HEALTHWATCH ENGLAND COMMITTEE MEETING PAPERS

Wednesday 14th May
Liverpool

Venue: Holiday Inn, Lime Street, Liverpool, L1 1NQ

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AGENDA ITEM 2

PREVIOUS COMMITTEE MINUTES

12th February, Novotel, Reading

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

Apologies: Christine Lenehan

In attendance: Dr Katherine Rake, Claire Pimm, Dr Marc Bush, Sarah Armstrong.

A full recording of this session is available at www.healthwatch.co.uk

AGENDA ITEM 1

WELCOME

The Chair opened the meeting and welcomed everyone.

AGENDA ITEM 2

PREVIOUS MINUTES

John Carvel clarified his role as Healthwatch England's representative on the Care Quality Commission's (CQC) National Information Governance Committee (NIGC), and confirmed he attended one of the first wave of the new style hospital inspections.

Michael Hughes raised a clarification on the wording describing the "ethics subcommittee" as it was previously referred to in the minutes as "ethical subcommittee".

AGENDA ITEM 3

DECLARATIONS OF INTERESTS

There were no declarations of interest.

AGENDA ITEM 4

CHAIR'S REPORT

Anna Bradley, Chair presented her report to the Committee.

Committee Members welcomed the Chair's report and the following comment was made:

- Committee Members welcomed the work around the strategy and strategic priorities which have been led by Anna and Katherine, and had taken place before the meeting.

AGENDA ITEM 5

CHIEF EXECUTIVE'S REPORT

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

Committee Members welcomed the CEO's report and the following comments were made:

- Attention was drawn to the update on the children and family's bill, and how Healthwatch acts for all ages and the complexity of the complaints system across the whole of health and social care;
- Attention was drawn to the patient transport service as a great example of Healthwatch working in collaboration in the North West;
- Commentary was made on how local Healthwatch should be involved in the new inspection regime, giving feedback to help influence CQC and Healthwatch England.

AGENDA ITEM 6

AUDIT AND RISK SUB COMMITTEE CHAIR'S REPORT

Jane Mordue, Chair of the Audit and Risk Sub Committee, presented her report to the Committee.

Committee Members welcomed the Chair of the Audit and Risk Sub Committee's report and the following comment was made:

- Committee Members felt reassured that the Audit and Risk Sub Committee were reviewing the progress of the CRM (Customer and Relationship Management) project.

AGENDA ITEM 7

OPERATIONAL UPDATE

Sarah Armstrong, Head of Operations, presented her update to the Committee Members.

Committee Members welcomed the update and raised the following comment:

- Committee Members commented on the increase in interest from various groups/individuals in visiting local Healthwatch.

1. **ACTION – Establish a programme for visits to local Healthwatch, ensuring the experience incorporates meeting volunteers, understanding more about enter and view and gaining an overview of outreach work.**

AGENDA ITEM 8

COMMITTEE MEMBERS' UPDATES

Committee Members reported their visits to local Healthwatch, events attended and fed back intelligence to the Committee.

- Concerns regarding the Better Care Fund and the lack of public engagement were

raised.
- The "Think Local Act Personal" ideology was put forward and discussed.

AGENDA ITEM 9

ESCALATION REPORT

Dr Marc Bush, Director of Policy & Intelligence, presented the report to the Committee.

Committee Members welcomed the update and raised the following comments:

- Committee Members desired to see the Escalation Report regularly.
- Committee Members queried how local Healthwatch intelligence will be available to other organisations, and how we support local Healthwatch to retain their local intelligence.

2. **ACTION – Communicate with Dr Peter Litchfield, reporting on what we have done and creating a timeline for an outcome.**
3. **ACTION – Contact local Healthwatch who have escalated these issues and asked them to comment on their experience of Healthwatch England handling their escalated query or concern.**
4. **ACTION – Contact David Nicholson to discuss timeline.**

AGENDA ITEM 10

STRATEGIC PARTNERSHIPS

NHS England Partnership

The NHS England Partnership was presented for discussion. The committee made the following comments and observations:

- Committee Members were keen to restate Healthwatch England's position on the importance of the elements within our Memorandum of Understanding, as new leadership will soon affect NHS England.

  Note – There is still work to be done to reflect our statutory position in the Memorandum of Understanding (MoU). It will take time to further discuss and develop the MoU with NHS England, it will however be brought back to the committee for agreement in due course. In the meantime work on the specific detail should continue.

AGENDA ITEM 11

BUSINESS PLAN AND BUDGET

Dr Katherine Rake, Chief Executive, presented the Business Plan and Budget.

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

- Committee Members desired to have a narrative that would make promises in the plan, so we can demonstrate what we do, how we measure it, and did we complete it.

- On inspection regimes, the Committee wanted to highlight a number of substantial contributions made by local Healthwatch, to give a good measure of success.
- Committee Members are unsure as to whether our position on responsibilities was developed enough.

5. **ACTION – Committee Members requested an update on the Business Plan.**

AGENDA ITEM 12

LOCAL HEALTHWATCH STRATEGY

Claire Pimm, Director of Communications & Engagement, presented the strategy to the Committee.

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

- Committee Members demonstrated interest in finding out more about how local Healthwatch relate to local government and local councils.
- Committee Members raised concerns about the terms 'health and care' versus 'social care' and were keen to have a further discussion on this topic to reach a conclusion.

6. **ACTION – Define support offer for local Healthwatch.**
7. **ACTION - Add Health and Wellbeing Board participation as a specific issue of support.**

AGENDA ITEM 13

DIVERSITY AND INCLUSION STRATEGY

Dr Katherine Rake, Chief Executive, presented her paper on the strategy.

AGREED – The Committee agreed the Diversity and Inclusion Strategy.

AGENDA ITEM 14

SPECIAL INQUIRY REMIT

Dr Marc Bush presented his paper on the remit of the Special Inquiry.

Committee Members' discussed the paper and made the following comments:

- Committee Members accepted and approved of the use of the term "unsafe discharge", and that it is something we should focus on.
- Committee Members requested the advisory group explore the terminology used to explain and define this area of work.
- Committee Members discussed having an inquiry panel and an advisory group to support this work and discussed. The former to be those who deliberate on how we are using our statutory powers and the latter to be a part of the inquiry activity.

8. **ACTION – Work with the network on the special inquiry.**

AGENDA ITEM 15

DUTY OF CANDOUR

Arianna Kelly, Public Policy Advisor, delivered the Duty of Candour report to the Committee.

Committee Members discussed the report and made the following comments:

- Committee Members discussed placing emphasis on system learning, to make sure it works, but not individual reporting.
- Committee Members explored how Duty of Candour does not apply to near misses, and how we should make sure that there is a duty of internal declaration.

AGENDA ITEM 16

PUBLIC ENGAGEMENT SESSION

Additional action arising from public engagement session:

9. **ACTION – Support Healthwatch Reading with resources to help them in unsafe discharges.**

Additional comments arising from the public meeting:

Generate ideas for engagement in secondary schools (can we get Healthwatch on the curriculum?)

Create a "skills sharing programme" for staff/senior officials of local Healthwatch.

Conclusion

The Chair thanked everyone for their time and contribution.

AGENDA ITEM 2

ACTION LOG

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
25/09/13	Hilary Manning and Katherine Rake	Progress NHS England Memorandum of Understanding to completion	This is presented to the Committee for approval in February	Under review	In progress
21/11/13	Sarah Armstrong	When full staff team in place, they are to be introduced to the Committee formally through a number of staff/Committee engagements	Organise opportunities for Committee and staff to engage at the monthly staff meetings	Quarter 2	In progress
21/11/13	Anna Bradley	Anna to write to Merrick Cockell about the transparency of information made available by the LGA	N/A	N/A	Superseded
13/02/14	Esi Addae	Establish a programme for visits to local Healthwatch	To organise a timetable of introductory events for Committee Members (for new Committee Members this will be included as part of induction programme)	Quarter 2	In progress
13/02/14	Marc Bush	Communicate with Dr Peter Litchfield, reporting on what we have done and creating a timeline for an outcome	We are continuing to follow this escalation issue with Dr Paul Litchfield and seek clarity on the issues raised by local Healthwatch	On-going	In progress
13/02/14	Marc Bush and Debbie Laycock	Contact local Healthwatch about their escalations and ask them to comment on their experience of Healthwatch England handling their escalated query or concern	Producing a detailed project plan setting out the review and evaluation process for the rest of the pilot period	Ongoing	In Progress

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
13/02/14	Katherine Rake	Contact David Nicholson to discuss the next phase of care.data	Updated by Katherine Rake during her fortnightly meeting with Tim Kelsey	Ongoing	In progress
13/02/14	Katherine	Business Plan and Budget to be presented at May Committee Meeting	Business Plan included in Committee Papers	Included in agenda	Completed
13/02/14	Susan Robinson	Define support offer for local Healthwatch	To be discussed at Committee Meeting	Included in agenda	In progress
13/02/14	Susan Robinson	Addition of Health and Wellbeing board participation as a specific issue of support	Business Plan included in Committee Papers	Included in agenda	Completed
13/02/14	Marc Bush	Work with local Healthwatch on the Special Inquiry	Invitations have been sent to local Healthwatch regarding the Special Inquiry	On-going	In progress
13/02/14	Marc Bush	Support Healthwatch Reading with resources to help them in unsafe discharges	An invitation has been made to all local Healthwatch via email to engage with the Special Inquiry	On-going	In progress

AGENDA ITEM 4
CHAIR'S REPORT

My report will provide an update on:

- Healthwatch England – Strategy;
- Healthwatch England Committee;
- Strategic partners;
- External engagement.

Introduction

Since the February meeting, I have focused on the following two areas: first, further investment in our key relationships and second, continuing to raise our profile, to help people understand why we are here and what our contribution is. This report details the main activity in both of those areas. This has also been a time of significant change as Healthwatch England has said a warm thank-you and goodbye to some of our Committee Members. They each made a fantastic contribution to the early days of Healthwatch England and local Healthwatch and I personally very much appreciate their hard work and support. This also gives me an opportunity to introduce our new Committee Members who I very much look forward to working with in the next stage of the Committee's life.

Healthwatch England – Strategy

We have continued to develop our strategy based on the consultation events that we undertook between January and March. The current draft is presented for approval by the Committee. The consultation provided an excellent opportunity to engage directly with the public, local Healthwatch, key stakeholders and individuals who are otherwise seldom heard and hear directly from them about their views on health and social care services, the way that they are delivered and the work that we should focus on.

Healthwatch England Committee

The process for recruiting Committee Members to fill the current vacancies has been completed. There was an extremely positive response from candidates both within the network (69) and outside of it (93). It was an ambitious timeline, and I was delighted to receive so many good quality applications from interested candidates with a range of experiences.

I would like to thank Dag Saunders and Michael Hughes for their support during the selection process as well as Maggie Atkinson, the Children's Commissioner.

I am delighted to have the new Committee Members in place for this meeting and couldn't be more pleased with the appointments as I think they are a very impressive group. They are;

Jenny Baker OBE - Chair of Buckinghamshire Healthwatch - has had a long career in the National Trust including particularly their volunteering programmes. She is also an ex-CEO of the Brain Tumour Trust and has had extensive experience in the voluntary sector;

Andrew Barnett - Director Calouste Gulbenkian Foundation UK - a charitable grant making body. He has a history of policy and communications roles, including at Joseph Rowntree, UK Sports Council, National Consumer Council and HSBC;

Pam Bradbury - Chair of Dudley Healthwatch - a nurse by training who has had a long career in and

around the Department of Health, including more recently for NHS Direct and the 111 programme;

Paul Cuskin - Chair of South Tyneside Healthwatch - an ex-Department of Work and Pensions civil servant who has worked in employment and business enterprise contexts;

Deborah Fowler - Chair of Enfield Healthwatch - with a career history that started in banking and financial regulation, she went on to be CEO of Age Concern Islington. She has held non-executive roles on NHS trust boards and sits on fitness to practice panels for the HSPC;

Liz Sayce OBE – CEO of Disability UK - a specialist in mental health. She also recently led a Government review on employment for people with disabilities.

An induction process is being developed to ensure that our new Committee Members have the support they need to undertake their role. We are also planning some work with the four Committee Members from local Healthwatch to settle on a model for fulfilling their particular role in relation to the rest of the Healthwatch network.

Strategic Partners

Statutory Partners

DH
Katherine and I had a very useful meeting with Una O'Brien, Permanent Secretary, and Jon Rouse our Director General to report on the strategy and business plan development and the outcome of the consultation. We discussed how Healthwatch England is interpreting its role, our plans for the coming year and how we can best work together. I also met with Earl Howe, Parliamentary Under Secretary of State for Quality, who played a central role in debates in the House of Lords when the creation of Healthwatch England was being debated. The Parliamentary Under Secretary plays an ongoing role to bring together the leaders of the Department of Health's arm's length bodies and has invited me to join those meetings where appropriate.

Care Quality Commission
Katherine and the team have been working with CQC colleagues on the way Healthwatch can contribute to the new inspection regimes. I wanted to give this work an airing at the most senior level and took a brief paper to the CQC Board for questions and discussion. I also met with David Prior to discuss how we could ensure staff at all levels in CQC understand the role of Healthwatch at national and local level. Katherine and her team are working to ensure that both plans are completed and put into practice.

NHSE
We are developing a clearer sense of the relationships we have with NHSE. I met with Sir Malcolm Grant and we will soon be having a first meeting with Simon Stevens. I want to agree what we need, to finalise the Memorandum of Understanding (MoU), and agree the priority areas we will work on in the next year.

Monitor
Katherine and I met Baroness Hanham - the new interim Chair of Monitor. We agreed on the need to accelerate discussions on the MoU and agree joint priorities for action. I hope we can conclude this before the summer break.

External Engagement

I continue to have a number of 1-2-1 meetings with key influencers in health and social care to raise awareness of Healthwatch and to share examples of the work Healthwatch England and local Healthwatch are doing to make a difference to users of health and care. I have started a rolling programme of 1-2-1 meetings with key parliamentarians and political figures to brief them on our role and to hear their thoughts on how we are fulfilling it.

Finally, I want to highlight three areas of external engagement.

First, I was a member of a panel discussion arranged by the All-Party Parliamentary Group on Health on care.data where I raised concerns we had heard from local Healthwatch about information for the public about care.data.

Second, with regard to our work on complaints, I met with Oliver Letwin (the Minister for Government Policy) who is tasked with carrying out a review of complaints handling across the public sector) and Bernard Jenkin, Chair of the Public Administration Select Committee (they have just published a report on Complaints).

Finally, I met with Brandon Lewis, the minister in the Department of Communities and Local Government who has responsibility for the Better Care Fund along with Norman Lamb at the Department of Health. I also went to an Interministerial Committee on the Better Care Fund. On both occasions, I highlighted the patchy involvement of local Healthwatch in Better Care Fund bids and the need for both better engagement with local Healthwatch and wider public engagement in the project going forward.

Healthwatch England has a seat on the Inter-ministerial Board on the Better Care Fund. We have recently been raising concerns here, and with the officials concerned, about the degree to which local Healthwatch and local communities have been engaged in the development of the plans for this fund. There appears to be a strong commitment to ensure that engagement is embedded in the roll out of the Fund and I will continue to engage closely with officials and to feed in local Healthwatch experience of the Better Care Fund at a local level.

The NHS Constitution Expert Advisory Group (EAG) had its final meeting and published a series of recommendations about the future of the NHS Constitution – naming Healthwatch as an integral partner in its future. In particular, Healthwatch was referenced in recommendation 9 which urges us to formulate detailed plans on how we will "bring the content of the NHS Constitution to life". Healthwatch are also involved in taking forward a recommendation urging greater clarity on the complaints system. In addition, local Healthwatch were named as a key partner to consult during the development of a national awareness raising campaign on the Consultation. We are working closely with the Department of Health NHS Constitution Team and NHS England (who are taking on increased responsibility around the Constitution) to plan our future work on the Constitution.

Members are invited to DISCUSS the report.

AGENDA ITEM 5
CHIEF EXECUTIVE OFFICER'S REPORT

My report will provide an update on Healthwatch England's involvement in improving complaints in health and social care, as well as providing further information on:

- Delivery on key activities;
- Financial report;
- The Healthwatch network;
- Working with statutory partners;

Delivery on key activities

A number of our key activities (our work with the network and on the Special Inquiry) are detailed in later papers so I will just pull out some highlights here.

Special Inquiry

The focus of the first of our special projects using our section 45c powers was decided at the September 2013 Committee meeting and it is good to see this first Special Inquiry now in full operation. A full report follows, but I am particularly pleased to see that already around 60 local Healthwatch are engaging in this work. The approach of involving people who have had direct experience of the issue through the inquiry is also central to our work. They are core parts of the leadership of the inquiry (through the inquiry panel and advisory group) and are involved in the inquiry activities (site visits, focus groups, engagement activity and public hearings) as well as designing and delivering local site visits, Enter & Views, mystery shopping and observations. I believe that this fresh approach, which so well reflects our values, is what attracted Channel 4 to deliver the recent exclusive news feature, and on-going commitment to cover this work.

Improving complaints in health and care

Nearly a year ago, we launched our first video report into people's experience of making complaints in health and social care. This work led to a draft set of principles reflecting what the public wanted from health and social care complaints. We used this insight to convene a group of local Healthwatch to explore further the challenges people are facing in raising concerns and making complaints.

From this, we were able to advise the Government on their response to the inquiry reports of Sir Robert Francis QC and the final report of the independent review into NHS hospital complaints by Ann Clwyd MP and Prof. Tricia Hart. We also launched briefings on health and social care complaints and complaints advocacy for the Healthwatch network. We have given oral evidence to inquiries of the Health Select Committee and Public Administration Select Committee as well as providing evidence to the recent reviews of the duty of candour.

Following Hard Truths we worked with the Department of Health to establish a Complaints Programme Board and Healthwatch England is now working with this board to ensure that the needs, experiences and ideas of consumers are at the heart of improvement and reform in health and social care complaints handling and advocacy.

More recently, we have been working with the Citizens Advice Bureau to create new resources for consumers, frontline advice workers and local Healthwatch staff to help them navigate the complexities of the complaints handling and advocacy systems in health and social care. This work will be published around our annual conference in July.

Later this year - again with Citizens Advice - we will be developing a package that enables local Healthwatch to better advocate, inform and engage stakeholders, leading to sustained local improvement of complaints handling and advice on how to use complaints data effectively to improve the consumer experience.

We are also planning work with the Parliamentary & Health Services Ombudsman and Local Government Ombudsman to create a consumer-led vision of health and social care complaints reform. This will be used to describe expectations and good practice in the current system and provide a vision for long-term reform.

Local Healthwatch were highlighted in a House of Lords debate as local organisations that the government should listen to and act on their recommendations and proposals regarding the much needed improvements for the health and social care requirements of deaf people.

Norman Lamb mentioned the role of Healthwatch England as an establishment with the oversight to make decisions on the things that can go wrong within the care home setting. This was highlighted in the aftermath of the Panorama programme in the House of Commons.

Financial report

The outcome for the quarter and the overall end of year management position is below:

March 2014			April – March 2014		
Budget	**Actual**	**Variance**	**Budget**	**Actual**	**Variance**
312,613	**758,948**	**446,335**	**4,246,000**	**4,143,625**	**(102,375)**
312,613	**758,948**	**446,335**	**4,246,000**	**4,143,625**	**(102,375)**

There is a small variance (£102,375) which represents 2.4% of our budgeted spend and includes the additional resources that were gained for quarter 4.

The Healthwatch network

I am really pleased to see the progress made on improving our understanding of the network and ensuring our offer this year is carefully tailored to their needs. The consultation events that took place in the quarter, as well as the conversations via the CE's network, individual calls and visits to local Healthwatch have enabled me to hear first-hand from a large number of local Healthwatch more about their challenges, needs and expectations.

The planning is well underway for the annual conference event on 3rd and 4th July and I think this will be a key moment for us to deepen relationships, share priorities and learning, showcase good practice and deliver training and support. I hope that this will become an important fixture in the Healthwatch year in future.

Working with Statutory partners

The Care Quality Commission
We shared with CQC a proposed framework for engaging local Healthwatch in the inspection regimes before Christmas and Anna recently presented this to the CQC Board for further input. Healthwatch England is represented on the advisory boards for all the new inspection regimes, and we have supported Annie Topping CE of Healthwatch Suffolk to take up a role on the advisory board for the inspection of ambulance services. We are currently developing guidance to support local Healthwatch with inspections. Work continues with CQC colleagues to ensure that we have full details of the inspection

regimes so that Healthwatch England can provide leadership, support and learning to the network and we can identify areas of good practice and improvement.

I met with Eileen Milner, Head of Corporate Services to discuss our working relationship and the services that CQC provide to us. These include Finance, HR, IT, Procurement and Legal Services. As Eileen is new in post, it was a very good opportunity to review how the services have been provided and how we work best in the future. We are keen to improve the way we monitor and audit Healthwatch England accounts, so there can be closer scrutiny for our own budgets. I will continue to review this with Eileen as the new financial year progresses.

NHS England
We were pleased to see that following the letter that Anna wrote on 4th February to Sir David Nicholson expressing our concerns about the roll out of the care.data programme a pause was called in the roll out of the progamme. In a response from Tim Kelsey Healthwatch England's intervention was credited as a timely point in their decision to call the pause. We have subsequently been asked to sit on the Independent Advisory Group to the care.data programme. In addition, I am having regular meetings with Tim Kelsey to seek information about the new plans for care.data.

We have continued to meet quarterly with NHS England colleagues and have now identified the core of a joint work programme for the current financial year. This focuses on three core priorities:

- The care.data programme (as detailed above);
- Developing an integrated approach to sharing insight, intelligence and data;
- Working together on improving complaints systems.

Other partnerships
This period has also enabled the development of partnerships with agencies who are key to our work, even though they were not listed as statutory partners in the Health and Social Act.

The Trust Development Authority
I had a very productive meeting with David Flory, the Chief Executive of the TDA and today the principles to support our work with TDA are presented to the Committee for agreement.

I also had a helpful introductory meeting with Gillian Leng and Victoria Thomas from NICE and we have also begun to identify some areas of joint interest and working.

I have also delivered a number of speaking engagements to enhance understanding of Healthwatch and have met with parliamentarians to share the findings from our policy work and the work of the network.

Members are invited to DISCUSS the report.

AGENDA ITEM 6

AUDIT AND RISK SUB COMMITTEE CHAIR'S REPORT

The Committee Members of this group are Jane Mordue (Chair), John Carvel, Michael Hughes and David Rogers. During this period, we have held two meetings of the Audit and Risk Sub Committee. As with all of our meetings, we continue to focus on the risk areas for Healthwatch England to ensure that any financial, reputational and delivery risks are considered and mitigation is in place.

During this period we have focused on the following key areas of business;

- An operational overview;
- The development of the Business Plan and Budget for the next financial year;
- Risk Register;
- Developing a secure and effective Customer Relationship Management (CRM) system to capture delivery data.

Operational Overview

The team continue to monitor the deliverables in their Performance RAG (red, amber and green rated) report and are working on linking this to the Risk Register. In future the Performance RAG report will highlight deliverables performance against key deliverables making it a useful oversight tool. The team continues to build relationships which support better understanding and utilisation of our Finance and IT services with CQC.

Business Plan

The team continues to develop and review the Business plan and with each update, we continue to support in the review of contents. The Business has developed in its remit and will now stand as a technical appendix to the strategy to allow for further detail to be explored.

Risk Register

The risk register was reviewed; we have challenged the team to re-order the risks to show the highest net risk first. We are keen to work with the team to review how risks are identified, mitigated against and reviewed for the new financial year. We are agreed this will take place at the end of May.

Customer Relationship Management (CRM) System

A systems manager has been appointed, who will be project managing the CRM project as well as liaising with key stakeholders. We will maintain on oversight on the functionality for all users as well as ensuring that the system is safe, secure and appropriate for all.

We thank David Rogers for his hard work and commitment as part of the Audit and Risk Sub-Committee.

Members are invited to DISCUSS the report.

AGENDA ITEM 7
COMMITTEE MEMBERS' UPDATE

Continuing from the previous Committee Meeting in February, we have found it helpful to provide all Committee Members with a framework to ascertain more information about the activities they have undertaken on behalf of Healthwatch England in this period.

The two questions are:

1) **What have you been doing on behalf of Healthwatch England this quarter?**

2) **What have you learned?**

Below is a summary of Committee Members' contributions. In addition, we have provided a more detailed report from one of our Committee Members as this demonstrates the breadth of activity our Committee Members undertake on behalf of Healthwatch England.

Individually the Committee Members provide a voice for key groups in our communities, and have made sure at a national level that their issues, challenges and concerns have been heard by Healthwatch England. They also engage with local Healthwatch through events and regional meetings. This enables us to learn more about the progress of the network.

What have you been doing on behalf of Healthwatch England this quarter?

- Working with staff at Healthwatch England and with government to understand our key impact and messages for children;
- Attended both the Healthwatch England Rights Consultations and the National Institute for Health Research Service Delivery Workshop;
- Supported in the interviewing of candidates for intelligence and research posts;
- Attended the first meeting of the Special Inquiry Panel;
- Advised and supported the Chair in the recruitment of the new Healthwatch England Committee Members;
- Responded to the Business Plan;
- Contributed to the Foresight plans for the next Committee Workshop session;
- Gave a presentation to the Local Area Research and Intelligence Association (LARIA) annual conference, on the research challenges facing Healthwatch England and the network;
- Helped judge the LARIA annual awards. The winning research project in the 'health' category was a study of long-term health problems of Lancashire residents. Lancashire County Council worked with Lancashire Link / Healthwatch Lancashire, and Lancashire University, to collect and analyse the stories and experiences of over 500 people. The study used the information gained, alongside other published research, to influence the content and direction of the Joint Strategic Needs Assessment for Lancashire.
- Attended the Care Quality Commission meeting on the Mental Health Care Standards Framework;
- Attended the UK Citizens Advice Bureau Meeting;

- Attended the Keynote Seminar on 'Tackling health inequalities in England' Launch of National Survivor User Network (NUSN) Mental Handbook & 1st anniversary of Mental Healthwatch at the Westminster Social Policy Forum;

- Represented Healthwatch England on the National Information Governance Committee (NIGC) which as a CQC committee charged with monitoring patient's confidentiality and information is shared appropriately amongst health and care professionals to ensure joined-up care. During the past quarter the CQC non-executive director who chaired the NIGC resigned from the CQC to become the chair of an NHS trust. With the danger of this area of activity losing impetus if the role was not quickly replaced, coupled as it would have been unfortunate at a time when the care.data issue was causing great concern to Healthwatch. With the support of other NIGC Committee Members, the Committee Member helped to put the work back on track and is now the deputy chairman of NIGC;

- Attended a stakeholder's consultation on the strategy;

- Attended year end celebrations with Healthwatch Redbridge and Healthwatch Merton.

What have you learned?

- Learning that we are at the very early stages of our journey. There is some emerging good practice but we have a long way to go;

- Appreciating that there is a lot of academic research on the impact and benefit of user involvement in making decisions about health and care - but little of it appears to get into detailed practice or policy prescriptions;

- Academic researchers can be unimaginative in considering the different ways in which consumers/citizens engage in decisions about health and care;

- There are very talented and highly motivated people wanting to work for Healthwatch England and wanting to be involved in the Healthwatch England Committee;

- Gaining a growing awareness of Healthwatch England and its relationship with third sector and statutory agencies;

- Learning about the expression of interest in the Special Inquiry;

- Learning to recognise and appreciate how we use Consumer in championing the rights, responsibilities and the voice of patients/service users;

- Stakeholders are looking for more joint working especially with the patients association and had very diverse views on what we should prioritise and how radical we should be;

- Healthwatch Redbridge is working impressively, through the audience number and diversity by using joint working with local voluntary projects for example in providing access for people with learning disabilities through easy read materials;

- Healthwatch England needs to speedily develop support for local Healthwatch who are in the midst of controversial reconfiguration plans.

Members are invited to DISCUSS the update.

AGENDA ITEM 8

HEALTHWATCH ENGLAND AND THE TRUST DEVELOPMENT AUTHORITY MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding

Healthwatch England and the Trust Development Authority

1

Members are invited to DISCUSS and APPROVE the agreement.

AGENDA ITEM 9

OPERATIONAL UPDATE

Introduction

This report provides an update on the following operational areas during the last quarter;

1. Staff recruitment and development
2. Performance in the quarter
3. Quarterly Metrics of Enquiries, Calls Log and Media Opportunities
4. More detailed overview of Enquiries
5. CRM (Customer Relationship Management) System

1. Staff recruitment and development

Staff recruitment activity has continued during the quarter to ensure that we can build our Research and Intelligence team. Of the five roles that we advertised, we have successfully appointed four roles and contracts for the members of staff are in progress with an anticipated start date during Quarter 1 (April – June).

After gaining additional resources in January we were able to increase staffing on a temporary basis for the January to March period. This enabled us to offer further support to the network, learn more about their needs, complete the Enter and View training, and further develop our knowledge of the complaints system. Although this was a time limited opportunity, and only available for quarter 4, we were able to use the resources positively in the quarter.

Further to the last operational report, we have continued to work with our staff team to understand more about their development needs and during the period we delivered the following training;

- An introduction to **Business Planning**; what the process is and encouraging each team's involvement in the development of the key milestones that will be achieved in the next financial year.
- **Safeguarding good practice for children and adults**; to explore relevant law and social policy affecting child and adult protection, gain an understanding of threshold frameworks for identifying and assessing need and vulnerability and how services respond at each level and to help the staff team know more about signs and symptoms of abuse in children and vulnerable adults – this is essential when dealing with direct enquiries from members of the public and advising local Healthwatch on related matters. We are also testing this model of training as it could be an option for local Healthwatch.

Monthly full staff meetings continue to take place, and in addition we have introduced a less formal learning session that is short and focused. For example, staff met with the Department of Health sponsor team to understand more about their role.

As we enter the new financial year, we have undertaken a process to set clear objectives for each team member so they understand how their individual contribution supports the work of their team, and the overall work of the organisation.

2. Performance in the quarter

This is a new section in this report; we thought it would be helpful to show more information about our performance within the key areas of delivery and risk. This takes a step nearer towards having a visual overview of performance which will be discussed later in the meeting.

The table below shows the progress made towards the deliverables in the quarter using a RAG rated method (RED, AMBER and GREEN) as this enables a quick 'health check' view. RED demonstrates a pause/interruption to progress, AMBER shows an early warning that could show issues with progress, and GREEN demonstrates progress as planned/activity has successfully completed:

	Red	Amber	Green
31 Deliverables undertaken in the quarter	**4 deliverables deliberately paused**	**7 continue to be worked upon after the quarter ended**	**20 were fully completed**

In summary, there were 8 deliverables that started in quarter 3 and continued into quarter 4. There were a further 23 deliverables that began in quarter 4 making a total of **31 deliverables in the quarter.**

Of the 31 deliverables in total:

- 4 have been deliberately paused
- 7 will continue into the next financial year
- 20 successfully completed as planned

Risk reviews

We have undertaken two Audit and Risk Sub-Committee meetings in the quarter to review the areas of work that carry operational, financial and reputational risk. Our risk register holds the list of risks and we have a separate risk register for multi-risk projects such as the development of a CRM system (Customer Relationship Management) system. These are reviewed regularly to ensure the risks are accurately captured.

There is a full comprehensive risk review planned for the end of May with the Audit and Risk Sub-Committee. This will enable us to review the risks from the last year, and identify new risks for 2014-15.

Quarterly Metrics of Enquiries, Calls Log and Media Opportunities

2013/14	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	April	May	June	July	August	September	October	November	December	January	February	March
Unique website visitors	14,574	12,274	11,327	10,130	8,262	8,651	14,529	10,789	7,663	10,521	11,635	9,685
Twitter followers	1,271	1,590	1,670	1,892	2,038	2,232	2,610	2,875	3,120	3,243	3,410	4,016
Media Opportunities to read/see												
National	3,749,577	3,547,000	3,542,000	1,231,142	886,951	257,000	79,308,803	34,137,724	22,986,899	40,232,801	246,288,977	299,558,213
Regional	5,506,544	5,180,000	5,160,000	5,526,794	5,093,034	4,953,501	5,285,955	4,798,665	3,802,549	4,552,431	7,537,994	5,544,267
Newsletter/database												
Subscribers	2,556	2,751	3,063	3,200	3,094	3,176	3, 150	3,200	5,668	5,668	6,102	6,102
Open rates	42%	45%	N/A	N/A	32%	N/A	N/A	N/A	N/A	49.1%	49.55%	45.54%
Enquiries												
Calls	322	245	211	202	120	124	86	93	77	100	172	181
Emails	390	177	242	191	286	281	275	270	112	228	75	144

For the quarter, we have continued to measure the ways we communicate using the table above, so there is a consistent view for the whole year. However we are keen to revise this and present an overall view of our performance for the quarter (and not just the ways we communicate) and this draft template is presented later in the meeting.

In the interim, our media profile overall has increased significantly due to the number of high profile media stories this quarter including;

- **Care.data** (Feb / March / ongoing) – this was covered by BBC Radio News Bulletins, BBC News Channel, BBC Online, Radio 4 PM Programme, the Guardian, the Telegraph, the Daily Mail, the FT, and the Times.
- **A&E** (4 March) – this was covered by BBC Today Programme, BBC Breakfast, BBC Online, the Times, the Daily Mail, the Independent and the Metro.
- **Complaints Atlas** (20 March) – this was featured by the BBC Today Programme, BBC Breakfast, BBC GNS, BBC Online and the HSJ.
- **18 week waiting times** (23 Jan) – this was covered by BBC News Channel, BBC Breakfast, Sky News and Channel 5.

3. More detailed overview of Enquiries

The Enquiries service (for telephone calls and postal enquiries) continues to flourish post the transfer of this service from CQC colleagues in January. In total, **453 telephone calls and 447 emails** were received during the quarter covering a range of subjects such as asking for signposting information, alerting us to a concern, wishing to raise our awareness of a serious complaint, or raise a concern/make a complaint about us or local Healthwatch. In the quarter there were 10 concerns/complaints raised relating to us or local Healthwatch. These included;

- Concerns about how priorities are developed
- Complaints about technical issues and incorrect contact information on our website
- Complaints about how local trustees/volunteers are recruited and appointed in local Healthwatch

Where the consumer wanted our help to resolve the matter, this was followed up. The technical issues were promptly resolved by members of our team.

We continue to carefully monitor the call and email volume and complexity to ensure we have the appropriate staff resources allocated. We have paid particular attention to the call volumes and complexity levels as calls are harder to plan for and there is no emerging set pattern of call trends except there is an increase of calls immediately after a news release relating to local Healthwatch/ Healthwatch England.

The table below presents an overview of the call duration for the quarter:

Most calls last between 5 – 10 minutes. A small number of calls are 30 minutes or longer in duration. Calls often require a follow up activity, and we have also carefully monitored this during the quarter as this represents a substantial amount of activity, and is also directly linked to resources. We need to ensure we have enough staff resource to answer calls and to complete the follow up activity. The table below demonstrates this:

Quarter 4 – Call duration					Follow-up actions			
Duration	**Jan**	**Feb**	**Mar**	**Total**	**Follow-up**	**Internal**	**External**	**Not required**
5	60	92	106	258	178 (69%)	122	56	80
10	30	46	40	116	93 (80%)	40	53	23
15	4	12	15	31	27 (87%)	2	25	4
20	3	3	8	14	11 (78%)	5	6	3
25	1	6	0	7	5 (71%)	1	4	2
30	1	9	3	13	9 (70%)	2	7	4
30-45	1	2	6	9	8 (88%)	2	6	1
45-60	0	0	1	1	0	0	0	1
60-75	0	1	1	2	2 (100%)	1	1	0
75-90	0	1	1	2	2 (100%)	1	1	0

Currently our Information Officer leads this process and is supported by the full time equivalent of one Business Coordinator to ensure that calls (and emails) are responded to. We state on our website that emails are responded to within three working days. We confirm we have met this standard during the quarter.

The varied nature of the emails/calls demonstrate we need to continue to invest in staff training and development in this area as this is a growing area of our business and it is important that we are clear about our offer to consumers who contact us directly. Building on the safeguarding training, our planned confidential listening training will enable the team to have more confidence when answering confidential enquiries.

We have identified a need for a 'complaints champion'. We need two distinct roles to oversee this work; one to provide internal monitoring for the Senior Management Team and one to be a champion for our Committee. We anticipate this will involve identifying trends of enquiries and then identifying relevant training for staff, liaising with other organisations to share good practice and learning such as Department of Health and CQC, and to report on our learning. A report on this new work will be presented at the next Committee Meeting.

4. CRM (Customer Relationship Management) System

The CRM (Customer Relationship Management) system continues to develop. As reported previously, this system will enable us to have a safe and secure method of building our

enquiries evidence base. This will be compatible with existing systems and available to local Healthwatch.

We have recruited a Systems Manager on a temporary basis to take the development to the next stage. He has been working closely with the developer to ensure this system will be fit for purpose, and he has also been in touch with a small number of local Healthwatch to clarify their needs and build the requirements into the model. We want to ensure the functionality is correct before testing this on a larger scale.

Members are invited to DISCUSS the report.

AGENDA ITEM 10

ESCALATION REPORT

Responding to local Healthwatch escalations

1. Purpose of the paper

The paper presented at the last public Committee meeting provided an overview of the escalation process. This paper provides an update on the escalation cases received from local Healthwatch between January-March 2014 and also updates on improvements made during the escalation pilot.

2. Overview of escalations

- Total number of escalations Jan-March 2014: **24**
- Total number of local Healthwatch escalating an issue Jan-March 2014: **20**

Our biggest source of escalations stemmed from Service redesign (5) followed by dentist access (4). We also received 3 escalations about access to GP services and 2 on delays to social care assessments.

There were a number of miscellaneous escalations regarding complaints, care.data, procurement processes, access to information, GP referral system, implementation of the Mental Health Act, monitoring and accountability, NHS numbers and unsafe discharge.

3. What have we done to strengthen our approach to escalations?

A workshop was undertaken internally to:
a) reflect the current escalation process;
b) clarify the role of the escalation working group;
c) refine how Healthwatch England engages and feedbacks to the Healthwatch network about escalated issues.

a) Review of the current process

The process has been simplified to enable quick action and resolution. The process has been simplified around 5 stages:

1) **Reporting and safeguarding**: Initial work has been carried out on how the Customer Relationship Management tool (CRM) will support the escalation process.
2) **Screening**: We have clarified the criteria for an escalation issue and what support local Healthwatch will get when cases are referred back to them i.e. when an escalation is a local issue and can be resolved locally.
3) **Investigation**: We have clarified what information sources are available to the policy team to investigate escalation cases.
4) **Actions**: We have reviewed the types of action that can be taken to resolve an escalation. This includes informal relationships as well as the use of our statutory powers. The sign off procedure has also been simplified.
5) **Communication**: We will keep local Healthwatch informed of progress made in cases. A monthly "You escalated, We did" newsletter will be trialled from May.

b) Clarifying the role of the working group

The Escalation Working Group consists of Committee Members of the policy, development and operations teams. The Working Group will be given more responsibility to pilot and make improvements to the system, based on experience and feedback from local Healthwatch. The Working Group has also been given more independence to act on recommendations on escalation cases (excluding the use of Healthwatch statutory powers which must be signed off by Healthwatch England's Chair or Chief Executive).

c) Communication with local Healthwatch

Based on feedback from the last Committee meeting, a major area of reflection has been how we communicate escalation issues with local Healthwatch. Local Healthwatch will be updated about escalated issues via a monthly 'You Escalated, We did' newsletter. This will provide the network with a 'fuller picture' of all escalated issues, what action has been taken, and how the issues have formed part of the work priorities of Healthwatch England. It is intended that this newsletter will raise the profile of escalated issues across the Healthwatch network and encourage others to be involved in sharing information and experience.

4. What are the next steps?

We will continue to strengthen our approach to escalations by:

- Producing a detailed project plan which will set out the review and evaluation process for the rest of the pilot period as well as the impact of the introduction of the CRM system on the escalation process.
- Updating guidance to local Healthwatch to give them clarity about how they can escalate a concern, what they can expect from the process, and how it links to our statutory responsibilities. Initially, this will be through a workshop held at the Healthwatch England national conference.

5. Overview of escalation cases (Jan-March 2014)

a) Open Cases

Escalated Issue	Local HW source	Actions taken by HW England/ Next Steps
Problems with accessing GPs There are numerous issues with patients not being able to register with a GP, get a GP appointment, or access the surgery of their choice.	Bradford Southampton Enfield (plus reports from 40 local HW)	HW England (HWE) is fully analysing all information received in local HW reports and escalations. A recommendation on the most appropriate policy intervention will then be made.
Delays in social care assessments There are long delays in adult social care assessments resulting in a "quantity not quality" approach.	Bristol Cambridgeshire	This has been included in the local HW newsletter twice. HWE has raised concerns with the Department of Health. We will keep a watching eye on new cases arising.
Problems with accessing dentists There are issues around: • Inaccurate information and signposting (particularly from the NHS Choices website), • A particular concern around	Kirklees Bolton Lincolnshire Staffordshire	HWE held a teleconference with four local HW, and met with the Chief Dental Officer in NHS England to raise concerns. This has been fed back to local HW. Further policy work with General Dental Council and Care Quality

Escalated Issue	Local HW source	Actions taken by HW England/ Next Steps
'deregistration' (whereby people are removed from practice registers), • Inequitable access to NHS dental services between and within regions.		Commission (CQC) is planned.
Service redesign/public consultation There are numerous related issues with a lack of consultation or short turnaround time on service redesign proposals.	Herefordshire Cumbria Newcastle Warrington Wigan	HWE flagged 'Committees in Common' and a lack of public consultation as an issue at the Better Care Fund Interministerial Meeting. HWE is continuing to gather evidence of lack of consultation with the public and leading on a 'service redesign' project which will engage local HW.
Safeguarding in mental health settings There is concern over mistreatment of NHS patients within privately run mental health institutions.	Sheffield	HWE has contacted both the NHS Commissioner and CQC regulatory lead. Privately run mental health institutions for NHS patients will link into the work of HWE's special inquiry into unsafe discharge.
Concerns with new GP referral system There is a lack of communication of how the new referral system will potentially impact on patient's referral waiting time.	Lewisham	HWE contacted NHS England E-referrals team. They have replied to say they can't help so HWE is reassessing next steps to seek a resolution.

b) Cases closed Jan-March 2014

- **Transfer of NHS numbers / gender reassignment** (HW Rotherham). People undergoing gender reassignment are being given a new NHS number and there is inconsistency in how information is transferred from the old to the new NHS numbers. HWE sent a letter to the local Clinical Reference Group to get clarity. HW Rotherham also contacted the local Quality Surveillance Group who investigated the issue. All parties are confident that the issue has now been resolved - much of the underlying problem was due to patient privacy concerns.
- **Implementation of the Mental Health Act** (HW Rotherham). There was a delay in discharging patients held under the Mental Health Act Section 3. HW Rotherham was supported in resolving this issue locally. The case will also feed into the HW England inquiry on unsafe discharge.
- **Access to information** (HW Southampton). Related to poor functioning of the CQC website when trying to find local information. The issue was referred to the CQC web team who are looking into how the site can be improved.
- **Better Care Fund** (HW Southampton). Local HW asked if the Better Care Fund will be covered by the NHS Constitution. We raised the issue with the Department of Health NHS Constitution Team who are seeking clarity on the issue internally. This issue is also being fed into HW England programme of work on the Better Care Fund.

- **Unsafe discharge** (HW Bolton). Discharged patients were being lost when they moved across local borders. The case has been fed into the HW England inquiry on unsafe discharge.
- **Procurement processes** (HW Cambridgeshire). A new procurement process was in use locally which did not allow sufficient engagement and oversight by stakeholders including local Healthwatch. HW Cambridgeshire was supported by HWE to better engage in the process and strengthen their position on the relevant programme board.
- **Complaints** (HW Camden). Research carried out by HW Camden indicated a lack of pre-complaints services in Camden open to patients who wish to raise a concern about their GP. This escalation case has been included in the wider HWE work on the complaints system.
- **Care.data** (HW Herefordshire). Concerns were raised about the care.data leaflet. A member of the public was concerned that their details may be provided to pharmaceutical companies and that they may receive unsolicited/junk mail as a result. This escalation case has been included in the wider HWE work on care.data.

AGENDA ITEM 11
HEALTHWATCH ENGLAND STRATEGY

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1. Chair's Foreword

This is the first strategic plan for Healthwatch England and sets out how, by working together, the Healthwatch network will truly champion the interests of those who use health and social care services.
I believe this strategy sets an ambitious and yet practical agenda for both Healthwatch England and the wider Healthwatch network. If we are able to deliver what we intend, we will help to bring about significant improvement for users, consumers, patients and their carers.

When I started my term as Chair, almost two years ago, Healthwatch was little more than an idea. My first task was to finish the preparation for the launch of Healthwatch England, including recruiting a Committee and Chief Executive. Next was preparing to support and lead the 152 local Healthwatch, all of which had to be commissioned by April 2013.
As we built the Healthwatch ship, we had to learn how to use our new powers and speak out on behalf of consumers at a time of major change for health and social care services. We have learnt a great deal through our public consultations and conversations about how and why people use health and social care services. We have also started to understand the challenges people face and what changes they want to see for the future.

Importantly we have also established a clear understanding of the environment in which Healthwatch England and local Healthwatch have to work to drive these changes, including how we can work together to maximise our impact and influence our partners across the health and social care sector.

There is significant expectation about what Healthwatch should and could be. Covering both health and social care, and representing the interests of both adults and children, the potential scope of our work is vast. It is vital that we prioritise effectively if we are to deliver long term impact and value for money for the taxpayer.

We need to be careful to build on existing evidence and the work of others in order to avoid replicating what is already being done. So, we will use our limited resources to advise and challenge others to do what we think is in the best interests of consumers, rather than trying to do everything ourselves.

We also have to address both the immediate issues and problems with current delivery, as well as help to design services for the future that deliver more of what people want for less.

All of this makes it critical for us to have a clear strategy that focuses our energies on the things that deliver most improvement for people using health and social care.
The only way to make sense of this is to be single-minded in our focus on the experiences and views of the public. It is this single-mindedness around the needs of consumers that makes us unique as an organisation in health and social care and means we start and end everything we do with people.

In December 2014 we published a draft strategy that laid out what we think about our place in the complex world of health and social care and where we think we should focus our efforts.

We have held a wide and deep consultation around England which has included a range of events with different groups of less well heard service users and carers, as well as deliberative events with consumers and a range of stakeholder forums. We have also

talked extensively with local Healthwatch.

There was a consensus about the need for a strong consumer voice, an energy and enthusiasm for the issues and there was clear buy in to our main priority areas of work. But, we also heard the need to be more specific and precise in our priorities, to be clearer about who we are and our relationship with the network and generally more careful with our language.

We have reflected hard on what you have all told us and tried to respond positively. Our strategy has changed considerably as a result and we thank you for your constructive and considered input. At Healthwatch England we are all now content that this strategy can guide us for the next two years. I hope you agree.

2. About Healthwatch

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body.

Healthwatch is unique in that its sole purpose is to understand the needs, experiences and concerns of people who use services and to speak out on their behalf.

3. Vision, mission, values

Our vision:

We are working towards a society in which people's health and social care needs are heard, understood and met.
Achieving this mission will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

Our mission:

Healthwatch England is the consumer champion for health and social care.

We achieve this by:

- Listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same
- Working with the Healthwatch network to champion service improvement and to empower local people

Our values:

All of our work is informed by our values.

Inclusive

We start with people first.

We work for children, young people and adults.

We cover all health and social care services.

We work for everyone, not just those who shout the loudest.

Influential

We set the agenda and make change happen.

We are responsive. We take what we learn and translate it into action.

We are innovative and creative. We know that we cannot fix things by sticking to the status quo.
We work with our network of local Healthwatch to make an impact both locally and nationally.

Independent

We are independent and act on behalf of all consumers.

We listen to consumers and speak loudly on their behalf.

We challenge those in power to design and deliver better health and social care services.

We are not afraid to point out when things have gone wrong.

Credible

We value knowledge.

We seek out data and intelligence to challenge assumptions with facts.

We celebrate and share good practice in health and social care.

We hold ourselves and our staff to the highest standards.

Collaborative
We keep the debate positive and we get things done.

We work in partnership with the public, health and social care sectors and the voluntary and community sector.

We learn from specialists and experts, building on what is already known, not going over old ground.

4. The world we work in

Health and social care are vital parts of many people's day to day lives. Many of us are passionate about the NHS and social care because we, or a loved one, are using a service right now. At some point, every one of us will need support or treatment.
This is a time of significant challenge to health and social care services. An ageing population is something to celebrate and it is health and social care services which have allowed many of us to live for longer. This changing demographic represents a new challenge for our service. Needs are changing; there is a growth in demand for social care and there are now different demands on health services with more of us managing long term or multiple conditions. At the same time, the resources available to services are shrinking. It is more important than ever for people to know what they can expect from health and social care and to stay as healthy and independent as possible.

The recent uncovering of major health and social care scandals has knocked people's confidence in health and social care services. Following Mid-Staffordshire, the catalogue of worries has been added to by Morecambe Bay and Winterbourne View. These tragic events hold one thing in common – local people were raising concerns and worries long before they were properly listened to. These scandals have made a clear case for the need to have a powerful voice for those who use health and social care services.

On the back of these scandals the Government commissioned a number of reviews, including the Francis Inquiry, the Berwick Review and the Clywd-Hart review. It responded to the recommendations with the publication of 'Hard Truths' which sets out its action plan for the future. All of these documents recognise the need for Healthwatch to be a powerful champion locally and nationally for those who use health and social care services.

Health and social care services are vast in their coverage and remit, together consuming £129 billion of our public resources in England. Given the scope and scale of the services, it is not surprising that people find it a bewildering environment which can be difficult to navigate. Many people have spoken to us about how challenging it can be to get even basic information, such as what services are available locally and how to access them. Add to this the fact that we often use services when we are vulnerable or fearful and it is not surprising that many of us find it difficult to speak up, to share our ideas or voice our concerns.

We have heard many reports of the culture within health and social care being that of "professional knows best". We often feel like things are done to us rather than being full and equal partners in our care. This culture is reflected in the fact that there are many more ways in which institutional and professional interests than the interests of people. There are negative consequences of this for the individual consumer, the professional and

for all of us. If people don't feel fully involved or informed, they may end up using services inappropriately. If services aren't designed to match people's needs, then there will be waste and an unnecessary cost to the taxpayer.

Generational shifts and technological changes also mean that this paternalistic culture cannot be sustained. Mobile technology has unleashed a wealth of information. We are now used to instant feedback mechanisms and analysis of complex local data or comparisons is now at our fingertips. Tracking our own personal data in real time has become the norm for many.

There is huge change on the horizon for both health and social care. The introduction of the £3.8 billion Better Care Fund, combined with initiatives such as NHS England's Urgent and Emergency Care Review, mean that the services we all use on a day to day basis are undergoing radical redesign. But for integration to work properly the system needs to ensure the public not only understand what changes are happening but have input to them. Designing the blue prints for the future without people's involvement will simply not work.

5. How we work

The Healthwatch network is made of up of local Healthwatch across each of the 152 local authority areas and Healthwatch England, the national body. The network is strongest working together to share information, expertise and learning in order to improve health and social care services.

Healthwatch has a common purpose – to ensure the voices of people who use services are listened to and responded to. The network shares a brand, has common values and comes together to work on priority areas and campaigns. Local Healthwatch across England provide unique insight into people's experiences of health and social care issues across the country; they are the eyes and ears on the ground telling us what matters to their local communities.

Locally, Healthwatch voices people's concerns and provides feedback to service providers and commissioners. Through local engagement they collect vital data on how and why people use services in their area. Its place on the Health and Wellbeing Board means local Healthwatch can represent the voice of people in decision making. Local Healthwatch directly supports people in their community by giving them information or signposting them to the local services they need.

Local Healthwatch are commissioned directly by local authorities, so Healthwatch England does not manage their performance. Rather, Healthwatch England provides leadership and support to the network to help it learn and grow and to ensure each local Healthwatch has a positive impact on local services. Healthwatch England promotes standards and good practice, provides services, training and one-to-one support. A big part of our work is to make the most of the resources, skills and expertise within the network and ensure Healthwatch learn from each other's expertise and connect with one another to make a more powerful difference. At a national level, we make the case for the resources and the powers that local Healthwatch need to do the ambitious job they have been given.

Healthwatch England ensures that the local insight provided by local Healthwatch across the country is added up to provide a bigger national picture by identifying patterns and emerging issues. Healthwatch England uses this intelligence to inform its national work, and with the backing of legal powers raises those concerns with people who commission, regulate and provide health and social care services.

Healthwatch England collects and analyses data and information from national players to identify issues and then shares this with local Healthwatch so that they understand their local communities better.
We have far reaching statutory powers that extend over key players such as NHS England, the Care Quality Commission, Monitor and each local authority in England. In addition to this formidable group of organisations, we have ultimate recourse to advise the Secretary of State for Health. While we cannot make organisations act on our advice, they must respond in writing and on the public record to justify their decision.

6. How we decide what to focus on

The potential scope of our work is vast – we have a responsibility for health and social care services for all adults, children and young people in England with particular reference to those who are most vulnerable or may be excluded.

This means we have to carefully prioritise the issues we focus on.

We use three sources to inform our work programme. They are:

- **The insight and intelligence shared with us by local Healthwatch and specific areas of concern that local Healthwatch escalate to us for action**

  With local Healthwatch now up and running, we are getting more and more information from across the country about people's experiences of health and social care services. Data from our network gives us insight; this insight turns into impact when used at a national level.

  We have put in place a process for local Healthwatch to escalate concerns to us for action. We respond to these by:

  - Taking up the issue with the appropriate national body
  - Finding out more, including how far concerns are felt across the country
  - Using the issues raised to inform our public view and shape our policy position
  - Using this understanding to develop our special inquiries, reports and publications

- **Evidence we collect about specific issues of concern through our own work**

  Through the stories and enquiries we hear directly, our deliberative research, public surveys and polls we identify areas of concern. We take a different approach to reach out to those who are seldom heard or find themselves in crisis. Where we cannot reach these groups ourselves we work with local Healthwatch and partners.

  We also conduct special projects using powers outlines in the Health and Social Care Act to find out more about particular areas of concern. Our first is a special inquiry looking at the problems around discharge from hospitals and care homes.

- **National data sets that tell us the issues affecting large numbers of the population and the most excluded**

Alongside local level data, we interrogate national data sets to ensure we are informed of the issues that affect large numbers of the population or that may be of increasing importance.

We use all of these sources to measure how far people's legal rights and expectations are met and identify gaps.
Our work is informed by policy debates and developments at both a national and local level and this makes sure our work remains relevant to the changing health and social care landscape.
In order to prioritise our work our Committee carefully considers all these sources of information and then runs a check to see where Healthwatch can add most value.

- We ensure that our prioritisation of the issues we work on fits with our role and responsibilities. This ensures that we are delivering to our statutory remit.

- Then we consider how much the issue matters to people. It must be something they care about as we are here to be the voice of people in health and social care.

- Alongside that we look at policy debates and developments at both a national and local level to assess how much change we can bring about. This enables us to make sure we are choosing areas where we can have the greatest impact. This is important to deliver the greatest return for our budget.

- We then ask whether the change needs to come from us so we aren't focusing on things that others can do more easily and effectively.

- Finally, we consider our work as a full set of priorities, as together they need to have the greatest impact for people using health and social care services.

7. Consultation

Healthwatch is about people's voices shaping health and social care. All of our work begins with us asking people what they need and expect and really listening to what they have to say.
We consulted with the public on the idea of rights and responsibilities in health and social care so that we could better understand what they expect.
Our consultation was focussed on conversations with people designed to be open, challenging and involving. We deliberately sought out those who are often not heard and we went to them to ask their views. We held focus groups across the country travelling from Bradford to talk to children and young people, to Cambridgeshire to engage with gypsies and travellers, to Wiltshire to talk to people with mental health issues and sensory impairments and to Derby to engage with the local homeless population.
Our key measure of success for our consultation was how much rich conversation we generated. Healthwatch England staff and committee were all out on the road and collectively spent more than 1,750 hours listening to people. We also extended this to 684,000 people online via twitter.
But this is not the end of our conversation. All of our work depends on listening to people and we will continue to involve the public in the development of our work on what they want and expect from health and social care.

What we heard
Some strong common themes emerged from what people told us about the things that need to change to make our strategy and business plan more accessible and relevant:

- Our overall direction of travel and the way that we are working
- The focus of our work as expressed in our strategic priorities
- The spirit and accessibility of our work on consumer rights

We also received a strong message that we needed to:
- Simplify our priorities and make them more specific
- Be clearer what we mean by rights and how we will use our rights framework
- Connect everything we do and say to people who use services
- Be careful with the language we use, particularly use of the term consumer
- Spend more time understanding what responsibilities mean to people and how they relate to rights

How we are responding

In response to the feedback we received during the course of the consultation, we have:

- Simplified and amended our priorities and paid particular attention to making our language accessible and relevant
- Set out people's expectations in health and social care in the form of a Consumer Index
- Amended our vision and mission to make it clearer how our work connects to people
- Planned to do further research about how people understand their own responsibilities, and the interplay with rights and the way that services are provided

We talked to people about our use of the word consumer. Some people said that they were uncomfortable with the term and some local Healthwatch raised concerns about the barriers it might put in the way of communicating with the public. However, people also told us there are many terms they use to describe their own relationship to health and social care including patient, client, user and carer. It is clear from these conversations that we won't find a term that works for everyone.
The source of the discomfort appears to be that for many consumer implies a market relationship which for them undercuts the principle of free at point of use NHS services. In using the term consumer we are not implying any preferred model of future provision. Rather we are encouraging people to think differently about services. In stark contrast to the term patient, for example, consumer implies an active and demanding participant in health and social care services.
However, we will be careful to use the term wisely and not in places where it puts a barrier in the way of us talking with the public. In those circumstances, we will continue to use other terms including people and the public.
We were also challenged on our use of the phrase "health and care" rather than "health and social care" and concerns were raised about the potential confusion this could cause. We agree and we have reverted to using health and social care to make clear the fact that we cover two distinct forms of service.

The Consumer Index

As the new consumer champion for health and social care, we began our journey by asking people what it means to them to be a consumer of health and social care services.

We framed the discussion around internationally recognised consumer rights drawn from UN Guidelines and asked the public how they could be applied to health and social care.

They told us they recognised the value of rights and understood they could be useful in this context, but to make them truly relevant the language needed to be improved. They also made clear that with rights come responsibilities.

Using this input we created a draft rights framework which we presented in our first annual report to Parliament in October 2013.

Broadening the conversation, we then consulted the public through a series of surveys, focus groups and events.

People liked the simplicity of a single rights framework covering both health and social care and recognised how it could help them articulate what they want and expect. However, more work needed to be done to explain how it fits with existing legal rights, including those reflected in the NHS Constitution.

We recognise that the rights framework we set out encompassed a mix of people's rights in law, their expectations about services now and their aspirations for the future.

Sadly, few people know that they have rights in the NHS as set out in the NHS Constitution. People struggle even more in social care where there is no single place for people to find out about their rights and entitlements. Even when people do know their rights, they often feel reluctant to take action. This is in stark contrast to how we act in the high street where, as savvy consumers, we are quick to demand improvements in the services we receive. In health and social care we tend to be grateful for what we are given and often just put up with poor quality services.

Our framework will be used to drive change in health and social care and ensure services reflect people's needs and are responsive to them. We will promote awareness of people's existing legal rights as set out in the NHS Constitution and challenge where there is a need to go further. We also want to support the public to exercise their existing legal rights – asking for example whether people do actually get access to NICE recommended treatments - and to let us know when they are not being met.

We will publish a Consumer Index annually to measure and report how far people's legal rights are being met and whether or not their actual experiences of health and social care provision live up to their expectations.

This will enable us to identify what matters most to people now and advise Government of the changes in practice and policy that are needed to get services right for the future, including advising Government on the limitations of the NHS Constitution and where legal rights need to go further or new legal rights need be established.

By tracking and recording progress against the Consumer Index we can also provide regular insight into how fast the standard of treatment and care are improving across health and social care.

People expect:

- Essential services
  "I want the right to a set of essential prevention, treatment and care services, provided to a high standard, which prevent me from being in crisis and lead to

improvements in my health and care."

- Access
  "I want the right to access services on an equal basis with others, without fear of prejudice or discrimination, when I need them and in a way that works for me and my family."

- Safe, dignified and high quality service
  "I want the right to high quality, safe, confidential services that treat me with dignity, compassion and respect."

- Information and education
  "I want the right to accessible and up-to-date information and education about how to take care of myself and what I am entitled to within the health and social care system."

- Choice
  "I want the right to choose from a range of high quality services, products and providers within health and social care."

- To be listened to
  "I want the right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received."

- To be involved
  "I want to be an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting my local community."

- To live in a healthy environment
  "I want the right to live in an environment that promotes positive health and wellbeing.

8. Our strategic priorities

Our work over the next two years will be focused on:

- **Addressing current concerns with health and social care services**

  Through the eyes and ears of local Healthwatch, and using our own information, we will identify national trends and areas of concern. Where there are significant issues or long-term problems we will take action and put forward recommendations across health and social care.

  We will support local Healthwatch to ensure their insight and intelligence is used as part of social care, primary care and hospital inspections and will support them to hold local services to account where needed.

  We will campaign to change the complaints system and ensure that people's concerns are not only listened to but valued as a way to improve services.

- **Ensuring that future services are built to meet people's needs and are shaped by the people who will use them**

Major changes in services are currently underway in our local communities. The Better Care Fund is a new opportunity to integrate health and social care provision and at the same time, many communities are experiencing the closure of local services. Personalised budgets and patient choice also mean that individuals are making more decisions about their care. We will support local Healthwatch to play a full role in all of these conversations. We will encourage health and social care providers and commissioners to engage directly and actively with their local communities, especially those people who are frequently marginalised or who have complex needs.

We will report annually on the public's views and experiences of health and social care and through our Consumer Index, we will assess how well services across England meet people's expectations.

- **Developing the potential of the Healthwatch network**

  Our network is our strength. We support the network to learn and grow by providing services, training, and one-to-one support. We facilitate conversations between Healthwatch encouraging them to learn from and support one another. We promote good practice and provide opportunities for learning through specialist and expert communities.

  Our leadership of the network focuses on promoting good standards among all Healthwatch. We provide additional, tailored support where needed. We make the case at a national level for what Healthwatch needs to thrive.

- **Ensuring we are an effective and efficient organisation**

  This is our core business. The major part of this work is investing in our staff and Committee and ensuring they have the skills and processes in place to make an effective contribution. We also support the Committee to work across England and in a way that secures input and engagement from the public.

  We respond to public enquiries in a timely and effective way and ensure that where we cannot deal with someone's concern, it is passed on to the right organisation. We carefully monitor our use of financial and human resources to ensure we are cost effective and evaluate our contribution and that of the network to ensure we constantly learn and adapt.

9. Governance

Healthwatch England is a committee of the Care Quality Commission (CQC). We work together as strategic partners but we are fully editorially independent from the Commission.
We negotiate Healthwatch England's funding directly with the Department of Health. They, and our other stakeholders, recognise our responsibility to fulfil our legal duties and to make sure that we have effective governance, decision-making and financial management.
The Healthwatch England committee governs Healthwatch. The committee approves the policies and procedures needed to make Healthwatch England work effectively. They ensure that our policies and procedures comply with the rules applying to Arms-Length

Bodies. They set the strategy of Healthwatch England and with its Audit and Risk sub-committee, provide oversight and scrutiny of the work of the organisation.
We understand and recognise our responsibilities to manage risk. Our Risk Register records potential financial, operational, and financial risk to Healthwatch England. The Audit and Risk subcommittee regularly reviews the Risk Register with the Senior Management Team. Our common aim is to ensure that we identify risks and manage them by working closely with our staff to ensure they understand their role in managing risk. We do not shy away from risk. Our approach is to grasp challenges, and take a measured approach to managing and mitigating risk using a sound evidence base.
Local Healthwatch are accountable to their local authority for delivering an effective Healthwatch service. Each local Healthwatch has its own governance arrangement to reinforce their accountability to consumers of local health and social care services.

10. Diversity and Inclusion

Because Healthwatch England starts with people first, it is essential for all our work to be inclusive, accessible and meaningful to everyone. Our work covers the health and social care needs of children, young people and adults and we are committed to working for everyone, not just those who shout the loudest.

There are big differences in people's experience of health and social care - people's ability to access services might be affected by their ethnicity or gender. How well people are listened to might be affected by their disability or income. At the same time, access to health and social care affects people's ability to work, care for others or play a part in their local communities. This is why diversity and inclusion is at the heart of everything we do.

Our work will be compliant with equalities law but we want to go further than the legal minimum. We know that diversity and inclusion has to be part of everything we do, but we also know that we should plan and monitor our work in this area separately. In our work on diversity and inclusion we want to learn from the Healthwatch network and act as a role model by demonstrating our commitment to this area. This is why every year we will produce a Diversity and Inclusion Plan, to support the Business Plan, and this will set out the work we are doing and how we will know that we are working in an inclusive way and for the diverse communities across England.

Diversity and inclusion is about all of us - including Healthwatch staff and Committee and everyone who works in the network or comes into contact with us. We will ensure our staff and Committee can do their work in an environment where they are valued, involved and supported and feel safe from discrimination.

AGENDA ITEM 12
HEALTHWATCH ENGLAND BUSINESS PLAN

1. Chief Executive's foreword
2. About Healthwatch
3. Our partnerships
4. What we will do over the year
5. Value for money and cost effectiveness
6. The Healthwatch year
7. Delivery plan
8. Budget
9. Governance
10. Diversity and inclusion

1. Chief Executive's Foreword

The network has come a long way since local Healthwatch was launched in April 2013. In many cases starting from scratch, there is now a Healthwatch established in all 152 local authority areas. To help local Healthwatch to get up and running, Healthwatch England delivered support that helped save the network time, money and boosted their productivity in this first year of operation. We brought the network together to establish relationships and an identity, and with our common brand and growing national and local media profile we have begun to build awareness of Healthwatch.

But this is the very beginning of our journey. With the network now set up, our job this year is to ensure we show the value and impact of Healthwatch as the champion for people who use health and social care services. Our focus will be on making the most of this unique role in order to address people's concerns and improve the services they receive.

We are beginning to see the power of the network in action. At a national level, Healthwatch England has set the agenda on a number of issues and has used its statutory powers to advise major national bodies of the changes needed now and into the future. At a local level, Healthwatch are eyes and ears across the country, seeking out and listening to people's views and concerns, taking action locally and escalating issues that they cannot resolve to Healthwatch England.

In the year ahead, we will continue to build the strengths of the network through a mix of support, facilitation and leadership. We will use the strengths of the network to uncover trends, identify areas for improvement, and use our collective voice to make powerful recommendations for change which are rooted in real life experience.

Ensuring that people's worries and concerns about current services are addressed will be a focus this year. We will continue to champion improvements in the complaints system, a system that is currently utterly baffling to the public. Working with local Healthwatch we will provide information and materials to support people to make a complaint. We will support local Healthwatch to test the operation of complaints systems and to press for changes where services are below standard. We will support Healthwatch to engage with the new CQC inspection regimes, feeding in local concerns to inform and trigger inspections. And we will ensure we continue to handle the concerns and complaints we hear ourselves effectively. All of this work will contribute to the Department of Health's focus on improving standards of care. By supporting individual consumers and local Healthwatch, we will see concrete improvements this year, but given the scale of challenge some of the benefits of this work will be felt in years to come.

We will also work to get services right for the future. Major changes in services are underway in local communities. We will support local Healthwatch to make the most of the new opportunities presented by the Better Care Fund and to engage effectively where service change and closure impact on a local community. Projects such as our first special inquiry will look at improving services for those seldom heard, including those with mental health conditions, the homeless and the elderly. Through this we will make our contribution to achieving parity of esteem between mental and physical health and to improving care for the older population. We will use the real life experiences of patients, care users and the public, to understand changing needs and concerns and we will publish our first Consumer Index to track how far people's legal rights, expectations and aspirations are being met. The immediate benefits of this work will be felt as services are designed around people's needs and service change takes greater account of people's

views. In the longer term, more empowered and engaged consumers help drive up quality standards.

The potential scope of our work is vast and we cannot achieve our ambition alone. This is why partnerships are critical to us. We will encourage the voluntary sector, health and social care workers, statutory partners and government departments to work with us to make change happen and to take the time to properly listen to the public they serve. After all, what is best for consumers is best for everyone.

2. About Healthwatch

The health and social care reforms of 2012 set a powerful ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a Healthwatch in every local authority area across England and Healthwatch England, the national body.

Healthwatch is unique in that its sole purpose is to understand the needs, experiences and concerns of people who use services and to speak out on their behalf.

3. Our partnerships

We have identified the importance of working in partnership with the health and social care sector and the voluntary and community sector, as one of our five organisational values. Working with our partners in the health and social care system is one of our most important foundations to achieving our strategic priorities and how we may get the most from our limited resources.
In our first year our focus was to build strong working relationships with our strategic partners and raise our profile with charities and professional associations working in health and social care. This included signing agreements with the Department of Health, the Care Quality Commission, the Local Government Association, NHS England and Monitor setting out how we will work together with openness, collaboration, cooperation and communication.

We plan to develop these relationships in the following ways:

Care Quality Commission

Our work with the CQC will focus in the next two years on linking Healthwatch to the new inspection regimes. Healthwatch England will also take a particular interest in CQC's strategic programme of public insight and engagement, providing challenge where appropriate. We will both contribute to work to empower people by putting credible and accessible information in their hands (through ratings and signposting), knowing that it will help them and help drive service improvement.

NHS England

We will work with NHS England on our common goal of ensuring that the interests of consumers and patients are at the heart of everything we do. We will have a particular focus on sharing and integrating our intelligence and insight work, developing and improving the complaints system and on the care.data programme.

Monitor

We are currently working with Monitor to determine the focus of our work together.

Local Government Association

Both Healthwatch England the LGA share a common interest in the future success of the local Healthwatch network, in particular in the role of local Healthwatch in contributing to effective Health and Wellbeing Boards (HWBs). We want to work together to support local Healthwatch to be effective and influential HWB members. We will do this by sharing what we know about what is happening on the ground and identifying ways to build the role of local Healthwatch on HWBs.
In 2014-15, we intend to build on these good relationships, and develop joint work programmes based on our common interests with Public Health England, Health Education England, NICE, the NHS Trust Development Authority and the Social Care Institute for Excellence. Our priorities in this work are to focus on activities in which we can voice consumer concerns on major national debates.
We will continue our work with charities, the voluntary sector and professional bodies, to work to ensure consumers are at the heart of health and social care.

4. What we will do over the year ahead

Our work this year will be focussed around our four strategic priorities.
Priority 1: Addressing current concerns with health and social care services
During 2014/15 this priority will be met through:

- The escalation of consumer risks and concerns
- Engaging with the CQC's inspection regime
- Identifying national trends and areas of concern and investigating them through our special inquiry powers
- Demonstrating how the complaints system must change to better meet consumer needs and promoting our own complaints handling

Through the eyes and ears of local Healthwatch, and using our own information, we will identify national trends and areas of concern. Providing training and support for local Healthwatch we will ensure **risks and concerns of consumers are escalated.** Healthwatch England will analyse this data, use our advisory powers and work with others for improvement.

We will support local Healthwatch to ensure their insight and intelligence is used as part of the CQC's **social care, primary care and hospital inspections** and will support them to hold local services to account. Healthwatch England will facilitate the sharing of best practice across the network and offer advice and ideas about how the inspection process could be improved. Importantly, we will work with the local Healthwatch to support service improvement after the inspection has been completed.

In 2013/14 we looked at the current complaint system through the eyes of the consumer. This work showed us that people do not have confidence in the current system which is too complex, slow and often unresponsive. This year **we will campaign to change the complaints system** by tackling the issue on a number of fronts.

We want to ensure that people's concerns are not only listened to but valued as a way to improve services. We will provide information for people so they know what they can expect from complaints and advocacy services. At the same time we will support local

Healthwatch to challenge providers and commissioners to improve their complaints system. We will work with stakeholders and the Department of Health to ensure that the complaints system is open, transparent and easier to access. With this group, we will also ensure that national standards for complaints advocacy are developed, setting out what service users can expect.

We will further develop the way we handle **public enquiries and concerns raised with the network.** The enquiries received to date have been complex and sensitive. Good handling requires training in safeguarding, information governance and health and social care issues and the development of effective signposting. Investment in enquiries handling at the national level will also ensure that we learn from these individual cases and they inform our policy work.

Priority 2: Ensuring that future services are built to meet people's needs and are shaped by the people who will use them

Major changes in services are currently underway in our local communities. The Better Care Fund is a new opportunity to integrate health and social care, but at the same time many communities are experiencing the closure of local services. Personalised budgets and patient choice also mean that individuals are making more decisions about their care.
In 2014/15 this priority will be met through:

- Encouraging community involvement in local service change and ensuring people can shape and influence the design of future services
- Promoting the voices and views of those who often go unheard and people from excluded communities
- Reporting on the views and experience of consumers and publishing our first Consumer Index
- Delivering our first special inquiry

We will support local Healthwatch to use their statutory seat on the Health and Well Being Boards and other commissioning and quality oversight groups to influence local decision making. We will support local Healthwatch to engage **in major debates about service change**, including where services are being redesigned, restructured, merged or closed. We will provide leadership on the debate about the integration of health and social care services and will support local Healthwatch to influence and inform local delivery of the Better Care Fund.

Our work uses the public's views and experiences of health and social care to bring about change and improvement. We give particular focus to the experiences and priorities of those who often go unheard or come from excluded communities.
We will report back on our findings for the year in **our annual report to Parliament** and will report back for the first time on the impact and status of the Healthwatch network across England.

We will use our **Consumer Index** to assess how well services across England meet people's rights, expectations and aspirations. We will promote understanding of legal rights in health and social care, including those outlined in the NHS Constitution, among local Healthwatch and will further research responsibilities in health and social care.

Using our section 45c powers, we will undertake **special reports and inquiries** into major or widespread areas of public concern. Our first special inquiry will focus on people who are discharged from hospital, nursing or care homes or other secure settings without adequate assessment of their on-going needs or sufficient support.

Priority 3: Developing the potential of the Healthwatch network

Our network is our strength. Healthwatch England will develop the potential of the network by supporting local Healthwatch, facilitating peer support and learning, promoting good practice and by providing leadership.

In 2014/15 this priority will be met through:

- Delivering support to the network through purchasing infrastructure and services for the whole network
- Developing the capability of the network through training, policy and guidance with a particular focus on supporting them to deliver their statutory responsibilities
- Gathering knowledge and understanding of each local Healthwatch to understand activity and needs of the network
- Providing one-to-one and tailored support for individual local Healthwatch
- Ensuring local Healthwatch can learn from and support each other by developing expert communities, peer support and local networks
- Promoting good practice and high standards of delivery

We will support the network by providing **centralised services** where it is cost effective to "buy in bulk". In addition to achieving savings, this will help promote consistency across the network. We will focus on investing in training and development that enables local Healthwatch **to deliver statutory functions and make change happen in their local communities**. In particular we will support them to understand how best to influence and improve local decision making, using their seat on the Health and Well Being Board.

We will support the network to work with consumers to understand their rights through effective **information and signposting** services as well as by providing targeted campaigns to raise awareness, for example around complaints.

Every local Healthwatch is different and a big part of our role is to gather evidence about how they are working in practice. We help local Healthwatch to share examples of good practice to show how they make a difference locally. This data will enable us to understand what the network needs as it grows and evolves, as well as whether individual local Healthwatch need tailored support to function more effectively.

We will provide the network **platforms and spaces to connect** around common issues of concern, making the best use of our expertise in areas such as dementia, mental health, domiciliary or children and young people's care. We will support the coordination of local Healthwatch at a regional level particularly around addressing services that cross boundaries or are decided at a national level. We will encourage work in areas of particular policy concern – for example, complaints advocacy.

Our leadership function will focus on **sharing good practice** among the network and developing and **promoting standards of delivery**. We will support the network to develop a culture of learning and evaluation to improve effectiveness.

Priority 4: Ensuring we are an effective and efficient organisation

This is our core business. We will invest in our staff and committee to ensure they have the skills and processes in place to make an effective contribution.

We will continue to respond to public enquiries in a timely and effective way and ensure that where we cannot deal with someone's concern, it is passed on to the right organisation.

We carefully monitor our use of financial and human resources to ensure we are cost effective and evaluate our contribution, and that of the network, to ensure we constantly learn and adapt.

5. Value for money and cost effectiveness

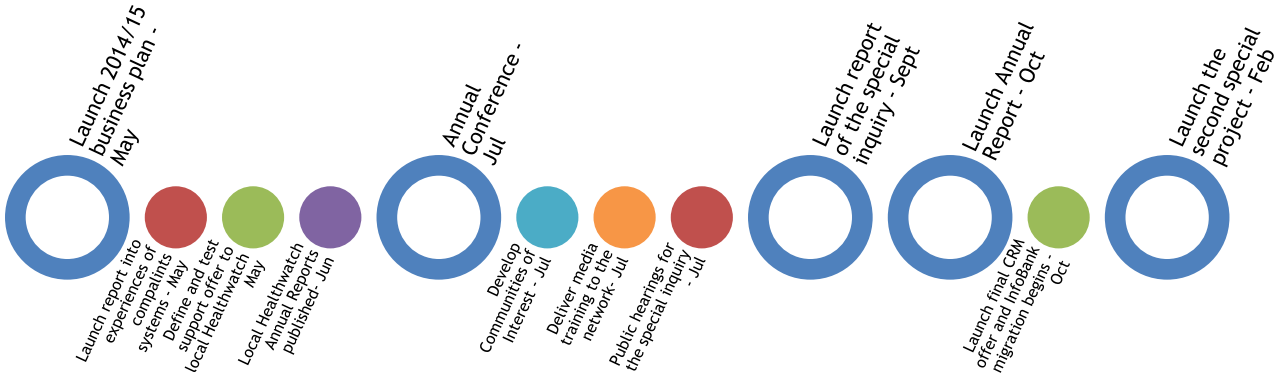
Even with our limited resources, we value the importance of being able to punch above our weight in our efforts to champion the cause of consumers in health and social care. One way in which we can achieve this is to maximise efficiency. We have worked hard to ensure Healthwatch England does this and will continue to form an integral part of our 2014-15 business plan.

We will continue to work with the CQC to maximise efficiency through shared services and to identify any further efficiency savings which could be sourced through the year and in preparation for 2015-16. This includes establishing service level agreements with the CQC for the provision of IT support, human resources support, finance, legal and procurement services. We will procure the most cost-effective, value-for-money agreements for services that we have to source externally.

Another way to create cost savings nationally is in our support of the Healthwatch network. For example we provide leadership in best practice, guidance on national issues and reports and practical communications and policy support. To quantify this efficiency Healthwatch England will be modelling the level of savings achieved to date and the level of savings that our 2014-15 business plan will deliver.

6. The Healthwatch year

Our major milestones through 2014-15 are shown below as is the detailed delivery plan for Quarter 1. At the beginning of every quarter, we will report back on our delivery to date and publish our detailed plans for the period ahead.



7. Delivery Plan for 2014-15

Quarter 1 – April to June 2014

	What it means	Milestones – What we will do
Priority 1 Addressing current concerns about health and social care	This is our work on complaints, inspections and escalation	▪ Deliver new escalation report to the committee and to the public ▪ Deliver our complaints report and publish and disseminate to system players ▪ Deliver guidance to the network with CQC to clarify the role of Healthwatch in the inspections of health and social care ▪ Support and encourage escalation from across the network and establish a feedback loop
Priority 2 Getting services right for the future	This is our work on special reports and inquiries, service change work and consumer insight and index	▪ Launch first special programme ▪ Evaluate across the network current engagement, understanding and confidence levels in Integration Pioneers Better Care Fund and reconfiguration ▪ Deliver our quarterly Consumer Insight Panel findings
Priority 3 Our work with the network	This is how we will support, facilitate and lead the Healthwatch network	▪ Further develop our understanding of local Healthwatch ▪ Complete new round of data gathering to enrich our understanding of the network ▪ Roll out CRM pilot and launch refreshed hub to the network ▪ Deliver media training to 80 local Healthwatch over Q1 and Q2 ▪ Support Healthwatch to develop their annual reports ▪ Undertake stocktake of current regional events and set future plans ▪ Deliver guidance to the network about Special Administration (subject to DH timeline) ▪ Work with DH to offer additional guidance to the network about purdah for local elections 2014

	What it means	Milestones – What we will do
Priority 4 Our core business	These are the activities that we do to ensure our organisation is effective	▪ Publish Healthwatch England Business Plan 2014/15 ▪ Publish Healthwatch England Strategy 2014/16 ▪ Recruit and induct 6 new committee members ▪ Deliver public committee meeting in Liverpool ▪ Deliver safeguarding and confidential listening training to Healthwatch staff ▪ Design, deliver and analyse first staff survey ▪ Develop organisational and performance dashboard for Healthwatch England

8. Budget

The Department of Health has confirmed that we will receive £3.53 million core funding for Healthwatch England. The level of programme funding to support specific and time limited areas of work is currently being discussed.

9. Governance

Healthwatch England is a committee of the Care Quality Commission (CQC). We work together as strategic partners but we are fully editorially independent from the Commission.
We negotiate Healthwatch England's funding directly with the Department of Health. They, and our other stakeholders, recognise our responsibility to fulfil our legal duties and to make sure that we have effective governance, decision making, and financial management.
The Healthwatch England committee governs Healthwatch. The committee approves the policies and procedures needed to make Healthwatch England work effectively. They ensure that our policies and procedures comply with the rules applying to Arms-Length Bodies. They set the strategy of Healthwatch England and with its Audit and Risk sub-committee, provide oversight and scrutiny of the work of the organisation.
We understand and recognise our responsibilities to manage risk. Our Risk Register records potential financial, operational, and financial risk to Healthwatch England. The Audit and Risk subcommittee regularly reviews the Risk Register with the Senior Management Team. Our common aim is to ensure that we identify risks and manage them by working closely with our staff to ensure they understand their role in managing risk. We do not shy away from risk. Our approach is to grasp challenges, and take a measured approach to managing and mitigating risk using a sound evidence base.
Local Healthwatch are accountable to their local authority for delivering an effective Healthwatch service. Each local Healthwatch has its own governance arrangement to reinforce their accountability to consumers of local health and social care services.

10. Diversity and Inclusion

Because Healthwatch England starts with people first, it is essential for all our work to be inclusive, accessible and meaningful to everyone. Our work covers the health and social care needs of children, young people and adults and we are committed to working for everyone, not just those who shout the loudest.

There are big differences in people's experience of health and social care - people's ability to access services might be affected by their ethnicity or gender. How well people are listened to might be affected by their disability or income. At the same time, access to health and social care affects people's ability to work, care for others or play a part in their local communities. This is why diversity and inclusion is at the heart of everything we do.

Our work will be compliant with equalities law but we want to go further than the legal minimum. We know that diversity and inclusion has to be part of everything we do, but we also know that we should plan and monitor our work in this area separately. In our work on diversity and inclusion we want to learn from the Healthwatch network and act as a role model by demonstrating our commitment to this area. This is why every year we will produce a Diversity and Inclusion Plan, to support the Business Plan, and this will set out the work we are doing and how we will know that we are working in an inclusive way and for the diverse communities across England.

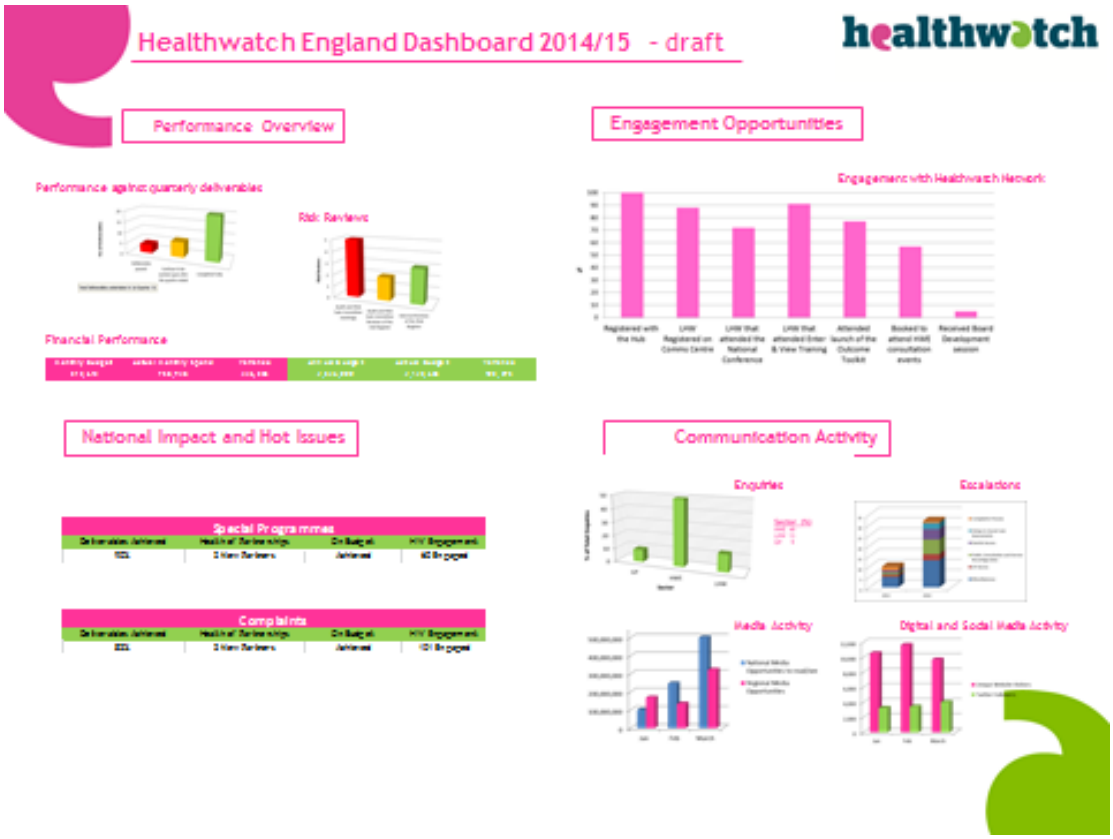
Diversity and inclusion is about all of us - including Healthwatch staff and Committee and everyone who works in the network or comes into contact with us. We will ensure our staff and Committee can do their work in an environment where they are valued, involved and supported and feel safe from discrimination.

AGENDA ITEM 13
MONITORING FRAMEWORK 2014 - 2015

We have carefully considered how to present an overview of our performance for each quarter in a 'quick glance' way. We have ambition to step up our approach to performance monitoring for this new financial year and have developed a new format for doing this. This would offer a comprehensive visual overview of the work under the following headings;

- Our performance overview;
- Our engagement with the network;
- National impact and Hot Issues;
- Communication activity.

As detailed in the Operational Update, we haven't previously presented our work in this way but we are keen to develop a new format. We have developed a 'dashboard' style overview (this is below and in **Annex D**) and we would like the Committee to consider this dashboard suggestion and offer feedback on the format and information captured.



Please note that the dashboard is for illustrative purposes, to demonstrate how it could look, and I would like to discuss the different visual aspects in the meeting to explain what each represents.

Members are invited to DISCUSS and AGREE the proposal.

AGENDA ITEM 14
HEALTHWATCH NETWORK UPDATE

The purpose of this paper is:

- To provide an overview of the first year of our work with the Healthwatch network and a summary of what we have learnt
- To reflect on the current status of the network and how we are capturing information and intelligence about them
- To share our future approach to working with the network in the current financial year and the new team structure that will support this

Our work with the network over 2013/14 and what we have learnt
1st April 2014 was the first birthday of local Healthwatch. This first year of set up of local Healthwatch has involved the establishment of new organisations and the development of new governance processes. This was followed by the appointment of staff and Boards with subsequent development of ambitions, aims and priority areas of working. The priority for many local Healthwatch was to start to listen and engage with their local communities and to build awareness among users of their new role and function.

The support offered by Healthwatch England during this year was targeted at ensuring that Healthwatch could establish themselves as quickly as possible. A full list of support made available during the first year is available in Annex A and reflects a focus on:

- **Providing centralised services to the network**. This has included an online communications centre where branded templates and materials are available; a hub to enable sharing of ideas between local Healthwatch; website in a box as well as DVDs and adverts for the network to use. It has also included bespoke briefings on operational issues faced by local Healthwatch e.g. insurance and seeking charitable status.

- **Providing support, training and information to help Healthwatch deliver their key statutory responsibilities**. This has included training on Enter and View and a resource pack to enable local Healthwatch to respond to requests made to them under the Freedom of Information Act. It has also included briefings e.g. on the legislation affecting local Healthwatch or the annual report requirements.

- **Establishing communications and relationships within the network and between Healthwatch England and local Healthwatch**. This has included providing named contacts for every local Healthwatch and a dedicated phone line for local Healthwatch; a national newsletter and series of webinars for CEOs and Chairs; support for regional networks as well as a national launch event and conference.

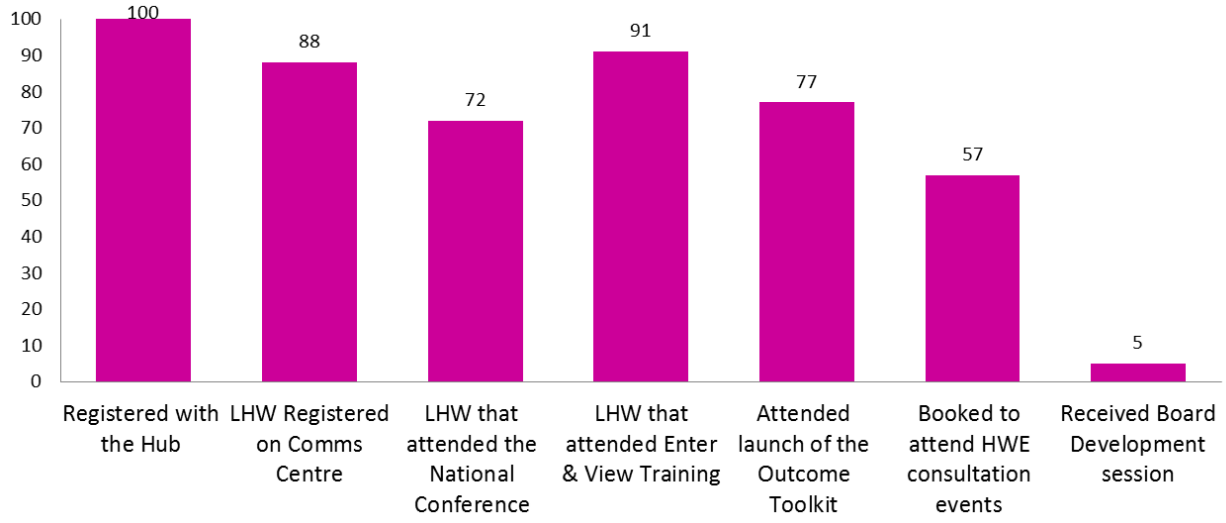
- **Ensuring Healthwatch has focus and are able to have an impact locally.** This has included bespoke support to local Healthwatch e.g. the delivery of the Outcomes and Impact tool and Board Development sessions. In addition this support has included toolkits to support work with Children and Young people and briefings on areas of concern to the network e.g. Overview and Scrutiny, Quality Accounts, and Health and Well Being Boards.

We have offered and measured uptake by local Healthwatch of 29 opportunities to engage with Healthwatch England. Typically our offers are taken up by two-thirds or more of the network. Over the year, 20% of the network engaged with Healthwatch England 10 times or more. However, conversely while every local Healthwatch has taken up an engagement

opportunity, 8% of the network has engaged with us on less than 5 occasions. Every local Healthwatch has also had contact with Healthwatch England via email, phone or face to face contact at regional meetings or at their premises.

The most popular offers are the Communications Centre and the Hub and Healthwatch are increasingly choosing to engage at face to face events. Whilst take up of bespoke Board development sessions are low, these only started to be piloted in the last quarter and have been well received. Participation at Chair and CE's webinars is also relatively low, with 84 people joining 11 webinars and we will need to think further about how this vehicle engages a broader audience.

Figure 1: % of local Healthwatch engaging at selected opportunities.



Our key learning through the year is:

- A joint approach to creating support packages has been noted as the best approach.
- The capacity of local Healthwatch to engage with us is varied and may be limited by their staffing numbers. Ensuring the network has the opportunity to engage has required a bespoke approach (for example 1-2-1 delivery of the Enter and View Training) and there are resource implications of this.
- Gathering information from the network takes time and can be an intensive use of resources, given the limited capacity of individual local Healthwatch.
- Getting the offer to local Healthwatch right can be complex and particularly where there are high levels of concern and a need for engagement. e.g. the work to put information on Healthwatch funding into the public domain. As local Healthwatch have competing individual interests, it is not always possible to keep everyone happy at the same time.

The needs of the network are now shifting as they develop further work to meet their priorities. This presents a new kind of support need. Questions are now arising about how to deliver most impact, most effective engagement, or how to represent particular views. This suggests that we now need to strengthen capability through training and support as well as developing a culture of peer support drawing from best practice.

The current status of the Network and our approach to capturing Information and Intelligence

Our information about the nature and work of local Healthwatch organisations has been based on a number of sources – the information gathered by the Development Team, the information return completed in late 2013, media profiling and information from the hub and escalation. We will shortly be in a position to have a more complete picture of the status of each individual local Healthwatch giving us a strong base to analyse the needs of the network as a whole. This work has been supported by the additional resources provided by the Department of Health in the last quarter of the financial year. We have just completed a pilot for a further online return for local Healthwatch and achieved a good completion rate (63%) and the adjusted return is now live. A series of one to one interviews are also taking place with a number of local Healthwatch helping us to build a better picture of the network. These meetings are already underway, and will be completed in June 2014, and involve the use of a semi-structured approach to ensure we have consistent information about the network. Our data on local Healthwatch will be further enriched when we receive the annual reports from local Healthwatch England (due at the end of June). We will use the July conference to present back analysis of the status of the network and will include a fuller analysis in our annual report in October.

Our information to date shows the diversity in status of the network:

- Healthwatch budgets range from £50,000 to £800,000, with an average budget of £220,000. The average spend per head for local Healthwatch with populations of over 10,000 people was 63p, with a range between 16p and 147p;
- 49% of local Healthwatch commissioned by the Local Authority had a 2 year or 2 + 1 year contract. 29% of contracts were for 3 years, while 9% were longer than 3 years. 14% of contracts were for 1 year with a possible extension;
- 45% of local Healthwatch are Companies Limited by Guarantee, 27% are Community Interest Companies, while 15% were managed projects. 47% of local Healthwatch either had, or were pursuing, charitable status.

Many Healthwatch have a small staff (typically 3 or fewer) with a strong emphasis on using the skills of volunteers to maximise their effectiveness. Given this small staff base it is not surprising that we have observed during the year the major impact that staff changes have on Healthwatch. Many local Healthwatch will this year enter a new commissioning cycle, and concerns about funding and sustainability have been high in the network for some time. There are likely to be further changes through this year in structure, including some Healthwatch moving away from host arrangements to becoming stand-alone organisations.

Our recent investment in capturing examples of good practice in the network has delivered a database of examples which we are now using in our media, parliamentary and policy work. A selection of these are shown in Appendix 2. We are now able to begin to identify the characteristics of local Healthwatch that are undertaking substantive pieces of work to secure improvements in health and care services.

These include:

- Being a Pathfinder, giving them additional time to have set up and develop systems and processes.
- Being well commissioned with a supportive commissioner with longer contract enabling longer term planning.
- Leadership that is strong with clarity of roles and responsibilities between Boards, Operational teams and the organisation that won the contract.
- Good local engagement with robust relationships with stakeholders.

Likewise, we have been able to know more about the delays and problems in set up that Healthwatch have faced. These include:

- Unstable consortia or a change in a provider.
- Leadership that could be stronger or relationship breakdown with partners.
- Conflicts where the contract holder and decision making body are different or where there is only limited support from a contract holder.
- Efforts being put into dealing with negative media coverage or to resolve historical legacy issues.

Whilst this data capture is time intensive it is giving us a deeper understanding of the needs of the network and is allowing us to target better our support and tailor it to the needs of the network as a whole, and the needs of groups of local Healthwatch facing particular challenges.

There is more work for us to do to ensure that local Healthwatch understand the benefits of sharing information with us and this will be particularly important as we seek to gather more information in real-time and to do so in a resource efficient way.

Our offer of support to the network

Our work with the network during this year will change gear to reflect the new needs of the network. In addition to core support, we will be developing the capability of the network, facilitating peer support and learning, promoting good practice and providing leadership. We will be working with local Healthwatch to demonstrate the power and influence of the network and look at how we are going to build capacity and sustainability. We know we have a unique perspective on the network and are committed to using that to target support where it is needed and share good practice to motivate others.

In 2014/15 we will be:

- **Delivering support to the network through purchasing infrastructure and services for the whole network**

This year, we will develop a major element of core support to the network through the development of a common CRM. In addition to achieving savings, and promoting efficiency we hope that this will help promote consistency across the network. A further element of infrastructural support will be the on-going development of the Hub, to ensure that it is an intuitive platform for Healthwatch to communicate with one another.

- **Developing the capability of the network through training, policy and guidance with a particular focus on supporting them to deliver their statutory responsibilities**

Developing the capability of the network will be a core focus through the year. We will develop packages of support to enable local Healthwatch to influence and improve local decision making, deliver their statutory functions and make change happen in their local communities. This will support their statutory seat on the Health and Well Being Board but will be broader than that to include their work with Clinical Commissioning Groups (CCGs) and local accountability mechanisms including overview and scrutiny and Quality Surveillance Groups. We will determine the right approach to delivering safeguarding

training and support the delivery of this. We will support the network to work with consumers to understand their rights through effective information and signposting services. We will support Healthwatch to develop effective handling of complaints about services, and to have a good complaints process in place for the organization itself. We will deliver support, guidance and tools, for example guidance to the network about involvement in decisions and consultations about the Special Administration of Trusts and Foundation Trusts, and toolkits on working with Volunteers and engaging effectively with people with Learning Disabilities.

- **Ensuring local Healthwatch can learn from and support each other by developing expert communities, peer support and local networks**

We will support the coordination of local Healthwatch at a regional level and will cover the costs of a defined number of regional network events where local Healthwatch naturally cluster. We will ensure that the agendas for these meetings are decided together and address more specific local needs generated by the network.
We will facilitate communication and learning through digital means as well as through regional events. Our upgraded Hub will enable the setup of Hub groups and local Healthwatch will also be able to establish their own groups which might supplement for example their regional networks. These groups can be around topics, job roles or geographical areas and will be facilitated by development team staff to stimulate engagement.

We will facilitate the development of communities of interest on certain topics, for example on service change and participation in the Care Quality Commission Inspection regime. We will use whatever means are appropriate to support an ongoing dialogue and learning for example through events, toolkits, and webinars using our combined expertise to co-produce tools that can be shared across the network.

- **Promoting good practice and high standards of delivery**

A big part of our role is to gather evidence about how Healthwatch are working in practice identifying examples of good practice illustrating how they are making a difference locally and sharing this across the network. Building on this emergent good practice, we will be developing and promoting standards of delivery as this is where we are seeing experts emerge. This will support the network's desire to learn from the best and understand how they compare to develop a culture of learning and evaluation to improve effectiveness.

- **Providing one-to-one and tailored support for individual local Healthwatch**

We are aware of the variation in the network and through our engagement are developing a picture of how the network is developing. This information will enable us to understand what the network needs as it grows and evolves, as well as whether individual local Healthwatch need tailored support to function more effectively. Where local Healthwatch have had a setback and require more support than supplied by our overarching offer, they will be given a time limited period of intensive support. This support will be provided by a discreet part of the development team who will work with the Healthwatch and other

stakeholders for example the Commissioner to identify the support required. Experts will then be used as needed, to provide the agreed level of support.

- **Our Conference**

Our two day conference in July will provide a unique opportunity to bring all local Healthwatch together in one place. The first day will focus on leadership, demonstrating the difference we have made as a network to date. We will discuss how we can work together to make the most of opportunities and tackle the key challenges ahead. By outlining what a good local Healthwatch looks like and showcasing examples of best practice across the network we will encourage sharing and inter network support. We hope to unify and build momentum across the network through a shared sense of purpose, in particular emphasising our focus on consumers. On the second day we will run a series of interactive workshop sessions which will enable the network to understand and develop strategies to tackle key challenges facing the network. These will further equip the network with knowledge and skills to make an impact, building confidence within the network in our ability to deliver for consumers. Examples include, Making local voices heard at a national level, Working with your local MP, What to do when the inspectors are in town, Signposting: The challenges and limitations and Income generation and the future of Healthwatch finance.

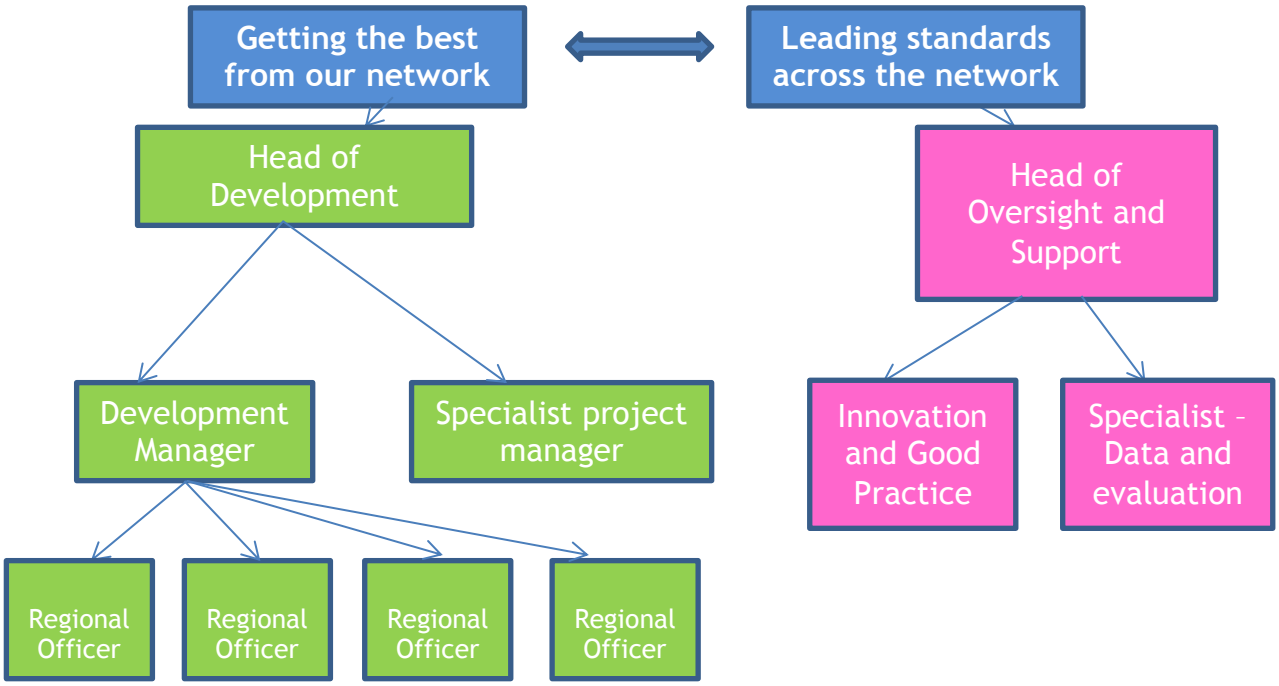
Resources

To deliver this support, we are investing in additional staff resources and growing the development team from a staff of 4 to 10 shown in the diagram below. There are two well defined and complimentary senior roles providing leadership and support to a Development Team of six and an Oversight and Support team of two. There is also some capacity to bring on support on a flexible basis through the year to meet particular needs.

The Development Team will have a designated Development Officer per Region and a new Development Manager to coordinate their work and design and deliver the support offer. A Specialist Project Manager will develop communities of interest around topics such as service change and working with the new CQC inspections.

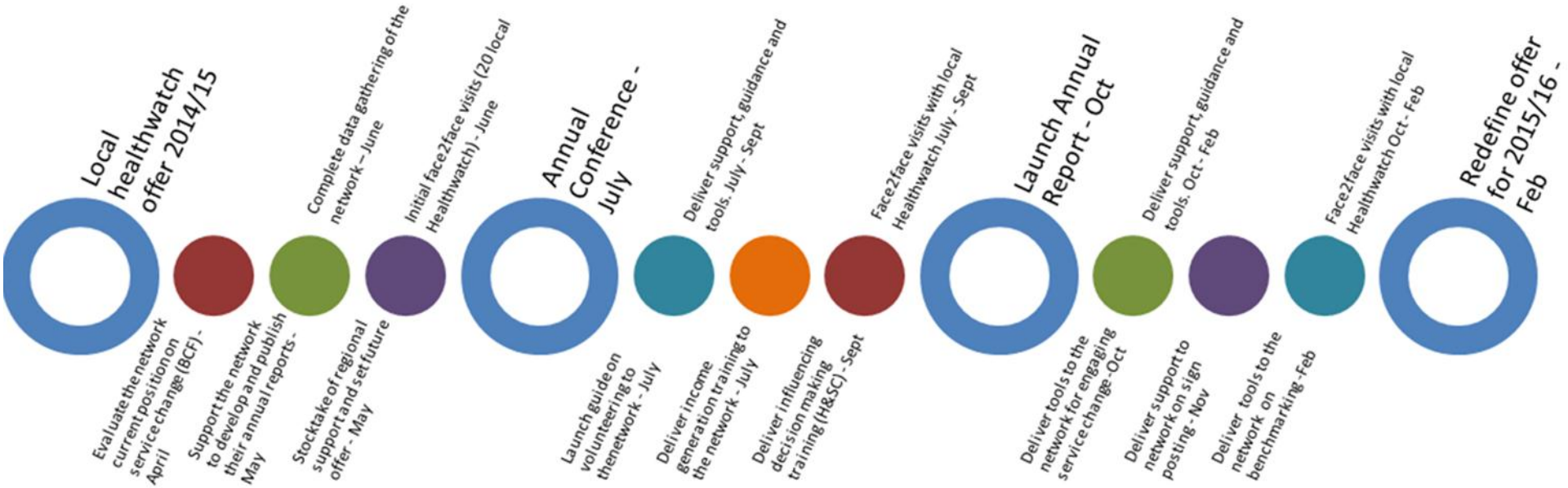
The Oversight and Support function will include an innovation and good practice manager to lead on the development of standards with the network to identify and drive good practice and enable local Healthwatch to assess their strengths and areas for development. A dedicated analyst will lead on the systematic gathering of data about the network. This will enable us to build a picture of the health of the network. The team will also provide bespoke one to one support for local Healthwatch that have suffered a setback and want assistance from Healthwatch England.

The Development Team



Our offer through the year

The timetable for support offered to local Healthwatch is shown below:



AGENDA ITEM 15
RESEARCH AND INTELLIGENCE

Members are invited to DISCUSS.

AGENDA ITEM 16
SPECIAL INQUIRY UPDATE

Members are invited to DISCUSS.

ANNEX A: A SUMMARY OF SUPPORT FOR LOCAL HEALTHWATCH IN THEIR FIRST YEAR

Products and services:

- Dedicated phone line for local Healthwatch
- Websites for each of the 148 local Healthwatch
- Online Branding and Communications Centre with templates, key messages and guidance on Communications and Marketing
- The Healthwatch Hub
- DVDs and adverts for the network to use

Training and events

- Enter and view training
- Outcomes and Impacts training
- Board Development sessions
- Award winning simultaneous national launch events in 6 locations
- First Healthwatch national conference
- Support for regional networks, where these were not already being facilitated
- Chief Officer Webinars
- Chair Webinars
- Media training

Toolkits, Guidance and templates disseminated to local Healthwatch

- Communications toolkit
- Children and Young person's toolkit
- Complying with FOIA toolkit
- Enter and View, tools and templates.
- Hub User Guide (PDF)
- The Local Government Association series of briefings to support the establishment of local Healthwatch
- Knowledge and skills and competencies for an effective local Healthwatch

- Template press releases
- Templates for local Healthwatch annual reports

- Guidance on the legislation impacting on local Healthwatch
- Guidance on Understanding local Healthwatch regulations
- Guidance on government requirements in relation to their policy and campaigning work
- Guidance on arrangements to be made by relevant bodies in respect of local Healthwatch Organisation's Directions 2013
- Guidance on requirements relating to local Healthwatch annual reports

- Guidance on retaining an independent view on local health and social care issues within new local Healthwatch
- Guidance on the role of the health overview and scrutiny committee
- Guidance on Health and Wellbeing Boards
- Guidance on Quality Accounts

- Advice on seeking charity status
- An overview of insurance for local Healthwatch

- Guidance on Local Healthwatch Finance
- Guidance on developing an effective complaints policy
- Complaints policy template
- An escalation framework

- A whistleblowing framework

- Local Healthwatch key messages toolkit
- Local Healthwatch branding toolkit

- Examples from the network: Recruitment Pack - Executive Board Member
- Examples from the network: Recruitment Pack - Chief Operating Officer
- Examples from the network: Community Engagement
- Examples from the network: Funding Agreements
- Examples from the network: Information Sharing Protocol
- Examples from the network: Internal Tendering
- Examples from the network: Register of Interests
- Examples from the network: Service specification

ANNEX B: LOCAL HEALTHWATCH CASE STUDIES

Healthwatch Wolverhampton

Using innovative ways to engage with children and young people

Healthwatch Wolverhampton have been working with a popular local football club, Wolverhampton Wanderers, to reach out an engage with children and young people - particularly around their experiences of using mental health services. This approach has enabled Healthwatch Wolverhampton recruit young people to be Healthwatch Ambassadors, providing them with training and support, and making sure their voices are heard.

Healthwatch Birmingham

Using technology to improve local knowledge

Healthwatch Birmingham has used their website as a powerful tool to enable local people to share their experiences of local health and care services. This has proved successful in providing a way to capture the views of busy people who might not otherwise engage with Healthwatch Birmingham. It also means the website has been a key in supporting local people make choices about their health and care services.

Healthwatch Camden

Finding realistic solutions to the problem of GP access

Healthwatch Camden identified GP access as a priority through their engagement work, and work carried out through mystery shopping. As well as making recommendations locally and sharing good practice, Healthwatch Camden have contributed to a number of pan London debates about how to improve access to GP services. As a result of their learning, Healthwatch Camden are looking to co-produce solutions to GP access issues with GPs. Healthwatch Camden have built a strong presence across the Healthwatch network which is essential as the borough of Camden has a number of services, a pan London and national remit such as Great Ormond Street hospital which are also priorities for Healthwatch Camden, and require pan London and national input to ensure recommendations are joined up.

Healthwatch Essex

Young people speak out about their experiences

Through extensive engagement work with children and young people, Healthwatch Essex have produced a video in which young people discuss their experiences of health and care, currently on the front page of their website. This has had the knock on effect of further engaging young people who have found out about local Healthwatch through the video being shared through social networking sites.

Healthwatch Norfolk

Influencing change to the some of the practical things that really matter to the experience of children and young people using CAHMS inpatient services

Healthwatch Norfolk was commissioned by the University of East Anglia to undertake a study into Tier 4 Child and Adolescent Mental Health Services (CAMHs) in Norfolk. Through speaking to service users, Healthwatch Norfolk were able to make a number of recommendations including better information to help young people understand what to expect from inpatient stay, and being better supported to keep in touch with friends and family via technology during inpatient stay, which have been well received and are being taken up by providers.

Healthwatch Luton

Using good quality research to influence change in local GP services

Healthwatch Luton carried out an extensive review of GP services with the aim of assessing patient experience and satisfaction levels. Between September and December 2013, they visited all 39 surgeries in Luton and completed close to 1,000 patient surveys to identify what needed to be improved for patients. Recommendations and individual reports were then made for each surgery and each surgery was then asked to provide an outline of a timescale for implementing each recommendation with the aim to improve services in the area for patients.

Healthwatch Peterborough

Engaging the often 'never heard' prison population

Healthwatch Peterborough has engaged with their large local prison population to look at how health outcomes for offenders could be improved. The short-term aim was to establish a meaningful process for engaging with prisoners before moving on to formulate method, training and support to empower prisoners to act as Wellbeing Representatives for peer-to-peer support.

Healthwatch Barnet

Huge impact in year one in improving experiences of vulnerable people

In year one, Healthwatch Barnet has already delivered a programme of 18 Enter and View visits to care homes and community mental health settings, with 64% of care homes agreeing to implement the recommendations to improve the quality of care for residents. Following consultation with people with learning disabilities, a report and recommendations on how to improve access and have presented to the CCG board and Health and Wellbeing board, which has resulted in the issue being placed on the agenda for both. Currently the CCG are looking to reinstate a support service for people with learning disabilities that had previously been cut, which had had a detrimental effect on access.

Healthwatch Enfield

Breaking down barriers that prevent their local people accessing services

Healthwatch Enfield is committed to ensuring equal access to services is provided in the borough. A number of deaf patients who need a BSL interpreter had raised concerns that their GP did not know or were not willing to book an interpreter. Healthwatch Enfield made sure that there was good practice in this area, it was highlighted and shared, but also raised the issue with NHS England. In response, NHS England has informed Healthwatch Enfield that as part of their development of a consistent interpreting and translation specification to be procured across England, they will ensure this includes BSL.

Healthwatch Lambeth

Ensuring people at risk get the support they need; tackling the often neglected area of how it feels to be on the receiving end of Safeguarding

Healthwatch Lambeth have a strong reputation both locally and nationally for their work with hard to reach groups, people with learning disabilities and mental health issues, and were commissioned to carry out a piece of work to look into the experiences of people who had gone through or used the local Safeguarding process. This is a three year, user lead project which has a robust group of older people, people with mental health problems, people with learning disabilities and people from BMER communities recruited as an advisory committee. So far, as a result of initial recommendations, Healthwatch Lambeth has been able to deliver training locally, including to police, to ensure they are better able to communicate with people who identify as victims in Safeguarding circumstances.

Healthwatch Redbridge

Involving and strengthening the voice of people with learning disabilities to represent themselves, not 'be represented'

Healthwatch Redbridge has co-produced Enter and View training for people with learning disabilities, and local People First user lead learning disabilities group, to enable people with learning disabilities to carry out Enter and View visits. This has resulted in the people with learning disabilities carrying our Enter and View visits in a range of settings and recommending improvements.

Healthwatch Havering

Common sense approach to improve out of hours procedures in a residential home

Healthwatch Havering carried out an Enter and View visit to a large residential home which was causing concern through its repeated admissions to A and E. Healthwatch Havering worked with staff and residents and identified that the problem lay not with the procedures within the residential home, but that the majority of ambulance call outs and A and E visits were due to different residents being registered with multiple different GPs, and the standard out of hours procedure being to advise the home to call an ambulance and take the resident to A and E. These findings were then shared with CQC, Havering Health and Wellbeing board and the CCG. The CCG are now in the process of residents being registered to the same GP practice, and development of a more robust out of hours procedure that does not result in residents being taken to A and E as an automatic response.

Healthwatch Central West London

Making sure the voice of people living with dementia is not ignored by decision makers

To ensure the view of people living with dementia and their carers are heard, Healthwatch Central West London has a dementia project group. At this group, people living with dementia and their carers discuss how services could better meet their needs, alongside members of the CCG, Local Authority and local community and voluntary sector groups. This puts consumers at the heart of discussions and allows them to challenge professionals who make decisions about how care is commissioned.

ANNEX C: ESCALATION CASE STUDIES

Case study: NHS 111

A number of local Healthwatch have escalated issues about the NHS 111 service. In response to growing concerns about systems for deaf people, a number of local Healthwatch were invited to attend *NHS 111 Focus on the Future event on 4th March 2014*. The event was an opportunity to discuss the future shape of NHS 111, including looking at the clinical model of the service, how it can better integrate with GP out of hours services, and how it is procured. Growing concern about systems for deaf people is now a priority area for improvement of the service. Healthwatch England will continue to encourage the involvement of local Healthwatch in the future design of NHS 111 service work.

Case study: Access to NHS dental care

Between January and April 2014, a number of local Healthwatch across the country escalated issues around access to NHS dental care including:

- Inaccurate information and signposting (particularly from the NHS Choices website),
- A particular concern around 'deregistration' (whereby people are removed from practice registers),
- Inequitable access to NHS dental services between and within regions.

Healthwatch England facilitated a teleconference between interested local Healthwatch to share information. Following this, HWE met with Dr Barry Cockcroft, Chief Dental Officer to discuss the concerns raised by local Healthwatch. Dr Cockcroft was able to clarify the policy situation regarding registration, and to provide advice on action being taken to improve the accuracy of NHS Choices. He also highlighted the current *Call to Action on Dentists*, and encouraged local Healthwatch to contribute.

We are further planning to meet with Tim Whitaker from the General Dental Council, and contact CQC for further policy intervention. There may potentially also be scope for a media story around access to dental care - local Healthwatch are working to prepare case studies for this.

ANNEX D: HEALTHWATCH ENGLAND DASHBOARD 2014/15 -DRAFT