Healthwatch England 4 September 2019
Meeting #28 Committee Meeting held in Public

Venue: Darwin Suite, Life Meetings and Events, Centre for Life, Times Square, Scotswood Road, Newcastle-Upon-Tyne NE1 4EP 11am – 2:30pm

Timing	Public Committee Meeting – Agenda item		Presenter	Action
11.00	1.1	Presentation from LHW	TBC	
11.30	1.2	Welcome and apologies	Chair – RF	
11.32	1.3	Declarations of interests	Chair - RF	
11.34	1.4	Minutes of meeting held on the 14th May, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
11.45	1.5	Chair's Report	Chair - RF	VERBAL
11.55	1.6	National Director's Report	IR	For DISCUSSION
12.10	1.7	Committee Members Update	Committee	VERBAL
12.20		**Coffee break**		
12.30	1.8	Q1 2019 Delivery and Performance Report	IR	For NOTING
12.40	1.9	Audit, Finance and Risk Sub Committee Meeting Minutes	DO	For NOTING
13:00	2.0	Research on Stakeholder Perception of Healthwatch	JL	For DISCUSSION
13:10	2.1	Presentation: Evaluation of NHS Long Tern Plan Engagement	GM	For INFORMATION Presentation will be shown on the day
13:20	2.2	Healthwatch Staff and Volunteer – Their Future Learning and Development Needs	GM	For DISCUSSION Presentation will be shown on the day
13:30	2.3	Intelligence and Policy Report for Q1	IR	For DISCUSSION
13:45	2.4	Purpose and location of November 2019 Committee Meetings	Chair - RF	For DISCUSSION
13:50	2.5	Forward Plan	IR	For DISCUSSION

13:55	Questions from the public		
14:05	AOB		
	Date of Next Meeting 13th November in Birmingham – venue to be confirmed		

<table>
<tr><td>1.2</td><td colspan="2">Item 1.4 Healthwatch England Committee Meeting
Held in PUBLIC – London

The Cotton Room at The British Library, 96 Euston Rd, London NW1 2DB

Minutes of Meeting No. 27 – 14th May 2019</td></tr>
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Attendees

- Sir Robert Francis – Chair
- Phil Huggon – Vice Chair and Committee Member (PH)
- Amy Kroviak – Committee Member (AK)
- Andrew McCulloch – Committee Member (AM)
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham (DO)
- Helen Horne - Committee Member and Chair of Healthwatch Cumbria (HH)
- Helen Parker – Committee Member (HP)
- Lee Adams – Committee Member (LA)
- Liz Sayce – Committee Member (LS)
- Andrew Barnett – Committee Member (AB)

Apologies

- Ruchir Rodrigues – Committee Member (RR)

In Attendance

- Imelda Redmond –National Director (IR)
- Gavin Macgregor – Head of Network Development (GM)
- Leanne Crabb – Committee Secretary (minute taker) (LC)

Presentation:

- Patricia Mecinska, London Healthwatch Coordinators (PM)

Item	Introduction The Chair opened the meeting.	Action
1.1	**Agenda Item 1.1 – Presentation from Patricia Mecinska on behalf of the London Healthwatch coordinators on the work that has been done on engaging with the public on the NHS Long Term plan** PM presented the work of the London Healthwatch coordinators on the Long Term Plan engagement, she presented on agreeing focus of work, working to timescales, reporting requirements, utilising resources made available, support from Healthwatch England, working within the contract and funding. The presentation had input from Healthwatch Waltham Forest, Healthwatch Croydon, Healthwatch Kingston, Healthwatch Richmond, Healthwatch Wandsworth, Healthwatch Enfield and Healthwatch Lewisham.	
1.2	**Agenda Item 1.2 – Welcome and Apologies** The Chair welcomed everyone to the meeting and thanked PM for her presentation. Apologies received from Ruchir Rodrigues.	

1.3	**Agenda Item 1.3 – Declaration of Interests**	
	There were no declarations of interest.	
1.4	**Agenda Item 1.4 – Minutes from February 2019 Committee Meeting**	
	The Committee **APPROVED** the minutes.	
	Matters Arising	
	Action log item 4 - GM updated the Committee on the work funded by Healthwatch England and Greater Manchester Partnership to support the Manchester local Healthwatch. He said the Partnership was focusing on models of governance and how the local Healthwatch could collaborate. They are also using the recently developed Quality Standards to bring some consistent approaches to planning and governance.	
	Action log item 2 - There was a discussion about how we record and analyse data on protected characteristics. IR explained this was an area of the data we received from local Healthwatch that was under developed and suggested that this should be a topic to discuss at a future committee workshop. LS and LA offered to help frame the agenda for the workshop, it was suggested that we may wish to include LHW in the discussions.	LC
	<u>ACTION</u>	
	• To invite Lee Adams, Liz Sayce and local Healthwatch representatives to a planning meeting before the Committee workshop on Equality and Diversity on 9 October 2019	
1.5	**Agenda Item 1.5 – Chair's Report**	
	Sir Robert reported that he met with the Auditor General and the Chair of the Public Accounts Committee. He said both were interested to know how Healthwatch England is funded and the level of transparency regarding funding.	
	Sir Robert said he had visited various bodies relating to health. They informed him of their knowledge of Healthwatch England, and that they valued our contribution.	
	He added details of his visit to Healthwatch East Sussex and commended the examples of the good work they do, including work on homelessness. He also reported on his visit with Healthwatch Brighton and their excellent involvement with youth ambassadors.	
	A discussion took place about the extent of the work on young people's involvement in Healthwatch. IR suggested that information could be brought to the Committee workshop in the Autumn giving more information regarding local Healthwatch work with young people.	LC
	The Committee **NOTED** the report.	
	<u>ACTION</u>	
	• To bring report on work being done by local Healthwatch with young people and youth ambassadors to the Autumn meeting.	
1.6	**Agenda Item 1.6 – National Director's Report**	
	IR introduced her report that gave details the activities that have been carried out since the last meeting, updated Committee on developments in the external environment and informed the committee on what was planned for the coming quarter	
	In discussing the proposed Green paper on Social Care she advised the Committee of her disappointment that the paper had not yet been published and there was no publication date on the horizon.	
	In discussing Healthwatch's contribution to the development of the NHS Long Term Plans developed on an STP basis she informed the Committee that the work was going very well. Both	

	HWE and the network had responded well to the opportunity. At the end of the programme there would be a full evaluation. PM who presented at the start of the meeting would be invited to contribute. IR also informed the Committee that at present the rate of completed surveys stood over 20,000 responses.	
	HP asked how the survey would be analysed. IR said the responses would be sent out to our 44 Leads who will look at it from a local level and that the Intelligence Team would look at the responses from a national level.	
	PH requested that the Committee have early sight of the work being done on the Long Term Plan. IR replied it would be brought to the Committee at the next committee meeting.	GM
	HH commented that the Mental Health research document IR included in her report was excellent and congratulated the staff involved.	
	The Committee **NOTED** the report.	
	ACTION • To give Committee early insight into LTP engagement survey results as soon as information is available.	
1.7	**Agenda Item 1.7 – Committee Members Update** DO advised that she participated in a commissioner meeting with Healthwatch Birmingham which was brokered by Healthwatch England and it was a successful meeting. HH advised that the mood has changed locally with innovative things happening and people are excited by the energy in the system.	
1.8	**Agenda Item 1.9 – 2018/2019 Delivery and Performance Report** The Committee reviewed the End of Year (Q4) Delivery and Performance Report and in particular progress against KPI's. LS asked if there was any learning regarding KPI 19 (*90% of programmes on track*) and asked if it was too ambitious. IR responded that targets were ambitious and that the method of recording against our programme framework meant that we were able to track progress regularly and adjust plans if necessary DO added that she was concerned and felt the reporting throughout the year hadn't reflected the end report -IR replied that the new reporting for 2019/20 was simpler which should help with this going forward. AB asked how we might prioritise Deliverable 7 (*Publish literature review on engagement methodologies; identify relevant collaborative partnerships and design engagement tool kits.*). The Committee agreed that they would like to see Deliverable 7 as a priority. The Committee requested an update on Aim 3, item 12 (*We will commission a piece of work that will establish a baseline on a range of professionals' views and understanding of Healthwatch*) and IR advised the funding of this research would be brought to the next Committee meeting. The Committee **NOTED** the report. **ACTIONS** • To liaise with Leadership Team and consider what work can be prioritised to ensure Deliverable 7 (*Publish literature review on engagement methodologies; identify relevant collaborative partnerships and design engagement tool kits.*) is made a priority • To bring report on Aim 3, item 12 *(We will commission a piece of work that will establish a baseline on a range of professionals' views and understanding of Healthwatch*) to September meeting.	IR IR
1.9	**Agenda Item 1.9 – Audit Finance and Risk Sub Committee (AFRSC)** DO introduced the Minutes of the last AFRSC and commented that the Sub Committee were pleased there was no underspend for the last financial year. She advised that the Sub Committee will look at controls and limits and will look at procurement timelines to give the full Committee assurance on this.	JC

	She told the Committee that they had reviewed the new risk register and agreed that the simpler version is clearer. She said the AFRSC had reviewed the grant giving process to LHW and were pleased with how robust it is. She also reported that the AFRSC had reviewed the findings of the staff survey which were very positive with some useful actions for the leadership team. She reflected that it showed a picture that there was good work being done across the organisation. PH added that AFRSC had noted a small overspend by Healthwatch England but that had been absorbed by CQC PH also noted that AFRSC have requested a phased budget for 2019/20.	
1.9.	**Agenda item 1.9.1 - High Level Risk Register** LS asked if there was a risk with SR04 that '*professionals don't see us as the experts in engagement*'. IR responded that the wording would be amended to include '*There is a risk that professionals will not see the value of Healthwatch and engagement work, and the value of our role.*' The Committee **NOTED** the report The Committee **APPROVED** the Risk Register **ACTIONS** • To give full response to AFRSC regarding the 2018/19 overspend To amend Risk SR04 to include '*There is a risk that professionals will not see the value of Healthwatch and engagement work, and the value of our role.*'	IR
2.0	**Agenda Item 2.1 – Intelligence and Policy Report Q4** LS and HH commented that they liked the format and content of the quarterly report. The Chair asked if Healthwatch England could defend all the data in the report if challenged. It was agreed by the Committee that data needed to be qualitative and quantitative and scale of engagement needs to be clear. All the Committee agreed it was a great resource and very much improved. The Committee NOTED the report. **ACTION** • To make scales of engagement clearer in the next quarterly intelligence report •	AMR
2.1	**Agenda Item 2.1 – Quality Framework** GM presented the Quality Framework to the Committee and explained that it was co-produced with the network and is now being piloted. He emphasised that the framework is a tool to be used for learning and improvement it is not a performance tool. The Committee gave positive feedback regarding the quality framework and requested to see the finalised framework when it was available. The Committee requested a copy of the presentation. **ACTIONS** • To share full Quality Framework with Committee once the pilots are complete • To share Quality Framework presentation with the Committee	GM LC
2.2	**Agenda Item 2.2 – Purpose and location of September 2019 Committee Meeting** A discussion took place about the new format of the committee meetings and IR asked the Committee if they liked the new format of speakers and visits on the day before the Committee meeting. The Committee agreed the format was good but commented that it felt a bit rushed at times and they would like to see more people attend the public meeting.	

	It was agreed that September's meeting would be held in the North East and the November meeting in Birmingham. Liverpool would be considered for the first meeting in 2020.	
2.3	**Agenda Item 2.3 –** Forward Plan There were no additions for the Forward Plan	
	Comments from the public There were no comments from the Public	
	The Chair closed the meeting.	
	The next meeting is 4 September, Darwin Suite, Life Meetings and Events, Centre for Life, Times Square, Scotswood Road, Newcastle-upon-Tyne, NE1 4EP	

14th MAY 2019 PUBLIC MEETING ACTION LOG

Item	Action for	Description	Comment	Deadline	Status
1	Alvin Kinch	To communicate to the London Healthwatch Dr Tom Coffey's plans for public engagement over the Summer	Dr Tom Coffey presented at the June 12 London regional network meeting	June 2019	Complete
2	Leanne Crabb	To invite Lee Adams, Liz Sayce and local Healthwatch reps to a planning meeting before the Committee workshop on Equality and Diversity	Invitations will go out in August	August 2019	In progress
3	Imelda Redmond	To bring report to October workshop on work being done by local Healthwatch with young people and youth ambassadors	Updates on work with young people included in National Director's Report item 1.6 and full report to be brought to a 2019 workshop	Nov 2019	In progress
4	Imelda Redmond	To give Committee early insight into LTP engagement survey results when information is available	Update being given at September meeting	July 2019	In progress
5	Imelda Redmond	To liaise with Leadership Team to consider what work can be prioritised to ensure Deliverable 7 (Publish literature review on engagement methodologies; identify relevant collaborative partnerships and design engagement tool kits.) gets made a priority	Priorities being considered by Leadership Team and discussions taking place with NESTA	Sept 2019	In progress
6	Imelda Redmond	To bring report on Aim 3, item 12 (We will commission a piece of work that will establish a baseline on a range of professionals' views and understanding of Healthwatch) to September meeting	Item 2.0 on September meeting's agenda	Sept 2019	In progress
7	Joanne Crossley	To give response to AFRSC regarding the 2018/19 overspend	Included in July AFRC	July 2019	Complete
8	Sandra Abraham	To amend Risk SR04 to include the risk that *'There is a risk that professionals will not see the value of Healthwatch and engagement work, and the value of our role.'*	Amended	May 2019	Complete
9	Amie McWilliam-Reynolds	To make scales of engagement clearer in the next quarterly intelligence report to make challenges by service providers less likely	This has been included in item 2.3 of September meeting's agenda	Sept 2019	In progress
10	Gavin Macgregor	To share full Quality Framework with Committee once completed	Update given in item 1.6 of September meeting's agenda	Sept 2019	In progress

11	Leanne Crabb	To share Quality Framework presentation with the Committee	Full presentation sent to Committee 15 May 2019	May 2019	Completed
12	Leanne Crabb	Promote the next meeting's local Healthwatch presentation to more people and organisations to increase attendance	Information regarding September's meeting going out in July newsletter and on Workplace and in Sir Robert's update to Chairs	Sept 2019	Ongoing

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 May.
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Since the Committee last met in May we have continued to progress many of the activities that we set out in the business plan for 2018/19. Team workplans and objectives have now been completed. Work continues to support a number of LHW with their tenders and negotiating budgets.

I have had the opportunity to spend time with many local Healthwatch as I have attended their AGM's. I was also wonderfully looked after by Healthwatch Norfolk who invited me down for three days, I attended their AGM, went to a meeting with the ambulance service, joined them in an engagement event in Cromer and did a fairly long and thorough interview for BBC Radio Norfolk. It's such a privilege to spend time with the network, I always come away feeling proud and inspired.

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

1.1 **Key Government Activity**

Since the committee last met we have had a change of Prime Minister and significant change across the Cabinet. However, Health and Social Care Secretary of State, Matt Hancock, has remained in post and therefore his three priorities for the sector – technology, prevention and workforce – all remain high on the agenda. I have outlined below key announcements since the last committee meeting.

Workforce -

Firstly, in June, NHS Improvement published the interim NHS People Plan. This set out a series of short term and long term actions to not just get more staff in to the NHS but also to make it "the best place to work" for those already in it. Key actions outlined include:

- Immediately increasing the number of undergraduate nursing places
- Rapidly expand the number of nursing associates
- Creating environment where healthcare support works can progress to registered nursing
- Increasing the numbers of doctors and nurses recruited from overseas
- Addressing the pensions issue
- Ensuring more support and development for managers
- Developing elements of workforce planning to ICSs
- Equipping staff with the technological skills to work in a 21st Century healthcare system

Our Chair, Sir Robert Francis, on behalf of Healthwatch England, is working with Baroness Dido Harding and Sir David Behan to advise on one of the workstreams of the people plan.

Prevention -

The Government's green paper on Prevention was published in July and is now being consulted on up until October. We will be submitting a full considered response and will be encouraging local Healthwatch to also contribute.

The ambition set out in the green paper is that "in the 2020s, people will not be passive recipients of care. They will be co-creators of their own health. The challenge is to equip them with the skills, knowledge and confidence they need to help themselves." We support this ambition as it is very much in line with what people tell us they want from the future of the NHS and services more broadly, a system them helps them to take control of their own health and enables them to stay well.

The green paper puts forward a number of specific recommendations including policy proposals on:

- Encouraging people to get more sleep
- Making the country smoking free by 2030 by offering more targeted support
- Supervised teeth brushing in school and the wider introduction of water fluoridation to help prevent child tooth decay
- Use tech to identify issues
- No energy drinks for kids

However, it is worth noting that there was no mention of new legislation or 'sin taxes'. In particular the Government did not extend the existing sugar levy to milk drinks as had been widely expected.

Key issues for Healthwatch to consider include:

1. Getting effective public health messages to hard to reach groups, particularly people in deprived areas. The green paper focuses on smoking cessation and obesity in this area.

2. How technology can be used to target interventions as well as information and advice most effectively.

We chose not to issue an immediate public response to the green paper, given that an imminent change of prime minister at the time of publication was likely to mean the prospects and scope of the prevention agenda would shift.
Other stakeholders who commented expressed disappointment at what they perceived as the limited scope of the green paper proposals.
The King's Fund: https://www.kingsfund.org.uk/press/press-releases/open-consultation-prevention
The LGA: https://www.local.gov.uk/about/news/lga-responds-prevention-green-paper

Technology -
NHS App

NHSX had set a deadline of getting 100% of GP surgeries in England on to the new NHS App by 1 July. While this deadline has not been met, an impressive 95% of surgeries are reported to have been brought online offering all of the functions available via the app:

- Symptom checker
- Advice on what to do when in need of urgent help
- Book and manage GP appointments
- Order repeat prescriptions
- Secure access to GP medical records
- Registering as an organ donor
- Choose how the NHS uses their personal data

The expectation is that the NHS will be stepping up public awareness campaigns for the App from October onwards once they are satisfied that systems are working properly across the country.
We will be watching the feedback we receive to see if the implementation of the App has a noticeable difference in how people report their experiences of accessing primary care.

Amazon Alexa

Also in July it was announced that the NHS has partnered with Amazon to offer health advice through the online retailer's Alexa devices.
Previously the device provided health information based on a variety of popular responses sourced from the internet as whole, but the partnership will mean the voice-assisted technology is automatically search the official NHS website when UK users ask for health-related advice.
Privacy campaigners have raised data protection concerns and Amazon say all information will be kept confidential.
Talks are now under way with other companies, including Microsoft, to set up similar arrangements.

1.2 Other key system announcements

The GMC's independent review of gross negligence manslaughter and culpable homicide was published in June. The review was commissioned following the tragic death of a child receiving NHS care and a subsequent conviction of a senior paediatric trainee involved in his care.
The final report contains 29 recommendations for the GMC and a range of other organisations across the UK covering local, coronial, criminal and regulatory processes. We welcomed the report and the recommendations into how the law on gross negligence manslaughter is applied to the NHS. We also back the GMC's call for Government to reform the Medical Act to take account of the findings.
In December 2016 the CQC published "Learning, candour and accountability: a review of the way hospital trusts review and investigate the deaths of patients in England".
Healthwatch England support this review sharing evidence from across the network on how

families of those who have died expect investigations to take place and how they think relatives should be involved in future investigations. Following the review national guidance was issued in 2017.

CQC have recently updated their findings and reported that Trusts are still not doing enough to review and learn from deaths. In particular they found that staff were fearful of engaging with bereaved families, while deaths of patients in the community were possibly not being properly investigated. CQC Chief Inspector of Hospitals, Ted Baker, said that "cultural change is not easy and will take time. However, the current pace of change is not fast enough."

2.1   NHS Long Term Plan Update

We are pleased to report that the Healthwatch Long Term Plan engagement programme has been progressing very well. The work has been greeted positively at a local level by NHS partners and others, and at a national level has helped demonstrate the value of the network to NHS England, the Department of Health and Social Care partners in the voluntary sector.

Between March and May we now know that local Healthwatch engaged with more than 30,000 people via the online surveys, gathering people's views on how the NHS can help them stay healthy, as well as collecting insights about how services support people with specific conditions.

Local Healthwatch also carried out over 500 local focus groups and attended hundreds more engagement events, including community picnics, festivals and carer's cafes. Engagement activities such as Healthwatch Somerset's campervan helped them get to 18 locations across the county, covering over 250 miles in the process.

One of the major successes of the work has been our reach in to communities who don't often have their voices heard in big decisions, with specific focus on people with sensory impairment, homeless people and groups from BAME communities.

At the time of writing this report, the 44 coordinating Healthwatch are in the process of sharing their findings with their relevant STP/ICS leads and publishing their final reports. They will then be working with their local partners to ensure this insight is reflected in the local implementation plan that each area has to finalise by November. The timeline for this has been set out in the NHS Long Term Plan Implementation Framework.

Whilst Healthwatch England has not been commissioned to produce a national report on the network's collective findings, we will be sharing an overview at the NHS Expo Conference in Manchester on 4 October. We will be working with a group of local Healthwatch to share their findings and experiences of the programme with system leaders and facilitating a discussion about how the NHS can communicate to people how local plans are addressing people's needs.

Headline themes emerging at the moment include:

- **Access to primary care** - including people struggling to get appointments and a growing desire for the NHS to facilitate more direct access to a wider range of appropriate healthcare professionals. There is a strong sense from the feedback that the best way to demonstrate the Long Term Plan is improving the quality of care is by fixing some of the 'front door' access issues in primary care.

- **Transport** – people are accepting that health services (in particular diagnostics) might be delivered further from home, but they definitely want all their recovery, recuperation and ongoing healthcare support local (close to home with continuity of

care). Where they do have to travel they want services to consider roads, parking, patients transport services, public transport etc.

- **Technology** - needs to be embraced by the NHS but people have also urged caution, stressing that services need to avoid making assumptions about who will use different forms of technology. They consistently raise the need to ensure technological solutions are designed to address real world problems and are properly user tested before being rolled out.

- **Communication and language** – in terms of their individual care, people want the NHS as a whole, and individual staff, to focus on improving communication ensuring it is timely and in plain English. They also want staff to make time to listen to them. More broadly they want NHS to avoid using words such as 'crisis' and jargon such as 'social prescribing'.

- **Prevention** – people place significant emphasis on the importance of prevention, both for their own health and the sustainability of the NHS. They want services to do more to proactively help them stay well, suggesting everything from annual health checks for everyone to early assessment and intensive early support for those who are at risk of particular health problems such as diabetes.

- **Mental health** – people's feedback recognises the need for urgent investment and improvement in mental health services, with a strong emphasis on the NHS communicating how services are actually changing, not just on delivering care better. This is vital to breaking down image that you have to be "contemplating suicide" before someone can get help.

Elsewhere on the Long Term Plan, in June the Health and Social Care Select Committee published their report on the legislative proposals put forward by NHS England. These plans were focused on helping systems to work better together across STP/ICS footprints. We provided written evidence to the inquiry and Sir Robert gave oral evidence in May.

While the proposals didn't make an explicit recommendation to change arrangements for local Healthwatch, there was a significant risk that attempts to streamline and regionalise structures could have had a negative impact on the local element of Healthwatch. We also felt it provided an opportunity to strengthen the role of Healthwatch at a regional level, so that insight from people could be used to help system leaders make better decisions.

The Select Committee essentially agreed with our view and suggested that Integrated Care Systems 'mirror' the existing public involvement mechanisms that are working well locally, such as Healthwatch and Health and Wellbeing Boards.

Since the report was published we have had further meetings with both NHS England and the Department of Health and Social Care to discuss this and we will keep the committee posted on progress.

2.2 Clinical Standards Review

NHS England completed the first phase of field testing for the proposed new standards for urgent and emergency care. The second field testing phase began at the end of July is expected to end in early September.

The first phase aimed to establish the new operating models based on the new standard at all the field test sites. This has been achieved with no patient safety incidents reported. The next phase will set a standard for "mean time in department" which Trusts will work to.

NHS England have agreed to support six local Healthwatch to evaluate the impact of the new standards on patient experience in select pilot sites. These sites, and their respective local Healthwatch, are as follows:

- West Suffolk (Healthwatch Suffolk)
- Cambridge University Hospitals (Healthwatch Cambridgeshire)
- One of either Chelsea and Westminster or Imperial (Healthwatch Central West London)
- Mid Yorkshire Hospitals (Healthwatch Wakefield)
- Poole Hospital (Healthwatch Dorset)
- Nottingham University Hospitals (Healthwatch Nottingham & Nottinghamshire)

We are working with the local Healthwatch in each of these areas to facilitate communication with NHS England and develop an approach to the evaluation work.

In late July NHS England also announced 12 field test sites for looking at the proposed elective care targets. These field test sites are:

- Barts Health
- Great Ormond Street Hospital for Children
- University Hospitals Bristol
- University Hospitals Coventry and Warwickshire
- Surrey and Sussex Healthcare
- Northampton General Hospital
- Milton Keynes University Hospital
- The Walton Centre
- East Lancashire
- Taunton and Somerset
- Harrogate and District
- Calderdale and Huddersfield

At time of drafting the field testing for elective care is expected to go live in August and will focus on measuring and understanding the impact of a possible shift to a mean waiting time standard rather than an "X% within Y weeks" waiting time standard. We have been exploring how we can support this phase of the testing and will continue to converse with NHSE over the coming weeks.

In August we also worked with NHS England and Populus to commission a national survey to investigate public attitudes towards proposed new NHS access standards for A&E and elective care to inform the

evaluation.

2.3   NHS Accountability

The new NHS England and NHS Improvement Joint Accountability Framework

In May the Government published the Joint Accountability Framework for NHS England and NHS Improvement. This document replaces the NHS Mandate.

In this document the Department of Health and Social Care has set out what it wants the NHS to achieve over the next 12 months. This largely focuses on two priority areas:

- Putting the foundations in place to deliver the NHS Long Term Plan
- Ensuring the NHS is fully prepared for leaving the EU

From a Healthwatch perspective, it was positive to see the Department use the framework to send a strong message around the need to involve the public in changes to services.

The Secretary of State referenced in his foreword the important role Healthwatch had played by bringing 85,000 people's views in to the development process and how this had significantly shaped the priorities set out in the Long Term Plan.

The Minister of State for Health, Stephen Hammond MP, also wrote to us responding to our submission and outlined how the Department was taking each element on board. In particular, he stressed the vital role user testing will play in how NHSX roles out new technologies across the NHS, and the importance of evaluating the impact of changes to NHS targets on the experiences of patients in A&E and those waiting for elective care.

You can read the Minister's response in full here.

CCG Public Participation Scores 2018/19
NHS England have published the CCG Improvement and Assessment Framework. This is the process they use to score how each CCG has performed over the last year based on a variety of clinical, financial and leadership measures.
This is the second year they have also been reporting on how well CCGs are complying with their statutory duties around patient and public participation in commissioning. Healthwatch played a key role in the creation of this metric and have supported the assessment process as it develops.
CCGs public involvement and engagement is measured against five domains:
- Involving the public in their governance
- Explaining how they will engage the public in their business plans
- How the impact of their engagement work is set out in their annual report
- How they promote opportunities for public involvement
- How they have taken action following engagement

You can access the headline scores for your CCG here – https://www.nhs.uk/service-search/performance-indicators/organisations/ccg-year-end-2015-assurance-assessment?ResultsViewId=1176

Each CCG has been provided with a more detailed report which includes the breakdown of their score against each of the individual criteria under the five domains listed above.

In short, there has been improvement over the last year with no CCGs rated as red this year. However, the same pattern appears as last year, that whilst pretty much all CCGs are good on governance

around public engagement they score less well in demonstrating how this insight has been used to inform decision making.

We have encouraged the network to contact their CCGs and offer to meet and discuss their score and how they might improve it for next year.

At a national level we have asked NHSE to look at the scores across STP/ICS areas. We will keep the network posted on this. NHSE have also agreed to go through the submissions from CCGs and identify where they have been working well with Healthwatch and use these examples as good practice to promote more joint working between local Healthwatch and CCGs.

Changes to the Friends and Family Test

NHS England has announced changes to the Friends and Family Test which are expected to take place from 1 April 2020.

Whereas the current version asks about whether people would "recommend" the service, the new version will ask "Overall, how was your experience of our service?" There will be six new response options.

This change reflects the feedback Healthwatch England provided as part of the review. There have also been other key changes building from our response, including:

- more flexibility around when people are asked to complete the FFT, as this can significantly influence how people respond

- stress put on services demonstrating how they are using the qualitative feedback gathered through FFT, not just the scores, to help drive improvement.

Alternative options will be available for ambulance services to reflect the context of their work. These will be developed in the next few weeks.

Revised guidance is expected to be published in September 2019, with updated web-based resources including case studies and FAQs. We'll keep you updated about that.

https://www.england.nhs.uk/fft/friends-and-family-test-development-project-2018-19/
https://www.england.nhs.uk/wp-content/uploads/2019/07/fft-announcement-letter.pdf

2.4   Mental Health

The Long Term Plan sets out some bold ambitions for mental health. It also promised that resources would grow faster for mental health than other parts of the NHS to deliver this transformation. It was therefore good to see NHS England publish in July a more detailed breakdown of how the money will be invested HERE

It is important to note that the NHS has promised investment in CYP mental health will grow faster than the rest of the sector. This comes at an important time, with the LGA warning there is a "children's mental health crisis". Social services are now seeing more than 560 cases of children with mental health disorders every day – an increase of more than 50% in just four years. The latest figures published by the Local Government Association (LGA) show there were 205,720 cases where a child was identified as having a mental health issue in 2017/18, compared with 133,600 in 2014/15.

On 12 July, the Department for Education announced 123 new Mental Health Support Teams that will operate in 57 areas. These teams represent year 2 of the Mental Health Support Team programme and are in addition to the 59 teams that will be fully operational by January in 25 'trailblazer' areas announced last December. Each team will support around 20 schools and colleges in their area.

In terms of our work we have been progressing the scoping of our children and young people's mental health project. The mental health programme steering group met on 22nd July to consider a proposed approach for our work going forward.

We expect to build on the findings of local Healthwatch reports and our existing intelligence on CYP mental health, including the deliberative research commissioned earlier this year, to identify and investigate examples of good practice in mental health support for young people.

We will share our intelligence on what young people have told us about good mental health support so far, and work with local Healthwatch and Young Healthwatch to test our current findings. Based on what young people tell us about their experiences, we will work to understand how successful and innovative mental health support services are developed and delivered to inform local Healthwatch and other key stakeholders of how to drive improvement in their own areas.

We aim for the products from this work to be of use to commissioners and front-line providers, of both clinical and non-clinical support, as they work out how best to invest any new money in achieving the ambitions around CYP mental health set out in the Long Term Plan.

2.5   Social Care

Panorama social care special
On 29th May BBC One aired the first of a two-part special investigation into social care, entitled *Crisis in Care – Who Cares?*
The documentary focused on Somerset County Council, following their Director of Adult Social Services, Stephen Chandler (since moved to Oxfordshire CC). It highlighted the extent of the financial difficulties councils are facing, the difficult decisions they are taking as a result and the impact this is having on people who use services.
This set the tone for growing public debate about the future of social care over the last few months.

Social Care Green Paper delay
In light of the continued delays to the green paper, on 8 June I co-signed a letter along with 10 of my fellow members of the Social Care Green Paper Expert Advisory Group calling for Government to put forward its plans as soon as possible.
The letter appeared in the Telegraph and recommended that a universal approach was taken to future funding, to ensure equal coverage across society.

Interestingly both the candidates for the leadership of the Conservative Party made reform of social care a priority and the Prime Minister stated his commitment to the reform as priority as part of his first address from Downing Street. We have met with officials who are working on this and they are hopeful that progress will be made. Our five tests for the reform of social care, which we developed for the green paper, will still stand in the event of a white paper

ADASS budget survey
On 26th June the Association of Director of Adult Social Services (ADASS) released the findings of their annual budget survey. It is available here.

They reported that a lack of action from government on resolving social care funding issues was having a real and growing impact on the lives of people who use care. They highlighted how market instability resulting in care home closures was resulting in uncertainty for users and the difficulties in getting providers to provide domiciliary care services in many parts of the country.

Lords Economic Affairs Committee
On 4 July the Lord's Economic Affairs Select Committee published their report on funding in social care. It is available here.
We submitted written evidence to the committee, highlighting the public's view and perception of various funding models. As an organisation, we do not express a preference for any particular model, however the headline polling results are:
- Increased general taxation: 42%
- Compulsory insurance: 20%
- Optional insurance: 9%
- Pay at the point of use if you have assets/savings: 8%
- An additional pay as you earn pension scheme: 2%
- Don't know: 18%
- Other: 1%

The Lords Economic Affairs committee recommended that the government increase core funding by £8 billion to "levels of quality and access to those observed in 2009/10". They also recommended the introduction of free personal care as a universal entitlement.

Daily Mail Dementia Campaign
On July 9th, the Daily Mail started a new campaign to address the 'dementia care crisis'.
Their campaign, in partnership with the Alzheimer's Society, calls for an end to people having to sell their own home to fund social care for dementia, either during their life time or posthumously.
We were invited to publicly support the campaign; however we chose not to as it could be perceived as being too political and out of the scope of our statutory remit.

Dementia report
Elsewhere in social care, on 1 July we published our research on people with dementia's experiences of social care. It is available here.
This was a partnership piece of work, that we produced alongside the Alzheimer's Society.
We focussed on people's access to care plan reviews, reassessments and their outcomes. The Care Act 2014 says that everyone who uses long-term care should receive a minimum of one review per year, however we found that only 45% of dementia care users received a review in 2017/18.
The report was picked up in the national print and broadcast media, as well as featuring prominently in the trade press.
We received supportive comments on the research from ADASS and the LGA who both used it to illustrate how funding pressures on councils mean they are struggling to meet their statutory duties.

2.6 Feedback and complaints

The GMC has been consulting on how to improve the way in which doctors use feedback from their patients to improve their practice. We worked with Healthwatch Barnet, Healthwatch Greenwich, Healthwatch Suffolk, and Healthwatch Cambridgeshire to help formulate our response.

The current GMC guidance says that doctors must review feedback from a sample of their patients collected using a structured questionnaire, at least once every five years as part of the re-validation process.

The key changes proposed are:

- Doctors would no longer have to use a set questionnaire and can use whatever tools work best for their patients to collect feedback, based on a set of principles proposed by the GMC
- Doctors need to seek feedback in a way that allows patients to give comments, not only ratings or scores
- Doctors must reflect on sources of patient feedback that are available to them each year. This could include comments, cards and letters, or feedback on their team or service.
- Doctors are asked to consider how they can get feedback from a range of patients, including those with learning or communication difficulties

Key messages we have put forward in our consultation response:

- The proposed changes reflect a positive shift towards a focus on the patient experience, with a greater emphasis on ensuring everyone can contribute their views and encouraging people to do so.
- Asking doctors to reflect regularly on feedback from a variety of sources will contribute to a more meaningful revalidation process, in which formal revalidation will be the culmination of a continual process of reflection and improvement rather than a tick-box exercise.
- However, the guidance does not emphasise the importance of evidencing learning and outcomes from feedback received. Demonstrating learning from complaints is crucial to encouraging more people to share their views, and this should be made explicit in the guidance.
- It's important that shifts towards more flexible methods of collecting feedback using technology do not leave behind those who prefer to use more traditional methods.
- The success of these proposed changes will depend on broader shifts in culture around complaints, i.e. an acceptance among doctors that all feedback should be considered and acted on, even if it isn't representative, and actively promoting ways for people to leave unprompted feedback at any time.

Local Healthwatch provide one source of feedback which doctors could consider regularly. In addition to comments related to their individual conduct, doctors should consider broader feedback about their practice and understand the needs and concerns of the local population. This could be incentivised through CPD points and Healthwatch activities and reports could be one way of doctors achieving this.

In August we published our review of local government complaints reports to help build an increased culture of learning from feedback in care services. This forms part of our contribution to Quality Matters, a cross sector commitment to improving social care.

In early 2019 we looked at what the 152 local authorities in England who have responsibility for commissioning social care services are currently learning from feedback and complaints.
To do this, we conducted a desk-based audit of local authority annual complaints reports to:
- Find out more detail about how many complaints councils are receiving and what they are about.

- Establish to what extent councils are communicating the action they have taken to improve services.
- Identify any common themes emerging which could be shared across the sector to help other councils learn and prevent problems occurring in the first place.

We looked at the complaints reports for the most recent year available which was 2017/18. We then compared the findings with a similar review we conducted in 2015/16. This has enabled us to provide comment on how things have changed over time.

In short, we found:
- Finding council complaints reports can be challenging with many of them not published online, or only found in with other meeting papers.
- Reports tend to focus on process and simple counting of complaints with a prevailing opinion that fewer complaints equates to improved performance.
- The variation between reports makes it hard to compare performance on complaints from one authority to the next.
- There was far less emphasis on reporting the outcomes and learning from complaints, either individually or collectively.

This report is scheduled for week commencing 26 August and we will circulate it to the Committee.

More broadly on the use of feedback and complaints, we have joined an advisory group supporting the PHSO in their development of a new Complaints Standards Framework to improve complaints handling across the NHS and social care.

We have also met with Department of Health officials to discuss their proposals for a new system wide strategy to improve learning from complaints. This was also discussed in our recent meetings with the Permanent Secretary at the Department and the Minister of State for Health.

2.7 **Oral health in care homes**

In June the CQC published a thematic report looking at the oral health of care homes residents across 100 care homes in England.

This has been a long standing issue highlighted by Healthwatch, and CQC's report comes in direct response to a recommendation in Healthwatch England's report – Access to NHS Dentistry: What people told Healthwatch.

Key findings from CQC
- People who live in care homes do not always get the support they need to maintain good oral health.
- 52% of care homes have no policy in place to support resident's oral health. This could mean care home staff are not aware of the need to support people with daily mouth care, like brushing their teeth.
- Many residents are not able to access oral health products like toothbrushes as care homes would not provide them, as they are seen as a cosmetic product, not a health care one.
- One third of care homes said they had had difficulty accessing routine NHS dentistry services. Some managers reported that domiciliary dentists refused to visit care homes.

We welcomed the report when it was released, in particular the fact that CQC's focus on this has already led to immediate practical changes across the care home sector to improve oral health support for residents.

2.7   Key Appointments / Resignations

- Kate Terroni has taken up the position of Chief Inspector of Adult Social Care at the CQC
- Rosie Benneyworth has joined the CQC to take on the role Chief Inspector of Primary Medical Services and Integrated Care
- Sally Warren is the new Director of Policy at The King's Fund
- Julie Ogley is the new ADASS President
- Neil Tester left his role as Deputy Director of Healthwatch England to start a new role in September as the Richmond Group's Director

Key changes to DHSC Ministers following the appointment of Boris Johnson as Prime Minister:

- Chris Skidmore has replaced Stephen Hammond as Minister of State for Health
- Jo Churchill has replaced Seema Kennedy as Parliamentary Under Secretary of State
- Nadine Dorris has replaced Jackie Doyle-Price as Parliamentary Under Secretary of State

The following remain in their posts:

- The Rt Hon Matt Hancock as Secretary of State for Health and Social Care
- Caroline Dinenage as Minister of State for Care
- Baroness Nicola Blackwood as Parliamentary Under Secretary of State

2.8   Network Effectiveness and Impact

We are currently testing a new Quality Framework and Making a Difference toolkit with Healthwatch ready for full rollout in the Autumn onwards. They enable Healthwatch to demonstrate their effectiveness and how they make a difference respectively. The quality framework is being well received

2.9   Reports Library

All local Healthwatch reports from 2019 are now loaded onto the Reports Library giving a voice to 213,085 people. We have seconded staff from the network to work through the archive and expect all reports prior to 2019 to be available on the Library by the end of December 2019.

3.0   Communications Support

We have supported local Healthwatch to produce and then communicate their annual reports. As well as providing an annual report template, new graphics and photography, we also held webinar training on and produced on-line guides for (a) How to plan your communications (b) How to tell a story and

(c) How to sell your story. Over 60 local Healthwatch staff have signed up for our training to date and the annual report template has been used by 85% of local Healthwatch.

Next steps, we have a programme of further communication guides and webinar training which will run until the winter.

3.1   Digital Support

The rollout of the new website to local Healthwatch continues. We currently have 31 websites which are either live, in the process of going live or are set to go live by the end of September. Because some local Healthwatch have had other commitments or contracts have changed, six have either withdrawn or postponed their involvement. We have also held our first website user group to look at the performance of the sites to date, as well as future development needs for our national and local websites. Our data indicates that the local Healthwatch websites have experienced more website visitors, who are staying for longer when compared to their old websites. We have also seen a jump in traffic using mobile devices or accessed via social media.

In terms of next steps, we have brought in extra resource to support our website set-up, training, content migration and quality assurance process. In terms of developments, we are planning a number of usability improvements over the summer.

3.2   Campaigns Support

We have continued to support local Healthwatch in their communication of their NHS Long Term Plan engagement findings. This support has included a communications toolkit, as well as 1-2-1 support to help local Healthwatch launch their findings. We have also provided support on a number of awareness days, this included extensive support for Volunteers Week. Our PR, content and social media support resulted in six items of media coverage, a social media reach of 40K and an increase in visitors to our updated volunteers landing page.

We continue to support local Healthwatch to engage in specific awareness days (such as Student Volunteer Week, Self Care Week, Suicide Prevention Day, Sexual Health Week and World Patient Safety Day). We will also start to engage local Healthwatch and our partners in developing our Q4 awareness campaign to encourage more people to share their experiences of care.

3.3   Young People

We have two events planned to help support the network in engaging more young people. In July, we will hold a CommsCamp for 30 Healthwatch staff. The workshop looked at best practice, internally and externally on engaging young people and aims to develop an approach to future communications which all Healthwatch can use. This will be followed by an event in September where we will look at the approaches that can involve young people more deeply in our work, for example by becoming a volunteer.

The outcomes of both sessions will be fed back to the Committee at its Workshop in October.

3.4   Advice and Information Content

We have consulted with the network on our advice and information content for the public and now have a content plan in place for 2019-20. To-date we have published new advice content on end of life care, oral health in care homes, dementia and patient transport. We have also started to develop

advice content for professionals based on our evidence. We have to date developed content on supporting the health of people who are homeless, how to improve the waiting environment for patients, how to make services more accessible.

In terms of next steps, we are planning advice and information content on moving between hospital and a care home, how to plan for future care and what people can do to look after themselves.

3.5 Planning for Conference

Planning for this year's annual conference is going well. It will be held on 3rd and 4th October at the ICC in Birmingham. The leader of Birmingham Council will join us on the first morning to welcome us to Birmingham. We've a full programme   with some really interesting speakers including Donna Hall talking about the Wigan Deal, Rt Hon Paul Burstow and Simon Stevens CEO of NHS England. There are many interesting workshops that will be run by local Healthwatch. Registration will open next week. There have been plenty of good entries for the awards and have invited Baroness Tanni Grey Thomson to join us for dinner and give a short speech. All the logistics for the day are covered and we're feeling confident that it will be a good event

3.5 Key Meetings Attended since the last Committee meeting

May	
Secretary of State Health and Care	Meeting as member of the Expert panel on Social Care Green Paper
Department of Health and Social Care Quarterly Meeting	Sponsorship Team
NHS Providers	Speaking at the Annual Governors Conference
The King's Fund Conference on Urgent and Emergency Care	Speaker
STP Advisory Group	Meeting at Wellington House, London
Discussion on Prevention and Wellbeing with Sirona Health Care	Paul Wilson at Sirona
Quarterly HWE – CQC meeting	Meeting held at 151 Buckingham Palace Road
Good Things Foundation meeting with Emma Stone discussing digital inequalities and digital inclusion	Meeting held at 151 Buckingham Palace Road
June	
Green Paper Expert Group Meeting	Meeting held at Watson House, London
Sir Chris Wormald at Department of Health and Social Care	Meeting held at Victoria Street, London
Event for The Long Term Plan and the NHS Assembly	Event held in Greater Manchester
National Quality Board	Meeting held at Skipton House, London
Sir John Gieve, Chair of Nesta	Meeting held at 151 Buckingham Palace Road
NHS Confed Conference	Conference held in Manchester
Policy breakfast roundtable discussing implementing the Long Term Plan	Meeting Manchester Central Convention Complex

Workshop on prevention and long term conditions	Workshop held at Westminster, London
Meeting with Professor Bee Wee, National Clinical Director for End of Life Care	Meeting at Buckingham Palace Road, London
Gave key note talk at Help and Care Bournemouth event	Event held at Village Hotel, Bournemouth
July	
Charlotte Augst, National Voices	Meeting held at Buckingham Palace Road, London
Quality Matters Board Meeting	Meeting held at Victoria Street, London
Helen Walker CEO, Carers UK	Meeting held at Buckingham Palace Road, London
LGA Conference	Conference held at Bournemouth International Conference Centre
Duncan Rudkin, General Pharmaceutical Council	Meeting held at Buckingham Palace Road, London
Richard Kerr, Chair of the Royal College of Surgeons' Commission on the Future of Surgery	Meeting held at Buckingham Palace Road, London
Health for Care Coalition Meeting	Meeting held at Portland House, London
Sally Warren, Director of Policy, The King's Fund	Meeting held at Buckingham Palace Road, London
Norfolk Healthwatch	Meeting held at County Hall, Norwich
Key note speaker at Healthwatch Norfolk AGM	AGM held at The Forum, Norwich
Key note speaker at Healthwatch Herts AGM	AGM held at Beales Hotel, Hatfield
Healthwatch Bucks Annual Report Launch	Launch held at Stoke Mandeville Stadium, Aylesbury
STP Advisory Group	Meeting held at Skipton House, London
Social Care Green Paper Expert Group	Meeting held at Victoria Street, London
CQC State of Care Report discussion	Meeting held at 151 Buckingham Palace Road, London
Access Review: National Advisory Group Meeting	Meeting held at Skipton House, London

AGENDA ITEM: Q1 (2019/20) Delivery and Performance Report
PRESENTING: Imelda Redmond
PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q4 (End of year 2018/19)
EXECUTIVE SUMMARY: This paper summarises delivery and performance against KPIs during Q1 (2019/20) and looks at highlights delivered in Q1 and what we expect to deliver in Q2.
RECOMMENDATION: Committee Members are asked to NOTE this report.

Background

This report provides an update on our delivery and performance at the end of Q1 2019/20 in Year 2 of our strategy.   The update provided includes:

- Key highlights we have achieved in Q1 in support of each of our aims.
- What we can look forward to in Q2 2019/20
- KPIs performance in Q1 2019/20

Aim 1: Support you to have your say

What we said we would deliver in Q1 2019/20

- Launch 9 new local Healthwatch websites.

- Launch new annual report template for local Healthwatch.

- Development of 12-month advice and information content plan.

- Healthwatch across England supported to launch and communicate their NHS Long Term Plan engagement findings.

- Launch the first phase of findings from the maternal mental health research.

- Development of new campaign to encourage more people to share their experiences of care with services.

What we delivered in Q1 2019/20

- 21 new local Healthwatch websites launched.

- New annual report template for local Healthwatch launched. 83% of local Healthwatch have used the templates for their annual reports.

- We consulted local Healthwatch on our public facing advice and information content for 2019-20 and have published our first series of articles.

- To date, we have provided the Healthwatch network with the following communications support:
    o Communicating their impact via their annual reports
    o Training on communications planning, PR skills and storytelling
    o Support with awareness campaigns such as volunteers week.

- Our first campaign on the NHS Long Term Plan resulted in over 20K people sharing their experiences via our national website. During the campaign period, traffic to our website increased by over 80% when compared to the same period in 2018.

- Report has been developed on the findings from the maternal mental health research drawing on the views of 3,500 new and expectant parents. In consultation with the Steering Committee publication has been scheduled for early September.

What to look forward to in Q2 2019/20

- We will support local Healthwatch to launch their local NHS long Term plan engagement reports.

- Launch another 10 local Healthwatch websites.

- Our mental health campaign (Maternal Mental Health) will commence in September.

- We will build on the committee workshop looking at Children and Young People's Mental Health Services (CYPMH) and agree the scope and methodology for this stage of the mental health programme.

- We will run a workshop for local Healthwatch communicators to establish a better approach for engaging young people through our communications and run training on digital and social media skills.

Aim 2: Provide a high-quality service to you

What we said we would deliver in Q1 2019/20

- Published the Network Events and Training Schedule.

- We will launch a Healthwatch induction for all staff and volunteers.

- Analysed the Network Satisfaction Survey (including Learning & Development survey).

- Tested the first version of the Making a Difference Toolkit with 15 Healthwatch.

- We will have appointed two interim members of staff in the intel team to kickstart our digital transformation programme.

- We will be bringing the network on board with a new theme designed for the CiviCRM which will make it easier to use.

- We will have designed a new framework for delivering digital support to our network and process for initiating technical development.

- We will raise awareness and begin to roll out the research governance framework while doing further work to improve usage of the research helpdesk.

What we delivered in Q1 2019/20

- Published the Network Events and Training Schedule.

- We have launched a Healthwatch online induction for all staff and volunteers.

- We have analysed the Network Satisfaction Survey and produced a Learning and Development Plan.

- We have now tested the first version of the Making a Difference Toolkit with 15 Healthwatch.

- We have developed a plan and are in the process of commissioning a user research organisation to kickstart our digital transformation programme.

- We have tested the new theme for CRM and it is in the process of being rolled out to the Healthwatch England CRM.

- We have designed a performance framework which shows how we will deliver digital support to our network and have trialled a new process for initiating digital development via the Leadership Team.

- We finalised the research governance framework and have identified 15 Healthwatch to pilot it.

- Shared guidance with the network on how to use their local Joint Strategic Needs Assessment as a lever for change.

What to look forward to in Q2 2019/20

- We will have designed a new framework for delivering digital support to our network and process for initiating technical development.

- We will have implemented our digital performance framework that shows how we have delivered digital support and training to the network. We will have begun reporting on the performance of our digital helpdesk and using this to inform our support offer and digital development process.

- We will have begun testing the Research Governance Framework with 15 Healthwatch to help improve the quality and integrity of our data collection and research practices.

- We will have completed our analysis of the data we hold on different population groups and against the protected characteristics. And we will have reported on our BAME findings in the Q2 Intelligence and Policy Report.

- The testing of the New Quality Framework with 5-10 local Healthwatch will be completed before conference in October. Over 30 HW have indicated sign up to use it.

- Produced the final version of the Making a Difference toolkit ready for full roll out to Healthwatch.

- Commissioning 3 events in September to promote the Quality Framework to local authorities. More than 10 local authorities have indicated they will be using the Quality Framework in their specs/contracts or part of monitoring purposes.

Aim 3: Ensure your views help improve health and care

What we said we would deliver in Q1 2019/20

- We will undertake a gap analysis to review the data that we hold on BAME groups and developed a process to improve capturing data of this type.

- We will be using the new Endeca system as part of our daily intelligence processing.

- We will raise awareness and begin to roll out the research governance framework while doing further work to improve usage of the research helpdesk.

What we delivered in Q1 2019/20

- We have completed our analysis of the data we hold on BAME groups and have planned engagement with the network to drive improvement in how we collect demographic data and why it is important.

- We have 2000 reports in our National Reports Library and will have 4500 by Dec 2019.

- We are now using Endeca to collect local Healthwatch data from the internet and this is being used as part of our daily intelligence processing, increasing the volume of data analysed and the number of Healthwatch who routinely contribute to our national analyses.

- We have published our quarterly review of our evidence with an in-depth look at why people are facing problems with patient transport. We have also published shorter articles for professionals looking at people's experiences of waiting in A&E and oral health in care homes.

- The Government published the new Joint Accountability framework for NHS England and NHS Improvement, setting out in this the important role Healthwatch evidence had played in developing the Long Term Plan and stressing the need for the public to continue to have a strong voice in local implementation.

- We attended the LGA conference to as part of broader efforts to highlight the work of local Healthwatch with leaders from across the local Government sector. As an additional bonus, our stand was visited by the Secretary of State, Matt Hancock, and Jo Swinson, the new Liberal Democrat Leader.

- We concluded our research on stakeholder perceptions of the Healthwatch network in partnership with ComRes. We identified that stakeholders significantly value the work we do and have a positive image of us as an organisation that has impact and influence. However,

there was a clear demand for us to be bolder and more confident, and to shout louder about our successes.

- We published our Dementia Report in partnership with the Alzheimer Society highlighting how councils are struggling to deliver care reviews for people with dementia. The report was welcomed by the LGA and ADASS, both of whom used it as a platform to call for the Government to put forwards a sustainable plan for the future of social care more broadly.

- Sir Robert Francis gave evidence to the Health and Social Care Select Committee on the proposed legislative changes put forward under the NHS Long Term Plan. In their report, the Committee agreed with us on the importance of ensuring local people have a say in regional decisions and called for ICS/STPs to mirror existing local engagement mechanisms such as Healthwatch.

- Our background work on children and young people's mental health was featured in a debate in the House of Lords to coincide with Mental Health Awareness Week.

- Our efforts over the last few years raising the issue of oral health in care homes culminated in the launch of a CQC report looking at practice in 100 care homes. We have been working with the network to support this review and are pleased to see the care sector already taking action to offer more training for staff and provide residents with free tooth brushes and tooth paste.

- An essay from the National Director featured in a collection of essays on the on devolution and what options it presents for the future of health and social care. The contribution focused on how devolution can give local people a greater say over services and help prioritise the needs of communities over those of organisations.

- We shared evidence in support of the NAO's investigation into the Governments approach to digital technology across health and care. This include national research on what people expect from the future of the NHS and insights on how they want their data to be used. It also included examples from local Healthwatch where they have been tracking the impact of technology on patient experience.

- We fed in to the development of the DHSC's green paper on prevention, sharing evidence on the public's appetite for the NHS to focus more on helping people stay well.

- We gave evidence to two APPGs sharing insight from the Healthwatch network on the experiences of rural communities accessing health and care services, and evidence gathered across the country on sexual health services.

- Used our research on A&E to support NHSE's testing of changes to the 4 hours waiting time target and called for evaluation of impact on patient experience.

- Shared our research on people's views of social care funding to support Lords Economic Affairs Committee. The Committee published their report and called for the Government to implement free personal care.

What to look forward to in Q2 2019/20

- We will have completed our analysis of the data we hold on different population groups and against the protected characteristics. And we will have reported on our BAME findings in the Q2 Intelligence and Policy Report to understand variation in experiences of health and care based on ethnicity.

- We will be using Endeca to mine our CRM data on a routine basis to improve efficient reporting and quicker turn arounds on requests for information from internal colleagues and external stakeholders.

- We will be using Endeca to mine our CRM data on a routine basis to improve efficient reporting and quicker turn arounds on requests for information from internal colleagues and external stakeholders.

- A network briefing sharing existing good practise across the network has been developed and will be published in Q2.

- We plan to publish our next quarterly review of our evidence with an in-depth look at the need to treat people as individuals. We are also planning shorter articles on accessibility and improving waiting rooms based on what people have told Healthwatch.

- We have been finalising analysis on the interim State of Support briefing which will be shared with the Department of Health and Social Care in mid-July. Its purpose is to update on what has happened to the funding for the 65 local Healthwatch who have been through a formal contract negotiation process for 2019/20. A full State of Support for the whole network will follow in the Autumn as per usual.

- We have already met with the DHSC to discuss NHSE's proposed changes to the legislation. This followed the publication of the HSCSC report. We will be continuing these discussions over Q2, in particular looking to build on the Secretary of State's annual appraisal of NHSE which highlighted his desire to see the relationship between Healthwatch and NHSE develop further to give people a strong voice in big decisions at a local, regional and national level.

- We will start the process for shaping the four year 'Joint Accountability Framework for NHSE and NHSI'. We have agreed we will start with a review of what we already know from evidence share with Healthwatch and work with them to shape their public consultation.

- We will be publishing our network briefing on Healthwatch and our role in public health. We will use this as platform to work with the network to develop a collective response to the DHSC green paper on prevention.

- We will have a focus on improving complaints handling in health and social care, with an emphasis on using the insight gathered through complaints to support system learning. We have already submitted a response to a GMC consultation on this and will be publishing our social care complaints report in August.

Key Performance Indicators and Targets – Q1, 2019/20

	Aim 1 - Support you to have your say						
	Transforming our communication with the public						
No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
1.	Develop and approve a strategy to transform our communications with the public	0	Strategy completed		November 2019	On Track	We have to date undertaken a review of our campaigns approach as the first stage of our strategy development. The findings of this have been fed back to staff and Committee.
2.	Develop and approve a strategy to explore greater public engagement	0	Strategy completed		December 2019	On Track	We have agreed a process for reviewing our brand as the first stage of our strategy development. The findings of this should be complete by the end of September
3.	Our advice and information is used by more people	707,800	848,000		March 2020	On Track for August 2019	Waiting for local Healthwatch Data Returns, which is due August 2019 (Q2)

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
4.	Increase brand awareness	32%	36%		March 2020	On Track	On track with activities to raise awareness. Results due in Q4
5.	We will see a 100% increase in the number of people sharing their views with HWE	7,000	14,000	14,000	March 2020	On Track	Target achieved in Q1
6.	We will see 20% in the number of people sharing their views with LHW	406,000	487,000		March 2020	On track	Waiting for Data Return results in August 2019

Aim 2 - Provide a high-quality service to you
Deliver on transformation plan to enable the network to be more effective

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
7.	30 LHW to sign up to the Quality Framework	1	30 LHW will sign up	0	March 2020	On track	We are testing the final draft with 5-10 local Healthwatch who will complete it by October. Over 30 local Healthwatch have indicated signed up to use it.
8.	10 Local Authorities will specify the Quality Framework in their tender documents	0	10 Local Authorities	3	March 2020	On Track	3 local authorities have specified Quality Framework (QF) in

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
							tender documents. More than 10 LAs have indicated they will be using the QF in their specs/contracts or part of monitoring purposes.
9.	We will have a new network agreement in place	0	50 LHW will sign up	0	March 2020	On Track	Network Agreement is being scoped ready for testing in run up to Conference.
10.	50 Healthwatch will be using the Healthwatch base website	14	50 LHW	21	March 2020	On Track	21 sites live 11 in progress 2 paused
11.	We will introduce a Research Governance Framework	0	30 LHW will sign up	15	March 2020	On Track	Research Governance Framework in final draft 30 Healthwatch being identified for testing
12.	We will introduce "Making a Difference Toolkit" (Impact toolkit)	0	30 LHW will sign up	1 HW	March 2020	On Track	Toolkit drafted and tested with 15 Healthwatch. Successful soft launch event on

| | | | | | | | 4/07. Formal launch at Conference in October. |
| | | | | | | | |

| Aim 3 - Ensure your views help improve health and care | | | | | | | |
| We will further develop our insight to influence policy at a national, regional and local level | | | | | | | |
No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
13.	We will develop a programme of work that improves our understanding, reporting and actions on equalities and diversity issues	0	Programme completed		September 2019	On Track	We have approached NESTA who are interested in forming a partnership to take this work forward. We will hold a scoping workshop in October to plan the work.
14.	We will develop and approve an approach to actively targeting more front-line professionals	0	Plan in place		September 2019	On Track	A series of meetings have been held with: - Royal Colleges - Universities - Professional networks - Regulators Plan now being developed during August for how we better target

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
							products for professional audiences include quarterly reports and specific products on mental health and complaints.
15.	We will develop methodology to track the use of Healthwatch findings	0	Track in place		June 2019	Minor Delay	None of the proxy measures we currently hold for this are fit for purpose and requires additional scoping with other organisations who have good track record in tracking impact.
16.	Put a plan in place to secure safe access to the data held by partner organisations relevant to the work of Healthwatch	0	Plan in place		July 2019	Minor Delay	Focus for new Intelligence and Research Manager will be completed August 2019
17.	We will publish 2 reports on mental health issues	0	2 reports		March 2020	Minor Delay	Maternal Mental Health report to be published in September

Aim 4 - Organisation Management
We will be a well-run high-performing organisation

No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
18.	100% of staff will complete the staff survey	97%	100%		March 2020	On Track	Staff survey due to take place later in Q3 in line with CQC Survey dates
19.	100% of staff will have regular 1:1's	0	100%	100%	March 2020	Minor delays	All staff now have regular 1:1s with their line manager
No.	Performance Indicator description	18-19 Baseline	19-20 Target	Q1 Progress	Due Date	Q1 RAG Status	Notes
20.	100% of the approved budget will be spent	100%	100%	24%	March 2020	On Track	At the end of Q1 we spent 24% of the budget and we are expected to spend the total budget allocation at year end
21.	90% of programmes will be on track	41%	90%	60%	March 2020	Severe delays	2 programmes out of our 5 programmes of work are currently running with severe delays due to staffing resources and an external delay with the Green Paper. Our staffing resource is being addressed and the programme is expected to be delivered at year end.

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes
PRESENTING: Danielle Oum
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: The minutes of the last AFRSC are presented to the Committee
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

The minutes of the 25 July 2019 Audit, Finance and Risk Sub Committee:

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting
Minutes of meeting No. 8
Meeting Reference: AFRSC190725

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 25 July 2019 10am-12pm
Meeting Room Y. 214, 2nd Floor BPR

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

In Attendances:
Imelda Redmond (IR) – National Director – attended until 10:30am
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 April 2019:** Minutes of the last meeting were AGREED.	
1.3	**Matters Arising** None	
2. 1	**Finance and Procurement** JC reported that our total spend as at end Q1 was 24% or our annual budget. We spent 22% or our Pay Annual Budget as at end Q1. The underspend in Pay is attributed to the vacancies we are carrying at present and is in line with our planned expenditure for the year. In the Non-Pay Annual budget we spent 29%. This is close to what we expected to spend at this stage. JC advised the Sub-Committee that reporting will now include monthly phased budgets to enable actual spend to date versus in-month budget comparison. A monthly budget tracking process has been set up to enable the Leadership Team to manage planning and record any budgetary changes to workplan activities. IR advised the Sub-Committee that the Leadership Team had identified a potential underspend which is estimated to be between £60-£70k. She requested that the Sub-Committee consider utilising the money in the form of innovation grants for local Healthwatch to scale up their good work across the network. The Sub-Committee AGREED the plan on the understanding that the Leadership Team will evaluate whether the innovation grant process is a priority for Healthwatch England. The Sub-Committee also requested that a focus be given to funding innovations that reach excluded groups even if that means not scaling up ideas across the whole network. DO requested that for future grants Healthwatch England learns from feedback received regarding the Long Term Plan (LTP) engagement: • Tight timescales • Onerous paperwork • Underpaid for work undertaken • Tools given not necessarily fit for purpose IR responded that the LTP feedback was currently being evaluated and would be compared to feedback from other recent Healthwatch England grants and best practice from both will be used in future. **ACTIONS**	JC IR

	• **JC to share budget workplan with the Sub-Committee**	JC IR/LT	
	• **IR and Leadership Team to discuss whether an innovation grant should be a priority in the case of an underspend**		
	• **GM to compare LTP and other grants feedback from recent grants to establish best practice**	GM	

2.2	**HWE Recharges**	JC
	JC reported to the Sub-Committee that for 2019-20 we were given a budget allocation by CQC of £2,818m. However, in April 2019 we were informed that our total budget is now £3.446m which includes all overhead charges of £628,233. These costs will be deducted from our monthly budget expenditures until the balance is netted to zero by the end of the financial year.	
	The recharges consist of:	
	• Pay recharges covering HR services (recruitment HR support) and ED CQC Academy training but not bespoke training which we pay from our own training budget.	
	• Non-Pay recharges covering BPR office, IT and infrastructure.	
	The recharges amount to 18% of our total budget allocation for this financial year.	
	JC advised the Sub-Committee there will be a meeting with CQC Chief Operating Officer, Kirsty Shaw, Head of Financial Management, Chris Usher and Imelda to discuss the concerns regarding recharge costs.	
	PH asked that Healthwatch England request the split of rent and rates at the meeting.	
	ACTIONS	JC
	• **JC to request the split of rent and rates at the recharges meeting between Healthwatch England and CQC** • **JC to set up a meeting with COO**	

2.3	**Increase Cost for Digital Contracts**	
	JC presented to Sub-Committee the rationale for increasing the digital contracts non-pay budget to enable our existing digital contractor to provide the resources required to undertake user research on our behalf. We were unable to recruit for consultancy roles to due to recruitment rules. The Sub-Committee agreed with the rationale and **recommend** this decision to the full Committee.	DO
	The Sub-Committee asked for the following assurances around our activity relating to the digital support to the network:	
	• a better understanding of the scope of different elements to the work	

	• how it is being managed	
	• levels of confidence	
	<u>ACTIONS</u>	
	• **DO to recommend to the full Committee in September that the Non-Pay budget be increased for digital contracts**	AMR
	• **AMR to present report showing a summary of activity regarding the digital contracts at the next Sub-Committee meeting to give assurance it is being well managed**	
3.1	<u>Risk Review</u> SR13 - The Sub-Committee requested an amendment on this risk which currently highlights one specific example of a potential data breach (*Activities created on CRM can be easily assigned in error to an outside contact by a member or staff. This could create a reputational risk or breach of information security*). If we have identified one area where a breach of information could happen there may be other avenues where a breach would occur, and we need to reflect this in the strategic risk register. SR01 – *Support offer to network in place* currently shows as both a current and planned mitigation. This is to be removed from planned mitigation. HP requested for clarification to be given regarding the planned mitigation *Business case for investment and engagement programme with commissioners*. Clarification will be brought to the next meeting. The Sub-Committee requested that the full Committee consider whether the following concerns are fully reflected in the risk register, and if not, for them to be added: • Being linked to the CQC can prevent us from being seen as neutral by certain vulnerable groups who do not have a good relationship with the CQC. This could affect relevance and brand. • With the landscape of health and social care changing our set up is reducing our ability to be affective • People are regularly being treated in settings far from their home which could limit their local Healthwatch's ability to get involved <u>ACTIONS</u> • **SA to bring reworded risk SR13 for next Sub-Committee meeting to reflect the true risk** **(Risk SR13-** *Activities created on CRM can be easily assigned in error to an outside contact by a member or staff. This could create a reputational risk or breach of information security***)** • **SA to remove the words '*Support offer to network in place*' from the planned mitigations column on SR01**	SA SA

	(Risk SR01 - *Failure to provide the Network with sufficient support and advice to help them make their case against funding challenges, risks a reduction in their funding, which could affect their viability and ability to operate effectively***).** • **SA to bring clarification to next meeting regarding the planned mitigation *Business case for investment and engagement programme with commissioners* on SR01 (see above risk description for SR01).** • **DO to raise concerns with the full Committee regarding Healthwatch effectiveness while being linked to the CQC, changing landscape of health and social care, more people being treated outside the area of their local Healthwatch**	SA DO
4.1	<u>Forward Plan</u> The Sub-Committee NOTED the report.	
5.1	<u>Any Other Business</u> **Potential move to Stratford** PH requested a breakdown of possible risks such as staff retention if Healthwatch England move to Stratford when the current premise's contract expires. AM requested that Healthwatch England consider all other models such as utilising working from home more for staff. The Sub-Committee requested a one page report be brought to the next meeting which is to include contract dates, potential risks, and other potential recruitment and staffing options. This will then be used to form an option appraisal to be considered by the full Committee. <u>ACTIONS</u> **JC to bring paper to October Sub-Committee outlining office move risks and alternative staffing models to be considered by the Sub-Committee**	 JC

NUM	DATE	LEAD	ACTION	UPDATE	DEADLINE	STATUS
SUMMARY OF ACTIONS (LAST UPDATED OCT 2018):						
1.	02/05/19	Imelda Redmond	To look at capability training for managers	Providers are being sourced for relevant training courses	Oct 2019	In progress
2.	02/05/19	Imelda Redmond	IR to send out information about non LTP grants by next Sub-Committee meeting	Info being gathered by LT to send to AFRSC members before October	October 2019	In progress
3.	02/05/19	Imelda Redmond	IR to look at best way to gather feedback from local Healthwatch on the LTP grant process	JT collating all feedback from LHW and holding wash up groups and will analyse responses – all will be completed before JT secondment ends August 2019. Discussions on LTB being built into HWE Conference agenda	August 2019	In progress
4.	25/07/19	Joanne Crossley	To share budget workplan with the Sub-Committee	Workplan emailed to Sub-Committee 26/07/2019	August 2019	Complete
5.	25/07/19	Imelda Redmond	To discuss with Leadership Team whether an innovation grant should be a priority in the case of an underspend	Discussion has taken place and paper will be brought to the September meeting in private (item 6)	October 2019	Complete
6.	25/07/19	Gavin Macgregor	To compare evaluations of feedback from recent grants to establish best practice going forward		October 2019	In progress

7.	25/07/19	Joanne Crossley	To request the split of rent and rates at the recharges meeting between Healthwatch England and CQC	This information has been requested from CQC	October 2019	In progress
8.	25/07/19	Danielle Oum	To recommend to the full Committee in September that the Non-Pay budget be increased for digital contracts	This will be discussed under item 1.9 in the September meeting in public	September 2019	In progress
9.	25/07/19	Amie McWilliam-Reynolds	To present report showing a summary of activity regarding the digital contracts at the next Sub-Committee meeting to give assurance it is being well managed	This has been added to the AFRSC forward agenda	October 2019	In progress
10.	25/07/19	Sandra Abraham	To bring reworded risk SR13 to next Sub-Committee meeting **Risk SR13-** *Activities created on CRM can be easily assigned in error to an outside contact by a member or staff. This could create a reputational risk or breach of information security*	The risk has been reworded	October 2019	Complete
11.	25/07/19	Sandra Abraham	To remove the words '*Support offer to network in place*' from the planned mitigations column on SR01	The risk has been amended	October 2019	Complete
12.	25/07/19	Sandra Abraham	To bring clarification to next meeting regarding the planned mitigation *Business case for investment and engagement programme with commissioners* on SR01	This is being brought to the October AFRSC	October 2019	In progress
13.	25/07/19	Danielle Oum	To ask the full Committee to consider new risks regarding Healthwatch effectiveness while being linked to the CQC, changing landscape of health and social care, more people being treated	This will be discussed under item 1.9 in the September meeting in public	September 2019	In progress

			outside the area of their local Healthwatch			
14.	25/07/19	Joanne Crossley	To bring paper to October Sub-Committee outlining office move risks and alternative staffing models to be considered by the Sub-Committee	This is being brought to the October AFRSC	October 2019	In progress

AGENDA ITEM: Research on Stakeholder Perception of Healthwatch
PRESENTING: Jacob Lant
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: This report describes the research undertaken by Healthwatch England to better understand stakeholder perception
RECOMMENDATIONS: Committee Members are asked to **DISCUSS** this report

Background:

Healthwatch used a combination of telephone interviews and online surveys to gather data on awareness and perception stakeholders have of Healthwatch and the work we do.

A presentation will be given at the Committee meeting.

HEALTHWATCH ENGLAND – PUBLIC COMMITTEE MEETING

AGENDA ITEM 2.3
AGENDA ITEM: Quarterly Intelligence and Policy Report
PRESENTING: Imelda Redmond
PREVIOUS DECISION: None
EXECUTIVE SUMMARY: What People Have Told Us – a review of evidence. This report covers quarter 1 2019/20
RECOMMENDATION: The Committee are asked to **NOTE** the report

Summary

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

The Quarterly Intelligence and Policy Report has been sent separately.

AGENDA ITEM: November Committee Meeting
PRESENTING: Imelda Redmond
PREVIOUS DECISION: None
EXECUTIVE SUMMARY: This paper sets out a suggested plan for the Committee's September meeting
RECOMMENDATION: Committee Members are asked to **APPROVE** Birmingham as the next location and discuss ideas for the agenda.

Background

The Committee is due to meet on 12 and 13 November.

The Committee previously expressed a wish to hold the next meeting in Birmingham.

It is proposed that a similar format to September is used with the first day giving an opportunity to meet and visit with people who influence the health and social care services in Birmingham.
Day two will be the formal Committee meeting held in a venue in central Birmingham.

A discussion between Imelda Redmond and Andy Cave, CEO of Healthwatch Birmingham, took place on 29/07/2019 to look at the priorities of the local Healthwatch in the West Midlands region so an informed decision regarding speakers and visits can be made.

Potential speakers are leaders of the Birmingham and Solihull STP, the West Midlands Mayor, and the Chair of the West Midlands Regional Health & Wellbeing Board.

Future dates for the full Committee meetings:

2020
10th & 11th March (Liverpool)
9th & 10th June
8th & 9th September
8th & 9th December

AGENDA ITEM: Forward Plan
PRESENTING: Sir Robert Francis
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the following 12 months
RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

2.5

Healthwatch England Public Committee Meeting Forward Agenda 2019/20

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
March 2020 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
June 2020 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 • Review Standing Orders • AFRSC Minutes • Intelligence Report • Questions from the Public
Sep 2020 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

Healthwatch England Workshop Forward Plan

Oct 2019	• Equality and diversity • Early discussion on the development of a strategy to explore greater public engagement • How to grow/spread uptake
Nov 2019	• Our work with young people • Early findings of the digital review • Early discussion on the development of a new competency framework based around the quality framework