one-to-one support. A big part of our work is to make the most of the resources, skills and expertise across the entire network, by learning from local Healthwatch, and by helping to provide the tools and opportunities for network members to connect and share expertise, to make a more powerful difference locally. At a national level, we make the case for the resources and the powers that local Healthwatch need to do the ambitious job they have been given.

Local Healthwatch across the country provide the local evidence and insight that enables Healthwatch England to build up a bigger national picture by identifying patterns and emerging issues. Healthwatch England uses this intelligence to inform its national work, and with the backing of legal powers, raises those concerns with people who commission, regulate and provide health and social care services nationally.

Healthwatch England collects and analyses data and information from national players to identify issues and then shares this with local Healthwatch so they can use this analysis in their work with local communities.



We have far reaching statutory powers that extend over key players such as NHS England, the Care Quality Commission, Monitor and each local authority in England. In addition to this formidable group of organisations, we have ultimate recourse to advise the Secretary of State for Health. While we cannot make organisations act on our advice, they must respond in writing and on the public record to justify their decision.



7 How we decide what to focus on

The potential scope of our work is vast - we have a responsibility for health and social care services for all adults, children and young people in England with particular reference to those who are most vulnerable or may be excluded.

This means we have to prioritise the issues we focus on.

We use three sources to inform our work programme. They are:

- **The evidence and insight shared with us by local Healthwatch and specific areas of concern that local Healthwatch escalate to us for action**

With local Healthwatch now up and running, we are getting more and more information from across the country about people's experiences of health and social care services. Data from our network gives us insight; this insight turns into impact when used at a national level.

We have put in place a process for local Healthwatch to escalate concerns for us to action where necessary. We respond to these by:

- Taking up the issue with the appropriate national body
 - Finding out more, including how far concerns are felt across the country
 - Using the issues raised to inform our public view and shape our policy position
 - Using this understanding to develop our special inquiries, reports and publications
- **Evidence we collect about specific issues of concern through our own work**

Through the stories and enquiries we hear directly, our deliberative research, public surveys and polls we identify areas of concern. We take a different approach to reach out to those who are seldom heard or find themselves in crisis. Where we cannot reach these groups ourselves we work with local Healthwatch and partners.

We also conduct special projects using powers outlined in the Health and Social Care Act to find out more about particular areas of concern. Our first is a special inquiry looking at the problems around discharge from hospitals and care homes.



- **National data sets that tell us the issues affecting large numbers of the population and the most excluded**

Alongside local level data, we interrogate national data sets to ensure we are informed of the issues that affect large numbers of the population or that may be of increasing importance.

We use all of these sources to measure how far people's legal rights and expectations are met and to identify gaps.

Our work is informed by policy debates and developments at both a national and local level and this makes sure our work remains relevant to the changing health and social care landscape.

In order to prioritise our work our Committee carefully considers all these sources of information and then runs a check to see where Healthwatch can add most value.

- We ensure that our prioritisation of the issues we work on fits with our role and responsibilities. This ensures that we are delivering to our statutory remit.
 - Then we consider how much the issue matters to people. It must be something they care about as we are here to be the voice of people in health and social care.
 - Alongside that we look at policy debates and developments at both a national and local level to assess how much change we can bring about. This enables us to make sure we are choosing areas where we can have the greatest impact. This is important to deliver the greatest return for our budget.
 - We then ask whether the change needs to come from us so we aren't focusing on things that others can do more easily and effectively.
 - Finally, we consider our work as a full set of priorities, as together they need to have the greatest impact for people using health and social care services.
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8 Consultation

Healthwatch is about people's voices shaping health and social care. All of our work begins with us asking people what they need and expect and really listening to what they have to say.

We consulted with the public on the idea of rights and responsibilities in health and social care so that we could better understand what they expect.

Our consultation was focussed on conversations with people designed to be open, challenging and involving. We deliberately sought out those who are often not heard and we went to them to ask their views. We held focus groups across the country travelling from Bradford to talk to children and young people, to Cambridgeshire to engage with gypsies and travellers, to Wiltshire to talk to people with mental health issues and sensory impairments and to Derby to engage with the local homeless population.

Our key measure of success for our consultation was how much rich conversation we generated. Healthwatch England staff and Committee were all out on the road and collectively spent more than 1,750 hours listening to people. We also extended this to 684,000 people online via twitter.

But this is not the end of our conversation. All of our work depends on listening to people and we will continue to involve the public in the development of our work on what they want and expect from health and social care.

What we heard

People told us that there were some strong common themes that they endorsed and are enthusiastic about:

- Our overall direction of travel and the way that we are working
- The focus of our work as expressed in our strategic priorities
- The spirit and accessibility of our work on consumer rights

We also received a strong message that we needed to:

- Simplify our priorities and make them more specific
 - Be clearer what we mean by rights and how we will use our rights framework
 - Connect everything we do and say to people who use services
 - Be careful with the language we use, particularly use of the term consumer
 - Spend more time understanding what responsibilities mean to people and how they relate to rights
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How we are responding

In response to the feedback we received during the course of the consultation, we have:

- Simplified and amended our priorities and paid particular attention to making our language accessible and relevant
- Set out people's expectations in health and social care in the form of a Consumer Index
- Amended our vision and mission to make it clearer how our work connects to people
- Planned to do further research about how people understand their own responsibilities, and the interplay with rights and the way that services are provided

We talked to people about our use of the word consumer. Some people said that they were uncomfortable with the term and some local Healthwatch raised concerns about the barriers it might put in the way of communicating with the public. However, people also told us there are many terms they use to describe their own relationship to health and social care including patient, client, user and carer. It is clear from these conversations that we won't find a term that works for everyone.

The source of the discomfort appears to be that for many the word consumer implies a market relationship which for them undercuts the principle of free at point of use NHS services. In using the term consumer we are not implying any preferred model of future provision. Rather we are encouraging people to think differently about services. In stark contrast to the term patient, for example, consumer implies an active and demanding participant in health and social care services.

However, we will be careful to use the term wisely and not in places where it puts a barrier in the way of us talking with the public. In those circumstances, we will continue to use other terms including people and the public.

We were also challenged on our use of the phrase "health and care" rather than "health and social care" and concerns were raised about the potential confusion this could cause. We agree and we have reverted to using health and social care to make clear the fact that we cover two distinct forms of service.

The Consumer Index

As the new consumer champion for health and social care, we began our journey by asking people what it means to them to be a consumer of health and social care services.

We framed the discussion around internationally recognised consumer rights drawn from UN Guidelines and asked the public how they could be applied to health and social care.



They told us they recognised the value of rights and understood they could be useful in this context, but to make them truly relevant the language needed to be improved. They also made clear that with rights come responsibilities.

Using this input we created a draft rights framework which we presented in our first annual report to Parliament in October 2013.

Broadening the conversation, we then consulted the public through a series of surveys, focus groups and events.

People liked the simplicity of a single rights framework covering both health and social care and recognised how it could help them articulate what they want and expect. However, more work needed to be done to explain how it fits with existing legal rights, including those reflected in the NHS Constitution.

We recognise that the rights framework we set out encompassed a mix of people's rights in law, their expectations about services now and their aspirations for the future.

Sadly, few people know that they have rights in the NHS as set out in the NHS Constitution. People struggle even more in social care where there is no single place for people to find out about their rights and entitlements. Even when people do know their rights, they often feel reluctant to take action. This is in stark contrast to how we act in the high street where, as savvy consumers, we are quick to demand improvements in the services we receive. In health and social care we tend to be grateful for what we are given and often just put up with poor quality services.

Our framework will be used to drive change in health and social care and ensure services reflect people's needs and are responsive to them. We will promote awareness of people's existing legal rights as set out in the NHS Constitution and challenge where there is a need to go further. We also want to support the public to exercise their existing legal rights - asking for example whether people do actually get access to NICE recommended treatments - and to let us know when they are not being met.

We will publish a Consumer Index annually to measure and report how far people's legal rights are being met and whether or not their actual experiences of health and social care provision live up to their expectations.

This will enable us to identify what matters most to people now and to advise Government of the changes in practice and policy that are needed to get services right for the future, including advising Government on the limitations of the NHS Constitution and where legal rights need to go further or new legal rights need be established.

By tracking and recording progress against the Consumer Index we can also provide regular insight into how fast the standard of treatment and care are improving across health and social care.



People expect:

- **Essential services**

“I want the right to a set of essential prevention, treatment and care services, provided to a high standard, which prevent me from being in crisis and lead to improvements in my health and care.”

- **Access**

“I want the right to access services on an equal basis with others, without fear of prejudice or discrimination, when I need them and in a way that works for me and my family.”

- **Safe, dignified and high quality service**

“I want the right to high quality, safe, confidential services that treat me with dignity, compassion and respect.”

- **Information and education**

“I want the right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and what I am entitled to in the health and social care system.”

- **Choice**

“I want the right to choose from a range of high quality services, products and providers within health and social care.”

- **To be listened to**

“I want the right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.”

- **To be involved**

“I want to be an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting my local community.”

- **To live in a healthy environment**

“I want the right to live in an environment that promotes positive health and wellbeing.”



9 Our strategic priorities

Our work over the next two years will be focussed on:

- **Addressing current concerns with health and social care services**

Through the eyes and ears of local Healthwatch, and using our own information, we will identify national trends and areas of concern. Where there are significant issues or long-term problems we will take action and put forward recommendations across health and social care.

We will work with local Healthwatch as they ensure that their insight and intelligence is used as part of inspections of social care, primary care and hospitals and will support them to hold local services to account where needed.

We will campaign to change the complaints system and ensure that people's concerns are not only listened to but valued as a way to improve services.

- **Ensuring that future services are built to meet people's needs and are shaped by the people who will use them**

Major changes in services are currently underway in our local communities. The Better Care Fund is a new opportunity to integrate health and social care provision and at the same time, many communities are experiencing the closure of local services. Personalised budgets and patient choice also mean that individuals are making more decisions about their care. We will support local Healthwatch as they develop a full role in all of these conversations. Alongside local Healthwatch, we will encourage health and social care providers and commissioners to engage directly and actively with their local communities, especially those people who are frequently marginalised or who have complex needs.

We will report annually on the public's views and experiences of health and social care and through our Consumer Index, we will assess how well services across England meet people's expectations.

- **Developing the potential of the Healthwatch network**

The network of local Healthwatch adds to our strength nationally. We support the network as it develops and grows by providing services, training, and one-to-one



support. We respond to requests for support from local Healthwatch, for example facilitating conversations between Healthwatch, enabling them to learn from and support one another. We promote good practice and provide opportunities for learning through specialist and expert communities.

Our leadership of the network focuses on promoting good standards among all Healthwatch. We provide additional, tailored support where needed. We make the case at a national level for what Healthwatch needs to thrive.

- **Ensuring we are an effective and efficient organisation**

This is core to our business. The major part of this work is investing in our staff and Committee and ensuring they have the skills and processes in place to make an effective contribution. We also support the Committee to work across England and in a way that secures input and engagement from the public.

We respond to public enquiries in a timely and effective way and ensure that where we cannot deal with someone's concern, it is passed on to the right organisation. We carefully monitor our use of financial and human resources to ensure we are cost effective and evaluate our own contribution and that of the wider network to ensure we constantly learn and adapt.



10 Governance

Healthwatch England is a Committee of the Care Quality Commission (CQC). We work together as strategic partners but we are fully editorially independent from the CQC.

We negotiate Healthwatch England's funding directly with the Department of Health. They, and our other stakeholders, recognise our responsibility to fulfil our legal duties and to make sure that we have effective governance, decision-making and financial management.

The Healthwatch England Committee governs Healthwatch. The Committee approves the policies and procedures needed to make Healthwatch England work effectively. It ensures our policies and procedures comply with the rules applying to Arms-Length Bodies. The Committee sets the strategy of Healthwatch England and, with its Audit and Risk Sub-Committee, provides oversight and scrutiny of the work of the organisation.

We understand and recognise our responsibilities to manage risk. Our Risk Register records potential financial, operational, and information risks to Healthwatch England. The Audit and Risk Sub-Committee regularly reviews the Risk Register with the Senior Management Team. Our common aim is to ensure that we identify risks and manage them by working closely with our staff to ensure they understand their role in managing risk. We do not shy away from risk. Our approach is to grasp challenges, and take a measured approach to managing and mitigating risk using a sound evidence base.

Local Healthwatch are accountable to their local authority for delivering an effective Healthwatch service. Each local Healthwatch has its own governance arrangements to reinforce their accountability to consumers of local health and social care services.
