

Inquiry into the Value and Accountability of Devolved Health Systems

The Health Devolution Commission

Devolution should ensure that decisions are made at the most locally significant level, and by those who have knowledge of the area and the people who live and work there. Population health management needs to take account of the priorities of the local population and devolution should be progressed in a way that enables the diversity of people's voices to be heard. By its very definition, devolution should create an environment for people to have more of a say and to be more involved in their own health and wellbeing. People want to be informed and included in the how, when and why decisions that impact on their lives (and the lives of people they love and care for) are made.

Health devolution areas can put the focus on people and place and rather than on individual organisations. Consideration of the wider determinants of health and an understanding more broadly of what contributes to healthier communities is fundamental to success. Involving people at all levels (local, regional and national) of the health and social care system will lead to better services and improved health outcomes for local people. This is because involving people means that solutions are more likely to be designed around what people *actually* need as opposed to what policy and decision makers *think* people need, which increases the likelihood of solutions working the first time, thus making for a quick and more efficient system.

Any devolved health model in question, whether fully devolved, STP or ICS, all need to encourage and support people to share their experiences and create easy ways for them to become better informed and active participants in their own health and wellbeing. This will require giving people better information; improving overall health literacy; and finding new and effective ways to facilitate shared decision making and problem solving between providers and the public.

We won't achieve a truly person-centred system unless we routinely and comprehensively integrate the use of all available insight from the public into the standard practice of how care is delivered. Commissioners and providers need to draw on a mix of qualitative and quantitative research with communities to continuously improve care. Devolved systems will need to invest in the critical infrastructure upon which person-centred care depends.



We should also continue to invest in advancing how we measure, report and improve care based on meaningful metrics that assess health outcomes and experiences; how care is coordinated and how effectively people transition through different parts of the system; measuring how person-centred and equitable is the care; and are we efficient in how we use the limited resources available.

Listening to people will support health and care systems to address the challenges that people themselves say most affect their health outcomes. If we do not make the ‘people’s voice’ the focal point for transformation, then there is a high probability that people will see these new systems as ineffective at best, and contrary to their interests at worst. If we take the opportunity presented to us now to create a true person-centred health and care system, working in partnership with people and communities, people will embrace it, benefit from it, and it will be a success.

Legislation

Under current legislation local Healthwatch powers and activities are restricted to their local authority area. This can create challenges when local Healthwatch need to represent people’s voices at a level that extends beyond their boundary - e.g. STP/ICS level - on issues that may have a significant impact locally.

At the moment local Healthwatch work at the more regional level on a voluntary basis but this is becoming increasingly challenging with increasing competition between Healthwatch for contracts putting strain on relationships. In some areas we have also seen council commissioners, who are concentrating on getting the best value for their local residents, asking local Healthwatch to only focus on what they are commissioned to do (and not extra work under STP/ICS).

Introducing more flexibility to create Healthwatch structures at different levels of the system would enable us to react effectively and more quickly to the sorts of structural changes being brought in by the NHS Long Term Plan (LTP) and general trends towards devolution. This needs to be complementary to the existing local structures (which ground our work in local communities) which have been built over the last 7 years and need to remain intact.

If the current health and care sector legislation is revisited to support the LTP, we would want it to make it possible for Healthwatch to operate at ICS/STP level on a systematic and consistent basis across the country. This will require additional resources for Healthwatch at this level but could come through existing engagement funding being pooled by STPs/ICSs (we are seeing this happening in some places already similar to the [LTP programme](#) we ran last year which engaged 40,000 people between March and May).



How different approaches to health devolution can help deliver more person centered, patient focused healthcare and health outcomes:

Greater Manchester - Health and Social Care Partnership

Greater Manchester Health and Social Care Partnership have funded Healthwatch to provide insight to help inform their work. This partnership is an example of how people's views have been incorporated into the devolution process. Ten local Healthwatch teams across Greater Manchester, engaged with over 21,000 residents in 2018 gaining insight of their experience of using health and social care services across the city.

From working with young carers in Bolton to seeking the views of people visiting A&E in Oldham, the issues identified by Healthwatch staff and volunteers have been used to shape key decisions about the city's hospitals, GP surgeries and council run care services.

An investment of £60,000 by Healthwatch England and the Greater Manchester Health and Social Care Partnership enhanced the research capacity and capability of the local teams. This programme takes local level insight and turns it into robust evidence which informs decisions that affect the whole of the Greater Manchester area.

Surrey Heartlands - Health and Care Partnership

The devolution agreement in Surrey Heartlands identified three stages of the journey:

- Accelerating the integration of health and social care through much closer working between partners
- Increasing public engagement and the involvement of the people of Surrey Heartlands around the transformation of health and social care
- Increasing local decision-making and flexibilities to achieve the best possible outcomes for the local population



This focus on public involvement has been achieved through the creation of a [Citizen Engagement Programme](#) consisting of a Citizens' Panel and the adoption of a Citizen Ambassador work programme led by Healthwatch Surrey.

The Citizens Panel is an online resident panel to carry out regular survey research online among a sample of people who live in Surrey Heartlands. The panel is statistically representative of the Surrey Heartlands population and therefore is more robust than surveys and consultations that are open for anyone to complete.

The Citizen Ambassador programme was commissioned by Surrey Heartlands in September 2017. The aim of the programme is to maximise the representation of different citizen voices by engaging and involving people who do not already consistently engage in service change within the NHS. The Citizen Ambassadors act as the independent voice bringing insight from local people and communities. They also sit on the clinical workstreams of the Integrated Care System.

The focus on local decision-making meeting local needs is welcome and consideration should be given to the best way to ensure that people's views at a local level are taken into account at the regional level of devolution. This will be true in any area adopting devolution.

“Engagement and involvement” should not be restricted to just the planning stages of transformation. People should be actively involved in assessing both individual services and the effectiveness of how integration is achieved in the local health system. This is a crucial point that any devolution arrangement must incorporate.

[London - Mayor's Six Tests](#)

Health 'devolution' in London, although still at an early stage is more of an informal take on devolution. Despite the Mayor of London having no direct control, responsibility or accountability for healthcare in London, the Mayor has developed his Six Tests that must be met before giving his support to any major health and care transformation or service reconfiguration proposals in London.

The sixth test is '**Patient and public engagement**' which requires *“any proposals to demonstrate credible, widespread, ongoing, iterative patient and public engagement, including with marginalised groups, in line with Healthwatch recommendations”*.

The particular focus placed on meaningfully engaging with the public was present from the very early stages of the development of the six test's framework. City Hall approached Healthwatch for our guidance and input on how to effectively measure



whether or not the patient and public engagement test was being met. Using our expertise and unique insight in this particular area, we were able to help improve on this and make the 'patient and public engagement' test more meaningful and robust by using local Healthwatch as the barometer for it.

Although still very much in its early stages of application, this suggests that more person-centred and patient focused health care can still possibly be delivered without a formal devolution deal - as long as there is a genuine will (at all levels) to place patients and the public at the very heart of decision-making.

What does good health devolution look like that builds a community's health and improves a community's health and social care services?

A system that:

- Provides what people need in the way that they want it (i.e. putting people at the very centre of services);
- Understands its local population and makes a specific effort to reach out those who are typically under-served and seldom heard;
- Has a focus on both individual and population outcomes in all areas of life instead of just clinical outcomes;
- Is joined up across NHS, local authority and voluntary, community and social enterprises;
- Considers the whole process of accessing care such as the impact of transport (see Healthwatch England's ['There and Back'](#) report) and other potential barriers to access;
- Has the patient and public voice represented formally at all levels of decision making - from feedback forms in services to organisations, like Healthwatch, having a place at the highest level of governance to hold services to account.



How should the challenges of accountability, power and control between the NHS and local authorities be addressed in devolved and integrated systems?

Some ways that these challenges can be addressed are by:

- Placing a particular importance on independent insight;
- Scrutinising at the same level as decision-making, but also linking to local structures such as local Healthwatch - possibly by creating a new regional tier of Healthwatch;
- Looking at how well the London ‘Six Tests’ model works and how it is applied to local authorities as well as the NHS;
- Learning everything we can from structures that are already in existence - such as from formal devolved systems like Greater Manchester etc. (as highlighted above) but also others, like the approach NHS England and Healthwatch took towards engaging the public in the development of the [NHS Long Term Plan](#);
- Using all available feedback both solicited and unsolicited, particularly from local Healthwatch which can add value (e.g. ‘[There and Back](#)’ - a report on transport needs which was identified as a missing link in people’s feedback on the NHS Long Term Plan);
- Making more use of the Healthwatch network which can not only bring an independent voice in to the process, but is also uniquely positioned and able to operate at multiple levels i.e. locally, nationally and more recently, with our commissioned work on the NHS Long Term Plan, regionally. However, as stated earlier, Healthwatch doesn’t have a formal regional remit at the moment and the regional level work on the LTP was only possible thanks to investment from NHS England. In order for this regional structure to be continued on an ongoing basis, it would require formal agreement and further investment.



How can local leaders in devolved health systems be held accountable locally and nationally at the same time for the performance of locally integrated services?

In order for this joint accountability to be achieved, it needs to be based on a plan that is both agreed and owned at both local and national level - with coordinated accountability.

The closer you get to frontline delivery of services, the more influence you have over people's experiences. With this in mind, one possible solution could be that the national level accountability could focus on the delivery and outcomes aspect, and the local level accountability could focus on outcomes and experience.

How does health devolution affect policies to empower individuals to have more control over their health and social care services and outcomes?

- It enables services to be better able to respond to local circumstances and local voices;
- It enables accountability at a local and super-local level (i.e. through Primary Care Networks (PCN) and Patient Participation Groups (PPG) which, where resourced to do so, Healthwatch can support;
- It enables people to identify which decisions are made locally, so they can understand where and who accountability lies with.

