

## HEALTHWATCH ENGLAND - COMMITTEE MINUTES

25<sup>th</sup> September, Holiday Inn, Plymouth

**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:** Jane Mordue, 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](http://www.healthwatch.co.uk)

### AGENDA ITEM 1

#### WELCOME

The Chair opened the meeting and welcomed everyone.

### AGENDA ITEM 2

#### PREVIOUS MINUTES

Amendment needed on top of page four. This should read Department of Health not Healthwatch. No further matters arising.

1. **ACTION** - Amend previous minutes to reflect the matter raised.

### AGENDA ITEM 3

#### DECLARATIONS OF INTERESTS

Declarations made from four transitional members on item 8 - they are transitional members.

### AGENDA ITEM 4

#### CHAIR'S REPORT

Anna Bradley, Chair presented her report to the Committee.

**Members' welcomed the Chair's report and the following comments/questions were made:**

- Members welcomed the work around the strategy and strategic priorities which has 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.

**Members' welcomed the CEO's report and the following comments/questions:**

- How many statutory partners have responded to the letters we sent on complaints? 4 out of 5 and we are chasing the final partner to respond. NB - the final letter, from the Local Government Association, was received during the committee meeting. We now have responses from all statutory partners who we wrote to.
- Caution was advised on the local Healthwatch press reach figure. The calculation, although accepted by press as "industry standard" isn't always useful.

## **AGENDA ITEM 6**

### **MEMBERS' UPDATES**

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

- In conversation with local Healthwatch staff, a wide range of issues are coming to them. These issues mirror the themes suggested for special reports in Item 10.
- In attending meetings of some newly formed CCGs committee members noted that they, much like local Healthwatch, are trying to find their feet and place in the system.

## **AGENDA ITEM 7**

### **STRATEGIC PARTNERSHIPS**

#### **NHS England Partnership**

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

- Committee were concerned that this was presented as a partnership instead of an MOU as all other agreements with statutory bodies have been.
  - The MOU should be written to recognize the challenge that Healthwatch England provides and in particular our place alongside the system.
2. **ACTION - There is still work to be done to reflect our statutory position in the MOU. It will take time to further discuss and develop MOU with NHS England, it will however be brought back to committee for agreement in due course. In the meantime work on the specifics should continue.**
  3. **ACTION - CQC MOU to be brought to committee for agreement at November committee meeting.**

#### **Department of Health Memorandum of Understanding**

**AGREED:- The Department of Health Memorandum of Understanding was presented for approval. The committee approved the MOU.**

## **AGENDA ITEM 8**

### **TRANSITIONAL MEMBERS**

The transitional members paper was presented to the committee. The Chair was keen to emphasize that this proposal was being made to ensure chairs of newly formed local Healthwatch were not disadvantaged in the recruitment process.

**Members' discussed the transitional members paper:-**

- There was a debate about the length of extension for the transitional committee members.
- The final agreement was to start selection in January, unless feedback from Local Healthwatch was that it was still too early to recruit, in which case we can reassess.

**AGREED:-** The proposal on transitional members was approved with the above caveat.

### AGENDA ITEM 9

#### LOCAL HEALTHWATCH ENGAGEMENT

Claire Pimm, Director of Communications and Engagement presented her paper on local Healthwatch engagement and next steps.

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

- **Committee requested further data on local Healthwatch - including what funding levels they have versus allocation, whether they have a chair/CEO in place, how we are engaging with them, how they are engaging on our hub etc.** We can get some parts of this information more easily than others. We have surveyed all local Healthwatch to provide information on their set up, funding and engagement but have only had partial responses. Going forward we will be putting in place an annual survey to capture the data we need from local Healthwatch.
  - **Question was asked about how we are seeking to increase usage of the hub?** We continue to engage one to one with local Healthwatch to encourage usage, we have created a hub super group to feedback on the usability of the system and are creating and rolling out new functionality to make it as intuitive as possible.
4. **ACTION - Data on local Healthwatch to be provided in as full a form as possible for next public meeting.**

### AGENDA ITEM 10

#### PUBLIC POLICY UPDATE

##### a) USING OUR ADVISORY POWERS AND SPECIAL REPORT THEMES

Dr. Marc Bush presented the paper on using our advisory powers to the committee.

- Committee noted that there was a lot to unpack in this paper and wanted further clarification on the criteria used to score these issues - in particular what is the weighting between health and social care and what consideration on where we can effect change is taken?
- Committee asked if this replaced the commitment to undertake in depth work around Children & Young People and mental Health. The answer is that the special reports are in addition to this commitment.

5. **ACTION - Further clarification on the criteria used to score the issues to be given to the committee**
6. **ACTION - Two treatments to be prepared on “Unsafe Discharge” and “Independent advocacy” with further information for the committee to decide which report Healthwatch should start with.**

b) PROPOSED POLICY POSITIONS

The committee were presented with the proposed policy positions further to the recommendations contained with the Francis, Berwick and Keogh reviews.

- It was proposed that we only talk about the criminal sanctions and complaints which were both positions we had not discussed before.
  - Committee were assured that the policy development process - to be brought to committee in November - would provide a fuller view of how the policy positions were reached.
  - The committee was reluctant to take a decision on our position on criminal sanctions without having further information.
  - Regarding complaints, again, the committee asked that we return to this when there is more time to consider the position and when it is clearer what the government position is.
7. **ACTION - Short paper on pros and cons of the position to be prepared and sent to committee and discussed ahead of the next meeting. The outcome of this is to be noted at the next Public Committee Meeting.**

AGENDA ITEM 11

INTELLIGENCE UPDATE

INFORMATION GOVERNANCE

The paper written by Dr. Marc Bush was responded to by the committee Caldicott Guardian, John Carvel.

- Overall, John was content with the direction of travel detailed in the information governance arrangements and has fed in directly to the next iteration of the paper with the Director of Policy and Intelligence.
  - John stressed that how we store information needs to be absolutely secure if we are to be trusted, but also added that if we are to be effective as an organization we need access to real live case studies.
  - John was content that the consent arrangements were appropriate but that we need to ensure that we know how long the arrangements will last.
8. **ACTION - Next draft of the Information Governance arrangements to be brought to come to November 2013 committee.**

AGENDA ITEM 12

ORGANISATIONAL DEVELOPMENT

Sarah Armstrong, Head of Operations, introduced herself to the committee for the first time and gave her report.

- We have had several Freedom of Information requests recently. This has

allowed us to look at both the legal process and timescales involved and will be issuing guidance soon for local Healthwatch.

### **AGENDA ITEM 13**

#### **PUBLIC ENGAGEMENT SESSION**

Additional action arising from public engagement session

- 9. ACTION - Research the impact of the lobbying bill and its potential impact on local Healthwatch. Katherine to report back to next committee meeting.**

### **Conclusion**

The Chair thanked everyone for their time and contribution.