

HEALTHWATCH ENGLAND - COMMITTEE MINUTES

5th December 2012, Leeds Metropolitan University

Present (Committee Members): Anna Bradley (Chair), John Carvel, Alun Davies, Michael Hughes, Christine Lenehan, Jane Mordue, David Rogers, Dag Saunders, Dave Shields, Patrick Vernon, Christine Vigars.

In attendance: Amanda Hutchinson (Interim Director), Sandip Mahajan (Corporate Secretary). Katherine Rake (incoming Chief Executive).

AGENDA ITEM 1

WELCOME AND AIM OF MEETING

The Chair welcomed everyone to the public launch of Healthwatch England and introduced the Chief Executive, Katherine Rake, who would be starting in January. Norman Lamb MP, Minister of State for Care and Support, had sent a message.

AGENDA ITEM 3

CHAIR'S REPORT

Working with the Care Quality Commission and other strategic partners

1. The Care Quality Commission (CQC) acts as Healthwatch England's host providing corporate support. They are building a strategic partnership with Healthwatch England operating independently. Effective working relationships were developing with other key national stakeholders.

Launch of Healthwatch England and local Healthwatch development work

2. On 1st October 2012, Healthwatch England officially came into existence. The launch included a visit to Essex to meet local stakeholders. This local perspective had been developed further with Leeds stakeholders.

3. The support offer for the Healthwatch network was being developed with local Healthwatch and LINK members.

Developing focus and priorities

4. Desktop research had been commissioned to identify priorities and the Committee had taken an initial view of priorities based on this prior to a fuller business plan.

Chair's Presentation

5. The Chair gave a presentation providing detail on the role of Healthwatch England which is available at www.healthwatch.co.uk.

Members' discussed the proposed values and noted the importance of the following issues:

- Building influence and trust.
- Taking account of Equalities.
- Focus on evidence to show implementation the values.

6. The Chair concluded that more work needed to be done on values to turn them into a smarter, briefer set.

Members' discussed the proposed criteria for agreeing priorities and identified the following issues:

- To focus on people's needs, especially those not being heard.
- The need for balance between Health and Social Care

7. The Chair concluded that more work needed to be done on the criteria.

Members' raised the following on priorities - next 4 (and 18) months

- Early research on people's views is needed e.g. 'State of the Nation' report.
- Supporting local Healthwatch on Health and Well-Being Boards (HWWB's).
- Complaints, the following are needed:
 - o a mapping exercise.
 - o integrated systems for both health and social care.
 - o the ability to register complaints.
 - o the opportunity to learn lessons.
- The need to leave capacity for unpredicted events
- The importance of Leadership as well as guidance for local Healthwatch.
- The need to build on legacy work from LINKs
- The potential to work with local Healthwatch on priority areas.

AGREED - That further work was needed on all three areas (Values, Criteria and Priorities), with a refined set of options (for each area) and delivery timeframes, to be considered by the Committee at their January workshop.

AGREED - The Chair concluded that more work was particularly needed to develop work on modes of comment and user engagement.

AGENDA ITEM 4

THE DIRECTOR'S REPORT

8. The interim Director explained that her report focused on operational progress and formal reporting requirements. The full report is available at www.healthwatch.co.uk.

AGENDA ITEM 5

FORMAL ADOPTION OF GOVERNANCE ARRANGEMENTS

9. Governance arrangements to ensure that Healthwatch England operated with clear accountability were complex. Healthwatch England was a statutory committee of the CQC albeit with clear independence in its role. The Chief Executive of the CQC was Healthwatch England's Accountable Officer and had legal responsibilities to Parliament. The full report is available at www.healthwatch.co.uk.

10. The suite of key governance documents had been approved by the CQC Board in September 2012.

11. Proportionate governance controls needed to be adopted. Members highlighted the need to ensure that proposed arrangements were the best fit for Healthwatch England and, whilst fulfilling legal and other good practice duties, were cost-efficient and did not introduce a disproportionate burden.

12. Concerns had been raised in relation to information governance e.g. CQC dealing with confidential and anonymous data whilst Healthwatch England dealt with feedback from people for named use, subject to permissions and safeguards.

13. CQC policies, where appropriate, could simply be adopted but many would need adapting to be most effective for Healthwatch England's work.

14. Given the need to have some agreements in place, the most pragmatic approach was to adopt the various documents with proposed minor revisions but subject to noting concerns and later review to ensure that they were 'fit for purpose'.

15. The Chair explained that any amendments would need to be approved by the CQC, noting that the Memorandum of Understanding was at draft stage, and subject to proposed minor revisions (paragraph 3.10 of the report).

AGREED - To adopt the Governance documents subject to further work on areas such as information governance, Audit and Risk Assurance Committee's Terms of Reference and other relevant areas.

NOTED - There would be a need for further review.

AGENDA ITEM 6

CONFIRMATION OF MEMBER APPOINTMENTS

16. John Carvel had been identified to act as Healthwatch England's 'Caldicott Guardian' and Jane Mordue to represent Healthwatch on the Care Quality Commission's Audit and Risk Committee. The full report is available at www.healthwatch.co.uk.

17. John Carvel explained that the Caldicott Guardian was effectively the champion for ensuring good information governance, i.e. confidential information held securely and in accordance with good practice. Jane Mordue's representation on the Audit and Risk Assurance Committee was in an advisory role.

NOTED - Appointments:

- John Carvel - 'Caldicott Guardian'.
- Jane Mordue - Healthwatch England's representative on the Care Quality Commission's Audit and Risk Assurance Committee.

AGENDA ITEM 7

BUSINESS PLANNING AND PRIORITY SETTING

18. The interim Director explained that this concerned business planning for 2013/14, including budget setting and longer-term strategic planning and immediate priorities with actions for delivering before April 2013. The full report is available at www.healthwatch.co.uk.

Members' views [on immediate priorities for 2012/13]

- Healthwatch Information Hub - Assurance was sought concerning delivery of the Healthwatch Hub project which had started in the summer and was intended to be a comprehensive source of information for local Healthwatch to share. A prototype had been developed and tested.
- Information Security - Secure information management systems were needed restricting confidential access, but providing appropriate access to cases.
- Local sources of information - The Citizens' Advice Bureau had much health and social care casework so could be useful identifying work or issues for Healthwatch England as could feedback from MP's (constituents' concerns).
- Vulnerable people and best practice - There appeared to be nothing explicit on vulnerable people. Best practice should be shared e.g. supporting local Healthwatch to work with Health and Well-being Boards, Leeds LINKs workshop on ethnic communities being run by the Department of Health.

ACTION - INTELLIGENCE MANAGER - Provide Members with viewing access for the test version of the Healthwatch Hub.

APPROVED - The list of priorities for the remainder of 2012/13 (Appendix C of the report) subject to:

- Feedback from the workshop sessions and Chair's report from this meeting, further priority work to be identified for the January workshop.

Conclusion

The Chair thanked everyone for their time and contribution.

HWE Minutes Committee Meeting 20121205

Paper No:HWE.MIN.CM.20121205

Page 4 of 4