



Healthwatch England Committee Meeting
Jane Mordue



1.1 Welcome and apologies

Jane Mordue



1.2 Minutes of the last meeting, action log and matters arising

Jane Mordue



1.3 Declarations of Interest

Jane Mordue



1.4 Interim Chair's Report

Jane Mordue



1.5 Acting National Director's Report and Report on delivery (Quarter 1 2016/17)

Susan Robinson



1.6 Operational Report

Joanne Crossley

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2.1 Intelligence to influence: Local Healthwatch reports and future influencing approaches

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Neil Tester



Intelligence to influence

These slides:

- Summarise our analysis of more than 400 local Healthwatch reports and of network priorities for 2016-17
- Describe the range of approaches available to the Committee as it seeks to secure influence for people's experiences and insight
- Raise strategic questions for the Committee to consider as we develop our operating model and approach the next phase of business planning



Local Healthwatch reports

- We now have access to the full range of published local Healthwatch reports and have analysed those produced between January and April 2016. The remainder for May, June and July are currently being analysed.
- 403 reports were published to end April - predominantly Enter and View reports (249) and reports on public experience (110). This compares to the 28 research reports and 47 Enter and View reports we received from local Healthwatch between January and March 2015.
- These reports involved 39,795 people (24,338 in relation to 12 reports).
- 141 reports covered social care (120 of which featured care homes); 100 covered primary care; 88 covered secondary care.

Local Healthwatch reports

Age groups covered	Number of reports
All ages	164 reports
Adults	69 reports
Children and young people	23 reports
Over-65s	147 reports

Top 3 groups covered:

- people with dementia (119);
- people with mental health conditions (30);
- people with physical disability (21)

Top 3 subjects covered by secondary care reports

- Accident and Emergency (19),
 - Inpatient services (8),
 - Outpatient services (8)
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- 9 reports covered dentistry
 - 9 reports covered Child and Adolescent Mental Health Services (CAMHS)
 - 4 reports covered maternity services



Local Healthwatch reports

Responses from providers and commissioners:

- 77% (309) of the 403 reports invited responses from decision-makers
- 61% (188) of these 309 reports recorded positive responses, including action taken in 30% of cases (94)
- 19% (59) of these reports recorded that a response was awaited
- 2% (7) reports recorded a dissenting response

Local Healthwatch reports

Issues covered:

Primary care

GP service	70
Health Centre Enter and View	12
Dentist (non-hospital)	9
Pharmacy	4
Health Visitor	1
NHS 111	1
Optometry	1
Out of Hours	1
Baby clinics	1

Social care

Care home service with nursing	55
Residential Care Home	55
Care home service without nursing	10
Nursing Care Home	8
Dementia (Social Care Services)	3
Extra Care housing services	3
Care at Home	2
Hospice Care	2
Day Care (Social Care Services)	1
Drug & Alcohol Services	1
Assisted Living	1

Local Healthwatch reports

Issues covered: **Secondary care**

Accident & Emergency	19
Hospital (several wards)	14
Acute services with overnight beds	8
Outpatients	8
Inpatient Care	5
Orthopaedics	5
Psychiatry/Mental Health (Hospital Services)	5
Physiotherapy	4
Appointments	3
Cardiology	3
Paediatrics	3
Care of Older People	2
High Dependency Unit	2
Ophthalmology	2
Pharmacy	2
Dementia	1
Ear, Nose and Throat	1
Radiography	1

Local Healthwatch reports

Issues covered: **Mental health**

Child & Adolescent Mental Health Services	9
Psychiatry/Mental Health	7
Community Mental Health Team (CMHT)	4

Local Healthwatch reports

Priorities for 2016-17 identified in local Healthwatch annual reports:

Priority subject	Number of local Healthwatch
Mental health	84
Transformation (STPs/vanguards etc.)	46
Children and young people	42
Domiciliary care	29
GP services	25
Patient/community engagement	24
CAMHS	24
Seldom heard groups	23
Learning disabilities	21
Social care	20
Hospital discharge	20
Primary care	19
Residential/nursing care (care homes)	18
Urgent and emergency care (including ambulances)	14
Hospital services (acute, outpatients etc.)	12
Carers	11
Accessible Information Standard	10

Local Healthwatch reports

Priorities for 2016-17 identified in local Healthwatch annual reports:

Priority subject	Number of local Healthwatch
Complaints	9
Integration of services	9
Access to services	8
Integration	7
Dementia	7
Over 65s	7
Dentistry	6
End of Life (palliative) care	6
Sexual health	6
Devolution	5
Involvement in commissioning (of services)	5

Influencing approaches

At the May meeting, the Committee agreed the following objectives for our Influencing Strategy:

1. To ensure that national stakeholders receive, understand, use and acknowledge the Healthwatch network's insight.
2. To support local Healthwatch in ensuring that regional and local stakeholders understand how network insight is informing national policies and programmes and how they can work most effectively with local Healthwatch.
3. To maintain stakeholders' understanding, including throughout our leadership transition and ongoing turnover of stakeholders' personnel, of:
 - Healthwatch England's role;
 - How our activity is driven by our values;
 - The value delivered by the network and the difference it makes, using the Healthwatch brand;
 - The importance and benefits of effective engagement with patients, service users and the wider public.

The following slides set out a range of approaches to delivering the first of these objectives.

6 influencing approaches for consideration

The following approaches range from the least to the most resource-intensive

- **1: Share findings automatically with key partners**
There will be issues on which network insight will be insufficiently broad or deep to mark it out as a priority issue for Healthwatch England. This insight will still be of value and use to others and could be provided to partners, relatively unpackaged, as part of regular intelligence sharing activity, introducing contacts to relevant local Healthwatch where appropriate. This might give rise to situations in which partners decide to commission the network to develop further insight, in which we might have a brokerage role.
- **2: Share findings strategically, working with receptive key partners**
Where the insight identifies a priority issue, and where horizon-scanning indicates a partner's need for or opportunity to use the insight, we could undertake additional work to ensure it is presented in a way that is targeted to the opportunity and to support partners as they use it. Again, local Healthwatch would be introduced to partners where this would help them to explore the issue more fully. We would seek to identify shared opportunities to make this collaborative working visible, to mutual benefit.

6 influencing approaches for consideration

- **3: Publish current findings to raise awareness**

Where current insight is sufficient to make an issue public but where substantial work would be required to enable relevant partners to understand and act upon the issue, we could raise awareness of the issues and share insight with key stakeholders, including professional bodies and third sector organisations. This would be supported by online content, social media and PR activity. The objective would be to share the findings to inform others' practice and work programmes, rather than to seek specific outcomes. Again, where appropriate we would link local Healthwatch in to specific pieces of national work. This approach can be combined with 2.

- **4: Adopt a national position and actively monitor change**

Where the insight is not only sufficient to make the issue public as in approach 3 but also enough of a priority for the Committee to wish publicly to continue to inform partners' work and to monitor progress, we could consider use of statutory powers to ensure a public response on the issue. Issues at this level (whether or not statutory powers are used) would justify the investment of time necessary for us to remain engaged at national level - through boards and external reference groups etc.

6 influencing approaches for consideration

- **5: Commission research**

Where the insight appears promising and the external stakeholder environment is positive, there may be a need for someone to commission additional research to be able to add true value to national debate. As with approach 1, there may be opportunities for other organisations to ask us to broker additional network insight. Given the future resource position, where further research is at Healthwatch England's initiative, we are likely to want to undertake this activity through local Healthwatch and/or by working with statutory, academic or other partners in order to secure critical mass in terms of resources.

- **6: Major study**

If the insight suggests the issue is multifaceted and/or it is not immediately clear which of a number of policy programmes would present the most effective avenue to unlock the issue, this might entail us incorporating a number of the approaches above, including further research, working with a local Healthwatch task and finish group, using our statutory powers etc. This approach, if adopted, would either dominate our business plan and resource use, or else require an overt partnership approach from the outset.



Questions for the Committee

- Given the stage we are at in collection and analysis of information and the nature of the insight currently being reported by local Healthwatch - what advice does the Committee have about how we should be sharing this information?
- Would particular combinations of approaches best allow a balance between planned and opportunistic work?
- Which approaches would allow us best to maintain public visibility for and understanding of the work of the network while working effectively with statutory partners?

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2.2 Healthwatch England: Intelligence and Informatics Proposal

Gerard Crofton-Martin



Purpose: People's voices making a difference

- Becoming an intelligence led organisation
- Mainstreaming the public's insight
- Building and creating interdependencies
- Increasing sustainability
- Recognising impact and influence

Project update - current

- Systematic analysis of local Healthwatch reports
- Weekly review meeting of new and emerging intelligence
- More than 60 Healthwatch have thus far actively engaged with the project driving the user requirement.
- Engagement with the network is ongoing to refine and consolidate user requirements.
- Engagement with other arms length bodies is still ongoing to refine their requirements. This includes determining at what points Healthwatch data will be most useful and impactful. Their needs are being factored into the options as a by-product of the process for efficiency purposes.



Project update - future

- CRM live data feed due from 31st August
- Once intelligence roles are filled testing can commence.
- The Operating Manual has been drafted and consultation will commence in August to inform implementation planning in Q3.
- First Quarterly report on intelligence in Q3



Considerations for moving forward

1. Growth
2. Presenting a professional Image
3. Collaboration
4. Efficiencies

What stakeholders want from us

- A national view and analysis of public/personal experience drawn from the network
- National and regional contextualisation of data and strategic policy
- Research help desk
- Central intelligence and information website as a single source
Intelligence and Informatics Reference Group
- Central intelligence and information website as a single source
- Intelligence and Informatics Reference Group
- Creation of a common language
- Development of a single intelligence repository

Approach - Remain 'as is'

- **Proposal:**
 1. Intelligence and Informatics Reference Group
 2. Basic level of understanding regarding network themes with no resilience
 3. Creation of a common language
- **Resource Implications:**
 - 1 Intelligence Analyst
 - 1 Intelligence Coordinator
 - Reference Group support
- **Total Cost: £120k**

Approach - Meet user requirement

- **Proposal:**

1. A national view and analysis of public/personal experience drawn from the network
2. National and regional contextualisation of data and strategic policy
3. Literary reviews and localisation
4. Research Help Desk
5. Central intelligence and information management webpage
6. Intelligence and Informatics Reference Group
7. Creation of a common language

- **Resource Implications:**

- Intelligence team
- Reference Group support
- Webpage development and maintenance

- **Total Cost: up to £250k**



3.0 Public Participation

Jane Mordue

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4.1 Annual Conference 2016:
Evaluation and Recommendations for 2017
Andy Payne

Summary of activity

- 9 & 10 June, East Midlands Conference Centre Nottingham, exclusive access to the whole venue
- A co-produced approach, enabling local Healthwatch to run half of the sessions on a range of topics that were important to them
- **360** local Healthwatch attendees, representing **120 local Healthwatch**
- Footfall over the two days was over **500 attendees**, including local Healthwatch, exhibitors, speakers and Healthwatch England staff
- Over 70 sessions ran over the two days of the conference
- Exhibitions: 16 exhibiting organisations, representing key partners from the across the health and social care sector who also supported sessions throughout the two days
- Awards: over **120 submissions** were received from **75 local Healthwatch** ranging from small to larger Healthwatch

Social Media activity

- Social Media: 465 interactions by 138 unique users with a potential reach of 840.9K (across both Twitter and Facebook)
- 225 tweets using **#Healthwatch** (relating to the conference)
- Healthwatch England tweeted 40 times, giving 60,089 opportunities for people to see our posts. Collectively, these tweets were retweeted 243 times
- Biggest reach with a potential reach of 93.4K

 **Healthwatch England** @HealthwatchE · Jun 9
Our Interim Chair, Jane Mordue is kicking off **#Healthwatch** 2016 talking about the impact of the **#Healthwatch** network

What did we change for 2016?

- 70 sessions were delivered over the two days, with local Healthwatch sessions running alongside seminars, workshop and business hub sessions
- Local Healthwatch and Business Hub sessions were very positively received with majority scoring highly (scoring 4 or 5)
- Due to the revised awards process, we saw an increase in smaller local Healthwatch applying, as well as many local Healthwatch applying for the first time
- We used the awards as an opportunity to engage with external stakeholders and promote the great work local Healthwatch are undertaking
- We produced an awards brochure detailing local Healthwatch shortlisted submissions, which has been shared on our website and with key stakeholders

Did we meet conference objectives?

Evaluation feedback from the network:

- 98% told us they would recommend the conference to a colleague
- 96% agreed that the conference helped them developed their knowledge and skills
- The local Healthwatch led sessions were very positively received with the majority scoring highly, with many attendees reflecting on the value of share experiences and learn from each other
- 86% told us their attendance at the conference will help their organisation work more effectively
- 82% agreed that the conference provided enough opportunities for networking
- 96% told us they agreed that the conference made local Healthwatch feel part of a wider network
- 75% told us they would be happy for us to hold the conference at the East Midlands Conference Centre again

Learning for 2017

Feedback from the network and the Healthwatch Advisory Group was very positive and also highlighted areas for development.

- More information about session content to be made available earlier, so attendees can personalise agendas
- Incorporate more plenary sessions that everyone can attend, which tackle some of the bigger national issues, and ensure these sessions still enable a discussion
- Allow for more discussion time during all sessions
- Build in more networking time for those who would find this useful
- The inclusion of an Introduction session for staff and volunteers attending who have recently joined their local Healthwatch
- More voluntary sector representation as exhibitors, speakers and workshop facilitators
- Ensure that the 2017 conference does not fall during Ramadan

Recommendations & approach for 2017

- More planning time so full information about sessions can be released alongside the agenda
- More involvement of local Healthwatch in the planning process to ensure that we deliver a fully co-produced conference in 2017
- We will form a Task & finish group with representatives from local Healthwatch to advise on content, planning and for the 2017 annual conference
- Ensure date of conference does not fall during Ramadan
- Keep the two day approach with the conference open to all
- Revise the awards process - categories and criteria in collaboration with the task and finish group
- Secure keynote speakers to reflect national priorities identified through our network intelligence and partners
- To look at opportunities to hold the event at the same venue



Key dates & next steps

•2016

- August: Establish a task & finish conference planning group with LHW representatives
- October: Identify theme (name) of 2017 conference
- October - November - Identify draft agenda/ theme highlights
- October - December: Plenary speakers approached secured
- December: Announce location, venue and date

2017

- January 2017: Provisional agenda released to the network
- January 2017: Release awards categories, criteria and entry process
- February 2017: Registration for event opens



Suggestions for discussion

- Do you have any further feedback on how we worked with you (and local Healthwatch) for the delivery of sessions and your thoughts on how we can improve on this for 2017?
- How would you like to be involved in the planning and or delivery of the annual conference next year?
- Are you happy with our suggested approach to planning for the 2017 event?
- We are currently looking at possible venues, would you be in favour of holding the event at the same venue?

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4.2 Healthwatch England Governance

Susan Robinson



5.0 Public Participation

Jane Mordue

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7.1 Audit and Risk Sub Committee Chair's Report
Michael Hughes



7.2 Finance and General Purpose Sub Committee Chair's Report

Deborah Fowler

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7.3 People and Values Sub Committee Chair's Report

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Pam Bradbury



7.4 Committee Members Update Committee Members



Any other business and close of session

Jane Mordue