



Local accountability & patient and public voice

A National Voices perspective

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@ Anatomy of Accountability

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About us

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About us

National Voices is the coalition of charities that stands for people being in control of their health and care.

Our mission: person-centred care

We want person-centred care: people having as much control and influence as possible over decisions that affect their own health and care – as patients, carers and members of communities. We want people to be partners in the design of services and partners in research, innovation and improvement.

Our work

We help people and organisations to improve the knowledge, understanding, skills and confidence they need to engage more effectively and to make their approaches more person-centred.

We have expertise in what matters to people relating to health and care, how to involve people, and how to work with the Voluntary Community and Social Enterprise sector.

Vision

CHAPTER SIX

INTEGRATING CARE LOCALLY

Next steps for STPs and Accountable Care Systems

The NHS Five Year Forward View said: “The traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care. Increasingly we need to manage systems – networks of care – not just organisations. Out-of-hospital care needs to become a much larger part of what the NHS does. And services need to be integrated around the patient.”

CHAPTER TWO

What will the future look like? A new relationship with patients and communities

One of the great strengths of this country is that we have an NHS that - at its best - is 'of the people, by the people and for the people'.

Yet sometimes the health service has been prone to operating a 'factory' model of care and repair, with limited engagement with the wider community, a short-sighted approach to partnerships, and under-developed advocacy and action on the broader influencers of health and wellbeing.

As a result we have not fully harnessed the renewable energy represented by patients and communities, or the potential positive health impacts of employers and national and local governments.

What good integrated care looks like

“I can plan my care with people who work together to understand me and my carer(s), give me control, and bring together services to achieve the outcomes important to me.”

I work with my team to agree a care and support plan...

I am supported to achieve my goals....

I have the Information I need...

I’m involved as I want to be in decisions...

**The professionals work as a team.
I always know who is coordinating my care**

When I move between settings there is a plan in place....



Reality

It's complicated

- CCGs, providers, vanguards, STPs, ACSs
- National improvement programmes: cancer, mental health, urgent & emergency, primary care
- Social care
- Workforce
- Money
- “Pace”

Exclusive: New national savings drive will 'challenge the values' of NHS leaders

5 JUNE, 2017 | BY DAVE WEST, LAWRENCE DUNHILL, BEN CLOVER, ALLISON COGGAN



18 COMMENTS



Closing wards and services, blocking choice of private providers, systematically extending waiting times, and stopping some treatments are all being considered under a national programme targeted at the health economics with the highest overspends.

The controversial measures are currently being discussed privately by national NHS England and NHS Improvement officials, with senior local NHS leaders, as part of the new "capped expenditure process". The principle of the process, introduced this year, is to "cap" NHS spending in the targeted areas so that they meet "control total" budgets in 2017-18.

NHS leaders from areas covered by the CEP have been told to examine "difficult decisions" and "think the unthinkable", including modelling changes which are normally avoided as they are too unpleasant, unpopular or controversial. *HSJ* has spoken to senior officials in most of the areas.

MOST POPULAR



Exclusive: drive will 'challenge the values' of NHS leaders



Trust chief retirement



Exclusive: returning to trust



Mapped: Spending at least from



Mackey re tackle 'rid

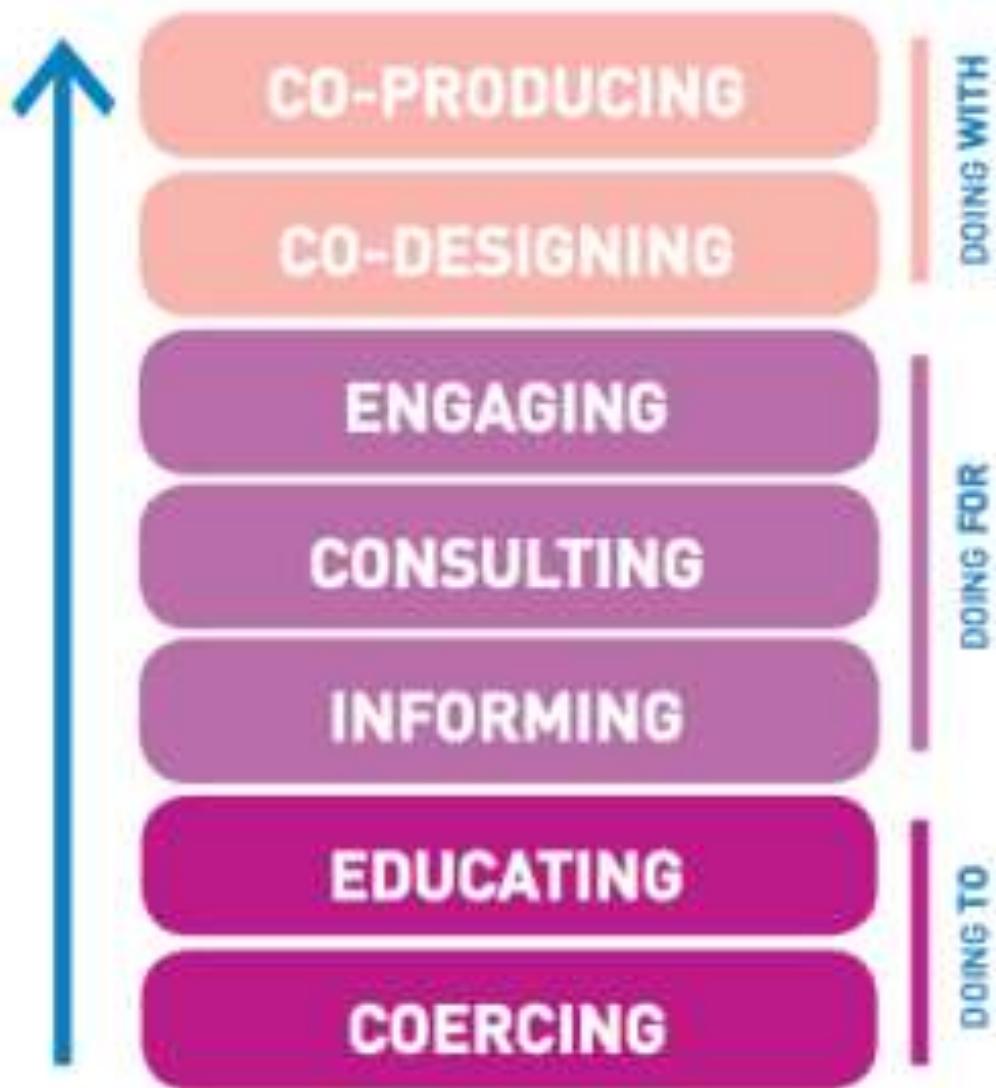
Primary care	Living with long term condition/s I have a written care plan	3.2%	2016 (July)
Inpatient care	I was as involved as I wanted to be in decisions	56%	(2016)
	I was as involved as I wanted to be in decisions (learning disability)	49%	(2015) yes definitely
	I was asked to give my views	19%	yes 2016
Community mental health	The person who coordinates my care does it well	60%	2016
	I have definitely agreed with someone from the services what care I will receive	43%	2016
	I was as involved as I wanted to be in decisions	56%	yes definitely
		36%	yes to some extent 2016
Adult social care	How I am helped or treated makes me think & feel better about myself	61%	2014-15
	I feel in control of my daily life	77%	2015-16
End of life care	Staff always treated the dying person with dignity and respect	60%	(doctors) 2016
		54%	(nurses)
	Services definitely worked well together in the last 3 months – at home	41%	2015
	Services definitely worked well together in the last 3 months – at hospital	31%	2015

Accountability

- Who is accountable?
- What are they accountable for?
- To whom are they accountable?
- How are they accountable?

Mechanisms of local accountability

- Health scrutiny, councillors
- Health & wellbeing boards
- CCG lay members
- FT governors
- Healthwatch
- Civic society organisations



Source: *new economics foundation*

What should NHS leaders do?

- Be honest, open, transparent
- Engage and reach out – see your communities as your helpers
- Care about what really matters to people – listen, understand, measure
- Do something about it
- Develop a shared vision for improvement
- Collaborate to achieve it
- Feel accountable

Sources

NHS England guidance on involving people in health and care

- www.england.nhs.uk/participation/involvementguidance/

Resources from Realising the Value Programme

- <https://improvement.nhs.uk/resources/realising-value-person-and-community-centred-approaches-healthcare/>

Six principles for engaging people and communities

- <https://improvement.nhs.uk/resources/Six-principles-for-engaging-people-and-communities/>

Nice guideline: Community engagement: improving health and wellbeing and reducing health inequalities

- www.nice.org.uk/guidance/ng44

PHE: guide to community-centred approaches for health and wellbeing

- www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report.pdf

A new relationship with people and communities: Actions for delivering Chapter 2 of the Five Year Forward View

- www.nationalvoices.org.uk/publications/our-publications/new-relationship-people-and-communities

NSUN: National Involvement Standards

- <http://www.nsun.org.uk/assets/downloadableFiles/4pi.-ni-standards-for-web.pdf>

Thanks for listening

www.nationalvoices.org.uk

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