



Health and Social Care Committee
House of Commons
London
SW1A 0AA

Dear Committee Clerk,

NHS Long Committee: legislative proposals inquiry

The Healthwatch Network was created by statute under the Health and Social Care Act 2012. In total there are 152 local teams, one commissioned by each upper-tier local authority area and supported nationally by Healthwatch England.

Over the last six years we have developed a Network which is now bringing insight from over 400,000 people per year into decisions about health and social care services.

The strength of our Network lies in our links to diverse local communities up and down the country, which means that those we gather experiences from are not just those that shout the loudest.

To help NHS England with the development of the Long Term Plan, we analysed 85,000 people's experiences of the NHS. We used this evidence base to ensure that the voices of people were heard and taken into account by the NHS and Government.

Making sure local voices don't get lost in regional decisions

We are supportive of the intent, purpose and spirit of the proposals for legislation set out by NHS England.

However, we have some concerns about how local engagement will work effectively at an ICS footprint level.

- As the health system moves towards operating on an ICS footprint level, in drafting the legislation, government must be careful that the strong existing local engagement mechanisms developed by local Healthwatch are not compromised.
- New statutory mechanisms must be put in place to ensure that local engagement and insight can be coordinated and gathered at an ICS footprint level.
- We propose that a new layer is added to the existing Healthwatch Network structure, with a duty introduced for a relevant body to commission a Healthwatch service across an ICS (or equivalent) footprint.

This is a proposal that I will raise with the committee and discuss in greater detail during the evidence session scheduled for 1st May 2019.

There are a number of other key points that I would like to raise and draw the committee's attention to at this stage, which I have outlined below.

Additional considerations

- Whatever arrangements are put in place to allow Healthwatch to operate at an ICS level, sufficient additional funding must be made available to the Network.



- To give communities the confidence that ICSs take their comments and concerns on board, there will need to be a formalised relationship between the ICSs and the local Healthwatch within their geography.
- Whatever structure or relationship is legislated for, it must include an element of flexibility so that Healthwatch can adapt to any future changes in ICS constitutions or boundaries.
- Any amendments to the Health and Social Care Act 2012 must be drafted with care, so as not to impact existing local engagement mechanisms, as under Section 221 of the Local Government and Public Involvement in Health Act 2007.
- Under the 2012 Act local Healthwatch have the power to request information from health and social care provider organisations. This power should be extended to enable Healthwatch to gather information from all relevant health and social care organisations. We would also suggest that this power is also extended to Healthwatch England. This would allow us to make sure we are extracting maximum value from the data the system collects, in particular any qualitative feedback provided by people who use services.

This is an exciting and challenging time for the NHS and social care, and we are confident that the Long Term Plan will be instrumental in delivering the reform and improvements across the health service that the public tell us they need to see.

Key to this is ensuring that local engagement and the voice of the public is at the forefront of decision making.

I look forward to meeting with the committee, and discussing all of these issues in due course.

Yours sincerely,

Sir Robert Francis QC, Chair of Healthwatch England