HEALTHWATCH ENGLAND
COMMITTEE MEETING PAPERS

Friday 26 February 2016

York

Venue: Park Inn by Radisson, York City Centre, North Street, York YO1 6JF

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AGENDA ITEM: Minutes, action log and matters arising

PREVIOUS DECISION: The minutes of the Committee meeting of Wednesday 5 August 2015 was agreed as a true record of the meeting.

EXECUTIVE SUMMARY: This report reflects the minutes and actions of the Committee meeting of Wednesday 4 November 2015.

RECOMMENDATIONS: The Committee are asked to approve the minutes and action log of the Committee meeting of Wednesday 4 November 2015.

Minutes of the Committee Meeting on Wednesday 4 November, 2015 in Worcester:

Present (Committee Members): Anna Bradley (Chair), Jenny Baker, Pam Bradbury, John Carvel, Alun Davies, Deborah Fowler, Michael Hughes, Jane Mordue and Liz Sayce.

Apologies: Andrew Barnett and Christine Lenehan.

In attendance: Dr Katherine Rake, Sarah Armstrong, Gerard Crofton-Martin, Susan Robinson, Neil Tester, Andy Payne and Esi Addae.
A full recording of this session is available at www.healthwatch.co.uk or at
https://www.youtube.com/watch?v=unAm5EJ9p4M.

AGENDA ITEM 1 - Welcome
The Chair opened the meeting and thanked local Healthwatch and others present for joining. The Chair updated on discussions from the previous day. This included conversation with local Healthwatch Chairs on the development of the 2016-21 strategy. During the workshop with local Healthwatch, there was discussion on the risks and benefits in the provision of advocacy services by local Healthwatch, as well as a demonstration of the 'Matchmaker Directory' which will soon be available to local Healthwatch that will enable them to identify similar local Healthwatch (e.g. budgets, staff, key priorities, number of volunteers etc.).

AGENDA ITEM 1.2 – Previous Minutes
AGREED: The minutes of the meeting held on Wednesday 5 August 2015, were reviewed and accepted as a true record of the meeting.
The Chair asked for the action log to be updated to include an accurate record of due dates, with items completed reflected.

AGENDA ITEM 1.2 – Matters arising

The following matters were raised:
- The Committee were updated that there has been a change in the leadership of the NHS Citizen programme. Anu Singh joins NHS England as the new Director of Patient and Public Voice and Insight. Healthwatch England is aware of the

ongoing concerns across the network and will continue to pick up the issue of NHS Citizen with NHS England at the next quarterly meeting highlighting the valuable input that Healthwatch England and local Healthwatch bring.

- The Customer Relationship Management (CRM) project is ahead of schedule with 55 out of 80 local Healthwatch enrolled on the CRM shared data system. The aim is to have 80 local using the CRM system by the end of the 2015/16 financial year.
- The CRM system is an invaluable tool for recording local Healthwatch intelligence and offering Healthwatch England an anonymised information source about health and social care issues across the country.
- Concerns were raised about the validity and robustness of some ratings reflected on local Healthwatch websites given the number of responses, these services are provided by third party organisations.
- It was clarified that Healthwatch England does not endorse third party products which are being sold by private companies to local Healthwatch and are raising concerns directly with them.
- Noted that the next Healthwatch annual event is confirmed for 9 and 10 June 2016. This will be dedicated to developing local Healthwatch and sharing learning. The title is 'Healthwatch – the value we bring' and the team welcome offers from local Healthwatch who want to contribute. The agenda will be shared with Committee Members at the February 2016 public meeting.

ACTION: To timetable a discussion on the broader developments in the gathering and use of local Healthwatch intelligence and the CRM project as part of this.

AGENDA ITEM 1.3 – Declarations of Interest
No declarations were made in relation to agenda items identified.

AGENDA ITEM 1.4 – Chair's Report
Anna Bradley, Chair, presented her report to the Committee.

Members welcomed the Chair's report and the following comments were made:
- The Committee agreed to put in place a Vice Chair of the Healthwatch England Committee who can deputise in a variety of respects, it was confirmed that Jane Mordue will take up this role. The current Chair's extended appointment will come to an end on 31 March 2016.
- The recruitment of the replacement Healthwatch England Committee Member for the north of England is in progress. There has been a strong field of applications which have been shortlisted, with interviews scheduled for 19 November, an appointment is hoped to be confirmed at the February 2016 meeting.
- The strategy consultation is expected to take place in Quarter 4 (2015/16). The additional time is being used to engage with external stakeholders to discuss the key priorities of the 2016-21 strategy, helping to ensure that the strategy has a positive reception.
- At the launch of the third Annual Report, Parliamentary Under Secretary of State for Care Quality, Ben Gummer MP addressed the reception together with Health Select Committee Chair, Dr Sarah Wollaston MP. The event was well

attended by local Healthwatch, MPs and peers and reflected how powerful the network can be together.

- The recruitment of the next Chief Executive is in progress and an announcement will be made in due course.

AGENDA ITEM 1.5 – Chief Executive's Report

Dr Katherine Rake, Chief Executive, presented her report to the Committee.

Members welcomed the Chief Executive's report and the following comments were made:

- Following a meeting with the Chief Executive Officers of all the Arm's Length Bodies responsible for delivering the Five Year Forward View, Healthwatch England was able to highlight the unique contribution that the network and Healthwatch England can make to debates about service change and also illustrated the value of the insight about people's needs and experiences of current health and social care systems and how that can help shape current and future services.
- There have been early meetings with the new and emerging parts of the sector, including NHS Improvement and the Independent Patient Safety Investigations Service. This has enabled Healthwatch England from the beginning to highlight how important it is that the interests of patients and the public are at the heart of decision making.
- Committee Members are acutely aware of the stage local Healthwatch are in the commissioning cycle, and actively support them as they re-negotiate funding. Healthwatch England has used its statutory powers to raise concerns about local Healthwatch funding and has also worked directly with commissioners of local Healthwatch to explore how to commission a good Healthwatch. In October, Healthwatch England organised an event with commissioners of local Healthwatch to share effective local Healthwatch activities and good practice. The next meeting is planned for March 2016 to ensure that the dialogue continues.
- Sarah Armstrong, Director of Operations, was thanked for her energy and enthusiasm in her role. It was commented that her contribution to the organisation has been vast and much appreciated during the set-up and delivery stage. Committee Members were assured that an offer has been made for an interim Director of Operations.
- Assurance was given on the tasks to be completed in the next couple of months to ensure continuity. This will involve growing the staff team and ensuring that they are supported during the period of change. Making sure that the strategic framework is right for the future and working with stakeholders to make sure that the history of the stakeholder relationships is logged and also taking the opportunity to also highlight the value Healthwatch England brings.

AGENDA ITEM 2.0 – Delivery Report

Dr Katherine Rake, Chief Executive, presented the report from the Senior Management Team to the Committee.

Committee Members welcomed the report on delivery and the following comments were made:

- Requested the inclusion of an internal operations manual which can be used by current and new members of staff. It was clarified that this work is underway and will be presented to the Audit and Risk Sub Committee for comment in due course.
- It was suggested that it may be time to write to Jon Rouse (Director General, Social Care, Local Government and Care Partnerships) about the intended plan and timeline for the follow up on the *Safely home* report.
- Confirmation was given that in the development of the guidance to support local Healthwatch engage with people with learning difficulties, through People First and Mencap people with learning difficulties were involved.
- Committee Members reflected that it is important for the organisation to continue to record the learning that takes place in each quarter and suggested that it would be helpful to also consider how to present the difference Healthwatch has made and how this can be tracked.

AMENDMENT: An amendment was made to the delivery report, page 20, bullet point 6 now states: 'We have learnt that some local councils remain unclear about how they are funded to ensure local Healthwatch can deliver their statutory functions'.

AGENDA ITEM 2.2 – Operating effectively as a statutory body

Sarah Armstrong, Director of Operations, presented a report on how the organisation is operating effectively as a statutory body.

Committee Members welcomed the report and the following comments were made:

- Healthwatch England has not been able to recruit to the staff team for a number of months during the re-structure process and this has created a pay underspend. The recruitment process is live again.
- Jobs covering specialist roles are advertised on specific websites where there is a particular need, as well as for free on the NHS jobs website. The Department of Health accommodation costs also includes Healthwatch England's proportioned costs of utilities, security and printing at Skipton House.
- The staff team are working on how to recommit the underspend in a way that is appropriate to the delivery of the business plan.
- The staff team have been able to deliver a number projects such as the Annual Conference under budget, which has contributed to the underspend.

AGENDA ITEM 2.3 – Our new understanding – the overall health of the network

Susan Robinson, Director of Network Development, presented for discussion, an update on Healthwatch England's understanding of the network.

Committee Members welcomed the report on the network and the following comments were made:

- Appreciated the detail of the report which showed the deep understanding that has been gained. This will now shape the overall support for the network.

- The spending review will be announced at the end of November, which will highlight the allocations for each government department. The Committee were conscious that local Healthwatch were anxious to have an update on when funding decisions may be made, this may take some time to be completed.

AGENDA ITEM 2.4 – Healthwatch England Intelligence
Gerard Crofton-Martin, Director of Quality and Evidence, presented for discussion an update on Healthwatch England Intelligence.

Committee Members welcomed the Healthwatch England Intelligence report and the following comment was made:
- Committee Members reflected that there is an increase in information from different avenues (e.g. CRM data, Annual Reports and Enquiries line) which are all highlighting similar issues, these point to a mandate on issues for Healthwatch England to consider for the upcoming financial year.

AGENDA ITEM 3.0 – Public Participation Session

The Committee and the staff team responded to questions asked by members of the public and local Healthwatch.

AGENDA ITEM 4.0 – Complaints Champion
Sarah Armstrong, Director of Operations presented for approval the role description for the Complaints Champion.

Committee Members welcomed the role description and the following comments were made:
- That Healthwatch England receives two types of complaints; corporate complaints and concerns and complaints about the health and social care sector. The role holder will provide support to the staff team on the complaints that individuals and organisations may have about the health and social care sector.
- That the Committee skills audit was used to identify a member of the Committee who had the skills and experience to fulfil the role.

APPROVED: The role description of the Complaints Champion was approved.
AGREED: Pam Bradbury was confirmed as the Complaints Champion.

AGENDA ITEM 5.1 – Business Planning Principles 2016/17
Dr Katherine Rake, Chief Executive and Neil Tester, Director of Policy and Communications presented the business planning principles for 2016/17.

Committee Members welcomed the report and the following comments were made:
- There are four priorities emerging from strategy discussions. These include first, the support offer to the network which will set the frame for work with local Healthwatch. Second, reflecting people's views and concerns about the health and social care system. Third will be the support to local Healthwatch and nationally ensuring that communities are engaging with service change at a

local level. Finally, working with local Healthwatch to support individuals to take control of their health and well-being needs.

- The following steer was given by Committee Members:
  - To consider and present the organisational approach to work on mental health focussing on preventative issues and community services;
  - To present the criteria for prioritisation ensuring that programmes of work correlate with the unique contribution Healthwatch brings;
  - To consider and present Healthwatch England's levers for change, identifying the actors to influence for each area;
  - To present the exit plan for a number of programme areas, detailing the ways in which Healthwatch England, where relevant will continue to support local Healthwatch and use the information they receive to influence at a national level; and
  - To consider and present on how to ensure that in all areas, Healthwatch is adding value, there is a clear outcome and clarity on the scale of each policy issue.
- That the business plan for 2016-17 should make explicit Healthwatch England's role in the new models of care programme, this will involve continuing to support local Healthwatch.

AGENDA ITEM 5.2 – Quality Statements
Gerard Crofton-Martin, Director of Quality and Evidence, presented for approval the Quality Statements.

Committee Members welcomed the report and no comments were made.

APPROVED: The Quality Statements were APPROVED in principle subject to amendments outlined in the report.

AGENDA ITEM 5.3 – Healthwatch Index
Gerard Crofton-Martin, Director of Quality and Evidence, presented for approval the framework for the Healthwatch Index.

Committee Members welcomed the report and the following comment was made:
- Committee Members requested greater clarity about how decisions were made in defining the subcategories within the framework. It was noted that one role of Healthwatch England will be to engage with system players to ensure that the gaps in the information collated are addressed.

ACTION: To provide Committee Members with information on the detail of the Healthwatch Index.

AGENDA ITEM 5 – Any Other Business and close of session
There being no further business, the meeting was ended. The Chair thanked everyone for their time and contributions.

Date of next meeting – Friday 26 February 2016, York.

		AGENDA ITEM 2 ACTION LOG			
DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
05/08/15	Neil Tester	To present a proposal for how the organisation delivers a strategic conference on matters of national policy	SUPERSEDED by 2016/17 draft high level Business Plan.	N/A	N/A
05/08/15	Neil Tester	To scope with Arm's Length Bodies the best approach to share collective learning on public and patient involvement and engagement	SUPERSEDED by 2016/17 draft high level Business Plan.	N/A	N/A
04/11/15	Esi Addae	To timetable a discussion on the broader developments in the gathering and use of local Healthwatch intelligence and the CRM project as part of this	A report on the organisational approach to intelligence, providing an overview of the framework being used to analyse report from local Healthwatch is presented at this meeting	February 2016	COMPLETED
04/11/15	Gerard Crofton-Martin	To provide Committee Members with information on the detail of the Healthwatch Index	Committee Members were provided with an update in December following the roundtable discussion at the end of November 2015	December 2015	COMPLETED

AGENDA ITEM: Interim Chair's Report

PRESENTING: Jane Mordue

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details the Interim Chair's activity during Quarter 3 (October – December 2015) of the 2015/16 financial year.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item.

As Interim Chair following Anna Bradley's resignation, I would like to take the opportunity to thank Anna as the first Chair of Healthwatch England for her powerful leadership of the organisation, helping to shape Healthwatch England into the effective and widely-respected body organisation we are today. I would also like to take this first chance to thank Katherine Rake, who stepped down in January as our Chief Executive, for all her achievements in leading and supporting the organisation and the local Healthwatch network.

The recruitment for a Regional Committee Member (North) has concluded and I will provide further update on the appointment at the Committee Meeting in February.

The closing date for applications for the role of Chair of Healthwatch England was on Thursday 28 January, and the shortlisting process is underway by the Department of Health. Interviews are currently scheduled for Tuesday 1 March; an appointment is scheduled to be made by the Secretary of State by the end of March.

I have picked up the programme of meetings with stakeholders and am pleased to report that we are held in high regard and our papers received with great interest.

I have been asked by the Department of Health to prepare a one year plan, in view of the changes in leadership, and this is on today's agenda (*item 2.2*).

The main point is that the Healthwatch idea is now firmly proven to be working. The power of the evidence we present nationally and locally, based on the real voice of the people who tell us their stories, is beginning to help tackle some long standing and previously intractable problems.

The challenge for 2016/17 is to build on the launch phase and develop further the quality of the Healthwatch offering.

Governance changes

The ongoing changes relate solely to the governance of Healthwatch England. We will remain a Committee of the Care Quality Commission (CQC) and will have the same functions set out in legislation, with an even greater focus on supporting local

Healthwatch as part of our statutory functions. We will benefit from the efficiencies and infrastructure support that come from working with CQC, as well as strengthening the ability for local voices to influence CQC and other national bodies.

We will continue to set our own strategic priorities, have editorial independence and to speak with an independent voice. Our independence supports our remit in highlighting the importance of people being involved in discussions and decisions about health and social care services. We will continue to champion the voice of the public, and of those who use health and social care services, delivering a vision for how the collective views and experiences of people who use services at a local level can deliver change both locally and nationally.

We have a strong identity and brand. It has been heartening to hear from both the Department of Health and the CQC how much value others place on this and we will continue to develop the brand, ensuring visibility to users of health and social care services and to members of the public.

NHS Mandate

During this quarter we fulfilled one of our formal roles as one of the statutory consultees on the NHS Mandate, by means of which the Government sets out its ambitions for the NHS, to be delivered by NHS England. In August, the Committee agreed to signal early to the Department of Health our views on the Mandate and then to follow this with our formal response to the draft Mandate in the autumn. We worked closely with officials to ensure the issues identified by Healthwatch England and local Healthwatch were well understood. We were also pleased to be able to help people engage with the NHS Mandate consultation. I am delighted to report that we were successful in securing the inclusion of the need for NHS organisations to derive learning from complaints in the NHS Mandate, including a reference and link to the 'My Expectations' report, which sets out a user-led vision of the complaints system.

AGENDA ITEM: Acting National Director's Report

PRESENTING: Susan Robinson

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report contains reflections on key achievements and challenges since the Committee last met in November 2015 as well as an update on changes to our external environment and, where relevant, their likely impact on our operations.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report as an information item.

Transition

The Committee are now aware that in December 2015 Ministers made a number of decisions in relation to Healthwatch England's future operating model. This means that in particular we will continue to increase our focus on providing leadership, advice and support to local Healthwatch.

A Transition Board has been put in place with a series of work streams. The Healthwatch England Leadership Team is represented on the Transition Board and I meet with David Behan, Chief Executive of the Care Quality Commission (CQC) on a weekly/fortnightly basis. I want to take this opportunity to thank David for his warm and supportive welcome to Healthwatch England.

The Leadership Team and I are grateful for the support we have received and continue to receive from Committee Members during this process. I would also like to thank our staff. As the Committee would expect, they have acted positively and professionally during this period.

We have had a number of positive and constructive Transition Board meetings where it has been reassuring to hear CQC colleagues' emphasise the importance of Healthwatch England independence. I can assure Committee Members that we are supporting the staff team through this process via a series of staff meetings, HR drop-in sessions and a formal staff engagement group. The staff engagement group has an approved Terms of Reference with direct a relationship to the Leadership Team, offering a clear audit trail and mechanisms for staff to engage in a variety of ways.

The relocation date to Buckingham Palace Road from Skipton House has been confirmed as Monday 9 May 2016. The Audit and Risk Sub Committee and Finance and General Purpose Sub Committee have met and the People and Values Sub Committee will be meeting in April. These Sub Committees are monitoring developments to provide assurance that the best process is implemented.

We have been focussing closely on continuing to provide support and oversight to local Healthwatch whilst preparing for the transition to new accountability arrangements. We have been working with a number of local Healthwatch in the 'Local Healthwatch Support Advisory Group' to help us think through the future support local Healthwatch will need and how we can collectively work together nationally and regionally. It provides an opportunity to review our joint work over the past year, understand what has worked well and use this insight to inform our future work plan. The first meeting was on Thursday 4 February 2016, where we had an honest and open opportunity to identify key highlights as well as improvements which can be made. There were a significant number of positive messages about the support that we provide and a number of encouraging examples of how we develop this relationship into the next phase. We are now looking forward to the next meeting on 23 March 2016.

Business plan

The transition has important implications for our work programme for the year, and this is reflected in the draft high-level 2016/17 Business Plan, which reflects the priorities of the network in relation to the way we will work with them. The plan also seeks to build on the work undertaken this year to develop effective relationships with our statutory partners.

Our business planning approach has taken into account what we have heard from the Committee, from local Healthwatch, from external stakeholders and staff. It sets out our role in working with local Healthwatch and our partners to deliver a programme that will deliver our statutory responsibilities effectively while reflecting the values of the organisation. Preparation for business planning was carried out in January and February 2016 with the Leadership Team and is subject in a separate report (*agenda item 2.2*).

AGENDA ITEM: Report on delivery - Quarter 3 (October – December 2015)

PRESENTING: Leadership Team

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details organisational delivery during Quarter 3 (October – December 2015)

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report

The tables below show the high level summary of our progress made in Quarter 3.

There were 31 deliverables in Quarter 3. We successfully delivered against all of them knowing that many described are part of ongoing work. The detail is in the following tables:

Priority 1. Improving current health and social care delivery by amplifying people's voices
Success measures:
• Changes brought about through our use of intelligence, highlighting priorities for our own future programmes and those of other organisations.
• The reach and impact of our findings on discharge arrangements.
• The changes brought about through our complaints work as well as the identification of further changes needed in 2016-17.

What we did in this Quarter:	What did we learn?
• Reported on intelligence about public concerns gathered in Quarter 2 (2015/16) at the November Committee meeting. This report pulls together analysis of our enquiries; local Healthwatch priorities; local Healthwatch research reports; enter and view reports; and data emerging from the Customer Relationship Management (CRM) system. • Shared the findings of phase 2 and 3 of our work on primary care	• To help communicate our primary care work, we adopted a different approach to publishing our findings. We learnt that by making our content more accessible, adopting a drip feed approach and by reaching out more via digital media we were able to increase engagement with our audiences. • We commissioned polling to measure awareness of the Healthwatch brand and learnt that nearly 1 in 4 adults have heard of Healthwatch. Although this figure is impressive given

with key stakeholders – including the Department of Health, NHS England, British Medical Association, Royal College of General Practitioners, National Audit Office and voluntary sector colleagues. This included our insight into the experiences of specific user groups (student, migrants, over 65s) and what people want from the future of primary care. This evidence was also submitted to the Health Select Committee as part of their recent inquiry into primary care services.

- Conducted support activities to promote the NHS Mandate consultation. We succeeded in securing the inclusion of the need for NHS organisations to derive learning from complaints in the NHS Mandate including a reference and link to the 'My Expectations' report, which is committed to developing a user-led vision of the complaints system.
- After reviewing local Healthwatch intelligence and the external environment we presented a longlist of future policy priorities for Healthwatch England to the Committee in November. This will be developed into a shortlist to be approved at the February Committee meeting for subsequent discussion with statutory partners to determine the most effective areas for policy activity during 2016-17.
- Reviewed the Healthwatch England complaints programme and agreed next steps for supporting the network to better scrutinise and improve local complaints handling.

how young the brand is and in comparison with predecessors, we have learnt that we need to do more to increase awareness amongst specific age groups and strengthen understanding of the role of local Healthwatch.
- The consultation activity around the NHS Mandate proved that there is significant appetite from the public to engage in consultation and highlighted the importance of government effectively communicating with the public when it is requesting input. We also learned that even earlier engagement with the Department Health Mandate team than last year resulted in even more effective input and impact.
- The Government's response to the Public Services Ombudsman consultation clarified that there currently isn't an opportunity for reviewing the provision of complaints advocacy for social care under the draft bill. However, from our continuing positive discussions with the Cabinet Office regarding their complaints programme we have learned more about the possibilities for joint working with local Healthwatch in their local complaints pilots.
- We also learned that our greater focus on richer digital content that highlights the work of the Healthwatch network is helping to increase on-line -engagement. From Q1-Q3 2015/16 we had 102,993 website visitors. This is a 50% increase when compared to the number of website visitors in Q1-Q3 2014/15.

What we will do in the next Quarter:

- Produce quarterly Committee report on local intelligence and escalations from Q4 2015/16.
- We will research and publish further insight from local Healthwatch on health and social care issues.
- Produce evaluation report on the learning from the first special inquiry, review progress and confirm hospital discharge legacy programme.

- Publish local Healthwatch Investigate report on dentistry and seek out ways to share this information that will be well received by the system and influence patient experience.
- Build, test and operationalise the CRM risk identification tool.
- Shortlist of health and social care issues emerging from local Healthwatch intelligence to be approved by Committee for subsequent discussion with statutory partners to determine the most effective areas for policy activity during 2016-17.
- We will co-produce a toolkit to support local Healthwatch scrutinise local complaints handling against the 'My Expectations' work.
- We will conduct an audit of local Healthwatch delivering the local complaints advocacy service against the advocacy standards we set out in 2015.

Priority 2. Ensuring that better future services meet people's needs and are shaped by the people who will use them	
Success measures: • Our work has driven national decisions on the shape of future services and investment. • Our support has enabled local Healthwatch to drive local decisions on the shape of future services and investment. • Appropriate use of our statutory powers has helped to achieve national and local changes.	
What we did in this Quarter:	**What did we learn?**
• Prepared to share our Healthwatch Index work. We consulted with key stakeholders, hosting a round table, and they recognised the importance of benchmarking patient experience appropriately. • Following the session on Service Change at the conference we provided a report on the engagement of the 21 local Healthwatch within the Urgent and Emergency Care vanguards. We launched the survey with local Healthwatch based in Greater Manchester on their involvement in Devo Greater Manchester (8/10 local Healthwatch responded), which will be completed in Quarter 4. We captured the engagement and confidence of the network in the Better Care Fund, which will form part of our case studies being produced in Quarter 4. Overall we supported over 50 local Healthwatch regarding service change during the quarter. • Published a briefing on what local Healthwatch have been hearing from people about maternity services. This was shared with key stakeholders at the Department of Health and NHS England, and was submitted to Baroness Cumberlege as part of the National Maternity Review. This briefing was also shared with the Healthwatch network to support those looking at undertaking work on maternity services in the future. • Fed local Healthwatch insight into NHS dentistry services into the Care Quality Commission's 'Future of Dental Service Regulation' report which was published in December 2015. • Shared learning through the third Annual Report to Parliament on people's desire to work as partners with health and social care services to drive change. • Disseminated our 'Value of local Healthwatch' paper and shared insight that the network can provide around public engagement and service change with the Five Year Forward View CEO Board.	• By securing input from external stakeholders, we have understood potential concerns with the index, enabling us to address these issues. • Local Healthwatch continue to be actively involved with major service change programmes and activity and we will continue to develop our support offer to the network. • A significant learning was the benefit of sharing findings around primary care with stakeholders early, and often, drawing their attention to the relevant to service change programmes and resource allocation decisions.

• Continued to share findings of the special inquiry with key stakeholders to inform their work programmes, plans and reports. • Contributed evidence to the development of Independent Patient Safety Investigation Service (IPSIS) to ensure that the newest part of the complaints system works well and reflects the needs and wants of patients. • Held a board to board session with NHS England to discuss improving ways of working together to ensure our insight is informing national decision making.

What we will do in the next Quarter:

- Publish the outcomes of our Healthwatch Index work to enable discussion of the benchmarks we should use when looking at how the consumer principles for health and care have been realised in local areas.
- Test a revised approach to identify and prioritise key emerging health and social care issues based on information received from local Healthwatch.
- Present local Healthwatch insight to the NHS Five Year Forward View People and Communities Board.
- Share a report with key stakeholders on local Healthwatch experience of consumer engagement in Child and Adolescent Mental Health Services (CAMHS) local transformation plans.
- Conduct social media listening test exercise focusing on CAMHS.
- Conduct national polling to expand on future of primary care findings.
- Test approach for best practice study with local Healthwatch – exploring patient experiences of changes under the Prime Minister's Challenge Fund.
- Deliver a service change conference in Quarter 4, focusing on systems leadership with the network and key stakeholders on effective engagement, the learning and next steps.
- Publish final report on the involvement of the Greater Manchester Network in Devo Greater Manchester (including the findings of public deliberative research), plus further learning from case studies on service change, which will lead to updates on the service change guide in Quarter 1 2016/17.

Priority 3. Developing the effectiveness of the Healthwatch network
Success measures:
• Quality Statements adopted and local Healthwatch using them to demonstrate, and continue to improve, the quality of their service.
• Take-up of our support offer across the network and identify how local Healthwatch are using our support.
• Identify the influence local Healthwatch have on decision-makers and how our support has helped.

What we did in this Quarter?	What did we learn?
• Shared a draft 'Matchmaker Directory' with the Healthwatch network, enabling identification of other local Healthwatch in the network with similar demographics, size, priorities etc. • Implemented further development of Customer Relationship Management (CRM) system, which is used by a 1/3rd of the network, to enable improved data capture and we tested the usability of data provided through the CRM by local Healthwatch. • Developed and piloted tools with 20 local Healthwatch to enable local Healthwatch to assess themselves against the Quality Statements and identify their support needs. • Delivered 7 Enter & View Train the Trainer sessions to 70 local Healthwatch staff. • Published safeguarding seminar feedback report to those involved in the seminar (21 attended). • Published guidance on engaging with service users with learning disabilities, which was circulated to all local Healthwatch via the Hub. • Held our first national session with commissioners to share effective local Healthwatch activities and good practice, 75 attended (50 were local authority commissioners). • Started a new newsletter/update for commissioners, which included an invite to the next session in Quarter 4.	• Local Healthwatch liked the 'Matchmaker Directory' tool as it gives them a sense of perspective in comparison with other areas and local Healthwatch. They want us to continue to work with them to tailor intelligence provided back to them. • Feedback from local Healthwatch on the Enter & View training showed that they really value the new approach, which focuses on sharing their experience and knowledge, with over 90% providing a positive evaluation. • Commissioners are very keen to continue to work in partnership with Healthwatch England to support local Healthwatch to be as effective as possible.

What we will do in the next Quarter:
• Publish and promote the findings of Quarter 3 2015/16 Data Return to the network.
• Review, evaluate the CRM system for functionality, internal and external development needs and complete roll out of the system to over half the network.
• Make the local Healthwatch 'Matchmaker Directory' available to the network and host an online event to gather feedback.
• Publish final Quality Statements and tools and deliver training to local Healthwatch and commissioners on using the Quality Statements.

- Produce revised guidance and a template for local Healthwatch to deliver their Annual Reports.
- Deliver Quarter 4 local Healthwatch support package activities focused on Engagement.
- Deliver induction sessions for new local Healthwatch staff, board members and volunteers.
- Deliver leadership master classes 'Learning sets – people champions' as part of local Healthwatch leadership development.

Priority 4. Ensuring we are an effective, efficient organisation and a well-governed public body	
Success measures: • Our staff will be better-equipped to maximise the impact we deliver for consumers. • We will have met all of our statutory obligations as a public body. • We will have a long-term, sustainable strategic and governance framework for future activity.	
What we did in this Quarter:	**What did we learn?**
• We undertook a review of spend for the first 6 months of the financial year in preparation for the Mid-Year Spend review with the Department of Health. We have undertaken a review of our expenditure up to Quarter 3 with the Department of Health and we have informed them of our projected spend and that we will have an underspend figure which may increase by year end. • We joined the CQC Information Governance Group and this has enabled us to begin to jointly implement the recommendations of the Information Governance audit, and appointed a Business Manager who begun in Quarter 3 to take this work forward. • We reported on our Quarter 2 procurement and financial activity to the Finance and General Purposes Sub Committee in October 2015. • We published our third Annual Report in October and hosted a parliamentary reception to launch the report. • We delivered our public Committee Meeting in Worcester in November. • We have recruited into vacant roles which have provided much needed resources across the organisation. The Director of Operations left at the end of Quarter 3, and the Chief Executive will leave at the start of Quarter 4.	• The Information Governance audit action plan is providing a clear and effective way of monitoring progress and enabling the development of training programmes in conjunction with CQC colleagues for the Healthwatch England staff team. • The Annual Report launch event offered a great opportunity to reflect on the achievements of both Healthwatch England and local Healthwatch.
What we will do in the next Quarter:	
• Effectively transition the organisation as a directorate of the CQC, embedding staff more fully into the CQC organisational structure. • Undertake the budget and business planning process incorporating monitoring, evaluation and learning findings. • Undertake end of year reviews with all staff members. Review individual and team learning plans and develop plans for 2016/17. • Deliver the public Committee Meeting in York. • Manage induction for new Committee Member and Chair.	

AGENDA ITEM: Operating effectively as a statutory body (Quarter 3 – October to December 2015)

PRESENTING: Leadership Team

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report details the operational functions which ensure that we are an effective, efficient organisation and a well-governed body.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

Financial position	The financial position at the end of Quarter 3 is detailed in the table below:			

	2015-16 Annual Budget total	Spend so far (Oct-Dec)	Projected Spend by end of year	Variance
PAY	£2,868,331	£1,768,287	£2,395,264	-£473,067
NON PAY	£1,631,714	£778,460	£1,349,475	-£282,239
TOTAL	£4,500,045	£2,546,747	£3,744,738	-£755,307

Figures as of December 2015

There is an underspend showing in both Pay and Non-Pay:

- PAY - Although there was recruitment during Quarter 3, the majority of the roles have been on a fixed term basis and we continue to carry some vacancies. In light of the recent announcement, recruitment has been frozen until the transition process is complete. We have calculated that there will be PAY underspend of £473k (16.5%) at the end of the financial year.

- NON-PAY – Following a review of all NON-PAY spend we anticipate that we will be underspent by £282k (17.3%). Following the announcement that Healthwatch England will be embedded into CQC, our projected spend has been amended accordingly to remove programme areas where it was unlikely that work would be completed and invoiced in time for year end.

- Summary – We continue to review our expenditure and planned spend to ensure we have enough resources to successfully deliver the Business Plan. This work continues, we will end the financial year with an underspend of at least 16%.

Procurement activity	Summary of Purchase Orders processed during Quarter 3:		

Cost (£)	Number of payments	Total spend
£0 - £499	22	£4,864.03
£500 - £999	11	£7,648.10
£1000 - £1999	7	£11,304.91
£2000 – £2999	16	£40,413.00
£3000 - £3999	4	£14,125.00
£4000 - £4999	2	£8,290.40
£5k+	2	£62,901.28
Grand Total	**64**	**£149,546.72**

Description of costs above £5k:

1. Public-i
Healthwatch England Committee November Meeting webcast - - £6,725.00

2. Department of Health
Skipton House/Healthwatch England rent (Department of Health) - £56,176.28

Upcoming key expenditure in the Procurement Pipeline raised during Quarter 3:

- IM Group, providing Hub support, Business As Usual (BAU) request raised, await CQC approval - £15,500

- Champion Learning Sets £20,000 - BAU raised and approved. In process with Capita. Contract with chosen supplier scheduled to be signed on 1st Feb

- Quality Statements development sessions £34,500 – BAU raised and approved. Contract with chosen supplier scheduled to be signed on 1st Feb

- Service Change Engagement (deliberative research) £18,000 – BAU raised and approved. Contract with chosen supplier scheduled to be signed on 1st Feb

- CRM – technical support and development £80,000 -BAU raised, await CQC approval

- The Memorandum of Understanding (MoU) between CQC and Healthwatch England intended to give Healthwatch England some independence in procurement decisions was due to be signed off by the end of Quarter 3. As we are in the process of transition to become embedded as a directorate of the CQC, the work on the MoU is no longer required. The procurement process at Healthwatch England continues to be guided by the CQC and we refer to the CQC Guide to

	Commercial and Contracts to ensure that we are compliant in line with their Procurement Strategy and Procurement Code. • During Quarter 3 we had challenges with delays in response to Healthwatch England procurement queries, purchase order number generation and BAU approvals. Our designated support at CQC left the organisation and resources were very stretched in the CQC Procurement team. This had some impact on our deadlines to deliver scheduled programmes of work and has created some slippage to the point that there is now pressure to ensure that work is completed and invoiced before financial year end. Procurement training for staff is currently under discussion with CQC Procurement colleagues.
HR and team development	At the end of Quarter 3 we had: • 20 staff members permanently employed; • 16 staff members employed on a fixed term contract due to end on 31st March 2016; • 12 staff members employed on a fixed term contract due to end beyond 31st March 2016; • 10 vacancies in the quarter **TOTAL – 58 roles**
Internal audit update	Work has continued over the quarter to embed the recommendations from the two internal audits. **Information Governance Audit:** Gerard Crofton-Martin (Director of Quality and Evidence) and Sandra Abraham (Business Manager Planning and Performance) have joined the CQC Information Governance Group (IGG) to build on current insight and to understand more about the assurance CQC need. CQC and Healthwatch England have now agreed a set of actions to implement the audit recommendations by PWC. Key completed recommendations include – the development of the Healthwatch England Information Risk Register, Healthwatch England Information Asset Register and establishing a series of internal Information Governance roles e.g. Senior Information Risk Owner & Knowledge and Information Management (KIM) Champion. **Financial Audit:** Finance training for staff is being prepared by the Finance and Procurement Business Manager. We are in the process of collating questions from staff so that we can gauge and pitch training at the appropriate level. The training will be delivered in collaboration with CQC Finance Business Partner.
Risk reviews	In Quarter 2, the operational risk register was embedded and linked to the strategic risk register. There is now one risk register which brings together all risk documents into one place for ease of access. In Quarter 3, we began to provide a quarterly risk summary to Audit and Risk Sub Committee Members. This provided a succinct update of the key risks of the quarter and the mitigating actions taken. The risk summary will support the strategic and operational risk register ensuring identification of the strategic risks that the Audit and Risk Sub Committee need to be alerted to.

AGENDA ITEM: Intelligence Return – What local Healthwatch told us

PRESENTING: Gerard Crofton-Martin

AGENDA ITEM: Business Plan 2016/17

PRESENTING: Susan Robinson

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: Healthwatch England's business plan covered the period April 2015 to March 2016. The attached business plan for Healthwatch England addresses the April 2016 to march 2017 business plan.

RECOMMENDATIONS: The Committee is asked to approve the draft high-level business plan for 2016-17 (APPENDIX A) as the basis for final discussions on the 2016-17 budget, and to note the indicative budget (APPENDIX B) supporting the draft plan.

Background:

The Department of Health has now provided an indication of the maximum budget available to Healthwatch England for 2016-17, in order to enable the business plan to be developed.

The context for this year's planning and budgeting process has been set by the outcome of the Spending Review, requiring the Department of Health to deliver significant reductions in expenditure other than on front-line services over the coming years. The Department has acknowledged the need for the new Chair to be involved in finalising 2016-17 plans and has therefore asked the Committee to propose a high-level plan at this stage.

In developing the plan, the Leadership Team has also taken account of Ministers' expectations that, given the greater focus on local leadership of the health and care system, we focus even more clearly on supporting local Healthwatch over the SR period alongside continued delivery of our other statutory functions and the need to focus on delivering the Committee's statutory functions, in particular supporting local Healthwatch to meet their own statutory activities and sharing local Healthwatch insight with our statutory partners.

The plan groups objectives and deliverables under 3 priorities:

1. **To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people**

2. **Putting the public's views at the heart of national decisions about the NHS and social care**

3. **To build and develop an effective learning and values based Healthwatch England**

We have used the quality statements for local Healthwatch as a framework to ensure that the support we propose to provide to the network will match their needs. Planning has drawn upon previous Committee discussions and the input of the network advisory group.

Provisional budget planning to support the plan has focused resources mainly on priority 1, relating to support for the network. Budget provision for staffing has been based on our current actual pay liability, which is lower than the 2015-16 staff budget, and further development of our staff structure will take place across the year within this envelope.

Recommendation:
The Committee is asked to approve the draft high-level business plan for 2016-17 (APPENDIX A) as the basis for final discussions on the 2016-17 budget, and to note the indicative budget (APPENDIX B) supporting the draft plan.

Next Steps:
Once the Committee has approved the draft high-level plan and final agreement is reached on the 2016-17 budget allocation, we will continue our conversation with the network about what the working relationship between Healthwatch England and local Healthwatch should look like.

We will also bring more detailed proposals for activity in the first half of 2016-17 back to the Committee together with the final 2016-17 budget once the Chair appointment has been made.

APPENDIX A: HEALTHWATCH ENGLAND - DRAFT HIGH-LEVEL BUSINESS PLAN 2016-17

Interim Chair's foreword

2016-17 will be a transition year for Healthwatch England as we move out of our launch phase and early development into a 'business as usual' model. With stronger support from the CQC and new leadership we will now focus particularly on strengthening the local Healthwatch network.

In 3 years we have created a brand that is recognised by 1 in 4 people and helped set up a vibrant network covering England which last year had over 300,000 direct, personal contacts with the public. Together we have developed innovative ways of engaging with people to so we can find out what they really think and share this insight with decision-makers. The power of human stories is helping solve long-standing and previously intractable problems.

Our growing bank of evidence attracts key players to sit round a table, locally and nationally, and work out solutions. Given its holistic view of care, arising from its remit covering health and social care, the Healthwatch network is ideally placed to support delivery of the NHS Five Year Forward view and we want to play our part.

So, we have proof of concept – that Healthwatch works - but our challenge is to take this to the next level of achievement.

Jane Mordue

Acting National Director's introduction

This year we will be strengthening our focus on working with the network to make it as effective as it can be. We are working with local Healthwatch to define just how the new arrangements will work but have already agreed that close partnership working is needed. The future will focus on partnerships, co-production, facilitation and influencing undertaken more often at regional and sub-regional levels than has previously been the case. We will continue to do and provide all the things that local Healthwatch have told us they really value.

In order that we can deliver our statutory functions, we will be rolling out our CRM system and developing our understanding of how to use local insight credibly and with influence. This is how we plan to make sure that together we improve the experiences of people using health and social care services.

In 2016-17 we will frame our work under 3 objectives.

Firstly, we will continue to support local Healthwatch with tools and training to help them grow more effective and sustainable.

Secondly, we will ensure that people's voices are at the heart of decision-making on how care is delivered and services are designed.

Thirdly, we will ensure that our new operating model is effective and flexible, delivering real value for money and providing a sound basis for our new leadership to take Healthwatch England and the network forward.

Susan Robinson

Priorities 2016/-17	Objectives 2016-17	Key deliverables 2016-17
PRIORITY 1 **To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people**	1.1 To support local Healthwatch to understand their strategic context and develop strong relationships	• To roll out our co-produced quality statements to help local Healthwatch understand how they are meeting their statutory activities • To deliver a programme to strengthen the relationship between local Healthwatch and key partners and commissioners • To help local Healthwatch to apply national data and policy to their local context and support their prioritisation processes • To deliver a programme of support around local Healthwatch leadership, governance and sustainability
	1.2 To support local Healthwatch to listen to the local community voice and influence local commissioning	• To provide a programme of support to encourage local Healthwatch to improve their public engagement • To demonstrate how local Healthwatch can support improved engagement across all service change and commissioning programmes

	1.3 To help local Healthwatch make a difference locally through the publications of reports and recommendations	• To develop and deliver a programme of support to help improve the quality and effective use of local Healthwatch evidence in reports and recommendations • To support local Healthwatch to adopt effective influencing approaches
	1.4 To support local Healthwatch to inform people through information and signposting services	• To support the public to understand and access local Healthwatch information and signposting services
	1.5 To support local Healthwatch to fulfil their statutory role in providing Healthwatch England with intelligence to enable Healthwatch England to deliver its statutory functions.	• To provide mechanisms including the CRM system to enable local Healthwatch to share information with Healthwatch England
Priority 2016-17	**Objective 2016-17**	**Key Deliverables 2016-17**
PRIORITY 2 **Bringing the public's views to the heart of national decisions about the NHS and social care** (Where very important issues	2.1 To gather and use intelligence and insight to influence the shape of health and social care	• To scope the information needs of stakeholders including local Healthwatch and approaches to sharing • To identify and test efficient ways in which local Healthwatch can collaborate (including with Healthwatch England) on behalf of the network in relation to priority health and social care issues

arise, advice is provided to the Secretary of State for Health, the Care Quality Commission, NHS England, NHS Improvement or local authorities in England. By law they have to respond publicly to this advice from Healthwatch England)		• To implement a communications and influencing strategy that makes sure people's voices are heard
	2.2 To develop more effective relationships with key stakeholders	• To undertake a programme of work to build on and develop relationships with key decision makers • To identify opportunities for local Healthwatch to demonstrate where their local insight and influence has had national relevance
PRIORITY 3 **To build and develop an effective learning and values based Healthwatch England**	3.1 To implement the organisational transition plan	• To complete the office move to Buckingham Palace Road on 9th May 2016 • To successfully induct a Chair and National Director
	3.2 To develop an effective and flexible way of working that delivers value for money	• To undertake all activities necessary to ensure that the Healthwatch England Committee is able to meet its reporting responsibilities • To identify efficiencies through the working relationship between CQC and Healthwatch England, e.g. support services • To ensure that staff skills are appropriate to deliver the business plan and that

		organisational learning is captured and used
	3.3 To protect public trust in Healthwatch by maintain a strong focus on organisational values	• To develop a refreshed 3-5 year strategy • To plan and deliver all activity so that it is consistent with the Healthwatch England values, maintaining public trust in the Healthwatch brand

APPENDIX B: Healthwatch England Indicative Budget 2016/17	Priority	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Grand Total
Staff Pay (includes travel and Committee costs)	1,2,3					1,872,000
Total Operational Costs (core liabilities)		107338	119088	110038	121248	457712
Network Innovation and Capacity Building			0	0	0	0
Pilots, projects and evaluation	1, 2	18000	18000	18000	18000	72000
Research capacity building(LHW)	1	12500	12500	12500	12500	50000
		30500	30500	30500	30500	122000
LHW Network Events and Training						
Healthwatch 2016	1, 2	120000	0	0	0	120000
Regional network meetings	1	3000	3000	3000	3000	12000
Network communications group training	1	3000	3000	3000	3000	12000
Network policy group training	1, 2	3000	3000	3000	3000	12000
Network training modules x4 (e.g. enter and view and research)	1	12000	12000	12000	12000	48000
Network advisory and task and finish groups	1, 2	10000	10000	10000	10000	40000
		151000	31000	31000	31000	244000
Network Stakeholder Engagement						
Seminars and Conferences x 8	1, 2	20000	20000	20000	20000	80000
		20000	76000	76000	76000	248000
Network Infrastructure						
Local Healthwatch CRM (support and maintenance)	1, 2	38000	38000	38000	38000	152000
Yammer and Hub Licences and Support	1	37110	10800	10800	10800	69510
		0	0	0	0	0
		75110	48800	48800	48800	221510
Insight Communications						
Statutory annual reports	1, 2	0	0	25000	10000	35000
Design and brand support	1	5400	5400	5400	5400	21600
Reports and publications	1, 2	6000	6000	6000	6000	24000
		11400	11400	36400	21400	80600

	Priority	Q1 Total	Q2 Total	Q3 Total	Q4 Total	Grand Total
Research and Intelligence						
Research and Evaluation	1, 2	**20000**	**20000**	**20000**	**5000**	**65000**
Peer Review	1,2		**20000**			**20000**
Data analysis	1, 2	**0**	**0**	**0**	**0**	**0**
		20000	**40000**	**20000**	**5000**	**85000**
Income Generation	3		-30000			-30000
Income Generation		0	-30000	0	0	-30000
Total Non-Pay (excl. Core Liabilities)		**308010**	**207700**	**242700**	**212700**	**971110**
Total Non-Pay budget		**415348**	**326788**	**352738**	**333948**	**1428822**

					Budget	3,300,000
					Pay	1,872,000
					Ops Costs	457712
					Work programme	971,110
					Total Non-Pay	1,428,822
					Total	3,300,822
					Difference	-822

SUBJECT OF REPORT: Intelligence from local Healthwatch and the framework for the analysis of local Healthwatch reports.

PRESENTING: Gerard Crofton-Martin

PURPOSE: This report updates the Committee on our approach to intelligence, providing an overview of the framework being used to analyse reports from local Healthwatch.

RECOMMENDATIONS:
The Committee are asked to **DISCUSS** and **AGREE** the framework to be applied to local Healthwatch reports.

RESOURCE IMPLICATIONS: There is an implication on the staff time needed (approx. 2 days a week) to proactively analyse reports in a monitoring capacity, on a weekly basis rather than undertaking a periodic review of reports. The framework is designed to facilitate analysis of reports in a systematic way, and to make this process more efficient.

RISK AND MITIGATION: N/A

Background

This paper outlines our intelligence sources and some of the issues raised by local Healthwatch during Quarter 3. It goes on to outline a more proactive approach to the analysis of information, including the adoption of a framework to be applied in the analysis and categorisation of local Healthwatch research reports and enter and view reports. The Committee are asked to discuss and agree this framework which has been designed to:

- build on previous analysis to support intelligence;
- enable fast navigation of the catalogue of reports;
- provide a way to feedback reports published to the network in a consistent format; and
- identify good practice as well as areas where training, guidance and support may be required.

The framework has been created in response to increasing demand from the network and key stakeholders for us to share information about local Healthwatch reports more widely, and to present this back to the network.

Our current intelligence sources

Over the last 6 months we have invested in gathering more information from local Healthwatch about the health and care issues people are sharing with local Healthwatch. We now draw on:

- Local Healthwatch priorities 2015-16;
- Local Healthwatch Annual Reports;
- Local Healthwatch reports;

- Escalated issues from local Healthwatch;
- Enquiries received by Healthwatch England;
- Emergent data from the Customer Relationship Management (CRM) system which is being used by over 60 local Healthwatch; and
- National datasets and reports.

Health and care issues raised in Quarter 3 2015-16

Based on these sources the following key areas emerged in the last Quarter:

Primary care issues, particularly access to GPs including difficulties accessing appointments and a lack of awareness around online booking facilities. Issues within waiting rooms were highlighted including privacy and maintaining confidentiality while making appointments and the provision of hearing loop. 18% of negative issues recorded on the CRM system this Quarter were related to GPs, including difficulties experienced with getting appointments and people feeling that they were not listened to by their doctor.

Mental health issues included young people's experiences of mental health services, which found issues around the stress and anxiety experienced by young people, and the importance of stigma and the role of the family in providing support in improving mental health. Another report focussed specifically on the experiences of Vietnamese and Chinese individuals using mental health services – identifying difficulties with access due to language barriers and digital exclusion with other reports from local Healthwatch noting the lack of awareness of community mental health support available locally.

Provision of information including the identification of local provision of information and any information gaps. One local Healthwatch undertook specific research into local attitudes to sharing information – resonating with work from Healthwatch England on care.data

Hospital discharge issues included people being discharged before they felt ready, confusion over medical terms, and a lack of continuity of support. One local Healthwatch report noted the issue of people not having enough time to discuss their discharge and difficulties in receiving medication once back in their communities.

Urgent care issues included individuals using their GP for urgent care needs, although there was a lack of awareness of alternative forms of support. One report noted there was a need for better training and expertise in urgent care services, as well as a need for an increase in the provision of urgent care services where they are needed the most.

Our developing approach to using local Healthwatch intelligence

In addition to our own direct work with the public, 6 months ago Healthwatch England was reliant on local Healthwatch escalating health and care issues to Healthwatch England, or sharing their reports including Annual Reports, and their priorities to provide us with information. On a quarterly basis we would review local Healthwatch websites for their reports, and would often approach the network asking about their interests or work on a particular issue.

We have now moved to proactively reviewing local Healthwatch reports on a weekly basis, so we know the health and care issues their reports focus on and can feed this back to the network. This also provides a reference point, when we are asked if local Healthwatch have worked on a particular issue or with a particular group.

We are phasing the use of information from the CRM system to Healthwatch England which provides an information feed so we can identify trends and issues about health and care issues in real time. In addition we continue to receive escalations and information from local Healthwatch Annual Reports and responses to surveys.

As we take a more proactive approach to collating and drawing on local Healthwatch information, we are initiating a key piece of work to understand how other stakeholders, including local Healthwatch, want information from us. This will inform our future data capture as well as our analysis, reporting and use of information. Following the completion of this work, the Committee will be asked to agree our approach to gathering and processing information about health and care issues provided by local Healthwatch.

Framework to analyse local Healthwatch reports

In order to analyse local Healthwatch reports, a framework has been developed to provide a consistent approach. It will be applied in three different ways:

1. To support the monitoring of reports produced by the network, and to share these back with the network and wider stakeholders in a systematic way;
2. To summarise and report the content of each report; and
3. To inform the research support strategy for the network.

The framework will be evaluated and developed over time, as Healthwatch England develops our understanding of the information other organisations would appreciate from us.

The framework is structured using information around the content of reports (themes, groups identified) as well as providing feedback about good practice or support needs. There are 13 categories of information, designed to provide a context for the report, an explanation of the content, a summary of each report with any good practice or research support needs being highlighted. Each of the categories and subcategories has been identified based on previous analysis of reports and it is envisaged that the groups and subcategories will develop further. The right balance needs to be struck between keeping the analysis at a sufficiently high level that it can applied to every report but sufficiently detailed enough to provide the information we need. The intention is that extra Categories could be applied for a limited period to provide a further level of insight on particular health and care issues. The framework is as follows (on page 46):

Category	Subcategory	Intended use
Date of publication	None	Date the report was published online
Data collection period	None	Date the research was conducted
Local Healthwatch	None	Specification of which local Healthwatch authored the report
Service/care element	Mental Health Services	Specific service categories to flag
	CAMHS	
	GPs	
	Patient Transport	
	Domiciliary care	
	Hospital discharge	
	Maternity services	
	Dentists	
Groups	Deaf people	Specific groups which have been identified as the focus of the research
	Older people	
	Children and Young People	
	Special Educational Needs and Disability (SEND)	
Consumer principles	Access	Noting any consumer principles which reports relate to
	Essential services	
	Quality, Safety and Dignity	
	Information and education	
	Choice	
	Being listened to	
	Being involved	
	Healthy environment	
Key findings	(3 bullet points)	Brief outline of key findings from the report – headline statistics etc.

Recommendations	(3 bullet points)	Outline of recommendations
Key partners	Any organisations with which local Healthwatch collaborated to produce the report	Any partners which local Healthwatch may have collaborated with such as local voluntary organisations
Training needs/guidance	Any support, guidance or training needs identified from the report	For example, focus group methodology, data analysis etc.
Version of the report	Draft	Whether the report has been shared internally or externally
	Final	
Follow up report	Yes	Whether the report is a follow up report to a previous report
	No	
Good practice	Yes	Whether the report demonstrates good practice for research
	No	

Recommendation

The Committee is asked to **discuss and agree** the framework to be applied to local Healthwatch reports.

Members are invited to **DISCUSS and AGREE**.

4.1 Healthwatch England Intelligence
Gerard Crofton-Martin

Slides enclosed.

AGENDA ITEM: Healthwatch 2016

PRESENTING: Andy Payne

Example itineraries for the following delegates to show how a range of sessions can be attended over the two days

- Chair of a local Healthwatch
- Operational Lead of a local Healthwatch
- Engagement Officer at a local Healthwatch
- Volunteer board member of a local Healthwatch

Please note time has been built into the agenda to allow delegates to move around the venue. This is reflected in the start time for the sessions

healthwatch

What my agenda might look like: as a Chair with a strategic focus

Day 1	Day 2
10.30 – 11.00 **Welcome and Introduction** Theatre	9.15 – 9.45 **Welcome and introduction** Theatre
11.15 -11.30 break	9.45 – 10.00 break
11.45– 12.45 **CQC and Healthwatch – the value we bring** Theatre	10.15 – 11.15 **The importance of networking and relationships** Healthwatch Worcestershire Local Healthwatch session, room 3
12.45 – 13.45pm Lunch	11.15 -11.30 Break
2pm – 3.00 **Service Change – where are we now?** Theatre	11.45 – 12.45 **Improving outcomes for children and young people** Theatre
15.00 - 15.30 **Break**	12.45 – 1.45 **Lunch**
15.45 – 16.45 **Champion, Campaigner or Catalyst** Healthwatch Cumbria Local Healthwatch session, room 2	14.00 – 15.00 **Tackling Governance Issues** Seminar Session
17.00 – 18.00 **Chair networking** Local Healthwatch session, room 1	15.00 – 15.15 **Reflections** Theatre
19.00 onwards **Dinner and Awards ceremony**	

healthwatch

What my agenda might look like: as an Operational Lead

Day 1	Day 2
10.30 – 11.15 **Welcome and Introduction** Theatre	9.15 – 9.45 **Welcome** Theatre
11.15 -11.30 break	9.45 – 10.00 break
11.45 – 12.45 **Involving local people in commissioning Healthwatch in Wessex Voices** Local Healthwatch session, room 3	10.15 – 11.15 **Building relationships with commissioners** Business Hub, room 2
12.45 – 13.45 Lunch	11.15 - 11.30 Break
14.00 – 15.00 **What to do when there is a crisis locally** Seminar session	11.45 -12.45 **Engaging with key stakeholders** Seminar session
15.00 – 15.30 Break	12.45 – 1.45 Lunch
15.45 – 16.45 **Data protection and cyber security** Healthwatch Worcestershire Local Healthwatch session, room 1	14.00 – 15.00 **Sharing resources** Business Hub, room 2
17.00 – 18.00 **CEO networking** Local Healthwatch session, room 3	15.00 – 15.15 **Reflections** Theatre
19.00 onwards **Dinner and Awards ceremony**	

healthwatch

What my agenda might look like: as a local Healthwatch Engagement Officer

Day 1	Day 2
10.30 – 11.15 **Welcome and Introduction** Theatre	9.15 – 9.45 **Welcome** Theatre
11.15 -11.30 Break	9.45 – 10.00 Break
11.30 – 12.45 **Engaging with people who use social care services** Seminar session	10.15 – 11.15 **Managing Volunteers** Business Hub, room 1
12.45 – 13.45 Lunch	11.15 - 11.30 Break
14.00 – 15.00 **Enter and View** Healthwatch Redbridge Local Healthwatch session, room 1	11.45 –12.45 **University Towns and Cities** Healthwatch Newcastle Local Healthwatch session, room 2
15.00 – 15.30 Break	12.45 – 13.45 Lunch
15.45 - 16.45 pm **Healthwatch England Comms drop in** Business Hub, room 3	14.00 – 15.00 **Supporting young people to be heard** **Healthwatch Dudley** Local Healthwatch session, room 1
17.00 – 18.00 **Networking**	15.00 – 15.00 **Reflections**
7pm onwards **Dinner and Awards ceremony**	

healthwatch

What my agenda might look like: as a volunteer board member who represents local Healthwatch at a number of external meetings

Day 1	Day 2
10.30 – 11.15 **Welcome and Introduction** Theatre	9.15 – 9.45 **Welcome** Theatre
11.15 -11.30 **Break**	9.45 – 10.00 **Break**
11.30 – 12.45 **Engagement – the Healthwatch commitment to seek and hear the voices of local communities** Healthwatch North Somerset - Local Healthwatch session, room 3	10.15 – 11.15 **Safeguarding Adults – the national picture post Care Act 2014** Theatre
12.45 – 14.00 **Lunch**	11.30- 11.45 **Break**
14.00 – 15.30 **System leadership and representing local Healthwatch** Business Hub, room 1	11.45 – 12.45 **Using research to amplify the voice of the seldom heard** Healthwatch Shropshire - Local Healthwatch session room 3
15.30 – 15.45 **Break**	12.45 – 13.45 **Lunch**
3.45 – 16.45 **Demonstrating Impact** Theatre	14.00 – 15.00 **How to engage successfully with dental professionals, include and make a difference for patients** Healthwatch Leicestershire - Local Healthwatch session, room 2
17.00 – 18.00 **Networking**	15.00 – 15.15 **Reflections** Theatre
7pm onwards **Dinner and Awards ceremony**	

AGENDA ITEM: Audit and Risk Sub Committee Chair's Report

PRESENTING: Michael Hughes

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of the previous Audit and Risk Sub Committee (ARSC) meeting of Thursday 19 November 2015.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

Managing Risk
- The Audit and Risk Sub Committee has strategic oversight of the Healthwatch England strategic and operational risk register. Following the quarterly review of both risk registers, two aspects of risk were discussed further, first identifying organisational knowledge that is held by staff; and consequently the capacity of new staff to quickly acquire the organisational history, enabling them to identify and manage risks consistently.
- Following John Carvel and Deborah Fowler's attendance at the Department of Health's Chairs and Non-Executive Directors of Arm's Length Bodies Programme seminar on Cyber Security, the Sub Committee discussed how the issue of data security has become a top priority for NHS boards. Chairs and Non-Executive Directors of Arm's Length Bodies were encouraged to increase their vigilance about cyber-security.
- Sub Committee Members were updated by Sarah Armstrong (Director of Operations) that there is currently an agreement with CQC (further details are within the Information Governance audit action plan) to alert Healthwatch England to any cyber risks identified so that local Healthwatch can also be informed appropriately.

Risk Summary
- For the first time a risk summary was presented with the risk registers. The risk summary provided a succinct update of the key risks of the quarter and the mitigating actions taken. The risk summary will support the strategic and operational risk register ensuring identification of the strategic risks that the Sub Committee need to be alerted to.

Organisational Memory
- The draft organisational memory document was presented to Sub Committee Members for comment. Whilst the People and Values Sub Committee have been updated on a work programme to understand staff capacity and to ensure that the organisational culture to support the transition that is being maintained is the right one, the role of the Audit and Risk Sub Committee continues to be to probe the actions and delivery of key milestones during the transitional period.

- Sub Committee Members suggested the inclusion of the roles and responsibilities of the Chair, Chief Executive and Senior Management Team in the organisational memory document.
- In addition, it was suggested that it would be helpful to include the timeline and deadlines for accountability meetings to support the Senior Management Team with the reporting schedule. It was also proposed that a list of key stakeholders and frequency of meetings should be included.

Customer Relationship Management (CRM) system update
- Sub Committee Members were updated that a third of the network are currently on the CRM system with the aim to be 50% by the end of the 2015/16 financial year. Sub Committee Members encouraged an improvement in communicating more effectively with local Healthwatch as this will need to be monitored as more local Healthwatch enrol on to the system.
- It was recognised that there was learning from the project to be shared within the organisation and with local Healthwatch. The initial aim of the trialling process was to test the boundaries of the CRM system, however, it was reflected that there was an end to the process which should have been communicated to local Healthwatch.
- Sub Committee Members were updated that there are currently only 4 providers of Civi-CRM in the UK, and Healthwatch England is working with 3 of the providers. A lesson learned from the CRM project has been to ensure that in future procurements, the requirements of the project are clearly defined and the capacity of the supplier to deliver is carefully considered. The aim was to support Healthwatch England to be able to build a bespoke system and also provide support for people to use and navigate the system (using training videos, 1-1 training, refresher training etc.). It was recognised that the individual support to local Healthwatch has taken more time than initially anticipated.
- Sub Committee Members sought assurance on how the organisation ensures that Confidential Personal Information (CPI) information is not shared on the CRM system. The staff team were encouraged to remain vigilant, ensuring that both local Healthwatch and Healthwatch England staff are aware of their duties. Sub Committee Members were assured that there are a number of ways of monitoring the CRM system and there has been only one incident so far which was remedied very quickly.

AGENDA ITEM: Finance and General Purpose Sub Committee Chair's Report

PRESENTING: Deborah Fowler

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The Committee is asked to note the summary of key matters discussed at the Finance and General Purpose Sub Committee meeting of Thursday 15 October 2015.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

Business continuity plan and crisis planning process
- Sub Committee Members welcomed the first draft of the business continuity plan and crisis plan suggesting further consideration of the organisation's risk appetite and risk aversion to prepare the document.
- Sub Committee Members encouraged the inclusion of examples and scenario planning in the operational element of the policy. This will be to reassure staff and the Committee that there are mitigations and processes in place to support the organisation during a crisis and that staff know what to do if a crisis occurs.
- There was recognition that as Healthwatch England does not deliver life critical functions a statement supporting this should be included in the policy, recognising the proportionality of the organisation's continuity planning activity.

Financial accounts
- The Sub Committee considered financial information showing the budget and spend for the first 6 months of the 2015/16 financial year.
- Sub Committee Members were assured that the Senior and Operational Management Team had undertaken a detailed re-profiling of the budget to ensure that spend accurately reflected the business plan.
- The causes of the historic underspend were explained as including external factors beyond Healthwatch England's control that had held up planned recruitment, as well as more positive reasons, such the organisation's successes in making efficiencies e.g. the Annual Conference costing £10k less than the previous year.
- Sub Committee Members were encouraged by the offer of support from the Care Quality Commission (CQC) staff team in providing the sort of detailed financial reporting that Healthwatch England needs. CQC were developing ways to work with Healthwatch England more closely. This included the development of more project codes, improving financial analysis, and supporting Healthwatch England staff with training.
- Sub Committee Members asked if the pay element of the budget could be re-allocated across the key priority areas of work, as this would allow the opportunity to track spend by priority across the year (comparing the original budget and the outturn). This would enable Sub Committee Members and the

Healthwatch England Committee to see if spend had been as planned, proportional to the outputs, and also help to give an idea of what the organisation could deliver for a certain amount of spend.

<u>Payment update</u>
- The Sub Committee reviewed the recent payments profile and the procedures used to make decisions on payments.
- It was noted that some 94% of all payments made by Healthwatch England were for amounts under £5,000.

The Finance and General Purpose Sub Committee continues to have oversight of financial management and business processes and provides assurance to the Committee with regard to the financial integrity of Healthwatch England.

AGENDA ITEM: Committee Members Update

PRESENTING: Committee Members

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report aims to highlight Committee Members' contributions since the last Committee Meeting in November 2015. The report is a summary of contributions from Committee Members. Individually, Committee Members provide a voice for key groups in communities and bring forward the challenges and concerns they have heard. They also engage with local Healthwatch through events and regional meetings.

RECOMMENDATIONS: Committee Members are asked to **NOTE** the content of the report.

Supporting Healthwatch England

Recruitment of Regional Committee Member (North)
Pam Bradbury, Anna Bradley and Jane Mordue supported the recruitment of the Regional Committee Member (North), ensuring that all decisions related to the values and the diversity within the organisation remain and continue to be consistent.

Transition
Committee Members have helped with planning at a time of organisational transition – making key decisions such as a pause to the strategic plan at this time of change.

Consumer Index
Michael Hughes attended the Healthwatch Index Roundtable with key stakeholders, highlighting this as a good example of our work with other system players where there has been a lot of interest in the Index; with people recognising the need. Michael chaired a meeting with Committee Members to discuss the Healthwatch Index. Reflecting that as the most technical project Healthwatch England has undertaken, it was helpful to have a wide-ranging and troubleshooting discussion.

All Party Parliamentary Health Group

John Carvel attended a meeting of the All Party Parliamentary Health Group at which David Behan, Chief Executive of the Care Quality Commission (CQC), discussed changes in the inspection regime. At David's invitation, John responded to a question from an MP about the role played by local Healthwatch.

Economic and Social Research Council

In November 2015, Michael Hughes contributed to an Economic and Social Research Council sponsored event on "The Power of Patient Experience" in Birmingham. There were reports from researchers on work they had completed to map the journey of elderly people's journey to becoming in-patients, identifying the points where their experience (if had been used) could have saved the NHS a lot of time and money. Their research explored older people's experiences of emergency admission. The findings and details were shared with the Healthwatch network on Yammer.

Regional Meetings and Events

Michael Hughes' presentation on 'Healthwatch England working with Healthwatch Sefton to give people a voice' at Healthwatch Sefton's Annual General Meeting in October 2015 was well received. At the event, there were some good stories and examples of holding health and social care providers to account including a panel discussion with some of the main providers in the area.

Jenny Baker during this period represented the Committee and supported the development team by attending four regional network meetings in Chipping Sodbury (South West), Crawley (South East), Plymouth (South West Peninsula), and Bristol (South West) – the latter attended also by interim chair Jane Mordue. Recurrent themes included issues about funding cuts already experienced or anticipated by many local Healthwatch in the wake of the Spending Review. Significant numbers reported that, in the 2016/17 financial year, their Healthwatch would be subject to commissioners' plans to retender their contracts, sometimes with an extended brief to include delivery of other services such as advocacy. Throughout these meetings was the evident trend towards local Healthwatch working together on joint projects. Jenny reflected that the fast changing health and social care landscape was providing more opportunities for the active engagement of Healthwatch in local service transformation and that this would be an increasingly important role for them going forward.

With a few examples of effective working relationships with CQC these were outweighed at network meetings by widely expressed concerns that there was still a way to go at local and network levels with a need for better communications, more round table discussions and the shared development of processes, staff induction and training. Jenny also reflected a growing appetite for network meeting opportunities for local chairs as well as lead officers. She attended the November 2015 Chair- to - Chairs meeting with Anna Bradley, previous Chair, in Reading resulting in a new Chair- led initiative for the group to meet together again in 2016.

Jenny Baker represented the Healthwatch England Committee and was a panel speaker at Healthwatch Oxfordshire's launch of their major Dignity in Care report and joint Dignity in Care Awards presentation led by Healthwatch Oxfordshire in partnership with Age UK Oxfordshire.

Commissioners Event

Michael Hughes, Alun Davies and Pam Bradbury attended the first Healthwatch commissioners' session in Birmingham. This was an opportunity to see things from the commissioners point of view - how they are often 'alone' stuck between their employing authority (many of which seem to have forgotten that governance of diverse communities means supporting opposition voices) and local Healthwatch who cannot understand why they sometimes have draconian cuts. The event offered both commissioners and local Healthwatch an enhanced awareness of what good commissioning looks like in order to ensure all areas are maximising their relationship with commissioners and enabling the security of long term contracts for existing local Healthwatch providers. Pam Bradbury

noted that there has been a lack of consistency in the approach to ensuring and extending contracts with sufficient contract values to deliver an effective service.

NHS Equality and Diversity Council

Liz Sayce attended the NHS Equality and Diversity Council meeting chaired by Simon Stevens (Chief Executive, NHS England). Discussion concentrated on Lesbian, Gay, Bisexual and Transgender equality and disability and workforce equality. Through her involvement on the Equality and Diversity Council, Liz has been able to promote local Healthwatch actions to enable diverse voices to inform health and care services – to a group including senior people from NHS England, Public Health England and other major organisations.

NHS England

Pam Bradbury attended the University of Birmingham's Vice-Chancellor's Distinguished Lecture Series' which is a series with the aim to reflect on the major social, scientific, cultural, and policy issues of our time. The lecture focussed on the ambition of the NHS to improve health, assure quality care and reduce costs. Pam reflected that the event offered an opportunity to raise awareness and the profile of Healthwatch England and local Healthwatch with both Simon Stevens and other distinguished guests, to ensure that the views of patients/public are considered in all policy decisions.

Jane Mordue, John Carvel, Deborah Fowler and Michael Hughes joined NHS England Board colleagues to discuss shared concerns.

Department of Health Arm's Length Bodies Chairs and Non-Executive Directors (NEDs) Programme

John Carvel represented Healthwatch England at the Department of Health's Annual Conference of Audit and Risk Committee Chairs. The focus this year moved from the usual concentration on financial control to stress the risk of breaches in data security. Stopping data about patients and service users falling into the wrong hands has become a major concern in the Department of Health. John has also dealt with this subject as a member of Dame Fiona Caldicott's panel in her role as National Data Guardian for Health and Care. She is conducting a review of data security standards and arrangements for people to give and withhold consent for their health information to be used for NHS administration and research, including taking evidence from Healthwatch in November 2015.

Jenny Baker, Andrew Barnett, John Carvel, Michael Hughes and Deborah Fowler attended the Department of Health's Arm's Length Bodies and Executive Agency Chairs' and Non-Executive Directors' (NEDs) Winter Conference. One of the points made to NHS system leaders was the need to be open with local communities about the service changes being planned. NHS England wants "place-based" reforms to suit local conditions. Local Healthwatch has a big part to play in making sure that these reflect the needs of local consumers. Healthwatch England is working to make sure system leaders understand the importance of local engagement and to provide support for local Healthwatch in taking on this role. The Department of Health also stressed the hope that the Boards of Arm's Length Bodies would engage in leadership programmes to find new ways of collaborating for greater effectiveness and efficiency. Networking during the conference with other non

- executive directors, Jenny reflected that an evident gap exists in others' understanding the role and purpose of Healthwatch with opportunities for system wide briefings for Board members of fellow Department of Health's Arm's Length Bodies.

Promoting Healthwatch widely

Michael Hughes attended the launch event for the Centre for Ageing Better. This was a good opportunity for networking and explaining the role of Healthwatch to a number of people from the voluntary sector and higher education. The focal point of the event was unveiling some of the key findings from the study 'Later Life in 2015' which explores the factors that make for a good later life.

During this period Liz Sayce attended a number of roadshows on priorities for research led by people living with health conditions/disability (in her Disability Rights UK role), which has led to powerful ideas for new research on system reform, e.g. an expanded role for peer support and integration of services across education/employment/health and care and hopes to feed these points in as relevant to Healthwatch England.

Liz Sayce is part of the NHS Employers Strategic Forum and has also held meetings in this period with the CEOs of Skills for Care and the Equality and Human Rights Commission on issues pertaining to consumer health and care issues. Liz has met with officials from the Department of Health and the Department of Work and Pensions on joint health and work issues; and with the Minister for Disabled People on a range of issues, reinforcing Healthwatch England messages during meetings.