Healthwatch England 6 February 2019

Meeting #26

Meeting in public - Agenda

- Ground floor 11 Ducie Street, Manchester, M1 2JB

11:00 – 14:00 followed by lunch

Public Committee Meeting	Presenter	
1.1 Presentation from combined GM Healthwatch	Peter Denton	
1.2 Welcome and apologies	RF	
1.3 Declarations of interests	RF	
1.4 Minutes of the last meeting, action log, review of agenda and matters arising	RF	For DISCUSSION
1.5 Chair's Report	RF	VERBAL
1.6 National Director's Report	IR	For DISCUSSION
1.7 Q3 Delivery and Performance Report	IR	For DISCUSSION
1.8 Committee Members Update	Committee	VERBAL
1.9 Audit, Finance and Risk Sub Committee Meeting Minutes 1.9.1 High Level Risk Register cover sheet High level Risk Register	DO DO	For DISCUSSION For APPROVAL
2.0 Draft Budget 2019/20	DO	For APPROVAL
2.1 Intelligence and Policy Report Q3 Cover Sheet Intelligence and Policy Report Q3	IR	For DISCUSSION
2.2 Conference Evaluation Paper	IR	For NOTING
2.3 Succession Planning for the Committee	RF	For DECISION
2.4 Purpose and location of 2019 Committee Meetings	RF	For DISCUSSION
2.5 Forward Plan	RF	For INFORMATION
Questions from the public		

Healthwatch England Committee Meeting **DRAFT**

Minutes of meeting No. 25

Location: Bristol

Date: 24 October 2018

Attendees

- Sir Robert Francis – Chair
- Phil Huggon – Vice Chair and Committee Member
- Andrew Barnett – Committee Member
- Andrew McCulloch – Committee Member
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham
- Helen Horne - Committee Member and Chair of Healthwatch Cumbria
- Helen Parker – Committee Member
- Lee Adams – Committee Member
- Ruchir Rodrigues – Committee Member

Apologies

- Amy Kroviak – Committee Member
- Liz Sayce – Committee Member

In attendance

- Imelda Redmond –National Director
- Neil Tester – Deputy Director
- Joanne Crossley - Head of Operations
- Leanne Crabb – Committee Secretary (minute taker)

	Introduction	**Action**
1.1	**Agenda Item 1.1 – Presentation from The Care Forum** Morgan Daly, Director of Community Services - The Care Forum, talked about the work Healthwatch Bristol, Healthwatch Bath & North East Somerset, Healthwatch South Gloucestershire and Healthwatch Swindon did with the Diversity Trust. The piece of work looked at the experiences of the trans community in the local area and aimed to improve access to health services for them. More information about the project can be found HERE The presentation was very well received by the Committee. The Committee wanted more information regarding the project and Morgan Daly said the relationship with commissioners was positive throughout which helped. He also advised they would love to see their report go national. He added that the Healthwatch England annual conference really helped with collaboration amongst the Healthwatch involved. When asked what Healthwatch added to the project he responded that our statutory powers such as Enter & View, our visibility and our connections all helped.	

1.2	**Agenda Item 1.2 – Welcome and Apologies** Sir Robert Francis welcomed everyone to the meeting and thanked Morgan Daly for giving his excellent presentation. Apologies received from Liz Sayce and Amy Kroviak.	
1.3	**Agenda Item 1.3** – Declaration of Interests There were no declarations of interest.	
1.4	**Agenda Item 1.4** – Minutes from October 2018 Committee Meeting The Committee **APPROVED** the minutes.	
1.5	**Agenda Item 1.5** – Chair's Report Sir Robert Francis gave a verbal update. He said the Healthwatch annual conference was well organized and had excellent enthusiasm and showed great collective strength amongst local Healthwatch. He thanked Healthwatch England staff and the Committee for their involvement. The Committee **NOTED** the report.	
1.6	**Agenda Item 1.6 –** National Director's Report Imelda Redmond introduced the report. She highlighted the Healthwatch annual conference and thanked all staff involved, mentioning Hollie Pope for all her hard work. She added that she had been keen to get people speaking and building relationships at the conference and this had gone well. Imelda Redmond praised all the applicants who were nominated for, or won awards at the conference. Imelda Redmond talked about the NHS Long Term Plan advising the Committee that work we have done has had a significant impact on two key workstreams and that we've contributed a huge amount of information. Imelda Redmond said that our report on carers had been well received and we continue to work on the social care green paper. Imelda Redmond said that regarding the NHS Mandate we will continue to push for more and better public engagement. Imelda Redmond also highlighted that the work we did on hospital discharge last year has gained good traction nationally. She advised the Committee that our work on mental health continues to go well and that our maternal mental health survey had already received over 700 responses which would be published early next year. Phil Huggon said that now our role is becoming clearer as the patient voice in the Ten Year Plan do we need to link it better with our strategy. The Committee **NOTED** the report.	
1.7	**Agenda Item 1.7 -** Delivery and Performance Report Imelda Redmond introduced the report. She said that our work is broken down in to programmes. Where the report showed amber she advised there were no concerns and assured the Committee everything was on track. Sir Robert Francis asked about the underspend on non pay. Danielle Oum responded that this had been looked at the most recent Audit, Finance and Risk Sub Committee (AFRSC) who had been assured that this was under control. She added that the AFRSC have asked for regular updates regarding underspend as there is a potential risk on pay and non pay.	

1.8	**Agenda Item 1.8 –** Committee Member Update Andrew McCulloch raise mental health as a concern stating that it affects so many people and asking where should our focus be and can we add a voice. Andrew Barnett responded that it would be discussed at the next mental health meeting in November. Danielle Oum advised that Healthwatch Walsall have a mental health workstream with a big focus on young people's late diagnosis. They have asked for support from her because of her connections with an NHS acute provider to take this forward. Helen Horne advised that she has been involved with a symposium with service users, carers and commissioners which enabled people with disabilities to talk to people who shape the services. She added that the Lancaster University Conference she went to was well attended and had round tables looking at housing and other population health approaches rather than clinical such as looking at pollution.	
1.9	**Agenda Item 1.9** – Audit, Finance and Risk Sub Committee (AFRSC) Danielle Oum introduced the report. She reconfirmed that the AFRSC has received assurance that there were no concerns regarding pay and non pay and that they would be receiving regular updates. She added that the AFRSC had also asked for updates on the grants process as that could be a potential risk. She also noted that the AFRSC has asked that until a mitigation has happened the risk score doesn't get lowered. Danielle Oum said that Helen Parker had accepted a role as the interface for staff development. The Committee **NOTED** the report.	IR
2.0	**Agenda Item 2.0 –** Intelligence Report Q3 Neil Tester introduced the report. He said that our intelligence report is now in the public domain on our website and social media. He said that it is getting good feedback from the network and that it gives external organisations a chance to look at our work and contact us to work with us. Neil Tester highlighted the perception of lack of empathy mentioned on page 9 of the Intelligence Report relating to secondary care. Imelda Redmond and Danielle Oum both commented that this appears to be getting worse. Neil Tester also highlighted that there is an issue that in some services such as A&E there is not a timely diagnosis. Danielle Oum said that this underlines the importance of collaboration in the CQC Local system reviews. Imelda Redmond responded that in all parts of the country local Healthwatch are being asked to take part in reviews. Lee Adams commented that we are getting lots of insight into Primary Care and asked what we are doing with it. Imelda Redmond responded that we are feeding it into the Long Term Plan and conversations regarding GP contracts. The Committee **NOTED** the report.	
2.1	**Agenda Item 2.1 –** Integrated Communications and Public Affair Strategy Neil Tester introduced the report. He Highlighted the information drawn upon and how it aligns with the Strategic Plan. A general discussion followed and the Committee agreed that sometimes we can be a bit conservative about being the go to people representing the public voice. It was commented that when googling 'how to say what you think about the NHS' Healthwatch doesn't appear on the first page. They are keen to ensure longer term focus on goals and clarity about the approach taken to achieve them. The Committee want our unique	**NT**

	brand to be clear in communications. They stressed the importance of engaging the whole network in planning and delivery They asked how we are working with comms people at local Healthwatch. Imelda Redmond replied that we bring them together and help with training tools. She added that we are addressing 1) how you get the public to know local Healthwatch exists and 2) how do we make us a big player nationally. The Committee agreed that they want ambitious goals to be set as campaigns are developed. Neil Tester advised the Committee that we are doing public and partners perception research to help us understand where we need to improve. **Decision** – The Committee advised that they were happy with the direction of travel and would like their comments about being ambitious when setting goals, engaging the whole network, and being less conservative when selling ourselves as the go to people representing the public voice taken into account.	
2.2	**Agenda Item 2.2 –** Standing Orders The Committee **APPROVED** the amended Standing Orders.	
2.3	**Agenda Item 2.3 -** Equality, Diversity and Human Rights (EDHR) Policy Update IR introduced the report stating that in our position we need a policy statement regarding equality, diversity and human rights. We are asking the Committee to approve the policy. IR added that we have a bigger plan about harnessing our work around diversity and equality. She advised that Healthwatch has a representative on the CQC EDHR committee and our staff are being encouraged to join in CQC discussions around this topic. The Committee **APPROVED** the policy.	
2.4	**Agenda Item 2.4 –** Forward Plan Andrew McCulloch said he would like to have reports back on mental health or wider discussions about other work in future meetings. Helen Horne asked if the date of the next conference was known, Imelda Redmond responded that it has not been set yet and she will update the Committee once it has been.	**IR**
	There were no questions from the public	
	Sir Robert Francis closed the meeting.	

ACTION LOG						
NUM	REFERENCE	LEAD	ITEM	ACTION	DEADLINE	STATUS
1.	CM180131	Neil Tester	9.4 Communication strategy, stakeholder mapping, NHS70 opportunities and what we do will be considered at a future Committee workshop.	The Integrated Communications and Public Affairs Strategy was taken to the October Committee meeting	October 2018	Completed
2.	CM191024	Imelda Redmond	2.4 To update the Committee once the date of the Healthwatch England 2019 conference is known		February 2019	

AGENDA ITEM: 1.6

AGENDA ITEM: National Director's report
PRESENTING: Imelda Redmond
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: This report updates the Committee on some of the main activities that we have worked on since the last meeting in October
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Since the Committee last met in October we have progressed many of the activities that we set out in the business plan for 2018/9. As we have said much of the activities taking place in this this year are about trialling new ways of doing things, of changing systems, processes, of creating new ways of communicating with the network and the public, of changing our relationship with the network and with stakeholders and changing our approach to evidence and research. Considering our limited resources I have been impressed by how hard the staff team have worked to build new ways of doing things whilst delivering on the business as usual; just one example of this is mental health work, not only have we analysed all the information as usual from the network, we have also commissioned deliberative events, analysed other people's data, carried out our own surveys, built partnerships with key external organisations, built a grant giving process, awarded grants to local HW and to specialist charities working in the field all with the same staff resource as before. In every part of the organisation the same processes are happening. All this change is really worth it, we can see our influence grow and our impact is increased.

It has been an interesting time for us in the policy and public affairs arena. I have been pleased with the way we have been able to use our insight to contribute to major national initiatives.

1. **Influence and Policy and Public Affairs**

1.1 Key Government Activity

As mentioned last time, the Secretary of State for Health has set out three clear priority areas – Prevention, Technology and Workforce. He has followed through on each of these in the last quarter in a variety of ways:

Prevention -
At the beginning of November the DHSC published a vision for transforming the Government's approach to prevention. Plans include:

1. Prevention strategy - Increased focus on maternity and mental health to give every child the best start in life.

2. Halving childhood obesity by 2030. As part of this Government launched a 12 week consultation on 12 January gathering public's views on restriction promotion of foods linked to obesity.

3. Making social prescribing available in every area by 2023.

4. Earlier diagnosis of conditions – in particular diagnosing 75% of cancers at stage 1 & 2 by 2028. This has been supported by £1.3 billion investment between industry and Government to drive early detection of disease.

5. Stepping up action on Air Pollution.

All of this is likely to be underpinned by a Prevention Green Paper which is currently in the very early stages of development. We have made connection with the team and offered assistance in the same way we have supported the Social Care Green Paper.

Technology –

In October the Secretary of State also launched a tech vision to 'build the most advanced health and care system in the world'. Key priorities identified include:

1. Improving the NHS infrastructure – primarily so hospitals, GPs and community services can have better joined up systems reducing the need for people to repeat their case history for each new part of the system they engage with. The vision also commits to being open with people about how their data is shared across this more integrated NHS infrastructure in order to maintain people's trust.

2. Ensuring digital services are fit for purpose – one area of interest for Healthwatch is greater focus on understanding users' needs and identification of common frustrations with existing digital systems in order to fix them. These have been common themes coming through our research, particularly in relation to primary care.

3. Skills and culture – Developing the skills of staff, in particular leaders in the NHS, to not just use digital technology but also to be able to handle the necessary change management to implement it.

This has been supported by further announcements about 'shaking up' the GP IT infrastructure, which will see all patients in England able to access GP services digitally by 2023/24, and a commitment to end NHS reliance on fax machines by April 2020.
The Secretary of State has also established a Healthtech Advisory Board – see here for membership. Bringing together IT experts, clinicians and academics will support policy creation, challenge decision making and act as a sounding board for new ideas.

Workforce –

Workforce announcements have focused largely on promising to make staff feel safe and secure, whether it be clamping down on violent behaviour or improving support for whistle-blowers.
In early January the Secretary of State reaffirmed the Department's commitment to the key workforce target of bringing in an additional 5,000 GPs. However, the Government has come under criticism for not naming a revised deadline by when this target will be reached.

2.2 Budget 2019

Headline figures from the budget for health and social care:

- On top of the £240 million funding for this winter for social care, there will a further £650 million allocated in 2019/20.

- There will be an additional £55 million for the Disabled Facilities Grant.
- Spending on mental health will increase by £2 billion over the next five years - this is not 'new money', but allocated from the £20.5 billion promised to the NHS earlier this year. The new allocation will go to developing new service models, including new crisis services in A&E and earlier intervention and prevention in schools.
- The Budget provides £84 million over 5 years for up to 20 local authorities, to help more children to stay at home safely with their families.

2.3 NHS Long Term Plan Update

As the committee will be aware, at the beginning of January NHS England launched its Long Term Plan for the NHS, setting out the priorities for the next decade.
This has been in development since August last year. Healthwatch England has been supporting this process by contributing to two of the workstreams – on engagement and on clinical priorities. We have also provided NHS England with a number of briefings on people's current experiences of the NHS – in total bringing 85,000 people's stories to the table during the development stage.

NHS England launched the plan by stating the proposals could save up to 500,000 lives over the next ten years by focusing on prevention and early detection.

It outlined a number of clinical priorities:
- cancer
- mental health
- care for people with two or more chronic medical conditions
- supporting people to age healthily and tackling issues such as dementia
- children's health
- cardiovascular and respiratory diseases
- learning disability and autism

There will also be a focus on improving the way that people are able to interact with the health service for example, by using digital technologies such as video consultations.
They are looking at a big expansion of personal health budgets (200,000 people to get them) and social prescribing – both linked to greater focus on prevention and empowering patients.
Each area will also be tasked with developing a plan to narrow health inequality gaps – this will be measured with some sort of new metrics / element added to existing metrics.

The plans are backed by the £20 billion a year additional funding the Government promised the NHS, with a rebalancing of how this money is spent in order to underpin promises of enhanced primary care and mental health.
Much of what the plan addresses aligns with what people have been telling Healthwatch, and the asks we outlined in our summary briefings, including the significantly increased focus on primary care and mental health. Indeed, NHS England references on page one of the plan how the proposals have been shaped by the engagement they have undertaken, including specific reference to the 85,000 patient stories we shared. The Plan itself also references Healthwatch England's annual report as key source of insight to ensure the NHS's clinical priorities reflect and address the concerns of patients and the public.
There are some areas of the plan that need more development, notably the work around workforce and the review of NHS clinical targets. These will come out later in the year.
The plan outlines an intention to amalgamate current performance measures and accountability at ICS level. As part of this they have proposed a 'integration index' that will be informed by

people's experiences. This builds on a long-term policy ask of Healthwatch that the only way to measure whether integration is working is to develop and give greater prominence to user experience metrics.

Risks and potential missed opportunities in the Plan:
Whilst the Plan is overall very positive, there are a number of areas which present a risk to Healthwatch or will require further input to ensure opportunities are not missed to set policy in the right direction:

- To achieve true integration the Plan sets a direction that will see funding flows and contracts aligned at ICS level, with a possibility of coterminous CCGs. NHS England states that legislative change is not required to achieve this but they have included a section at the end of the Plan which states what they would like if that were to happen. The bit for Healthwatch to pay attention to here is the creation of joint committees / regional decision making systems and the impact this would have on local level engagement and scrutiny.

- The Plan states that they will focus on getting 18 week RTT down but this will be phased as they need to address staffing as well as funding first. They have however reintroduced the fines where people are left waiting longer than 12 months. This again is positive but we must not lose the opportunity of the clinical standards review to ensure targets like the RTT are expanded to include other factors which matter to people – i.e. diagnosis waiting times, choice, cancellations etc.

- The commitments around primary care, to create a right to access GP services digitally, is encouraging and delivers on what people broadly want. However, it was clear that the evidence we submitted on current patient experience of such systems has not yet encouraged the NHS to focus more on ensuring services are built in a way that people actually want to use them. There is significant opportunity for Healthwatch to help influence this going forward.

We were pleased to secure £500k from NHSE/I to run an engagement exercise with the public on the plans that are being developed on a regional basis. There will be 42 regional plans that will flow from the national 10 year Plan. We have asked local Healthwatch to identify a lead in their area to work with the Communication and Engagement leads in the 42 regions to work on plans for engagement at local authority level. We have had a really positive response from the network. By the time the Committee meets we will have issued the grant agreement to all Healthwatch that are participating, we expect over 90% of the 152 to participate and we will have identified the 42 local Healthwatch that will provide leadership on a regional basis. This engagement exercise; that will take place in every part of England, presents us with the first opportunity to work in a co-ordinated way; it is also the first time that the NHSE/I have undertaken such a comprehensive programme of engagement with the public.

2.4 Hospital Discharge

At the last Committee meeting we shared our latest research on the rising rate of emergency readmissions.
We published these findings in November and highlighted how the continuing data gap is potential risk for both patients and the health services. We used this evidence to toughen our ask for action from NHS England and the Department of Health and Social Care. We press released our briefing, securing both national and trade coverage, and wrote to key stakeholders and all MPs highlighting the need for action. In January we found out that NHS Digital have now been instructed to start publishing the data again. This will start from March 2019. More importantly, NHS Digital have

announced a plan to review the data to improve it and make it more meaningful. A review is being set up to look at how they can record other key data, such as the reason why someone is readmitted, can be included as well as making the data definitions more consistent. Healthwatch will look to support this work going forward.

This is very positive step and an example of how Healthwatch commitment to ensuring people's experiences of care is understood is resulting in significant policy change.

See NHS Digital's announcement in full and our response here.

2.5 Mental Health

Given that mental health is a priority area for Healthwatch I have separated out a number of key announcements from the Long Term Plan that will interest the committee.

- Children and Young People

Firstly, the plan responds directly to our ask for the NHS to be more ambitious when it comes to provision for Children and Young People. The NHS states in the Plan that by the end of the next decade they will be providing support to 100% of those in need of specialist support.

They have also announced their intention to up the age of transition from 18 to 25, responding to the concerns consistently raised by Healthwatch about how the current system is creating a 'cliff-edge' for those receiving support.

- Mental Health targets

As part of the Long Term Plan, NHS England is planning to introduce a target for MH to encourage parity with physical health. Whilst this is positive it is important it doesn't repeat limitations of things like 4 hour A&E target and focus solely on how many people are seen and how quickly. It needs to look at whether right care was provided, the outcomes and whether supply is meeting overall demand on services. We will continue to help shape this through our work with the clinical standards review workstream.

Looking beyond just what was in the Long Term Plan, at beginning of December the Government committed to introduce a new Mental Health Bill following the final report on the current Mental Health Act 1983. The Government has essentially accepted two key recommendations.

- Those detained under the Act will be allowed to nominate a person of their choice to be involved in decisions about their care (currently they have no say).
- People will also be able to express their preference for care and treatment in statutory 'advance choice' documents.

We will continue to monitor the development of the new Bill and look for opportunities for Healthwatch to help support.

2.6 Social Care

The delayed publication of the social care green paper has generated significant negative commentary from the sector with a wide variety of stakeholders calling for the Government to provide clarity on its plans at the earliest opportunity.

This criticism of the Government has increased since the publication of the NHS Long Term Plan, which many in the sector feel should have been a joint plan with the NHS.

Key commentators such as the King's Fund and the NHS Confederation have continued to stress this point about the need for a joined up plan, underpinned by the idea that social care has to be about more than just reducing burdens on the NHS.

We are members of a group co-ordinated by the NHS Confederation which will be working throughout 2019 to ensure that health organisations help make the case for effective and sustainable social care.

Despite the delay there has been movement in two key areas relating to Healthwatch work on social care.

- Oral Health in Care Homes

This issue was identified in our Dec 2016 Dentistry report and in our 2017 Care Homes report. We called for the CQC to do more through its inspections to identify where there are access issues for care home residents to an NHS dentist. We also called on the NHS to invest more resource in this area to prevent discomfort to residents and ultimately prevent unnecessary admissions to hospital following problems such as malnutrition.

Both these asks have now turned in to action. CQC has conducted a short pilot supporting care home inspectors to ask more detailed questions about oral health needs of residents. This is seeing simple measures being implemented which are making a big difference to quality of lives for residents. Actions already taken include additional training for staff and free toothpaste and toothbrushes being handed out to residents.

In the Long Term Plan NHS England also mention plans to provide more oral health support in care homes as part of wider programme to reduce admissions to hospital.

- Carers

In October 2018 we published our Carers report bringing together 5,500 people's experiences. One of the key issues identified was the fact that the NHS often doesn't know if someone is a carer and what additional support they might need. NHS England have now set out proposals in the Long Term Plan which will see identification of carers prioritised and services support to learn from each other in how to provided tailored support.

2.7 Key Appointments / Resignations

There were two Ministerial changes during the last quarter. Following a number of resignations in the Cabinet, Stephen Barclay MP, was promoted to Secretary of State for Leaving the EU. He has been replaced at the Department of Health and Social Care by Stephen Hammond. In January, Lord O'Shaughnessy stepped down as the Government's Health Spokespersons in the Lords and was replaced by Baroness Blackwood, who was a former Health Minister prior to the 2017 General Election.

At CQC, Dr Rosie Bennyworth has been appointed as the new Chief Inspector of Primary Care. Dr Bennyworth takes over from Steve Field and Rosie joins CQC from Somerset CCG, where she is current Director of Strategic Clinical Services Transformation. We have spoken with Healthwatch Somerset and understand they have a positive relationship with her. We will look to build on this when she starts.

Kate Terroni is to be new Chief Inspector of Adult Social Care. Kate, a qualified social worker, is currently Director of Social Care at Oxfordshire County Council where she has embedded co-production in adult social care throughout the county and provided clear leadership across the health and care system.

There have been a number of big moves in social care. Sharon Allen is stepping down as CEO of Skills for Care, Bridget Warr has retired as CEO at the UK Homecare Association and Janet Morrison, CEO and Independent Age, has left as CEO.

Report Library

In Q3 we continued to work on our new National Report Library. At the end of January it will become publicly available on the Healthwatch England website, changing the way that people can access Healthwatch evidence and encouraging more people to interact with our data and understand what it is that we do. When we launch we will have around 1,000 reports available to be used by local Healthwatch but also by many other stakeholders throughout the sector. During the testing phase we tested its usefulness with such organisations as the National Audit Office, the Kings Fund etc. their feedback has been very positive. We have arranged for a number of secondments from the network to join us to help us code and load all the back log of reports. We plan to have around 3,000 loaded by the end of the financial year. From here on the local Healthwatch reports will be loaded into the database on a weekly basis so that it is always current. This is a really exciting and important development that will see the use of our insight and data by many organsiations.

CRM

Our plan to increase the range of our national data set based on the evidence we get from local Healthwatch is fully underway. We have rolled out a simple solution to information sharing which enables Healthwatch to send us their data via the CiviCRM and our data volume is ever increasing. The solution includes an automated way for LHM/Ekko systems users to share data at the push of a button, removing the technical barriers that have previously proven difficult to overcome.

Websites

We have piloted the new website offer with four local Healthwatch. The pilot indicates that, when compared to their previous websites, the average number of website visitors is 30% higher and the average amount of content viewed per session has increased by 10%. More visitors are also finding the websites either directly or through social media and they can view pages more quickly. The percentage of visitors using mobile devices has also increased. Nine more Healthwatch are in the process of moving over to the new website in Q4. We now have a pipeline of 40 local Healthwatch signed up to adopt the new website template.

Network Digital Engagement

We have finished piloting Facebook Workplace, which will replace Yammer from the end of the financial year. We are now preparing to start moving users over to the system in Q4. We are also in the process of developing a new network section of the website via which Healthwatch staff and volunteers will be able to access network specific news, guidance and events.

Network funding

I have been in direct contact with senior leaders in commissioning councils in 3 areas and expect to do this in 2 more areas in the near future. These conversations are generally proving constructive and commissioners are keen to have our advice on the way forward. Our broader work on this front continues to be effective in reducing or halting planned budget reductions in individual cases.

Parliamentary reception

On Monday 21 January we hosted a Parliamentary reception for local Healthwatch and MPs to meet and discuss the health and social care priorities for their communities.

In total we had over 100 representatives from 65 local Healthwatch attend, and 40 MPs and Peers represented. This was incredibly positive, not least given the other pressing business in Parliament at the moment.
Local Healthwatch have also used the event as an opportunity to start building stronger relationships with relevant Parliamentarians:

- Healthwatch Shropshire met with one MP at the event who has agreed to arrange a meeting with other MPs across their patch.
- One of Healthwatch Doncaster's MPs was unable to make the event but has agreed a different date to catch up.
- Healthwatch Leeds were able to arrange a meeting with an interested Peer earlier on the day of the reception as they were unable to make the event itself.

Caroline Dinenage, Minister of State for Care and Sponsor Minister for Healthwatch England, also attended the session and addressed the network. In her speech she referenced the vital importance of people having a strong voice in health and social care and stressed the need for councils to continue to invest in Healthwatch to carry out our work. She highlighted the impressive growth we have achieved over the last year in terms of the numbers of people we are hearing from and helping, and commended how we were using this insight to shape big decisions in health and care such as the NHS Long Term Plan. She also referenced the NHS England grant money for local engagement in the implementation of the Plan, stating that it was a real vote of confidence in the unique reach and contribution Healthwatch adds.

Communications with the Public and a No Deal Brexit

As we move towards the end of March there is a considerable amount of uncertainty about the impact this will have on the provision of health and social care services. We have had a number of meetings with representative from the DHSC trying to get clarity. As Healthwatch at both a national and local level have an important role in informing the public on what expect we have been pushing for some answers. The DHSC are currently undertaking a significant amount of contingency planning particularly around the supply of medication. Hopefully they will put this information into the public domain in the near future so that we can give accurate information to the public. Information is coming out all the time and I think this website is probably the most useful https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal
We will continue to press to get greater clarity and will issue and Q&A when we have enough accurate information to do so.

2.8 Key Meetings I Attended since the last Committee meeting

October	
NHS Clinical Standards Workstream	Long Term Plan - Avonmouth Street, London
Healthwatch England Conference	Two day conference in Stratford-Upon-Avon
NHS Engagement Workstream	Long Term Plan - Skipton House
STP Advisory Group	Long Term Plan - Skipton House
NHS Senior Responsible Officer Workshop	Long Term Plan - Imperial War Museum
Green Paper Expert Panel	Meeting led by Paul Burstow, PC, FRSA, Chair SCIE
Alzheimer's Society	Meeting with Jeremy Hughes CEO NHS
Action for Children	Meeting with Julie Bentley
November	
National Self Care Summit	Meeting at Portland Place to discuss "How do we secure the health of the nation in a decade?"
NHS Clinical Oversight Group	Long Term Plan - Clinical Review of Standards

Housing Associations' Charitable Trust	Meeting to develop partnerships between health and housing
Quarterly Meeting with NHSE	To share knowledge between NHSE and HWE - meeting at Skipton House
Independent Age	Meeting at Westminster regarding "Saving social care: the case for funding and reform"
NHS Engagement Workstream	Long Term Plan - Waterloo Road, Lambeth
Green Paper Expert Panel	Meeting led by Rt. Hon Matt Hancock
NHS Long Term Plan Update	Meeting led by Simon Stevens, CEO NHS
Just Finance Foundation	Meeting for senior leaders to discuss collaboration opportunities
Integration Partnership Board	Meeting Chaired by Jonathan Marron, DG, DHSC
DHSC Integration work	Meeting with Kieran Elliott, Head of Health & Social Care Integration and Housing at the DHSC
Greater Manchester Partnership	Meeting discussing progressing the Healthwatch in the Greater Manchester Review, Jon Rouse, Chief Officer, GM Health and Social Care Partnership and Warren Heppolette, Executive Lead
DevoConnect Roundtable	Discussing the next chapter working in partnership in Greater Manchester
Annual State of Support Briefing	Held with Kay Ward, DHSC, Quarry House, Leeds
STP Advisory Group	Long Term Plan - Skipton House
December	
UK Resolver Group	Meeting with Colin Howman, looking at NHS Complaint Data
National Quality Board	Chaired by Steve Powis, National Clinical Director, NHSE and Ted Baker, Chief Inspector, CQC
Homeless Link	Highlighting health inequalities among specific groups for the Long Term Plan
Commitment to Carers Conference	Royal Victoria, London, NHSE
Exploring Leadership in Adult Social Care	CQC Event, Lambeth, London
January 2019	
NHSE Equality and Diversity Council	Equality and Diversity Council Annual Inclusion Event
NHSE Public Participation	Meeting with Olivia Butterworth, Head of Public Participation, NHSE
Centre for Public Scrutiny (CfPS)	Meeting with Tim Gilling, Director, CfPS
POhWER	Meeting with Mark Lister, CEO, Pohwer,
Lloyd's Bank Foundation	Meeting with Paul Streets, Chief Executive
NHS	Meeting with Frances Newell, NHS
Healthwatch Norfolk	Meeting with David Edwards, Chair and Alex Stewart, CEO
Healthwatch England Parliamentary Reception	HWE reception Hosted by Caroline Dinenage MP, and Sir Robert Francis. Attendance by various Ministers /MPs/Local Healthwatch to discuss issues on health and social care within local communities
CfPS - Centre for Public Scrutiny	Round Table discussion event with Lord Bob Kerslake, Chair, CfPS re Enhancing Sexual Health, Reproductive

	Health and Contraceptive Services Through Health Scrutiny
NHSE Personalised Care	Event Chaired by James Sanderson, Director Personalised Care Group, NHS England
DHSC – Department of Health and Social Care	Meeting with Ed Moses, Director, Social Care & Transformation, Care and Transformation
CQC	Meeting with Tim Spensley, CQC Head of Procurement
National Guardian	Meeting with Henrietta Hughes, CEO
Office for Life Sciences	Event/Workshop on "No Deal" communication
CQC sponsorship, Quality, Patient Safety and Investigations	Meeting with Kay Ward, Senior Policy Manager, CQC sponsorship, and Shirley Tobin, Quality, Patient Safety and Investigations and Policy Manager
NHS Long Term Plan Working Group	Meeting with Simon Enright, NHS
Health & Social Care Select Committee	Meeting with Dr Sarah Wollaston MP for Totnes and Chair, Health and Social Care Select Committee
Liberal Democrat spokesperson on Health in the Lords	Baroness Judith Jolly
NHSE STP Advisory Group	Meeting with Roger Davidson. NHSE
DHSC Quality Matters Board	Meeting Chaired by Jonathan Marron, DG, DHSC

AGENDA ITEM No 1.7

AGENDA ITEM: Q3 Delivery and Performance Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the performance report for Q2

EXECUTIVE SUMMARY: This paper summarises delivery and performance against KPIs during Q3 and looks at how future delivery information can be presented to the Committee

RECOMMENDATION: Committee Members are asked to CONSIDER the attached report and COMMENT on future presentation of performance. The Committee are asked to NOMINATE two or three members to work with the National Director on reporting tools.

Background

The Committee have been receiving a suite of papers that are aimed at helping you understand how we are doing against the Business Plan that was approved in April 2018. In the past you have received:

1. Update on progress using the Programme Management Framework – all major projects are grouped into six programmes which are regularly reviewed by the Leadership Team. These reports give us an excellent line of sight on progress on a monthly basis
2. A more detailed activity report on what activities have been undertaken in the last quarter
3. A forward view of the activities planned for the next quarter
4. A review of KPIs

The Finance, Audit and Risk Sub Committee (AFRSC) reviewed these reports at their meeting in January and recommend that the Committee and Sub Committee no longer receive a report on Programme Management Framework. Attached you will find:

1. Activity Report for quarter three
2. Look forward to planned activities for quarter four
3. Update on progress against KPIs
4. Update on progress made against Business Plan Deliverables

1. Q3 Delivery highights and Q4 look-ahead

2018-19's planned activities focus upon making a number of significant transitions in what we do and how we do it to enable us to deliver our strategic aims by 2023. This means that this year we are trialling new ways of working while ensuring key deliverables are achieved. The tables below highlight key delivery in Q3 in support of each aim. They also indicate the areas on which we will be focusing in Q4.

Aim 1: Support you to have your say

Q3 Delivery Highlights:

- We used our digital channels to highlight the work of the network showcased at our conference. The reach of our annual conference social media messages was 44% higher and engagement with our social media messages was 77% higher than the previous year.

- We expanded our range of videos to explain our work, encourage people to have their say and promote the advice and information work of Healthwatch. These videos have already been viewed 32,000 times on our digital channels. 17 Healthwatch used the opportunity to adapt them to include local contact information.

- We laid our annual report before Parliament in December and promoted it to MPs and other stakeholders via email and social media. In the month following publication, the report was downloaded more than 1,100 times - 52% up on our previous annual report, on the back of this we have set up a series of meetings for Sir Robert Francis with key stakeholders.

- We piloted the new local Healthwatch website with four local Healthwatch, enabling increases in their visitor numbers as well as how much information people are finding on their sites. Nine more local Healthwatch are in the process of moving their content from the old website to the new one in preparation for their launch. We also launched a new RSS service so that other local Healthwatch can access new advice and information content. To date 40 local Healthwatch have subscribed.

What to look forward to in Q4:

- Following up on the key organisational and parliamentary contacts made in promoting the annual report and through our January parliamentary event.

- Producing more advice and information content to attract public visits to our site by filling the information gaps we have identified.

- Updating the brand resources available to local Healthwatch via the brand centre and (c) supporting local Healthwatch engagement in the NHS Long Term Plan.

- Preparing the resources local Healthwatch need to produce their annual reports and tell their impact stories.

- Supporting public engagement with Healthwatch as part of awareness events (e.g. Young Carers Day, Dementia Action Week).

- Supporting nine more local websites to go live and helping 10 more Healthwatch prepare content to adopt the new site in Q1 of 2019/20.

Aim 2: Provide a high quality service to you

Q3 Delivery Highlights:

- We shared our conference materials to spread learning and community across the network. Conference evaluation has taken place to inform future planning.
- We presented our annual State of Support analysis to the Secretary of State, setting out risks of resource pressures on the network – highlighted 22% fall in FTE workforce. Positive follow-up meeting held with DHSC in December where they agreed to work with LGA to explore options.
- Delivered 4 pilot leadership training sessions for Healthwatch through the NHS Leadership Academy.
- We developed an induction pack for new Healthwatch staff, volunteers and Board members, for delivery in Q4.
- We surveyed Healthwatch to understand and develop network collaboration.
- We rolled out the CRM import function, enabling all Healthwatch to share the experiences they gather from people with us. 25 Healthwatch have been trained in its use so far. CRM usability improvements are now ready for testing.
- We completed consultation on the research quality framework and began final drafting. The research training course is in development with nine Healthwatch involved in production.
- We reviewed all Healthwatch annual reports and extracted information to understand local priorities.
- We piloted a new online networking tool to replace Yammer and enable better connections across the whole of Healthwatch.

What to look forward to in Q4:

- Completing the co-design with Healthwatch and their commissioners of our Quality Framework, for rollout in 2019/20.
- Working with Healthwatch to develop a new Making A Difference toolkit so they can measure and demonstrate their impact, for rollout in 2019/20 in conjunction with the Quality Framework.
- We will continue to work with Healthwatch in Greater Manchester to prepare for a new approach in 2019/20 to collaboration and the new governance arrangements required for Greater Manchester's integrated health and care system.
- Continuing our work with commissioners of Healthwatch and holding high-level meetings with the DHSC and LGA on the broader way forward.
- We will move the Healthwatch network on-line community from Yammer to Facebook workplace. We will also launch a new 'Network section' of our website through which Healthwatch staff and volunteers will be able to access tools and resources.

Aim 3: Ensure your views help improve health and care

Q3 Delivery Highlights:

- We tested our Healthwatch Reports Library with Healthwatch and external users to prepare for external launch in Q4.
- We developed our data mining software and established an automated data processing pipeline to improve efficiency and help us undertake more analysis, more quickly.
- We successfully influenced the NHS Long Term Plan (LTP) through sharing 85,000 people's experiences of care – 10 clear policy changes by NHS England link back to the evidence we submitted.
- Secured £500k grant from NHS England to fund Healthwatch engagement programme and put programme management arrangements in place to deliver from Q4.
- Published our 5 tests for the Social Care Green Paper and promoted to key audiences at the NCAS conference and through articles in the House Magazine (MPs and Peers), First Magazine (councillors) and NHS Confederation website (NHS leaders). Also hosted a social care policy forum to build support amongst network and key stakeholders – King's Fund, Competition and Markets Authority (CMA) and CQC.
- Published our updated work on emergency readmissions in November – securing both national and trade media coverage. In January we had confirmation NHS Digital will start publishing data again from March and plan to investigate how to improve the dataset going forward.
- Published findings on the experiences of homeless people in two public facing web articles and a targeted briefing as part of the NHS LTP. Secured confirmation NHS England now planning national roll-out of Healthwatch/Groundswell information cards about right to access a GP without proof of address.
- On maternity and mental health we made grant offers to five local Healthwatch projects and three charities working with service users. Also boosted responses to national survey – now over 2000. Held initial discussions with potential partners about plans for phase on CYP transitions.

What to look forward to in Q4:

- Rolling out the import function to all remaining Healthwatch who wish to share their data with us. This includes an automated function for LHM users. There are currently 79 Healthwatch outstanding including LHM users.
- Testing improvements to make our own CRM use more efficient and effective.
- Identifying network research champions.
- Starting the delivery phase of our work across Healthwatch to ensure that local plans to deliver the NHS Long Term Plan visibly involve local communities and demonstrate the difference Healthwatch can make.
- Continuing our national work on the elements of the Long Term Plan still being developed, especially the clinical standards workstream and the integration index.

- Preparing to respond when the Social Care Green Paper is published.

- Updating our research on learning from complaints as part of our commitment to Quality Matters.

- Publishing an update of our January 2017 dementia briefing with insight gathered over last two years. Supported by joint working with policy team at Alzheimer's Society.

- Following policy change on emergency readmissions data we will continue to host a second roundtable, this time with frontline staff. This will be used to inform our contribution to NHS Digital's review. More broadly on hospital discharge we will support British Red Cross as they re-run some of the research from our Safely Home work.

- Supporting the development of the DHSC Feedback Strategy by conducting research on citizen whistleblowers with acute hospital trusts.

- Continuing to support local Healthwatch and charities commissioned to expand our maternity work as part of the mental health programme. Agreeing plan with Steering Group on phase 2 around CYP mental health. Hosting a second policy forum dedicated to mental health – in particular bringing together our network and NHS England to work on the new MH targets being developed as part of the LTP.

- Promoting our intelligence and policy report to health and social care professionals and enabling them to subscribe to insight updates from Healthwatch.

- Launching our Healthwatch reports library, continuing to expand the content and seeking further feedback from users.

Selected KPIs

Aim 1 - Support you to have your say										
We want more people to get the information they need to make decisions about their wellbeing, care and the services that support them										
No.	**KPI Description**	Data Collection Method	Baseline	Reporting Frequency	Target	Status	Position at Q1	Position at Q2	Position at Q3	Notes
1	We will see a 5% increase in public recognition of Healthwatch	Annual Tracker	33%	Annual	38%	Red			32%	Margin of error +/- 2.5% so KPI not achieved. Maintained but did not raise awareness while comparator organisations dipped slightly more.
2	We will see a 5% increase in public understanding of the purpose of Healthwatch	Annual Tracker	11%	Annual	16%	Red			10%	Margin of error +/- 2.5% so KPI not achieved. Maintained but did not raise understanding.
3	We will see 35% increase in engagement with Healthwatch England via digital media. Composite KPI:	Google analytics; Sprout social; number of Twitter followers; Facebook likes; number of Twitter retweets and	Web visitors Unique visitors Social media reach Engagement with social media	Quarterly	Overall Total: **4,555,735**	Green	Overall total: **989,426**	Overall total: **2,384,020**	Overall total: **3,589,103**	On target – 79% of annual target achieved at end Q3.

		Facebook shares; unique visitors; click rate; content downloads; how visitors arrived at site	(Baseline Total: **3,374,618**)							
	A. Social following		18,230		24,611		19,037	**21,816**	24,237	On track - over 98% of annual target by Q3.
	B. Social reach		3,126,153		4,220,307		899,100	**2,217,181**	3,334,474	On target - 79% of annual target achieved at end Q3.
	C. Website visitors		167,264		225,806		42,708	**82,976**	130,702	Below target - 58% of annual target by Q3. Ahead of last year.
	D. Actions taken		18,258		24,648		20,010	**38,371**	57,118	Annual target achieved - 230% of target by Q3.
	E. Number of engagements on social media		44,713		60,363		8,571	**23,676**	42,572	Below target - 70% of annual target achieved at end Q3, but ahead of previous year's performance.
4	We will see 15% increase in media reach of Healthwatch	Regular tracking of opportunities to see and mentions by	24.75 Opportunities To See	Quarterly	28.46	Green	4	20.61	23.86	Above target - 83.8% of annual target reached by Q3.

	England and Local Healthwatch	national regional and trade, and online								
5	We will see increase of 20% in the number of people who share their views with the network	Regular Tracking / Annual Return	341000 sharing views	Annual	409,200	Amber		**406,567**		Target not achieved. Below target by 2,633 - 19% increase against target of 20%. Reported as red to AFRSC in Q2 as target was not achieved but the AFRSC considered that this should be reported as amber rather than red. Worth noting that this increase was achieved without shifting the overall awareness or understanding scores, suggesting that further success in increasing interaction may come from focusing on reaching the right audiences at the right times rather

										than crude reach figures.
6	We will see increase of 20% in the number of people who seek information across the network	Regular Tracking / Annual Return	176,000 seeking information	Annual	211,200	Green		**707,816**		Precise assessment against target not possible. Year on year figures not comparable as this year's figures are broken down (**598,233** people visited signposting and information pages and **60,743** people contacted their Healthwatch for information directly) and this may mean inclusion of figures not included in previous years. Rated green due to substantial increase in overall figure but more use as benchmark for future assessment than as guide to current performance.

Aim 2 - Provide a high-quality service to you										
We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.										
No.	**KPI Description**	Data Collection Method	Baseline	Reporting Frequency	Target	Status	Position at Q1	Position at Q2	Position at Q3	Notes
7	We will see a new agreement in place with 80% of the Network	CRM	0	Quarterly	80%	Amber	0%	0%	0%	Agreement will be completed by the end of March. Take up will now be 2019-21
8	80% of Local Healthwatch, their staff and volunteers will report with good or outstanding satisfaction with the service from Healthwatch England	Composite KPI Events, Training Annual Return	0	Annually	80%	White				Assessment due in Q4.
9	20 Local Healthwatch will take up the new digital offer	Regular tracking	0	Quarterly	20	Amber	3	3	4	4 sites live; 10 sites in transition; 30 signed up in pipeline for 2019/20.
10	We will develop an involvement/contact index to track how engaged Healthwatch England is with Local Healthwatch and Local Healthwatch with each other.	To be developed. (Show variances as well as averages)	0	Quarterly	Yes/No	Green	0%	0%	20%	We have undertaken an initial analysis by the Network development team of engagement with individual HW to inform our 19/20 engagement plan.

										Carrying this out revealed underutilisation of our CRM. The team are working on cross organisational work to capture and analyse all interaction between HW and HWE including take up of each element of the support offer. We anticipate reporting to be in place by end of Q4 18/19 with staff using the new process by Q2 19/20 and full analysis available by Q4 19/20.
11	In order to let people know the difference their views have made, in year 1, we will analyse all local Healthwatch annual reports and extract the outputs and outcomes to provide a baseline	Local Healthwatch annual reports	0	Quarterly	100%	Amber		17%	Extracting the local Healthwatch priorities to assess whether they have changed - 100% Extracting the impact	Unlikely to achieve Green status at end Q4 due to staffing resources/priorities but will be able to provide a baseline for 2019/20.

									from LHW reports - 8%	

Aim 3 - Ensure your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.

No.	**KPI Description**	Data Collection Method	Baseline	Reporting Frequency	Target	Status	Position at Q1	Position at Q2	Position at Q3	Notes
12	We will develop a new benchmark showing professionals' understanding of the role and effectiveness of Healthwatch. (We will commission a piece of work that will establish a baseline on a range of professionals' views and understanding of Healthwatch at a national and local level).	Annual Tracker to be established. (Show variance as well as averages)	0	Annual	Yes/No	Green				Survey currently in delivery phase and results will be received in Q4.
13	We will develop measures to show impact by category at national level and at local level; and report on the volume, nature and	Annual Tracker to be established	0	Annual	Yes/No	Green				On track for delivery in Q4. Built into engagement programme and workshop to develop impact toolkit

	source of the impact captured.									taking place 4-5 February.
14	We will see at least three strategic partnerships formed	Regular tracking via CRM	0	Quarterly	3	Amber	0	0	1	Now part of NHS Confederation-led Health for Care coalition. Discussing strategic partnerships with Alzheimers Society and the Kings Fund. become formal partnerships.
15	We will develop the methodology for tracking the use of Healthwatch England and Local Healthwatch findings by national organisations	Regular Tracking	0	Annual	Yes/No	Green				Systems being developed as part of business planning process and KPI will be met in Q4.

Year 1 Organisational KPIs										
We are a well-run organisation that develops its resources well.										
No.	**KPI Description**	Data Collection Method	Baseline	Reporting Frequency	Target	Status	Position at Q1	Position at Q2	Position at Q3	Notes
16	We will see 100% of the staff completing the staff survey	Staff Survey	98%	Annual	100%	White			Mini Survey - 93%	Survey due in Q4.
17	The survey to show a 90% positive response	Staff Survey	90%	Annually	90%	White				Survey due in Q4.
18	We will see 100% of the budget spent on agreed priorities	Finance Reports	90%	Quarterly	100%	Amber	22%	42%	71%	71% of annual budget spent in Q3 and procurement in hand. Action underway to ensure no underspend and that we manage NHS England funding for network effectively in-year.
19	90% of programmes on track	Leadership Papers. (Show variance as well as average)	80%	Quarterly	90%	Amber	47%	74%	41%	At the end of Q3 we had an increase of projects with minor delays (33%) and with the review of the Engagement programme there is a 21% increase an in projects that haven’t yet started.

20	The Committee discharges its statutory responsibilities under Health & Social Care Act and Equality & Human Rights Acts	Composite KPI: Annual report Quarterly report to AFRSC on discharge of statutory duties	0	Quarterly to Audit, Finance and Risk Sub-Committee from Q2; Annually to Committee	Yes/No	Green	Reporting to begin from Q2.	Yes	Yes	On target. Reports provided to AFRSC. Annual Report to Parliament delivered in Q3. EDHR policy agreed in Q3.

Appendix ii

Healthwatch Business Plan 2018/19

Update on Deliverables at the end of Q3 (December 2018)

Aim 1: Support you to have your say *We want more people to get the information they need to make decisions about their wellbeing, care and the services that support them.*				
Ref.	**Deliverables**	**Delivery Progress at end of Q3 (Dec 2019)**	**Delivery Date**	**Accountable Owner**
1.	Content strategy: Map current content providers, identify gaps and establish partnerships. Trial content syndication.	**COMPLETED**	Q4	Head of Communications
2.	Digital development: Roll out refreshed website to local Healthwatch. Establish user requirements for future investment case.	**COMPLETED**	Q4	Head of Communications
3.	Involvement Index: Establish public awareness levels, attitudes and experience of involvement in care. Audience targeting: Put in place tools to improve the targeting of engagement.	**IN PROGRESS:** • To be delivered in Q4	Q3	Head of Communications
4.	Review Healthwatch intelligence on advice, information and sign posting to establish common questions the public want answered.	**COMPLETED**	Q1	Head of Intelligence and Analytics

5.	Standard approach to advice, information and signposting: Develop and roll out common Healthwatch approach to meeting people's information needs.	**IN PROGRESS:** • Further information needs for 2019/20 to be identified and contents rolled out (links to deliverable 1). • Approach for local services will be developed in 2019-20.	Q3	Head of Intelligence and Analytics
6.	Communications and engagement strategy: Establish single campaigns calendar. Map potential community partners and intermediaries. Establish engagement model and baseline effective approaches.	**IN PROGRESS:** • Work to establish engagement model and baseline approaches will be carried out as part of NHS Long Term Plan and other 2019 campaigns.	Q4	Head of Communications
7.	Publish literature review on engagement methodologies; identify relevant collaborative partnerships and design engagement tool kits.	**IN PROGRESS:** • Literature review to be published in Q4. Other activities reframed in the revised engagement programme	Q4	Deputy Director

Aim 2: Provide a high-quality service to you
We want everyone who shares experiences or seeks advice from us to get a high-quality service and to understand the difference their views make.

Ref.	Deliverables		Delivery Date	Accountable Owner
8.	Create and articulate a clear offer to the network for 2018/19 to include: • Training offer • Support • Data sharing	**IN PROGRESS:** • Offer being drafted will be distributed for consultation at the end of Q4.	Q4	National Director

	• Licence/Network agreement			
9.	Scope and run a programme of work on improving the funding base of LHW.	**COMPLETED** and ongoing	Q2	Head of Network Development
10.	One Healthwatch: Programme of engagement to formalise and agree shared vision, purpose and strategy which is understood by staff and volunteers.	**NOT DELIVERED:** • A programme of engagement was not formally established. However, the Conference was used as the vehicle to drive "One Healthwatch"	Q4	National Director
11.	Complete training needs assessment for the network. Develop a skills framework including a core skills framework for Healthwatch volunteers, staff and leaders. Explore accreditation of training.	**IN PROGRESS:** • To be completed in Q4	Q4	Head of Network Development
12.	Develop a plan for engaging with commissioners and local stakeholders • Establish quality key performance indicators. • Provide guidance on Commissioning LHW • Regularly communicate with these key stakeholders.	**IN PROGRESS:** • Guidance on Commissioning LHW has been provided • We also had a presence at LGA conference and NCAS.	Q4	Head of Network Development
13.	Network collaboration: Review regional network activities. Establish new methods of providing support to network on a regional basis.	**IN PROGRESS:** • Survey distributed. Delivery in Q1 2019/20	Q2	Head of Network Development
14.	Single digital platform: Scope and develop new area for local Healthwatch to access resources, data and to collaborate.	**IN PROGRESS:** • To be delivered in Q4	Q2	Head of Communications

Aim 3: Ensure your views help improve health and care *We want more services to use your views to shape the health and care support you need today and in the future.*				
Ref.	**Deliverables**		**Delivery Date**	**Accountable Owner**
15.	Expanding our support base: Automated process established for identifying and engaging broad patient and public involvement (PPI) workforce across health and care.	**IN PROGRESS:** • Process for identifying established. • The plan has changed in relation to engaging PPI workforce. First steps will be delivered in Q4. The rest of the project will be built into future engagement programme.	Q1	Head of Policy and Public Affairs
16.	Evaluation of networks contribution to date completed and status of the network mapped out.	**IN PROGRESS:** • To be delivered in Q4	Q3	Head of Network Development
17.	Annual tracker survey set up to establish professional and stakeholder attitudes to public involvement.	**IN PROGRESS:** • To be delivered in Q4	Q3	Head of Policy and Public Affairs
18.	Value of engagement: Strong economic case for public engagement established and engagement matrix developed to help stakeholders identify the ROI for different engagement methods.	**IN PROGRESS:** • Moved into 19/20 as part of the revised engagement programme	Q3	Deputy Director
19.	Current NHS targets assessed against patient experience intelligence to make strong case for change in focus.	**COMPLETED:** Included in our long-term plan submission in Q3	Q3	Head of Policy & Public Affairs
20.	Healthwatch Evidence Service: Requirements fully scoped, technology required mapped out and necessary procurement completed. This will also include setting of realistic targets for information sharing over the lifetime of the strategy.	**IN PROGRESS:** • Healthwatch reports library will be delivered in Q4	Q2	Head of Intelligence & Analytics

21.	Robust impact measures in place including methodology for recording and analysing metric around % of recommendations accepted + % recommendations which led to change.	**IN PROGRESS:** • Will be delivered in Q4 through impact toolkit.	Q4	Head of Intelligence & Analytics

AUDIT, FINANCE AND RISK SUB COMMITTEE MEETING

Audit, Finance and Risk Sub Committee (AFRSC) Meeting
Minutes of meeting No. 6
Meeting Reference: AFRSC190124

Minutes of the Audit, Finance and Risk Sub Committee (AFRSC) 24 January 2019 10am-12pm

Attendees:
Danielle Oum (DO) – Chair
Andrew McCulloch (AM) – Sub Committee Member
Helen Parker (HP - Sub Committee Member
Phil Huggon (PH) – Sub Committee Member – attended via phone

In Attendances:
Imelda Redmond (IR) – National Director
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager
Leanne Crabb (LC) – Committee Secretary (minute taker)

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:** Danielle Oum (DO) welcomed everyone to the Audit, Finance and Risk Sub Committee meeting (AFRSC) No apologies received	
1.2	**Draft Minutes of Meeting of 16 October 2018:** Minutes of the last meeting were agreed	
1.3	**Matters Arising** ACTION 1 - HP gave an update on work she is doing looking at staff objectives to ensure they are consistent as although the last staff survey was positive there were issues highlighted around staff development. She advised the AFRSC she has had a positive meeting with the Staff Engagement Group (SEG) lead, Adetutu Omoegun-Emmanuel and that there is a lot of ownership within the staff. She also said the SEG is engaging well with the CQC making good	

	connections. IR responded that over the next few months we will be working on individual objectives once the Business Plan, team and individual plans come are produced. PH added that at any event or in the office the HWE team are welcoming, there is no hierarchy and there is positive energy. DO asked when the AFRSC could see the results of the mini staff survey done before Christmas. IR replied that it would come to the next AFRSC meeting in April. ACTION 2 - On agenda item 2.2 ACTION 4 - DO commented that she wanted more regular updates regarding the grant giving process. IR responded that this was possible as we are now at the stage of signing off the grant agreement with the legal team. She added there will be different criteria set for each different type of grant. ACTION 6 – (Success Indicators being incorporated in to the performance report) SA advised this was in the process of being done as part of a bigger piece of work being done and once completed it will go to the full Committee **ACTIONS** **SA considering success indicators in the performance report**	SA
2. 1	**Finance and Procurement** Joanne Crossley presented the report and highlighted that at the end of quarter 3 we had spent 71% of the budget. We are projected to spend the balance. Some will be reallocated to local Healthwatch in secondments so we can complete key bits of work. DO said the paper articulates challenges but felt that it did not provide sufficient assurance around the effectiveness of the mitigations to avoid underspend. IR responded that we can move underspend to non-pay and confirmed there is no cap on this. DO said it was good there had been plan Bs in place in case if needed but raised concerns that this could mean core activity may not get completed. AM asked if Healthwatch England could cope with the lower staffing and giving the underspend to local Healthwatch. IR responded that the lack of flexibility within CQC is sometimes restricting. PH suggested overstaffing on the understanding that recruitment is not an easy process. DO suggested escalating the issue to Sir Robert Francis, Chair of Healthwatch England. The AFRSC members agreed. DO requested that in future meetings the recruitment update included timelines so the AFRSC understand the risk. JC agreed and advised she would give the AFRSC a full update after February's monthly report.	DO JC

	ACTIONS **DO to escalate delays in recruitment to Sir Robert Francis, Chair of Healthwatch England** **JC add timelines to recruitment update at next AFRSC** **JC to give recruitment update to AFRSC after receiving February's report**	
2.2	**Grants Allocation** Joanne Crossley presented the report. She highlighted the list of local Healthwatch awarded grants. IR added that she would check if all local Healthwatch who applied for a grant received one. HP requested that a report be brought to the April AFRSC when the process will be further along and clearer. DO added that it would be helpful to have a process map as we need to articulate to unsuccessful local Healthwatch how decisions are made. AM and DO offered to support the process writing. IR responded that we need to get additional capacity into the organisation to produce a full grant application and decision process. She would consider how this could be achieved. She added a basic one could be provided at the next meeting and that a full process would be in place before the next allocation. **ACTIONS** **IR to update the AFRSC if all local Healthwatch who applied for grants were successful** **IR to bring basic grant allocation process map to April AFRSC meeting**	IR IR
2.3	**Recruitment** Joanne Crossley advised the AFRSC that there are a number of roles that should be filled at the end of February and mid March. She said there are more secondment roles and we are awaiting start dates for some. PH asked if the vacancies worry us. IR responded that yes as it affects how we manage capacity and Managers end up covering the work. JC added that salary was part of the issue in this competitive location (London). IR said that we can consider extending secondees but we cannot make them permanent. IR added that we will be considering more homeworking roles as competition for London based roles is great. She said that we can look at making the current part time HR role being advertised as full time.	

2.4 and 2.5	<u>**Performance Management and KPIs**</u> Sandra Abraham introduced the report and went through each programme highlighting any severe delays. She explained that most of the delays were due to lack of staffing resource. AM said that where a project should have started but hadn't that should show on the report as red status not white. The AFRSC agreed that white should only be used to show where a project hadn't intended to have been started at this time. SA agreed to change projects not started to red where relevant. PH asked for assurance that the NHS Ten Year Plan is prioritised so it doesn't slip due to staffing concerns. IR responded that it is already our number one priority so it won't slip. HP noted that we are not where we want to be regarding impact reporting and asked if that could be rectified by year end due to its importance. IR responded that Healthwatch England are holding a two day workshop at the end of February to put tools in place for showing impact and a junior researcher has been gathering evidence. She added a full update will be given to the full Committee in May. HP asked if it was necessary for the AFRSC to see the full performance management report and KPIs. The AFRSC agreed that they only needed to see reporting relating to risk, regulations and finance and that they only needed to see the risk log and then deep dive any concerns. <u>**ACTIONS**</u> **SA change performance management report areas where projects should have been started but haven't been to red** **IR to give update to full Committee in May regarding our impact gathering** **SA to reduce the reports given to the AFRSC at the next meeting**	SA IR SA
3.0	<u>**Budget 2019/20**</u> IR has asked DHSC for transparency on the grant for HWE but this had not been forthcoming. JC added that we want assurance from the CQC that they are not adding a management fee. Do responded that this should be escalated to Sir Robert Francis, Chair of Healthwatch England. IR said that when Healthwatch England was established the budget was almost double that of now and that is the amount we need to really have the impact we are ambitious to have. DO responded that this should also be escalated to Sir Robert Francis. JC said that after staff pay and key commitments we have just under £200k and we need to prioritise this across our activities. JC added that it would be wise to over budget from 15% to 20% to take into	DO DO

	account problems we may have recruiting staff. HP requested that over budgeting be discussed in the February Committee meeting held in private and to focus on spending money only on priorities. The AFRSC agreed. The AFRSC also agreed to recommend to the full Committee in February that they approve the budget including the contingency of a 20% overspend. **ACTIONS** **JC to escalate our question to CQC as to if they take a management fee from the funds they receive from DHSC to Sir Robert Francis, Chair of Healthwatch England** **DO to escalate our concerns that our budget is too small to deliver our ambitions and duties to Sir Robert Francis, Chair of Healthwatch England** **IR to ensure discussion takes place at February Committee meeting in private regarding budgeting** **DO to recommend to the full Committee in February that they approve the budget including the contingency of a 20% overspend**	IR DO
4.0	**Draft Business Plan** IR introduced the report and said it is very early for an organisation to start looking at a business plan. DO agreed and suggested we look at having the first AFRSC and full Committee meeting in 2020 nearer the start of the next financial year. AM said that for next financial year the plan needs to reflect where we are succeeding on strategy and would like to see big impact. The AFRSC agreed February was too soon to agree the business plan and that priorities should be discussed by the full Committee in the February Committee meeting in private. It could then be approved at a later date by teleconference nearer the start of the next financial year. **ACTIONS** **LC to do draft plan of 2020 meetings making the first AFRSC and full Committee meetings later in Q4** **IR to remove Business Plan approval from February full Committee agenda and replace with a discussion about priorities in a private session of the Committee**	LC IR
5.0	**Risk** Sandra Abraham introduced the paper. She advised the AFRSC that once the budget and business plan for 2019/20 were approved a full risk review would be developed. Correction to SR02 (funding of local Healthwatch) to correct the word insufficient to sufficient.	

	HP added that risk SR02 was heading in the right direction. IR offered to bring the local Healthwatch risk register to the next AFRSC meeting. DO responded that they did not need to see that. IR advised the AFRSC that she would update them on how much money has not left the network due to our intervention at the next AFRSC. At the next AFRSC meeting the grid showing our risks will be amended amended with arrows to show where risks are increasing or reducing. DO said that operational risk OR01 (staffing) needs to be reviewed and be higher. **ACTIONS** **SA to amend risk SR02 so that the word insufficient is changed to sufficient** **IR to bring a report on how much money has not left the network due to our intervention** **SA to add arrow indicators to risk register grid for next meeting to show if risk is increasing or decreasing** **IR to review OR01 and make higher**	SA IR SA IR
6.0	**ToR Review** The AFRSC agreed there was no need to change anything in the Terms of Reference for the group. The ToR were **APPROVED** by the AFRSC.	
7.0	**Conference** IR advised the AFRSC that risk mapping was done before the annual conference and that it did deliver value for money. She added that at the next meeting a financial breakdown of the conference would be brought along. **ACTIONS** **JC to bring financial breakdown of conference to next AFRSC**	JC
8.0	**Internal Audit** SA advised the AFRSC that we are requesting the National Customer Service Centre (NCSC) be included as part of the next internal audit. The AFRSC agreed. **ACTIONS**	SA

	SA to advise the CQC we would like the NCSC to be added to the next internal audit	
9.0	**<u>Forward Plan</u>** AFRSC members agreed that they should be reviewing the effectiveness of the Sub Committee in line with the TOR **<u>ACTION</u>** **IR to arrange for an effectiveness survey to go to all members of the AFRSC to review the Sub Committee's effectiveness**	IR
10	Date of next meeting – LC to check availability of AFRSC members for mid May **ACTION** **LC to arrange date in May for next meeting**	LC

SUMMARY OF ACTIONS (LAST UPDATED OCT 2018):						
NO	**DATE**	**LEAD**	**ACTION**	**UPDATE**	**DEADLINE**	**STATUS**
1.	16/10/18	Helen Parker	HP to look at a cross section of staff objectives and to liaise with the Staff Engagement Group (SEG) and report back to AFRSC	HP gave update at 24/01/2019 AFRCS	May 2019	In progress
2.	16/10/18	Leanne Crabb	Add deep dive regarding grant giving process to the forward plan for January 2019	Now that the scheme is underway regular bulletins will go out to AFRSC members and update to be given at next meeting - added to forward plan	Ongoing	In progress
3.	16/10/18	Neil Tester	Arrange for updates to go to the AFRSC members giving updates on the grant giving process	JC giving update to AFRSC at Jan 2019 meeting and will discuss if monthly or quarterly updates needed	January 2018	In progress
4.	16/10/18	Sandra Abraham	To consider incorporating success indicators in the performance report	In progress as part of a bigger piece of work - will be taken to full Committee once completed	April 2019	In progress
5.	16/10/18	Sandra Abraham	To bring paper to an AFRSC meeting providing an overview of the NCSC arrangements including how is the service funded, safeguarding training and their governance and quality assurance	Added to forward plan for April (unable to complete in time for Jan meeting)	April 2019	In progress
6.	16/10/18	Neil Tester	To arrange for HWE to ask CQC for feedback regarding discharging the Committee's statutory duties annually	Added to draft CQC HW Update for March CQC Board Meeting	June 2019	

7.	24/01/19	Danielle Oum	To escalate delays in recruitment to Sir Robert Francis, Chair of Healthwatch England		February 2019	
8.	24/01/19	Joanne Crossley	Add timelines to recruitment update at next AFRSC		May 2019	
9.	24/01/19	Joanne Crossley	To give recruitment update to AFRSC after receiving February's monthly report		March 2019	
10.	24/01/19	Imelda Redmond	To update the AFRSC on if all local Healthwatch who applied for grants were successful		May 2019	
11.	24/01/19	Imelda Redmond	To bring basic grant allocation process map to next AFRSC meeting		May 2019	
12.	24/01/19	Sandra Abraham	To change performance management report areas where projects should have been started but haven't been to red		May 2019	
13.	24/01/19	Imelda Redmond	To give update to full Committee in May regarding our impact gathering		May 2019	

14.	24/01/19	Sandra Abraham	To reduce the reports given to the AFRSC at the next meeting		May 2019	
15.	24/01/19	Joanne Crossley	To escalate HWE question to CQC as to if they take a management fee from the funds they receive from DHSC to Sir Robert Francis, Chair of Healthwatch England		February 2019	
16.	24/01/19	Danielle Oum	To escalate our concerns that our budget is too small to deliver our ambitions and duties to Sir Robert Francis, Chair of Healthwatch England		February 2019	
17.	24/01/19	Imelda Redmond	To ensure discussion takes place at February Committee meeting in private regarding over budgeting		February 2019	
18.	24/01/19	Danielle Oum	To recommend to the full Committee in February that they agree a budget overspend of 20%		February 2019	
19.	24/01/19	Leanne Crabb	To do draft plan of 2020 meetings making the first AFRSC and full Committee meetings later in Q4		May 2019	
20.	24/01/19	Imelda Redmond	To remove Business Plan approval from February full Committee agenda and replace with a discussion about priorities		February 2019	

21.	24/01/19	Sandra Abraham	To amend risk SR02 so that the word insufficient is changed to sufficient		May 2019	
22.	24/01/19	Imelda Redmond	To bring a report on how much money has not left the network due to our intervention		May 2019	
23.	24/01/19	Sandra Abraham	To add arrow indicators to risk register for next meeting to show if risk is increasing or decreasing		May 2019	
24.	24/01/19	Imelda Redmond	To review OR01 and make higher		May 2019	
25.	24/01/19	Joanne Crossley	To bring financial breakdown of conference to next AFRSC		May 2019	
26.	24/01/19	Sandra Abraham	To advise the CQC we would like the NCSC to be added to the next internal audit		April 2019	
27.	24/01/19	Imelda Redmond	To arrange for an effectiveness survey to go to all members of the AFRSC to review the Sub Committee's effectiveness		May 2019	
28.	24/01/19	Leanne Crabb	To arrange date in May for next meeting		February 2019	

GENDA ITEM No.1.9.1

AGENDA ITEM: Strategic Risk Register

PRESENTING: Sandra Abraham

EXECUTIVE SUMMARY: AFRSC have reviewed the attached high level risk register at the meeting in January 2019 and recommend this to the committee.

RECOMMENDATION:
The committee are asked to **APPROVE** the high-level risks

APPENDIX:
1. Key high-level Risk Register

Background:

The Strategic Risk Register was re-evaluated in Q3 and agreed by the Leadership Team on the 15th January 2019 and then reviewed by the AFRSC on the 24th Jan 2019.

The Committee are asked to:

- Approve the high level risk register
- Note that a full revised risk register will come to the next committee meeting in May.

Healthwatch England - Committee High Level Strategic Risk Register 2018-23

No.	Category	Risk	Potential Causal Factor	Owner	Link to Strategic Aim (1, 2, 3)	Pre-Mitigation Rating	CURRENT Risk Controls	PLANNED Risk Controls	Post-Mitigation Rating	Committee Appetite for Risk
SR02	FUNDING OF LOCAL HEALTHWATCH	Healthwatch England fail to provide the network with insufficient support and advice to address funding challenges	Reduced local authority Healthwatch funding Staff capacity to intervene with increasing numbers of local Healthwatch facing funding cuts Case for investment to be made Poor risk knowledge and action from Healthwatch England Grants from Healthwatch England to local Healthwatch are poorly managed	Head of Network Development	2	Imp (5) Lh (5) 25 VH	Network funding and contract status, risk matrix, register and mitigation plans in place Scheme of delegation in place Support offer to network in place Ongoing communication to wider network on how we are working with local Healthwatch Business case for investment and engagement programme with commissioners Impact report and current grant agreement in place Risk identification and mitigation including scrutiny by Funding Task Force Group in place	Network agreement (including viability criteria), template contract and guidance to commissioners **(Mar 19)** Testing use of quality framework or local authorities to demonstrate viability **(Jun 19)**	Imp (5) Lh (4) 20 H	MEDIUM

No.	Category	Risk	Potential Causal Factor	Owner	Link to Strategic Aim (1, 2, 3)	Pre-Mitigation Rating	CURRENT Risk Controls	PLANNED Risk Controls	Post-Mitigation Rating	Committee Appetite for Risk
OR01		Due to high staff turnover and lack of clarification on the priority level of activities within the work plan, staff are pulled in too many directions leading to poor performance, low morale, loss of focus on more important issues and missed opportunities.	High Staff Turnover; poor management support; poor prioritisation of activities, lead time for recruitment process	Head of Operations	1, 2 & 3	Imp H(5) Lh H(4) 20 H	• Strategy workplans • Business plan in place • Annual staff survey in place • Regular feedback from Staff Engagement Group who represents staff. • Regular 1:1's with Line Managers	• We are aiming to recruit additional staff to spread the workload • We will seek staff with the relevant skills and support learning and development for existing staff. We have offered secondment opportunities to LHW to support our strategic aims. We have done a recent mini-survey with staff to gauge the mood since the previous survey in March and to review what further actions need to be taken	Imp H(4) Lh H(4) 16 H	MEDIUM

Healthwatch England - Chart Showing Position of risk in the risk ratings chart

RISK RATINGS					
Impact	**Risk Ratings Based on Scores**				
Very High	5 SR01	10 SR05	15	20 SRO2	25
High	4 SR15 OR02	8 SR03 SR04 SR07 SR10 SR14 SR08 SR17	12	16	20
Medium	3 SR16 ORO5	6 0R01	9	12	15
Low	2 0R06	4	6	8	10
Very Low	1	2	3	4	5
	Very Low	**Low**	**Medium**	**High**	**Very High**
	Likelihood				

LEGENDS
Black = Very High Risk
Red = High Risk
Yellow = Medium Risk
Green = Low Risk

LIST OF STRATEGIC & OPERATIONAL RISKS

Ref	Risk	Post Mitigation Rating
STRATEGIC RISKS		
SRO2	Healthwatch England fail to provide the network with insufficient support and advice to address funding challenges	20 HIGH
OR01	Due to high staff turnover and lack of clarification on the priority level of activities within the work plan, staff are pulled in too many directions leading to poor performance, low morale, loss of focus on more important issues and missed opportunities.	16 HIGH
SR05	Due to poor information management processes we fail to react appropriately to serious incidents or issues raised by the public. This would result in a loss of trust in the brand amongst the public and stakeholders.	10 MEDIUM
SR03	Reduced capacity and capability to gather high quality data and quality insight from the public at local and national level means that our potential to achieve impact is reduced. Deteriorating data quality from the network may lead to services not using Healthwatch insight which leads to lack of relevance, reduced reputation.	8 MEDIUM
SR04	Damage to Healthwatch Brand reputation	8 MEDIUM
SR17	Healthwatch England is unable to provide sustainable digital solutions to support the network affecting their level of effectiveness	8 MEDIUM
SR07	Inability to quantify, track and communicate our impact and the broader value of our work results in us being irrelevant work	8 MEDIUM
SR14	Failure to establish the right strategic partnership and relationships leads to failure to share our knowledge leading to reduced influence.	8 MEDIUM
SR10	Failure to use the right tone results in the network being perceived as either too timid to speak up or overly challenging. This would impact effectiveness of stakeholder relationships.	8 MEDIUM
SR08	Failure to react to major changes in the health and care system leaves our own structures and process no longer fit for purpose. Ultimately this could compromise the relevance of the insight we gather and share.	8 MEDIUM
SR01	HWE have to divert resources to deal with collapse of contract holders resulting in some setbacks with delivering our own strategy	5 MEDIUM
SR15	Healthwatch England fails to show a lack of flexibility in implementing the strategy and fails to allow for local variation	4 LOW
SR16	Due to lack of cross party political engagement there is a risk that any change in the current political landscape would leave us without any	3 LOW

	connections with key political decision makers. Risk applies at both national and local level.	
	OPERATIONAL RISKS - BUSINESS PLAN	
OR02	**Due to the long lead time in the procurement process there is a risk that we will not be able to deliver our activities as planned resulting in an underspend in our budget.**	4 LOW
OR05	**Due to lack of clear and transparent processes for prioritising issues our focus is spread to thinly or stakeholders left unclear why their issue hasn't been taken up. This will affect our ability to manage workloads and drive real impact.**	3 LOW
OR06	**Due to lack of supplier management relationship experience there is a risk that the supplier does not deliver the work as agreed in the contract.**	2 LOW

AGENDA ITEM No. 2.0

AGENDA ITEM: HWE Draft Budget Plan 2019-20

PRESENTING: Danielle Oum

PREVIOUS DECISION: The AFRSC reviewed the draft budget for 2019-20 on 24th January 2019, and we ask the Committee to APPROVE the draft budget. The AFRSC have also scrutinised the executive's contingency proposal to manage any underspend to vacancies or procurement delays. The AFRSC will continue to monitor the contingency plans on behalf of the Committee.

EXECUTIVE SUMMARY:

This paper provides a summary of our draft budget proposed for 2019-20.

RECOMMENDATION:
The Committee is asked to APPROVE the budget proposal

Budget Plan 2019-20

Background

The budget envelope for 2019-20 is **£2,815,000.** Although this is slightly more than we received in 2018-19, in effect this represents a small reduction, due to the Pay award of 2% (costing £42,000) which has been factored into the budget allocation.

Budget 2018-19	Budget 2019-20	Variance
£2,786,042	£2,815,000	£28,958

Summary of Annual Budget 2018-19 vs 2019-20

	Actual Budget £	Proposed Budget £
	2018-19	**2019-20**
Pay - HWE Staff	1,817,238	2,002,474
Pay - HWE Chair & Committee	159,340	162,526
Total Pay	**1,976,578**	**2,165,000**
Total Non-Pay	809,464	650,000
Total HWE Annual Budget	**2,786,042**	**2,815,000**

The increase in Pay will reduce our Non-Pay budget significantly, but our focus will be to prioritise key business activities which will deliver the greatest impact, with emphasis on conference, digital, social media and training.

The table below is the breakeven budget which summarises our commitments for 2019-20:

Activity 2019 - Pay and Non-Pay Budget Commitments	**Proposed Budget £**
HWE Budget Envelope 2019-20	2,815,000
Total Pay budget	**2,165,000**
Proposed Non-Pay Budget	**650,000**
Non-Pay Budget Commitments:	
Conference 2019	199,000
Digital	218,902
Social Media/Brand Support	36,000
Total Non-Pay Budget Committed	**453,902**
Balance to allocate to other activities	**196,098**

The Committee has previously agreed to:

- increase Pay allocation by investing in additional staff resource to deliver our business plan
- reduce the number of procurements but continue to piggy-back on existing CQC contracts where appropriate and cost effective
- continue to tap into the expertise offered by local Healthwatch in the form of secondments to deliver programmes of work on our behalf.

The AFRSC previously discussed developing a budget with a 20% over allocation to cover for any underspend which may arise due to staff movement and procurement delays.

We will work within the budget allocation of **£2.815m** and prioritise key activities in line with our business plan.

HEALTHWATCH ENGLAND – PUBLIC COMMITTEE MEETING

AGENDA ITEM 2.1

AGENDA ITEM: Quarterly Intelligence and Policy Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: Quarterly intelligence and policy assessment of the views of people who have spoken to local Healthwatch about their experiences of local health and care services. This report covers quarter three 2018/19

RECOMMENDATION: For information and discussion

The Healthwatch England Quarterly Intelligence and Policy Report provides an overview of the key themes we have identified from the insight obtained from local Healthwatch over the last quarter.

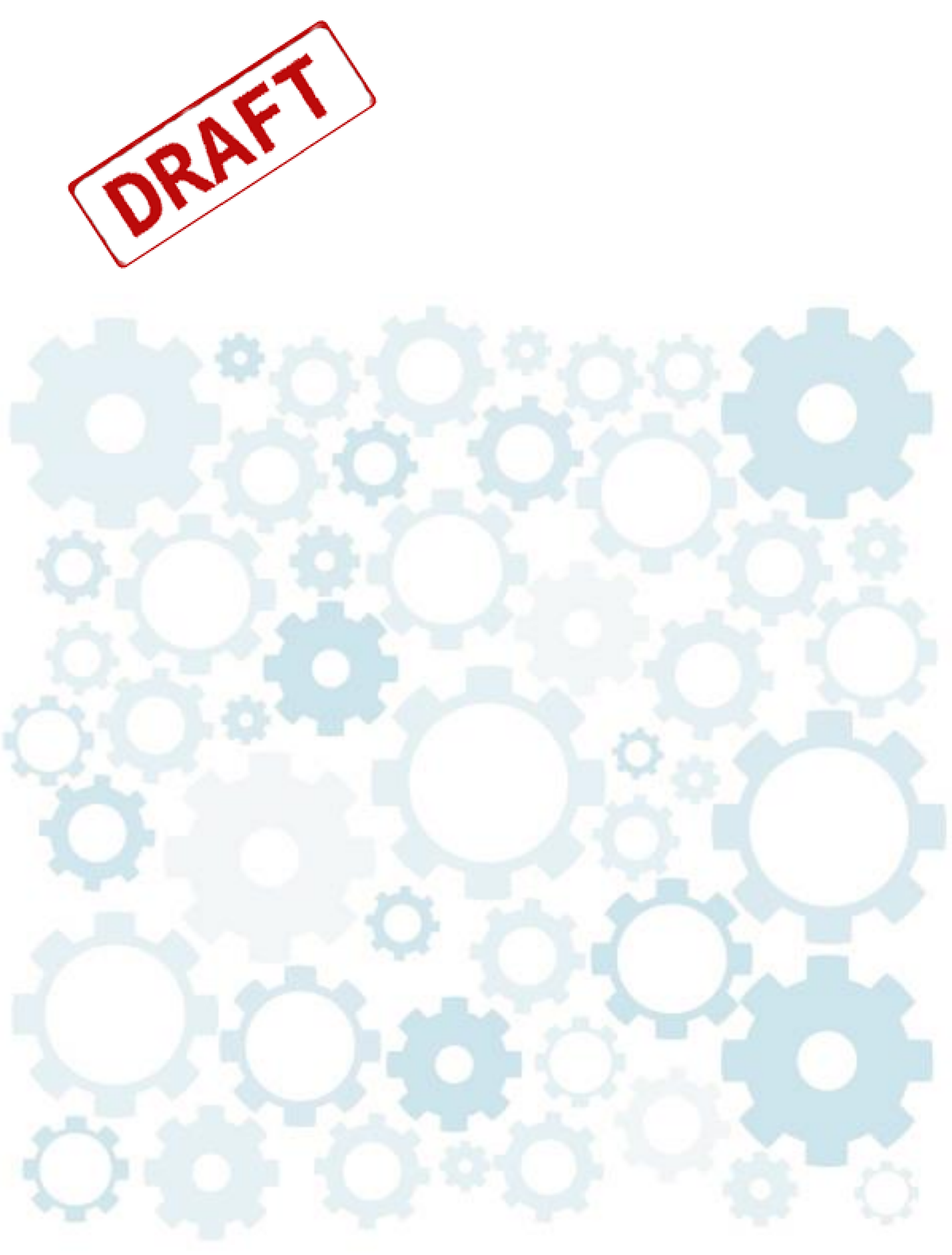
We want to ensure that we provide content that is usable and which can enable policy makers and/or professional to address certain issues that we are raising.

Since October our Quarterly Report has been promoted in different ways via digital, social media and email marketing. We will do more to improve the number of NHS staff and professionals who access and download the report.

We also produce fortnightly bulletins that inform our intelligence and policy meetings. We will be establishing a monthly bulletin to replace one of these, with tailored content to make them useful to key national stakeholders including health select committee. The first of these will be drafted for the end of February.

What people have told us about health and social care

A review of our evidence October – December 2018



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Overview: What people told us this quarter

People want health and social care support that works for them – helping them stay well, get the best out of services and manage any conditions they face. Our job is to find out what matters to the public and to help make sure their views shape the support available.

Between October and December 2018, Healthwatch England received 11,864 people's experiences and views of health and social care from our network. We collate these experiences and views to understand what people are saying. This briefing outlines our findings for the last three months and how we're using this information to help shape health and social care policy and practice.

What did people speak to Healthwatch about this quarter?

Below is a summary of the issues – new and established – that we identified in the evidence gathered this quarter. Later in the report we explain in more detail what people told Healthwatch about each of these areas.

Doctors surgeries, dentists, pharmacists, and other primary care support

What's new this quarter?

People are finding it difficult to get their medication when they need it.

What do we continue to hear?

It is not always easy to get an appointment to see a GP.

Communication between GPs and patients can be poor.

It is difficult to register and/or make an appointment with a dentist.

Poor quality dental work can lead to further treatment.

Hospital care including urgent and emergency care

What's new this quarter?

Some people felt they waited too long before being discharged from hospital and others felt they were discharged too soon.

People are not always able to choose where they receive treatment.

Experiences of receiving support in A&E for mental health emergencies can be poor.

People are having difficulties finding somewhere appropriate to park when arriving at hospital.

What do we continue to hear?

People continue to wait too long for treatment in A&E.

The quality of medical treatment in hospitals is good although customer care may not be.

People are waiting too long for appointments and operations at hospitals.

Parents and carers are not supported while they wait in A&E.

Follow-up communication and information sharing can be limited and untimely.

Social care

What's new this quarter?

There is variation in the quality of care delivered to people in their homes.

The cost of care home services is not always clear and transparent.

Families are finding it hard to get care plans reviewed when they believe their relatives' care needs appear to be unmet.

What do we continue to hear?

People need to know how to access information about care assessments, care homes and care at home.

Some people have difficulty finding the most appropriate home care services for themselves or a loved one.

More variation in stimulation for care home residents is needed.

Levels of training among staff need to be improved, particularly for dementia care.

Mental health

What's new this quarter?

Some groups of people face difficulties in accessing support because they do not meet the necessary criteria.

What do we continue to hear?

There is no straightforward pathway to access support for mental health challenges.

Children and adults are waiting a long time to get the support they need.

People with limited family and social networks

Our research has highlighted issues regarding people with limited family and social networks. Here are some common issues people told us about:

Those with mental health concerns have a need for extra support, particularly with managing medication.

There is a lack of safe housing for people recovering from addiction leading to some people becoming homeless.

There is insufficient additional support to help those with memory problems ensure they attend appointments.

People need support to overcome social isolation.

People without transport find it difficult to attend appointments at short notice.

In Focus: Problems with medication

What people are telling us

People have spoken to Healthwatch this quarter about issues they've experienced with their GP and pharmacist when trying to get the medication they need.

Problems with prescribed medication

Difficulty in getting GP appointments can mean that people don't get diagnosed and prescribed with the medication they need, as quickly as they need it.

We also heard from people whose medication had been changed without them knowing and others whose new medication caused them to experience allergic reactions or had conflicted with their existing prescription. In other serious cases, people said they were given the wrong medication altogether by their GP.

People often told Healthwatch that they felt these problems occurred because their GP didn't listen to them. Some said they felt disappointed with their GP's attitude, lack of empathy and disregard for their views.

Personal story: Incorrect medication

"I see my GP every 3 months for my Depo contraceptive injection. I went yesterday and I saw a different GP. She told me that my notes state I was given a Vitamin B12 injection instead of my contraceptive last visit. She checked the stock and confirmed that I was in fact given Vitamin B12. I had to take an emergency pregnancy test, which was negative, but I could still be pregnant. I must wait for 4 weeks and have another pregnancy test before I can have my contraceptive injection. I've had 3 months of being without contraceptive cover because of their mistake."

Healthwatch Kent

"… Their child has medication for ADHD. The child has been under the care of the community pediatrician who has prescribed Medikinet 20mg Slow Release. This has proved very beneficial and recently the pediatrician has sent a letter to the GP for them to continue prescribing. It transpires that the medication they have been given [previously] is the Instant Release which is rendering their child 'completely zoned out'… Pharmacist at [name of organisation] checked and chased with the pediatrician who confirmed the wrong medication had been prescribed and that the one given [previously] was not suitable for their child. The parent re-contacted [GP practice] and has been told repeatedly that they cannot/will not re-issue the prescription until the due date of the next prescription - completely not acknowledging that they have made a mistake."

Healthwatch Cheshire West

Personal story: Unexpected changes to medication

"Caller is a patient at [name of GP practice]. The practice has stopped all her medications and told her that she needs a blood test. She regularly has blood tests in hospital and her consultants have previously written to her GP asking them to continue to prescribe. She had a meds review very recently. She has said she is happy to have a blood test, but is running low on medications including painkillers and needs them to be prescribed urgently. She has struggled to get medications in the past and has sometimes ended up getting the hospital to prescribe them instead, but does not understand why her meds have been stopped this time."

Healthwatch Haringey

People having difficulties in accessing their medication

We heard from people who had the right prescription, but pharmacies didn't have their medications in stock when they tried to collect them.

Not being able to get medication as soon as it's needed can leave people feeling stressed and anxious, but it can also have other effects. For some it can make dealing with acute pain and infections more difficult, whilst others are left struggling to manage a broad range of chronic conditions such as eczema, poor mental health and cancer.

Moreover, we heard people say their pharmacy gave them different medication from the medication they were prescribed by their GP.

People told us how experiencing these problems with their medication had prolonged their recovery and, in more serious cases, had a negative impact on their long-term health and wellbeing.

Personal story: Problems with supply of medication

"Poor service, really long waits when waiting for prescriptions and most of the time don't have my medication in stock and they don't tell me and give me the opportunity to take it all somewhere else, not have to return there!"

Healthwatch Rochdale

"I spent some time in [service provider] due to illness. My issue was that I was ready to be discharged and allowed to go home after having been visited by the pain management team, who gave me a prescription for medication. But 4 hours later I was still there waiting for medication to come from the pharmacy. I have no idea why this process took so long. Surely a better way would be to go get the prescription at my own pharmacy."

Healthwatch Wakefield

Personal story: Pharmacy dispensing the wrong medication

"… [name of pharmacy] delivered the wrong prescription to [name of person], who is 87 years old. She contacted them immediately, advising the tablets were different to normal to be told they were the same but with a different name and to take as advised. She was taking the wrong medication for 15 days and feeling worse every day. [name of person] became increasingly poorly, to the point she was hardly unable to get up from her chair. Her daughter googled the tablets she was taking, to find they were not correct. There was a sticky label over the original name of the medication which was different to what was on sticky label. [name of person] went to her GP who did tests and found that the medication she had taken was dangerous to her health. The chemist is looking into this and her doctor advised she was lucky not to have continued taking them as she could well have suffered kidney failure and possibly death. This is the second time [name of pharmacy] have delivered the wrong medication to this lady. On a previous occasion she was given the wrong medication and was taking Prostate meds which resulted in low blood pressure."

Healthwatch Kent

The policy context: Problems with medication

Getting medication right is clearly an important part of effective treatment, but from a policy perspective it is also heavily linked to people's broader perceptions of how effective and efficient the NHS is. From the feedback we have received we have highlighted four ways in which access to medication can shape opinion of the NHS. These will be of particular interest to health and social care policy makers and

professionals:

Building trust in a modern, truly integrated NHS

Our conversations with the public suggest that people are in favour of being able to order repeat prescriptions online. They recognise this as part of broader efforts to bring their interaction with the NHS in line with how they use other services.

However, feedback on digital interactions with the NHS suggests problems with online orders are common. Those affected often then make additional comments about the NHS's ability to run a modern service. In particular, when it results in the wrong dosage being issued or new drugs conflicting with existing medications, people have questioned whether the NHS can deliver on more advanced services, such as personalised medicines.

Whilst comments in the last quarter largely focused on medications in relation to primary care, access to medications when leaving hospital have been a running theme over a long period of time. People report that poor communication between hospitals and primary care is making it difficult to get access to newly prescribed medications without having to make an additional trip to see the GP. As a result, people often say that they feel services are not well integrated.

To prevent confidence in an integrated and modern NHS being undermined, it is important to ensure good customer service around access to medications. This needs to be built on services showing they can consistently get the basics right, and working together to provide a seamless experience for people.

Availability of medications

Feedback this quarter has highlighted how when medications aren't available it can have a negative impact, and in some cases a very serious effect, on people's care. Whilst the number of examples shared with Healthwatch this quarter were comparatively low, they were higher than usual. This also reflects reports in the press in recent weeks which suggest that the country is indeed facing supply issues with around 80 common medications (record high was 91 medications in Nov 2017). In response the NHS has agreed to pay more for medication where necessary, adding the items to the 'price concessions list'.

There is heightened public awareness of this issue at the moment with the additional concerns around medications supply in the event of a no-deal Brexit. It is therefore crucial that the NHS understands and communicates why there are pressures on certain drugs. Where effective short-term 'fixes' are implemented these need to be shared across services so the system as a whole is best placed to manage demand.

The Department of Health and Social Care has introduced a statutory instrument to enable pharmacists to dispense alternative medications to those in short supply without the need to go back to the prescribing clinician. This step will help reduce the impact on patients, who are often the ones who have to go back to the doctor, and reduce the burden on GPs having to cope with additional demand on appointments. However, there are certain cases where prescribing alternative medications is not simple, or even possible, so it is vital that GPs and patients work together to find solutions.

'Postcode lotteries'

In response to broader funding pressures, in recent years Clinical Commission Groups (CCG) have introduced policies to help reduce expenditure on medication. This has seen some CCGs restrict certain medications they consider ineffective, switching to cheaper alternatives and stopping prescribing things patients access over the counter.

In an effort to ensure these policies are applied equitably across the country, NHS England (NHSE) and NHS Clinical Commissioners (NHSCC) have developed national guidance based on clinical evidence and public consultation. Work conducted by Healthwatch showed that people broadly supported the

programme because they expect the NHS to manage its resources efficiently, even if it means they have to pay for over-the-counter products they may previously have got on prescription. See our response to the original consultation.

However, concerns have been raised by many Healthwatch in the last quarter that CCGs are deviating from the national guidance. In other cases where NHS bodies have chosen not to follow national guidance, NICE guidance on IVF being a relevant example, they are required to present their own clinical evidence as to why. CCGs often do not do this, which ultimately challenges the value of national guidance.

Whilst Healthwatch recognises the national guidance on prescriptions isn't legally binding, in order to prevent 'postcode lotteries' we would suggest that individual CCGs be required to present their own independent clinical evidence in support of their decision. This should ideally be backed up with independent consultation with their community on any proposals.

Purchasing practices

Whilst our research has shown that the public broadly support the changes to prescriptions mentioned above, in return they made it clear they want the NHS to demonstrate it is doing more to ensure efficient purchasing practices when buying medications from pharmaceutical companies.

In November NHSE and NHSCC announced the latest phase of changes to prescriptions stating how much money it could save. However, the announcement did not update the public on how much money the previous changes have saved already. It also did not include an update on how much the NHS itself has managed to save by negotiating better deals when purchasing medication.

One example of high purchasing prices that has been brought to the attention of Healthwatch is the cost of Liothyronine (T3), which is used to treat underactive Thyroids. Following responses from the public to the original consultation, the NHS does still prescribe this drug. However, concerns have been raised with us by individuals and organisations that CCGs have been seeking to restrict use since price rises in recent years. This matter has been investigated by the Competition and Markets Authority but costs remain significantly higher than in the EU. Given the public attention on this drug it would be a prime candidate for the NHS to demonstrate how it is working to ensure they are paying the best possible price for medications on the country's behalf.

The DHSC announced in December that the health service is set to save £1 billion on the medicines bill in 2019. It is important to ensure this message is getting through to people in their day-to-day interactions with the NHS.

In Focus: Empathy

What people are telling us

One of the recurring themes we continue to hear about across all service areas is how important it is for people to be cared for with empathy. This quarter, we've heard about GPs who appear to disregard people's concerns, and who seem to be unable to understand how they feel.

Continuity of care is more important to certain groups than others. Some people tell us that they would like to see the same primary care professional to ensure continuity and a more personal approach. People who have complex issues would like to discuss them with someone who can build an understanding of their personal needs so that they can feel more comfortable sharing sensitive issues. People have also told us that the brevity of appointments does not help and that they are too short to explain complex conditions sufficiently.

However, although negative experiences still occur, we have also started to hear more positive examples of people with mental health conditions who've felt that their GP has shown empathy regarding their condition and has helped them find the support they need.

At the start of the year we heard about a lack of empathy in secondary care services, specifically A&E. People told us that they believed that the pressures presented by staff shortages meant professionals did not show enough empathy towards them as patients.

We have also received similar feedback about staff shortages and high turnover of Community Psychiatric Nurses (CPNs). Similarly to GPs, this means people cannot develop the relationships they want with professionals. We hear of similar issues within a social care setting such as care at home or care homes although to a lesser extent than primary or secondary care services.

There appear to be specific groups of people where this is even more apparent because of their circumstances. We have heard that there is a perception among prisoners that prison staff lack empathy and have a poor understanding of mental illness, making it harder for prisoners to get mental health support.

Personal story: Lack of empathy and poor treatment

"Caller ringing to complain about his current GP surgery. Has been in a lot of pain with Sciatica for a number of weeks. He was seen at his GP surgery a number of times and given different medications, none of which have helped and GP seemed uninterested in his ongoing symptoms and pain. Caller says on Sunday the pain was so bad he was writhing around on the floor and he called the NHS 111 service. [Another] GP came out and he was given some different pain killers and queried the pain killers the caller had been given by his GP. Caller reports that since taking the new tablets he is almost pain free. Caller very disappointed in the GP attitudes and lack of empathy and poor treatment…"

Healthwatch Essex

Personal story: An empathetic approach can encourage patients to seek medical advice at the earliest opportunity

"I recently attended the doctors not feeling well at all… I saw a particular doctor and I turned out to be more poorly than what I attended with, she was so helpful, kind and understanding I was extremely distressed and anxious she was calm and gentle explained everything calmly and kindly and got me the care I needed at the hospital. She gave me extra time after surgery and I'm ashamed and embarrassed at seeing doctors and if she hadn't been so wonderful with me I could have ended up not going to hospital and ended up much more poorly. Also, the receptionists have been brilliant with an urgent prescription and ringing me back… so very grateful thank you everyone."

Healthwatch Leeds

The policy context: Empathy

Comments about staff make up a significant proportion of the positive feedback left about the NHS and social care, with people expressing how kind they are and often describing the care as 'the best in the world'. This is despite people being aware of, and raising with us in their feedback, the clear pressures facing the health and social care workforce.

Other organisations, including the King's Fund, have suggested that the continued positivity toward the health service in recent years may be precisely because of the pressures. People are perhaps adjusting their expectations because they value the core principles of the NHS but can visibly see how stretched people are.

This hypothesis would fit with how people have tended to report their stories to Healthwatch in previous years, with people revealing areas for improvement only when we take the time to really explore their experiences. However, with empathy, or the lack of, a growing theme in people's feedback it suggests that things might be changing.

This theme needs further exploration and we will continue to monitor the situation closely. In the meantime, for the benefit of policy makers and professionals, we have outlined a few examples of how a lack of empathy is manifesting itself and the impact this could have on the NHS and social care:

People feel staff do not have the time to listen to them or take their concerns seriously

Both the Secretary of State and the NHS Long Term Plan prioritise greater focus on prevention and spotting conditions earlier. Healthwatch research suggests that people support this approach, and increasingly expect the NHS to be more of a wellbeing service rather than focusing on treating people when they get sick.

One key to this is ensuring patients always feel able to seek help and are dealt with appropriately when they present with a question or concern. However, when staff are too busy people perceive this as evidence that their individual needs are not a priority or that their concerns are being dismissed without proper explanation or thorough examination. This can result in people leaving comments suggesting they are less likely to seek advice or help in future. This outcome would be bad for both people and the health and care system as a whole, as early warning signs of more serious problems may be missed.

People feel they don't have a relationship with any particular professional

We have talked previously about the need for better continuity of care, and this is being supported by big system wide projects such as improved record sharing, which should reduce the number of times people have to retell their story. However, this only addresses part of the problem.

Certain groups of people, in particular those with chronic conditions, place greater emphasis on the need for continuity than others. These individuals often talk about wanting to build a relationship with a single professional who understands their needs and can help them navigate the rest of the health and social care environment. This is an important part of creating a very human interaction with what is a massive and very complex system. In the past this desire for this named point of contact has been interpreted as always having to be the GP, but Healthwatch feedback consistently suggests people want this to be the most appropriately qualified person for the job. In many cases this could be a specialist nurse or mental health professional who has more specific specialist knowledge about the condition.

People don't feel clinicians can relate to their experience of conditions

Although clinicians are the experts in diagnosing and suggesting technical treatment options for different conditions, these are not the only factors affecting patients' decisions. We know from our work on mental health in particular that, whilst people have welcomed the increasing focus and investment, what people want is more support from people who have experience of living with a condition. This growing desire for more peer support needs to be given full consideration as the NHS considers its plans for the future of the workforce. Whilst peer support should never be a replacement for clinically trained professionals, used in conjunction it could help provide a greater level of empathy in the support offered by the NHS.

The potential for technology to de-humanise interactions

Our research has constantly shown that people welcome the greater use of technology by the NHS and

recognise this is a much needed move to bring the health service in line with how people are able to interact with services in other sectors. However, it is also true that some of the research raises concerns about how this might lead to less human interaction with services and that this might exacerbate people's experience of lack of empathy. This serves as a reminder for policy makers and those working on the roll-out of new systems to ensure they are focusing on how they reduce administrative burdens to enable professionals to concentrate on providing the human interaction people need when accessing health and care support.

Where does our data come from?

Our evidence contains data from 85 publications collected from 39 local Healthwatch, and includes the views of 6,331 people. We received 23% fewer reports this quarter, which is partially due to the Christmas period.

Our insight is also informed by an additional 5,533 individual pieces of feedback received directly from the public. These include views people shared with 47 local Healthwatch at engagement events, or that they shared over the phone, online or in person. The amount of feedback we are receiving continues to increase; we received over three times as much this quarter as we did during the same period last year.

What are people telling us about primary care?[1]

15 local Healthwatch reports covered primary care this quarter and incorporated the views of 1,428 people. In addition, we received 2,490 individual pieces of feedback from members of the public about primary care through the Healthwatch network. This accounts for 45% of all the individual feedback we received.

Doctors Surgeries

Eleven of the reports local Healthwatch shared included feedback from 866 people about doctors surgeries. We also received 2,136 individual pieces of feedback which accounted for a third (39%) of feedback overall. People shared both positive and negative stories about their experiences of GP care.

What is new this quarter?

Patients having issues with their medication

This quarter, we received more feedback on issues with medication, as discussed in the 'In Focus' section above.

What do we continue to hear?

People struggle to make appointments with a GP

Just over half (51%) of the people we heard from this quarter who spoke about GP services talked about booking appointments. Many struggle to see a doctor as soon as they need to. In one case, a father said he thought about booking monthly appointments for his daughter just in case she needed them, and then cancelling if she didn't.

Not only is this a burden on people trying to see a GP, but it may also take appointments away from people who really need them.

[1] The following services are included in the primary care category; General Practice, Dentistry, Pharmacy, NHS 111 and Opticians. The majority (86%) of our primary care feedback relates to GP services.

Poor communication between GPs and patients

We continue to hear from people about difficulties communicating with GPs. People say that they feel doctors display a general disregard for their views and how they feel. As a result, many feel unwelcome at their GP surgery and anxious about visiting again in future.

Personal stories: Patients do not feel listened to by GPs

"… the doctors fail to address the root causes of your problem and typically want you in and out as fast as possible. Frequently told 'you've got a virus, go home!' and if you are firm that there is something wrong, they just prescribe something you don't need instead of referring you up the medical chain to detect the problem… I know my body and wish the doctors would trust me… if the GP can't identify what it is after 5 visits in two months with the same problem, then they really ought to be referring it onto a specialist. Telling me I am wrong, after listening for 5 seconds in that moment to my chest and airways has not stopped the fact I've had a cough for 5 months and feel extremely fatigued… This was not just one experience with one doctor, but my experience with three doctors…"

Healthwatch Leeds

"Caller's child has a severe protein allergy (PKU). When they went for his flu jab last week the nurse asked if they were allergic to egg. When they said 'yes' she said that the vaccination they'd had for the last nine years had contained egg. They also discovered that they'd previously been given medication containing protein. The caller's child has been with the practice for 18 years and feels their condition should be flagged at every visit. Lack of continuity - seeing a different GP each time doesn't help and they have to explain all over again."

Healthwatch Northumberland

Healthwatch in practice

Following a merger of three local GP practices, Healthwatch Sunderland engaged with 99 patients to find out their thoughts on the newly-formed practice. While feedback was largely dependent on patients' experiences of their original practice, more than a third (37%) of all negative feedback related to the telephone system. As a result, the practice recognised that the current telephone system wasn't robust enough to manage the volume of patients trying to contact the practice. This led to the practice sourcing a new telephone system to better manage the increased volume of calls and help patients communicate with the practice when they want to.

Healthwatch Sunderland

Other Primary Care Services

The other reports we received this quarter which discussed people's experiences of primary care (four) included feedback about dentistry and pharmacy, incorporating feedback from around 562 people.

We also received 354 individual pieces of feedback from members of the public through the Healthwatch network, the majority of which (57%) related to dental services.

What is new this quarter?

Pharmacy: People struggle to receive their medication on time, if at all.

More people have spoken to us about experiencing problems with accessing their medication for several reasons that we describe in the in-focus section above.

What do we continue to hear?

Dentistry: People are having problems registering and getting appointments with a dentist

We continue to hear about the difficulties people face registering with a dentist, and specifically finding practices taking on NHS patients. People also told us that they find it hard to get emergency dental care quickly.

Dentistry: People are receiving poor quality dental care and then sometimes require additional treatment to put it right

People spoke to us about having to have extra treatment to fix errors made during previous appointments, often at their own expense. This not only leads to disputes between patients and dentists about costs, but the dental problems themselves can also prove hard to resolve. We heard about serious cases where poor dental treatment caused damage and infections to healthy teeth.

Personal story: Difficulty accessing emergency care

"If a dentist from hell existed this would be it. I have tried to get an emergency appointment constantly. Was told to repeatedly call back. After 2 weeks there is an appointment available only to be told it had to be confirmed by the dentist. Apparently, you can only get an emergency appointment with your own dentist. My dentist was on holiday for 1 week and fully booked the following week. At no point was I told this during the two weeks I repeatedly called… Cannot believe how inconsiderate fellow humans can be when they have the ability to help and have a duty of care."

Healthwatch Birmingham

Personal story: Poor dental treatment

"About 3 years ago the caller lost one of her back teeth. At the time her dentist fitted a metal coating like a bridge to the next tooth to bridge the gap. About 4 months ago she got a 'niggle' around that tooth. She paid to see her sister's dentist privately who said that the metal bridge was too wide and had caused a weakness in the healthy tooth, making it 'rock'. Now this dentist felt that this tooth, which had previously been healthy, needed to be extracted too… In addition, an abscess has developed around the previously healthy tooth which needs antibiotics. As the caller has lost all faith in the current practice, she did not want to return there and her GP has agreed to see her tomorrow to give her some antibiotics."

Healthwatch Essex

We also received positive feedback about dentists this quarter.

Besides having the ability to book appointments with ease, people have said how being able to communicate well with practice staff, receive clarity about treatments and costs, and dentists doing their best to be gentle during procedures can make all the difference in helping them feel comfortable about visiting the dentist in the future.

Personal story: High quality dental care

"My dentist is really caring and takes the time to face me when she needs to speak instead of standing at the back of the treatment chair as I am hearing impaired. The staff at reception are helpful. They help with form filling."

Healthwatch Kent

“Having attended for routine hygiene appointment but really worried about a recent implant that after accidentally biting on it, the crown had caught under my gum & was so incredibly painful & uncomfortable. I was outside of Emergency hours but the receptionist made a request & the staff gave up their lunch break to provide outstanding care & resolved the issue immediately, resulting in instant relief. I am so incredibly grateful to both for helping me & it is absolute given that this practice will do all it can to provide the best possible care for their patients.”

Healthwatch Bedford Borough

What are people asking us about primary care?

Last year, 707,816 people accessed Healthwatch advice and information online or contacted us with questions about local support. This quarter 182 people asked us about primary care services. These are the most common questions Healthwatch are asked about primary care:

How to find a GP

How to register with a practice

How to change to a new practice

How to complain about their GP

How to access a relative’s medical records

How to find mental health-friendly GP services

Personal story: Mental health support from GPs

“Individual with bipolar contacted us looking for recommendations for GP practices who are known to provide good mental health support, as they were removed from xx GP practice register by the practice without their consent. They have been told they were de-registered due to 'abuse', however feel that the reception staff don't know how to deal with vulnerable patients and this can mean their reaction to reception staff has been seen as 'abusive'. They were refused contact with their GP who had been giving them good support over the last few years, and the practice also refused to provide any handover to a new GP practice.”

Healthwatch York

“I am moving away to university and need help finding a GP who is Mental Health friendly as many doctors are reluctant to prescribe the medication I am currently taking.”

Healthwatch Milton Keynes

What are people telling us about secondary care?[2]

As usual, we heard a lot of feedback about people's experiences of going to hospital and other specialist facilities this quarter. We received 10 reports from local Healthwatch which included feedback from 896 people on this subject, as well as 2,018 additional individual pieces of feedback about it. About a third of the people (36%) who shared their views with Healthwatch this quarter spoke about going to hospital.

A&E and urgent care

Local Healthwatch have produced one report this quarter about A&E and urgent care departments, informed by 55 people's experiences. We also received 291 pieces of individual feedback about these topics, representing 5% of all individual feedback this quarter.

We heard slightly more positive than negative feedback, which is likely to be because of the level of care people receive from urgent and emergency services.

What is new this quarter?

People wait too long before being discharged and others are discharged too soon

We have heard again this quarter from people who have experienced delays being discharged from A&E. People said they felt they spent too long either waiting for an assessment, for information about follow-up treatment, or for transportation to take them home. In one case, a person left hospital of their own accord and unaccompanied because they hadn't been able to see a psychiatrist after being admitted overnight.

However, we've also heard of instances where people have been discharged too soon and then either returned to A&E or ended up at another hospital's emergency department.

Personal story: No contact after discharge

"… I was discharged being reassured that the relevant nurse would call me on the following Monday with more detailed instructions. They even double checked my phone number with me before I left. No one ever called. I tried chasing the matter by phoning the hospital but was told simply to call the crisis number, instead. I ended up in the emergency department at a different hospital (and for the same condition) only a couple of days later…"

Healthwatch Hillingdon (through Care Opinion)

PERSONAL STORY: Poor communication

"I was admitted via A&E for abdominal pain. After an X-ray I was given a litre of saline drip overnight and oramorph (oral morphine). In the morning the pain had dissipated and I was sent for an ultrasound and discharged after being told I was dehydrated. A month later I am back with the same pain and the (SAU) Surgical Assessment Unit registrar asking why I hadn't been referred to another department as the scan done on the previous visit showed a large mass in my abdomen. I answered truthfully I wasn't told of a large mass…"

Healthwatch Leeds (through Care Opinion)

[2] Secondary care services relate to A&E and urgent care services as well as hospital services such as maternity, ophthalmology, cancer services and cardiology.

Poor treatment for people in mental health crisis

We keep receiving more and more feedback about the poor care people experiencing mental health emergencies are receiving in A&E. People have told us that they don't feel listened to or that the care they received helped them to get better. Not everyone who went to A&E with a mental health crisis was able to speak with a mental health professional, and others were given contradictory information by different members of staff. We heard from others that they were given a higher dosage of their medication and discharged without being advised as to what to do next.

Personal story: Poor communication with families

"My son, who is 19, was taken to A&E via ambulance with an attempted suicide. He is a student, away from home, and depressed. I am a parent who is beside myself trying to help him. I am also a next of kin who was NEVER informed that my boy could've died. He was sent home later day. Considering he's got mental health issues and no support or follow up from mental health services I am appalled that A&E staff did not think it would have been appropriate to inform next of kin of him being admitted with a suicide attempt so I could be there for him. Worse still, when I tried to speak to A&E, the staff kept putting the phone down on me…"

Healthwatch Leeds (through Care Opinion)

What do we continue to hear?

Poor communication and information sharing

The way staff behave and speak to patients has a huge impact on their experience and the overall quality of care they feel they have received. Although we continue to hear positive feedback about the quality of care and patience demonstrated by most members of staff, we also heard about some ways in which things could improve.

We've heard about families and carers who weren't notified when a loved one was discharged from hospital, and about people who had received conflicting advice and information from professionals. People told Healthwatch that follow-up treatment doesn't always happen as planned, presenting issues when hospitals later can't access up-to-date information about patients.

Longer waiting times and lack of support for parents and carers while waiting

We have received more negative feedback about waiting times in this quarter, which might be because more people use the service during the winter. People said they'd like to know more about where they are on waiting lists, and for there to be a screen in waiting rooms through which they're called to their appointments. Parents and carers told us that they felt unsupported whilst waiting and that there wasn't anywhere for them to go to get refreshments close by.

People seem less frustrated when they are updated about their wait and delays are explained.

Personal story: Delays getting emergency treatment

"… An ambulance was called for sick diabetic child. The ambulance arrived 1hr later and took them to A&E. They waited in A&E for 4/5 hours and then admitted to ward 32, they then had wait on a bench for a further 4 hours. Son's ketones were high and were sent home. My son has special needs and the doctor said that he can be seen in an emergency. When I contact the practice to make an appointment, the receptionists make it very difficult."

Healthwatch Bradford

Personal story: Praise for A&E staff

"… My baby was very ill and unresponsive so we took him to A&E where he was seen immediately. The nurses and doctors were amazing. They treated him quickly, did all sorts of checks and tests on him. But at the same time they made sure we knew what was going on and took the time out to make sure we were ok. Everything happened so quickly and really smoothly. The staff couldn't do enough for him and us and we can't thank them enough. He is totally fine now!"

Healthwatch Wakefield

Personal story: Parents and carers feel unsupported

"Ambulance arrived at A&E at 3am in the morning and caller and her son were triaged to the Children's A&E area. Patient and son were still waiting at 5am by which time her son had fallen asleep. Caller wanted to raise awareness that no refreshments were offered and there was nowhere she could go to get even a bottle of water or a cup of tea without leaving her young son unattended. She wanted to raise that parents are often overlooked and that it would be helpful to have somewhere to get a drink to keep them going when you are waiting such a long time to be seen."

Healthwatch Essex

Hospitals

Nine reports we received from local Healthwatch this quarter talked about 841 people's experiences of hospitals. We also received 1,563 individual pieces of feedback, covering 54 hospital services. This represents 31% of all individual feedback received.

What is new this quarter?

People are not always able to choose where they receive treatment

Everybody is entitled, where possible, to choose where they are treated, but not everybody knows this, and not all professionals make this clear to people. We heard this quarter from people who wished to be treated elsewhere, including one person who was much happier with their experience following a change of hospital.

However, in some cases it's limited availability of services that decides where people are treated. We heard from a number of people in Northumberland having to go to Berwick Hospital because services, such as children's phlebotomy, aren't available in their regions. This experience is common across the country, and particularly in rural areas, such as Cornwall. People in these areas might find that they have to be transferred between hospitals, as it isn't possible for them to just be treated in one place.

People are having difficulties parking when arriving at hospital

More people have told us about their concerns with parking at hospitals and other secondary services this quarter. We have heard from over 60 people about parking at 35 locations across England. People are mainly concerned by the fact that they can't find a parking space and, as a consequence, arrive at their appointment late or "stressed". We also heard about insufficient disabled parking. One person told us that there is such little parking that they have to park outside and push their wheelchair-bound husband up a hill to get back to the car.

People have also commented on the high – and increasing – cost of parking. We have also started to hear about overcomplicated car parking machines that do not cater for differing technological abilities.

Personal story: Parking costs

"The cost of parking at the [name of hospital] is disgraceful and the new way of paying is complicated and relies on patients remembering their number plate. Technology is too complex for some people!"

Healthwatch Cheshire West

Feedback from professionals: Unsuitable working environment for nurses

Feedback from a nurse in Cornwall gives an insider look into what it feels like to be a nurse in the NHS. The nurse describes the working environment as unsuitable to care for patients properly and sometimes when they complain nothing is done about it. We've heard from patients that low staff levels are sometimes obvious, which makes them more sympathetic regarding waiting times.

What are people asking us about hospitals, urgent and emergency care?

This quarter 109 people asked us about hospitals and urgent and emergency care. These are some of the questions Healthwatch have been asked:

How do I access support for long term conditions outside of hospital?

What do I do if I have been waiting a long time for a referral or operation?

What are the contact details of local hospital services?

How do I make a complaint about hospital services?

What type of support is available following discharge from hospital?

What support is available for expectant mothers?

How do I get information about dementia support?

How do I get medical treatment without going to A&E?

Personal story: Empathy with nurses

"… [some nurses] managing more than one ward, some managing three wards at a time, only supposed to manage one...12-hour shifts without breaks, always under staffed. Ovens not emptied - food left in oven [for] over 24-hours and then potentially served to patients. Not suitable for patients' needs. Not a good response from supervisor, just told to deal with it. Host refused to give food as could have resulted in food poisoning. Anxiety from not knowing what wards need covering - stress levels very high… not given full training before going on the wards… complaints not taken forward. Not enough equipment… such as bin bags. Staff not listened to… Disciplined for speaking to patients too long. Nurses get backlash from jobs not being done correctly."

Healthwatch Cornwall

What do we continue to hear?

Quality of medical treatment is good but not everyone receives good customer care

We consistently hear praise and gratitude for hospital staff and medical treatment. We also hear negative feedback, such as complaints about rude staff, but that many people feel sympathetic to

professionals who are under pressure. The feedback indicates that the more staff can do to make people feel listened to, the more satisfied they are with their experience.

We have heard good examples about the quality of treatment in hospitals in Wakefield where staff 'always go the extra mile for you with no bother at all' and care is individual and enough time is given to each patient.

Long waiting times for appointments and operations

We hear a lot about outpatient care and appointments with hospital services. Issues people experience include: notifications about appointments not being sent in a timely fashion, and missing referral notes and patient records. People have received letters on the day of their appointment, or have turned up to be told their appointment has been cancelled. In some cases, hospitals then refer people back to their GP, making their wait for treatment longer. As a result of these issues, some people are waiting beyond the NHS target of 18 weeks for operations. We have previously heard from people who have had more than two operations cancelled.

What are people telling us about social care?[3]

Half of the reports we received this quarter (44) related to social care, capturing the views of 2,010 people. This included 37 reports about visits to care homes. We also received 352 pieces of individual feedback from members of the public about social care. Most of our feedback in this area is about either care homes or care provided in people's own homes.

What is new this quarter?

Variations in care delivered in people's own homes

People shared a number of complaints about home care providers with Healthwatch this quarter. We heard about care workers changing their visiting schedule without giving people notice, cancelling visits altogether without letting people know, and failing to give people their medicine. When these issues arise, some families decide to change care provider, which can lead to further stress and delays getting people the help they need.

Personal story: Inconsistent care

"I have had ongoing issues with [name of home care agency] since August 2018. The carers are very unreliable. When my relative was discharged from hospital with a visual impairment, care package was increased to 3 visits a day, but they only came twice on the first day and not at all on the second day. Relative is frail with diabetes and dementia. Carers should have come at 7am, but did not arrive until after 8am. No one ever came for the lunchtime visit. I have complained but the matter has not been resolved. Relative is about to be discharged from hospital again and need guarantee that their care will be consistent. I think this is a systemic issue with [name of home care agency]."

Healthwatch Haringey

Poor transparency regarding care home costs and difficulties having care home packages reviewed

People spoke to Healthwatch this quarter about a lack of transparency when it comes to care home costs, with continuing healthcare and 'lifestyle payments' feeling unclear. We also heard from families struggling to get care home packages reviewed when their personal care needs are not being met.

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[3] The following services are included in the social care category; care homes, home care, assisted living, social care assessment and equipment services.

What do we continue to hear?

Variation in activities for care home residents and levels of training among staff

We continue to hear about the lack of planned activities and stimulation for care home residents, as well as a mixed level of training and awareness among care home staff, particularly in relation to dementia.

Lack of consistent and accessible information about home care services

People continue to talk to us about having trouble accessing the most appropriate home care services, with some needing help to set this up for themselves or a family member.

Healthwatch in practice

Having visited their 100th care home, Healthwatch Bucks showcased how some of the care homes they visited within the last six months had listened and acted on their findings.

In addition to helping make care homes feel more homely for residents, Healthwatch Bucks also successfully encouraged care home staff to attend dementia awareness and communication training, and to create dementia champions. These efforts have helped residents living with dementia feel better supported and live the way they want to.

Healthwatch Bucks

What are people asking us about social care?

This quarter 127 people asked us about social care support. These are the most common areas Healthwatch are asked about:

How to access care at home services for elderly or those with long term conditions

How to choose the right care home

How to get equipment installed or repaired in the home

How to access respite care

How to get information on care packages available

How to access supported accommodation

How to get a social care assessment

What are people telling us about mental health?

We received 11 reports, which included 1,524 people's views on mental health services this quarter, 38% more than last time. However, we only received 242 individual pieces of feedback about mental health (7% fewer than the previous quarter).

What is new this quarter?

Some groups of people do not meet the eligibility criteria for some support services

Our feedback this quarter indicates that some groups of people face difficulties accessing support because they do not meet the necessary criteria for it. We heard from two men who said that their gender limited their support options, with staff deeming it inappropriate to include men in group sessions, such as art therapy.

Personal story: People left without support

"I have been referred from one service to another. I don't fit the specific criteria for certain services, and there is no-one to fill the gaps. I have been left with no support… I was told by my psychiatrist that I would get therapy but it never happened - professionals tell you one thing and set the expectations but then it is never delivered. I was also told that I would be suitable for MBT (an Art Based Therapy). However, despite being suitable this wasn't offered to me because the rest of the group was made up of girls. I was denied therapy that could have helped, just because I was male."

Healthwatch Milton Keynes

Others have struggled to gain access because they have more than one diagnosis, speak a different language, have a condition that is too severe or have specific communication needs such as a British Sign Language interpreter.

Personal story: Lack of understanding about people's needs

"I have autism and experience mental ill health. I was offered very little support during my pregnancy. I didn't fit the specific criteria so I was offered no mental health support. Instead, I was passed around from one department to the next. Police and Health professionals need more training surrounding autism and mental health."

Healthwatch Milton Keynes

What do we continue to hear?

Waiting times – need for interim support and information

We continue to hear about long waiting times across mental health services, most commonly for formal assessments and follow-up treatment. Sometimes people are bounced between different services, which mean they're waiting longer to get support. Other times, people who are already in contact with services are kept waiting for routine appointments. People also struggle to get through on the phone to mental health crisis services, from which they require an urgent response.

We heard from one mother whose daughter was still on a waiting list for treatment for an extreme eating disorder. She has been admitted to hospital twice but is still waiting for specialist support.

Poor communication, and limited information about and delayed access to support

We often hear that limited information is given to people, particularly whilst they're awaiting diagnosis or mental health support. People are told to expect letters in the post and calls from services, but these often don't happen for some time.

Most people have no idea what mental health services are available in their area, and this isn't helped by a lack of information about support on offer. We've heard that professionals and members of the public are unaware of services that can help people in need.

Many services are moving to self-referral, but this can be a confusing process. We've had lots of people ask us how to do this after their GP has told them to self-refer.

Personal story: Limited access to mental health support

"It is extremely difficult to get quick therapeutic counselling services unless you can pay for them (which is extremely expensive). The NHS needs to be able to retain staff better to improve this."

Healthwatch Milton Keynes

"A gentleman contacted our signposting service on behalf of his wife who is trying to access IAPT and had her initial assessment. She was then directed to crisis support; however, what she needs is ongoing support with her depression. Since the assessment, they have been transferred back and forth from IAPT to Crisis support. They have limited knowledge of who to speak to who could sort their issue."

Healthwatch Bromley and Lewisham

"I have autism and I experience mental ill health. There is no point of contact for me when I am in crisis. I need somebody who I can build a relationship with, who I can turn to when I need them. Instead I get offered support in 6 months' time with a stranger."

Healthwatch Milton Keynes

"My teenage son saw the GP regarding his depression, we were very concerned as he has Asperger's and had gone missing from school, so he was referred to CAMHS (Child and Adolescent Mental Health Services) by the GP, but it took 4 months to get an appointment - This is far too long to wait for a child in crisis."

Healthwatch Cheshire West

What are people asking us about mental health?

This quarter 53 people asked us about mental health care. Here are some of the most common questions Healthwatch are asked:

How can I get help to understand the pathway for mental health support?

How do I find out about CAMHS?

How do I get an early diagnosis for an Eating Disorder?

How do I access to non-medical support for mental health conditions?

What support is available for veterans and victims of trauma, including bereavement and sexual abuse?

How do I complain about mental health services?

How do I access befriending services?

How do I get support in my own language?

People who find it difficult to be heard: What are their experiences?

In previous quarters, we have looked at specific tangible communities that struggle to be heard, such as people who are homeless and prisoners. This quarter, we have chosen to look at a more far reaching group that cross multiple communities – people with limited family and social networks.

We received three local Healthwatch reports, which included the views of 162 people who find it difficult to be heard, and we also heard 168 pieces of individual feedback.

People with limited family and social networks

This quarter, we have heard from 37 people who have limited family and social networks about some of the problems they face accessing health and social care.

Common themes

Trouble managing mental health conditions in isolation

It can be hard for people who are isolated to deal with mental health issues. Those we heard from said they needed someone to talk to and some kind of peer support. We also heard from people who said they couldn't always manage their medication effectively without help.

Personal story: Impact of problems accessing medication

"The client contacted us [Healthwatch Calderdale] due to long term problems with medication for his mental health conditions being issued late by his pharmacy, which in turn leads to deterioration in his mental health, suicidality, rough sleeping and hospital admissions… The client has schizoaffective disorder and agoraphobia, lives on his own, and has a weekly visit from an SRN (state registered nurse) to support him, as if he forgets to take his medication he ends up back in hospital. For the last year the… pharmacy has not been issuing his medication on time, it has regularly been 4 to 5 days late… He doesn't want other people to have the same problems, and wants to make a complaint about the… pharmacy as their attitude has been 'It happens' and then it happens."

Healthwatch Calderdale

Housing for those with mental health challenges

People with mental health conditions who have limited support networks may require additional help with finding a safe place to live. However, we've heard over the last quarter two instances where a recovering addict was placed in accommodation where drug dealing and crime was a problem. This resulted in them leaving the premises and becoming homeless. In turn, this led to their conditions deteriorating and presenting them with significant challenges in accessing health and care services. Such cases are illustrations of why NHS and social care services must work with other public sector organisations to ensure people's health, safety and broader wellbeing needs are met.

Personal story: Impact of unsuitable housing

"A young tenant of a supported housing association had complained to his landlord about drug dealing in the stairwell. He said many tenants were intimidated and the dealing was affecting his own recovery from addiction. The landlord had not resolved the issue and he had been targeted by the dealers. As a result, he is now sleeping rough. He has a support worker who has helped but neither his landlord nor [name of organisation] will help. He has reported it to [name of organisation]… Unfortunately, despite repeated attempts to call the client back he has not answered his phone."

Healthwatch Lambeth

Personal story: Lack of support for people who are homeless

"… I suffer from anxiety and depression. I am living on the streets at the moment. I have registered as homeless with [name of service provider] but they said I have made myself homeless as they previously gave me a place to stay. I am a recovering addict and this place was full of people with addictions… My room was broken into and all my things were stolen. There were needles and drug paraphernalia left in my

room. I could not cope with this and left, when I went to [name of organisation] they refused to help me as they said I made myself homeless."

Healthwatch Sunderland

Need for clear, ongoing communication

Maintaining continuous communication is essential for those who experience memory problems and have a limited family or social network. We hear that small changes could make a significant difference to people, such as appointments scheduled automatically at regular intervals, and reminders sent to people beforehand.

Personal story: Lack of support for people who are homeless

"… When I make an appointment with the GP it is essential they remind me of the appointment by text, I would often miss my appointments and get dates and times mixed. I have got a memory problem, medication problem and problem with numbers. About 2 years ago I raised this issue with GP and he got angry with me, he said you patients waste my time and come here with other issues. Still difficult to get appointments, waiting in the queue and then no appointments available."

Healthwatch Birmingham

Transport for people living alone

We heard from people living alone who have no support network and no way to access transport. For these people, travelling to appointments, particularly ones scheduled at short notice, can be really challenging. People feel that there is little empathy amongst service providers for individuals in these circumstances.

APPENDIX

Volume of insight collected from October to December 2018 (Q3) compared to July to September 2018 (Q2).

	No. of local Healthwatch reports Q3 2018/19[4]	% of local Healthwatch reports Q3 2018/19*	% of local Healthwatch reports Q2 2018/19	Number of individual feedback Q3 2018/19	% of individual feedback Q3 2018/19	% of individual feedback Q2 2018/19
Primary care	15	18%	23%	2490	45%	41%
Secondary care	10	12%	30%	2018	37%	34%
Social care	44	52%	32%	352	6%	7%

[4] *This is the number of reports that contain information on the service areas listed some reports cross multiple service areas which means the sum of the reports will be greater than the total publications*

Mental health	11	13%	7%	242	4%	6%
Other	7	8%	15%	431	8%	12%
Total	**85***	**-**	**-**	**5,533**	**100%**	**100%**

Total number of publications.

About us

Healthwatch is here to make care better.

We are the independent champion for people who use health and social care services. We're here to find out what matters to people, and help make sure their views shape the support they need.

There is a local Healthwatch in every area of England. We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that the Government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Our sole purpose is to help make care better for people.

Contact us

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AGENDA ITEM No 2.2

AGENDA ITEM: Conference Evaluation Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: This report gives an overview of the Healthwatch England 2018 Conference held in Stratford-Upon-Avon

RECOMMENDATION: Committee Members are asked to NOTE the report.

This year's conference had three core objectives:

- Build confidence across the network by providing local Healthwatch with the opportunity, tools and support to lead sessions focusing on best practice;
- Create opportunities to network and share/learn from each other, through an agenda delivering co-led sessions with other local Healthwatch; and
- Opportunities to influence; by provision of keynote sessions that focus on increasing leadership and influencing skills to help build a stronger network.

The structure of the agenda, along with new support processes, allowed us to deliver on all three objectives, with:

- 23 of 34 breakout sessions led by the Healthwatch network (15 of which were co-led with other Healthwatch, Healthwatch England and external organisations).
- An additional 5 "awards showcase" were led by Healthwatch England, but focused exclusively on the work of the shortlisted award nominees.
- 46 separate Healthwatch involved in agenda sessions.
- More than 20 high profile mainstage speakers discussing a range of topics relevant to Healthwatch priorities, that the majority of attendees agreed were relevant, interesting and brought fresh thinking.

Overall, evaluations were overwhelmingly positive, with:

- 83.3% agreeing they found the overall conference experience 'interesting, challenging and fun'
- 89.8% agreeing that the conference provided opportunities for them to network and build relationships with peers
- 74.1% agreeing that what they learned at conference would help them better carry out their role with Healthwatch
- 61% agreeing that learning from the conference will help them better carry out their role in terms of:
- empowering people and communities (61.1%)
- providing a high quality Healthwatch service (74.1%)
- using people's views to help improve health and care (63.0%), and
- 91.6% saying they would recommend the Healthwatch Annual Conference to a colleague.

This year's conference social media reach was nearly double previous years, with much higher impressions (44%) and more engagement with our content (77%).

Feedback from Conference participants:

What went well?

- Caliber of speakers - with high profile and influential names
- Engaging content relevant to the network and its priorities
- All evaluation responses that mentioned Phyllis provided positive feedback. In addition to this, a number of Healthwatch have indicated interest in showing the play in their local areas
- The app was well used in the mainstage sessions:
- 569 interactions across all the mainstage sessions
- 313 users on day 1
- 200 users on day 2
- The facilitator (Kieron) held the room well and made it easier to navigate sessions

What can we improve?

- More interactivity / shared learning among participants in the room
- Longer session times for 'deep diving' into issues
- Mechanisms to keep energy up on the mainstage, particularly towards the end of the day

23 of 34 breakout sessions led by the Healthwatch network (15 of which were co-led with other Healthwatch, Healthwatch England and external organisations).

This year we gathered more evaluation data on individual breakout sessions than ever before with 278 evaluations received across 39 sessions.

The overall quality of the breakout sessions was high:

- 74.1% agreed that the session improved their skills and knowledge
- 65.1% agreed that the things they learned would help their organisation improve its activity in the next two months
- 78.1% agreed that the things they learned would help their organisation improve its activity over the longer-term

The awards showcase, which were run for the first time this year, were also well received with evaluations showing:

- 71.1% agreed that the session improved their skills and knowledge
- 66.3% agreed that the things they learned would help their organisation improve its activity in the next two months
- 85.5% agreed that the things they learned would help their organisation improve its activity over the longer-term

What went well?

- The overall quality of breakout sessions was extremely high with a good range of topics
- There was excellent representation of Healthwatch across the sessions
- The sessions were the most appealing to operational staff and volunteers
- The sessions were well planned and designed, ensuring an element of networking and interactivity
- Sessions were well subscribed, with all having at least 12 attendees, many maxing out the room capacity and most having upwards of 25.
- Even the final sessions on day 2 still had a high number of attendees

What can we improve?

- All sessions needed more time, particularly those on more complex issues
- There could be more opportunities for exchanging contact details and taking joint work forward (e.g. attendance sheet with email addresses)
- Evaluations from a handful of sessions said the content was not what they had expected

Agenda

What worked well?

- The agenda was well balanced with a good mixture of session available to suit chief executives/operational leads, chairs/board members and operational staff/volunteers
- There was a good spread of attendance across all the sessions, showing the programming balance was right
- Running the standalone mainstage session increased attendance and proved a good way to focus the entire network on one issue
- The breaks were well timed throughout the day

What can we improve?

- More time for all sessions
- Longer breaks to encourage more networking
- Greater incentives after lunch on day 2 to encourage people to stay
- More chief executives / operational leads attending breakout sessions
- Continued increasing of Healthwatch network involvement (46 this year, ideally 50+ next year)

Agenda recommendations for 2019

- Fewer sessions, run for longer time with slightly longer breaks
- Note: this will likely include having to turn away some Healthwatch offering to run sessions
- More interactivity / shared learning built into all sessions
- This will be easier to do with longer sessions
- Focus on high energy sessions towards the end of day 2
- Run a high profile main stage session as a standalone
- This can set the tone / focus for the conference
- Continued encouragement of Healthwatch network involvement in the agenda (46 this year, ideally 50+ next year)
- This will depend on the structure of the agenda / number of sessions etc.

Content Outcomes

When asked what action they would take as a result of what they've learned at this year's conference:

- More than 70% of respondents indicated that they will work more closely with other Healthwatch, build partnerships, use the learnings to improve their own practices and/or share the information they learned with their local area.
- 46.7% of respondents cited that the learning from conference would help them move forward specific content areas (e.g. funding, loneliness, engaging young people and enter and view).

Other outcomes we've seen to date include:

- Multiple offers to help develop the quality framework
- Exploring setting up a young Healthwatch network across the country
- Meeting with a Healthwatch Oxfordshire trustee who has links into Lottery to discuss funding
- Multiple Healthwatch promoting their conference presentations/awards in their local area (e.g. with their commissioners)
- A range of network feedback gathered on Healthwatch England projects (e.g. digital solutions, #NHS100, network offer)
- Greater involvement of the network in Healthwatch England activities (e.g. Kent helping run a webinar on NHS Transformation, offer from EROY to deliver enter and view training)

Awards

This year we had 170 award entries from more than 100 Healthwatch

What went well?

- More entries from more Healthwatch than ever before
- Higher quality entries
- Having the award booklet of shortlisted nominees, runners up and winners available at conference was appreciated by the network
- Anecdotal feedback from the network is that the categories were largely a good fit for Healthwatch work
- The timeframes fit around annual reports and other deadlines well
- Having the award judge present the award winners sent the right message
- The quality of the videos was good given the timeframes
- The running order made sense given some Healthwatch were shortlisted for multiple awards

What can we improve?

- More opportunities for work from smaller Healthwatch to be considered for awards
- Increased and more varied opportunities to showcase and value the work of nominations that weren't shortlisted
- More clarity to the network around who is judging the awards and their experience / expertise (potentially external judges)
- Consider the objective and purpose of the awards ceremony and adjust the approach to suit
- Better cross-team working on award ceremony delivery and improved understanding of and adherence to timeframes on delivery
- Clearer ownership of the awards ceremony, including delegation of tasks and responsibilities
- More comprehensive briefing of presenters, facilitator and staff involved
- Full run-through of slides and presentations prior to the ceremony
- Consideration of whether the value of the videos and external media was worth the time / effort / cost

Awards recommendations for 2019

- Network Development to lead the awards process with Communications to lead the awards ceremony
- Keep the timeframes and submission process for the awards the same
- Consider using an online form for submissions
- Review of the awards process to discuss:
- Categories (including possibility of 'what are you most proud of?' award)
- Judges

- Identify ways for all nominations to be showcased, not just shortlisted nominations
- Pair the awards with other mechanisms that showcase all good work done by the network and promote this externally
- Review of the awards ceremony to discuss:
- The objectives (e.g. celebration, showcase, information share)
- Best way to achieve these at conference

Conference Atmosphere

What went well?

- The atmosphere of this year's conference was professional, friendly, welcoming and supportive to the network, and Healthwatch England staff went above and beyond to create this
- The network felt more open and collaborative with a much more positive approach to sessions
- There were more opportunities than ever for networking, and this was appreciated by attendees
- Social media engagement was higher than in previous years, with many leaving positive comments

What can we improve?

- More formalised opportunities for network staff and volunteers to meet members of Healthwatch England
- More structured connection and networking opportunities for attendees (e.g. speed networking, 'help me with a challenge', introductions on behalf of the network)
- Better use of the app for making connections throughout conference
- A clearer narrative around the engagement activities at conference and why they're valuable (e.g. video booth)
- Healthwatch England staff business cards / contact details readily available would make networking on the day easier

Venue and logistics

What went well?

- Venue was well sized, good break out rooms, excellent on-site support and had good accommodation
- The app was used well for its first year,:
    - 238 unique users
    - 569 interactions across all the mainstage sessions.
    - 'my agenda' was the most visited page across both days, followed by the 'interact' (i.e. voting) pages
    - The ability to provide individual badges with a personalised agenda was extremely popular with delegates
- The on-site office helped with the organisation and gave a space for committee and staff to plan / meet etc.

What can we improve?

- All staff to improve understanding of accessibility and how to provide it at conference
- Bigger venue on a more main trainline
- Dedicated space/room for filming and comms activities
- Healthwatch England staff business cards / contact details readily available would have made networking on the day easier

General Planning

What went well?

- Clear conference framework, including objectives, target measures and accountable officers set by the leadership team
- Exceptional programme management provided by Hollie Pope with clear timeframes and monitoring of delivery
- More staff were involved from an early point, increasing understanding of what was required
- The supporting documents (e.g. key messages, briefing sheet) made it easier for everyone to deal with the network in a consistent way
- The committee were involved to the right level, taking advantage of expertise while allowing newer members to network and learn
- Evaluations captured a range of usable data that will inform next year's conference

Budget 2019

The final spend on conference was £199,000, which included:

- Venue and accommodation £131,000
- Bursaries £4,000
- External facilitator £8,000
- Video booth £1,000
- Phyllis £11,525
- Conference app £16,089
- Award videos and live streaming £13,370

Planning for conference 2019 is underway and we are currently considering venues. The most likely venue will be ICC in Birmingham subject to budget approval and availability.

HEALTHWATCH ENGLAND –COMMITTEE MEETING

AGENDA ITEM 2.3

AGENDA ITEM: Succession Planning for the Committee

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: Of our Committee six members have term end dates in 2020 and this paper sets out a recruitment timeline to ensure the Committee has a succession plan in place

RECOMMENDATION: Committee Members are asked to APPROVE the establishment of a time limited appointments committee

1. This report contains all Committee members term end dates and sets out a timeline for recruiting new members.

2. The rules:
   - When a term is completed members may be reappointed for a further term at the HWE Chair's discretion but are not eligible for further reappointment until a term has elapsed.
   - The HWE Chair is able to remove a Committee member if the Chair believes they are unable or unfit to carry out the duties of that office; or are failing to carry out their duties, or are disqualified under the Regulations.
   - The Committee will also be able to co-opt members to ensure that the Committee has access to specialist expertise when needed.
   - Once an extended term has finished members can re-apply for appointment in an open field.

3. Term end dates:

Ruchir Rodrigues	01/01/2020	
Helen Parker	01/01/2020	
Amy Kroviak	01/01/2020	
Helen Horne	25/02/2020	
Andrew Barnett	01/05/2020	Second Term
Liz Sayce	01/05/2020	Second Term
Andrew McCulloch	01/01/2021	
Lee Adams	01/01/2021	
Phil Huggon	01/01/2021	
Danielle Oum	01/01/2021	
Sir Robert Francis (Chair)	30/09/2021	

4. Six Committee members have term end dates in the beginning half of 2020 and four are in 2021.

5. Recommendations:

That the Committee agrees to set up a small sub committee to oversee the succession planning process

- The members of this sub committee will comprise of the Chair and two members of the Committee
- These two members will be coming to the end of their time serving on the Healthwatch England Committee having served two terms
- The sub committee will advise the Committee on the following issues:
  -Skill sets needed
  -Size of the Committee
  -Recruitment campaign

The Committee are asked to RECOMMEND this report

HEALTHWATCH ENGLAND – PUBLIC COMMITTEE MEETING

AGENDA ITEM 2.4

AGENDA ITEM: Purpose and Location of 2019 Committee Meetings

PRESENTING: For information and discussion

PREVIOUS DECISION: None

EXECUTIVE SUMMARY: The Committee are asked to consider the purpose and venues of the remaining Committee Meetings in 2019

RECOMMENDATION: The Committee are asked to CONSIDER the report

There are three further Committee meetings in 2019.
Previous areas visited for Committee meetings:
2017

- Leeds
- Leicester
- Reading
- London

2018

- Stafford
- Blackpool
- London
- Bristol

2019

- Manchester

The Committee are asked to consider what they want the purpose of the visits to be and where they think it would be beneficial to hold our 2019 meetings

Item 2.5 Healthwatch England Public Committee Meeting Forward Agenda 2018/19

Oct 2018 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Delivery and half year financial and performance results • AFRSC Minutes • Intelligence Report • Integrated Comms and Public Affairs • Update Standing Orders • Questions from the Public
Feb 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update - verbal • Delivery and Performance Update Draft budget Draft work plan 2018/19 • Draft Business Plan • AFRSC Minutes • Intelligence Report • Summary of Audit (if completed) • Conference Evaluation Paper • Review June Workshop Actions • Questions from the Public
May 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update - verbal • Annual Delivery and Performance Update • AFRSC Minutes – including 2019/20 Budget • Annual Intelligence Report • Questions from the Public
Aug 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update - verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Questions from the Public
Nov 2019 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report

	• National Director's Report • Committee Member Update - verbal • Delivery and Performance Update • AFRSC Minutes • Intelligence Report • Annual Report • Annual Data Return • Questions from the Public
	Dates for meetings after 2019: Review Standing Orders – July 2020

Healthwatch England Workshop Forward Plan 2018/19

Dec 2018	• Data return • Key messages • How Healthwatch England is supporting public bodies, such as Health and Wellbeing Boards, to engage with the public, and the impact we are having. • Partnership working
Apr 2019	• Public Health
July 2019	• Conference • Annual report planning
Oct 2019	•
Nov 2019	• Data return

END OF PAPERS