

## **HealthWatch development programme Advisory Group 21 January 2011 item 2**

### **-Overview of the programme**

#### **Equity and Excellence – Liberating the NHS - sets out a vision, strategy and proposals for the NHS**

- It describes a system where:
  - Patients are at the heart of everything the NHS does
  - Healthcare outcomes in England are among the best in the world
  - Clinicians are empowered to deliver results
- There should be ‘no decision about me without me’.
- People have
  - access to more information about healthcare
  - ways to rate and record their experience
  - greater control of their records
  - greater choice of provider, of consultant-led team, of GP
  - choice of treatment and support options

#### **To help make this vision a reality:**

- **“We will strengthen the collective voice of patients and the public through arrangements led by local authorities, and at national level, through a powerful new consumer champion, *HealthWatch* England, located in the Care Quality Commission.”**

## What will *HealthWatch* do?

### Locally

LINKs will become *HealthWatch*, with additional functions and funding. They will:

- Ensure that the views and feedback from patients and carers are integral to local commissioning
- Provide advocacy and support to people
- Provide intelligence for *HealthWatch* England about quality of providers

### Nationally

*HealthWatch* England will be a statutory, 'distinctive' part of CQC

- Providing leadership, advice and support to Local *HealthWatch*
- Providing advice to the NHS Commissioning Board, Monitor and the Secretary of State
- Powers to propose CQC investigation of poor services

## How will it happen?

### Locally

- LINKs will evolve to Local *HealthWatch* (LHW), with an expanded range of functions
- LHW will be able to employ their own staff (i.e. no requirement to have a 'host' organisation)
- Local Authorities (LAs) duty to commission *HealthWatch* with freedom to decide how to do this
- Extra money available to LAs for this
- Allows LAs to commission advocacy from any suitable supplier, including LHW
- Phases in the complaints advocacy function so that it starts in 2013, not 2012
- Mental Health Act advocacy remains separate

### Nationally

- HWE England will be a sub committee of CQC, independent of Government
- Chair to be a non executive director of CQC
- HWE will have a 'distinctive identity' within CQC
- It will be able to 'take advantage' of CQC's expertise and infrastructure

## **The programme**

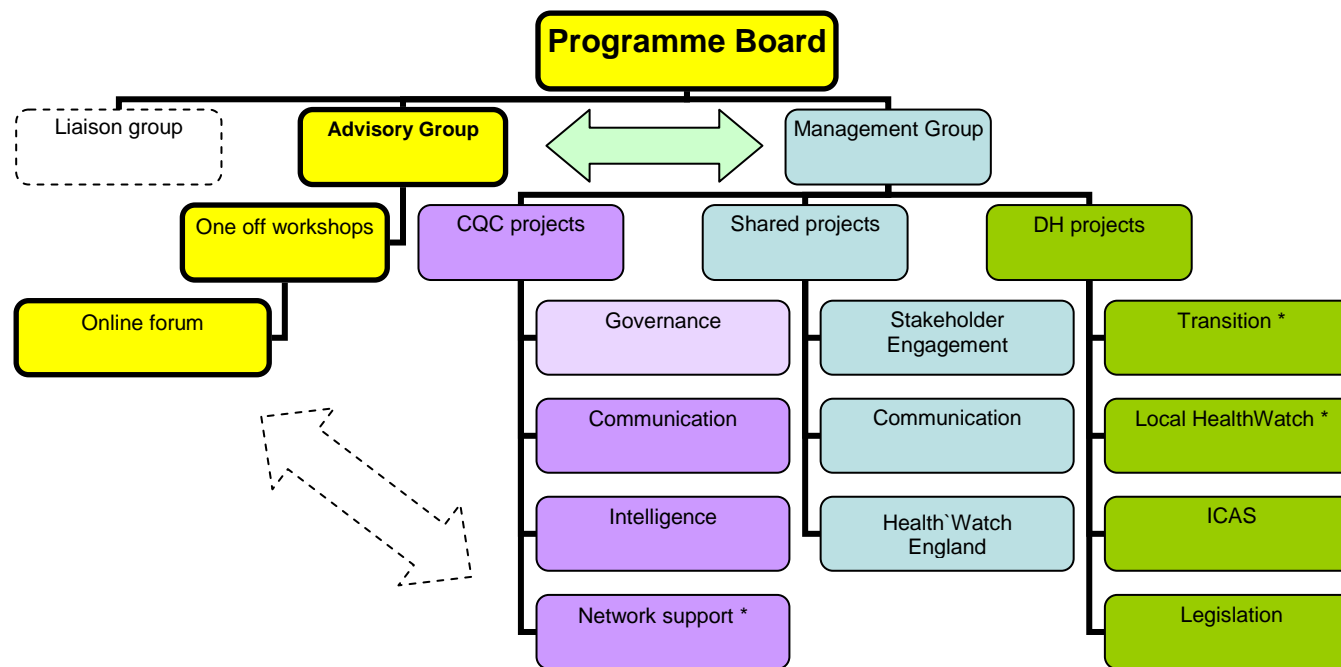
### **Principles**

- Partnership approach between DH, CQC and local authorities
- Engagement of people who use health and social care services and their representative organisations in all stages of the development
- Inclusion of different interest groups, including seldom heard ones
- Developing from foundations of existing LINKs but involving other interests, too

### **Projects**

- Projects led by DH on legislation, transition and local *HealthWatch*
- Projects led by CQC on setting up the infrastructure for *HealthWatch* England
- Some shared projects on communication, governance and building relationships with stakeholders

# HealthWatch programme governance proposals (v2, may be subject to further change)



**Programme Board**

Sets direction, takes key decisions, comments on risks - chaired at a high level and small.

**Advisory Group**

Expert reference group, including key stakeholders, reviewing and commenting on proposals; working closely with Management Group. Makes recommendations to Programme Board.

One off workshops

Supplementing the work of the advisory group, bringing on other experts or stakeholders as required, particularly to ensure that diversity and human rights issues are addressed.

Online forum

A communication tool to keep in touch with the Advisory Group and also to seek wider views on an informal basis. Can be used by project groups as a sounding board. Ensures that people who have expressed an interest in helping to shape HealthWatch are offered a voice.

**Management Group**

The senior programme team from DH and CQC, take responsibility for delivering the programme and for monitoring progress of projects. May include some input from other DH departments. Reports to and makes recommendations to the Programme Board

Liaison Group

CQC and DH group meeting as needed to review the working arrangements between the two organisations. (This is not part of formal governance structure.)

**Projects**

Projects will each have a named lead, reporting to the Management Group. Some are shared, some will be mainly led by DH, the detail of setting up HealthWatch England will be mainly led by CQC. Projects will draw on informal input from online forum and one off workshops.