

AGENDA ITEM: Business Planning Principles 2016/17

PRESENTING: Katherine Rake and Neil Tester

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: The 2016-21 Strategy has been subject to Committee discussions in workshops and has had several important external inputs since March this year. The paper presented today encapsulates emerging thinking from the senior team about how the emerging strategic direction could feed through to our business plan for 2016-17.

RECOMMENDATIONS: The Committee is asked for APPROVAL of the business planning principles and any refinements to the areas of focus suggested. The Committee's steer on areas where it feels that Healthwatch England could add most value in emerging policy areas would be welcome.

Introduction

In preparing for the 2016-17 Business plan, the Senior Management Team have reflected on the strategic priorities emerging from the strategy work so far and brought these together with the business planning principles that we have now followed for the past few business planning cycles.

Four new priorities are emerging from our work on the strategy and progress in planning to deliver these is detailed below:

- **Strategic Priority 1: Supporting local Healthwatch to be a powerful advocate for services that work for people.** Our approach to supporting local Healthwatch is captured in papers [5.2 on Quality Statements and 2.3 on Our new understanding - the overall health of the network].
- **Strategic Priority 2: Putting the public's views at the heart of national NHS and social care decisions.** Our work in this area will require careful prioritisation and for this reason we are bringing options for focussed pieces to the Committee for a preliminary discussion today;
- **Strategic Priority 3: Helping communities have a greater say in the care decisions that affect them.** This priority stream will allow us to bring together in one priority theme our national work supporting local Healthwatch engagement in a wide range of service change programmes. The proposed approach to this will be presented to the February Committee meeting;
- **Strategic Priority 4: Seeking more opportunities for individuals to take control of their own health and care.** The proposed new focus on supporting individuals to take control of their own health and care is subject to a scoping review due to be

completed before the end of the financial year and that will be brought to the Committee in May.

Next steps

Following workshop input in December 2015 and January 2016, a further iteration of the business plan will be presented to the Committee at its February meeting. The finalisation of the detail of the business plan will be dependent on an agreed budget from the Department of Health, the timeline for which has yet to be confirmed.

New Strategic Priorities	What you might expect to see in the Business Plan
1. Supporting local Healthwatch to be a powerful advocate for services that work for people	<ul style="list-style-type: none"> • Focused support in the four areas of sustainability, impact, engagement and leadership • Bespoke tailored support • Annual training and networking event • Continued oversight of local Healthwatch finances and commissioning • Promoting delivery to Quality Statements across the network
2. Putting the public's views at the heart of national NHS and social care decisions	<ul style="list-style-type: none"> • Gathering views and experiences of the public about major areas of concern or change in health and social care • Ensuring public views are heard and understood by those with the power to make a difference • Promoting public interest by identifying current risk and making the case for any reform and improvement in the health and care system • Supporting local Healthwatch to monitor and promote effective feedback and local complaints systems
3. Helping communities have a greater say in the care decisions that affect them	<ul style="list-style-type: none"> • To lead and support local Healthwatch to engage to best effect in local change programmes: the programmes for devolution, including DevoGM, the Five Year Forward View programmes, success regimes, Better Care Fund and other integration programmes • Ensure learning from local Healthwatch engagement in service change programmes is shared with national leaders • Identify and share with national leaders and across the network enablers and barriers to community engagement so that appropriate local and national action can be taken
4. Seeking more opportunities for individuals to take control of their own health and care	<ul style="list-style-type: none"> • Research and insight activity to establish public needs and expectations about the education and information that would support them as empowered service users • An understanding of current practice, and gaps, in supporting the public with a broad range of education and information needs • Supporting the development and delivery of local Healthwatch information and signposting functions

Principles which should always be included	What you might expect to see in the Business Plan
Ensuring our 5 values are embedded within each of the Business Plan activities	Activities that clearly demonstrate how each of the values are represented (inclusive, influential, independent, credible and collaborative)
Clearly demonstrating we are an effective and efficient organisation with strong governance processes in place	<ul style="list-style-type: none"> • Development of the Annual Governance Statement • Quarterly delivery reports demonstrating our achievements shared with the public • Quarterly effectiveness reviews • Committee forward plan and minute of meetings shared with the public • All activities are SMART
Ensuring we uphold the 'value for money' principle and taking care of the public purse	<ul style="list-style-type: none"> • Development of the Annual Governance Statement including the annual financial performance and position • Quarterly financial reports shared with the public
Demonstrating our commitment to diversity and inclusion	<ul style="list-style-type: none"> • A strong commitment to reflecting the voices of the otherwise seldom heard in our work • An understanding of how health inequalities lead to, and result from, broader social and economic inequalities
We strike a balance between planned and responsive activity	<ul style="list-style-type: none"> • Our prioritisation methods • Our vision for 2016-17
We prioritise and protect our support for the local Healthwatch network	<ul style="list-style-type: none"> • Annual support offer to all local Healthwatch • Tailored support offer when issues arise • Annual training event to bring the network together and share expertise and learning • Buying in bulk for important products such as Yammer licenses and CRM system
Demonstrating the value of working with others	<ul style="list-style-type: none"> • A clear partnership strategy for each of our areas of work, with a particular focus on ensuring we engage early and well with those who can make change happen and that our work draws effectively on the specialist expertise of others

Putting the public's views at the heart of health and social care decisions

A range of policy issues is emerging from issues:

- where work is underway and which could continue into 2016-17;
- escalated from local Healthwatch;
- identified via the CRM and/or local Healthwatch Annual Reports;
- on which local Healthwatch have published reports; and
- identified as new areas of work during scoping work for the 2016-21 Healthwatch England strategy.

We have undertaken an initial assessment of these issues to identify a longlist for the Committee to consider and provide a steer as to the areas in which Healthwatch England might make the strongest contribution that adds the most value during 2016-17. This will inform the next stage of preparation for the coming year's business plan.

We have now established a range of tools and techniques for dealing with policy issues and securing impact for our findings by integrating policy and communications work. These tools range from publications such as *Local Healthwatch Investigate*, through stakeholder briefings and seats on programme boards all the way through to special projects, formal reports and the use of our statutory powers.

During 2015-16 we have begun to experiment with using these approaches in different combinations and this autumn's work on primary care is allowing us to test out the impact of the new integrated communications and influencing approach discussed by the Committee in August. We will be evaluating this work and undertaking an evaluation of the special inquiry work and this will be reported to the Committee in February 2015. The learning from these evaluations will help us to refine how we choose and use different policy and communications tools in 2016-17.

We will continue to need to build in sufficient capacity to respond to new external initiatives, issues surfacing from local Healthwatch activity and concerns brought direct to us. Nonetheless the business plan needs to identify clearly the focus of our planned policy activity.

The issues for consideration at this meeting fall into three groups:

1. activity which continues current work and where there is a recommendation to continue this work;
2. issues where the recommendation is **not** to take them forward to the next stage of the process; and
3. new or substantially reframed potential work areas where there are choices for the Committee to make concerning relative priorities.

1. Issues where continuation of current work into 2016-17 is recommended

These are all issues where partnership working is likely to be ongoing into next year, where the Department of Health is leading cross-system work and we are gaining traction, where we are in a position to advise on the basis of unique insight and where stepping away from the issues before the momentum developed so far has secured full impact would represent a risk to future credibility. In all four cases, there is also likely to be continuing need for local Healthwatch to take action locally, linking with our activity at national and regional levels. Work in these areas seems likely to focus on work with statutory and voluntary sector partners who can deliver improvement, rather than on substantial standalone products, though promulgation of insight by different means at relevant stages is also likely to be a feature of work on these topics.

Issue	Existing work	Local Healthwatch evidence	Relevant external drivers	Our value-add	Potential activity
Discharge	Current year follow-up to drive home <i>Safely Home</i> messages and secure action.	Discharge problems continue to feature in reports from local Healthwatch.	Department of Health priorities: Safe, high-quality services Efficiency and productivity.	We are in a position to advise nationally and locally and across sectors, on the basis of unique and well-recognised insight.	Partnership working is likely to be ongoing into next year, with the Department of Health leading cross-system work. Likely to be a continuing need for local Healthwatch to take action locally, linking with our activity at national and regional levels. Work likely to focus on work with statutory and voluntary sector partners who can deliver improvement, rather than on substantial standalone products, though promulgation of insight by different means at relevant stages is also likely to be a feature of this work.

Complaints	Follow-up work to the publication of our 7-point plan and advisory letters, including continuing liaison with the Department of Health in relation to information on complaints. Health and Social Care Information Centre on complaints data to facilitate learning, professional regulators and the Ombudsman in relation to the Law Commission proposals, and Cabinet Office in relation to the Draft Bill and advocacy.	Local Healthwatch continue to receive the experiences of people struggling to make sense of or to gain resolution from the complaints system.	Department of Health responsive to data and system learning options and to proposals for improved public information. Links to Department of Health priorities on creating safe, high-quality health and care services, and on driving improvements in efficiency.	Value-added derives from the cross-sector picture the network can provide; the offer to the public and the system in terms of information and signposting; and the existing use of advisory power to keep policy discussions focused on the key concerns.	Precise nature of the work would be subject to further discussions with the Department of Health, Cabinet Office and statutory partners during the autumn/winter. However, work in this area seems likely to focus on work with statutory partners who can deliver improvement, rather than on substantial standalone products, though promulgation of insight by different means at relevant stages is also likely to be a feature.
Dentists	Issues concerning access to NHS dentistry and lack of transparency aired in publications and media work. Now working with regulatory reform programme board and Department of Health /NHS England dental contract reform programme.	Local Healthwatch evidence centres upon access to NHS dentistry and lack of transparency about treatment options and charges.	Department of Health priority: Transforming out of hospital care.	We are in a position to advise nationally, on the basis of acknowledged insight.	Activity likely to focus on continued engagement with stakeholders to secure change as issues are now well-established.

<p>Child and Adolescent Mental Health (CAMHs)</p>	<p>We have recently joined the board overseeing implementation of the proposals of the Children and Young People’s Mental Health and Wellbeing Taskforce, into which we fed insight gathered from local Healthwatch.</p>	<p>Issues raised include lack of join-up between referral and ongoing treatment; stigma; and involvement of parents.</p>	<p>Department of Health priority: transforming out of hospital care. Taskforce implementation runs until March 2016, so this is likely to remain a live issue with follow-up required in 2016-17.</p>	<p>We add value here by being able to bring local experience and insight into national discussions and decisions in a way that is free of vested interests in relation to service delivery.</p>	<p>NHS England is currently assuring local transformation plans and will undertake an overall review of them. It is likely that future work from us in this area would be designed to influence implementation nationally and supporting local Healthwatch to do so locally, focusing on ensuring people are engaged well in the relevant service changes.</p>
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2. Issues where the recommendation is not to proceed to the next stage (some subject to later review)

If the Committee agrees with recommendations concerning this set of issues, dissemination of relevant insight and evidence would continue as normal (for example through *Local Healthwatch Investigate* publications) but we would not undertake dedicated policy interventions.

Issue	Existing work	Local Healthwatch evidence	Relevant external drivers	Our value-add	Potential activity	Recommendation
Accident and Emergency (A&E)	Current work has focused on links between primary care access and A&E attendance.	Local Healthwatch evidence focuses on waiting times, the waiting experience and access to alternative services.	Department of Health and NHS England/Arm's Length Body approach well-established.	Difficult to see how national policy activity in this area would add to existing knowledge or focus additional attention on what is already a high-profile area of concern.	Any work would need to be tightly scoped to secure impact.	Recommend this issue is not taken forward for consideration in February 2016.
Maternity	Current work includes linking local Healthwatch into the national maternity services review and providing national advice to the review.	Issues with consistency of staffing and advice.	Department of Health priority: Safe, high-quality services Early discussions taking place with NHS England on additional patient experience work.	Potential further value-addition depends on outcome of review.	Nature of future activity depends on outcome of review.	Decisions on future work should await the outcome of the review and the Committee may therefore wish to consider where things stand in six months or so.

<p>Mental health</p>	<p>Follow-up to work informing CAMHS Taskforce and to mental health element of discharge work.</p>	<p>Issues identified include referral and access times as well as stigmatisation.</p>	<p>Department of Health priority: Transforming out of hospital care.</p>	<p>Work areas mentioned in the next column are areas in which we would be able to add value and to focus our contribution. Value-additions would be less clear in any broader mental health project.</p>	<p>Most likely to be represented in our work programme through other strands, e.g. follow-up work on discharge and CAMHS work, or potential work on maternity. These are areas in which we would be able to add value and to focus our contribution, rather than diluting the power of our interventions in ongoing, wide-ranging and highly technical debates.</p>	<p>Generic work on mental health would risk diluting the power of our interventions in ongoing, wide-ranging and highly technical debates. Recommend picking up relevant mental health issues through other work strands and that broad mental health project should not be promoted for inclusion in business plan.</p>
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3. New or reframed work areas for further consideration in February 2016

The Committee is asked to consider relative priorities for resource allocation and/or if any of these issues should be treated as in Section 2 above.

Issue	Existing work	Local Healthwatch evidence	Relevant external drivers	Our value-add	Potential activity
Primary care	This year we have published (and have been promoting again) local Healthwatch findings on primary care access, followed by focus group findings and next the deliberative work on near-future needs.	Local Healthwatch evidence focuses on access to GPs, including physical access to premises, booking systems and customer service in waiting rooms.	Key issue for Five Year Forward View agenda Department of Health priority: Transforming out of hospital care.	Five Year Forward View Chief Executive Officers have acknowledged our ability to draw together local and national insight together powerfully to advise them as they negotiate service change.	The Committee's previous discussions indicate an appetite for significantly future-focused work, generating insight into people's views on their long-term needs and extending the range and impact of this year's deliberative work.
Palliative care/end of life care	We are currently sharing intelligence from local Healthwatch with interested policymakers.	Local Healthwatch work to date has identified concerns about choice and provision in community-based palliative care.	We expect national activity within the system on this subject and are aware of Department of Health interest.	The Healthwatch network is well-placed to add unique value by enabling people to share their hopes and fears concerning their own deaths as well as their reflections on the deaths of loved ones. This is an issue with the potential to reach across our concerns with improving current services and empowering people to shape better future services.	Further scoping work required bringing firm proposals to the Committee but at minimum this work would be likely to involve bringing local and national insight into national policy deliberations.

<p>Domiciliary care</p>	<p>Work in this area to date has mainly been undertaken by local Healthwatch.</p>	<p>Concerns centre upon: inconsistency in provision of care plans; failure to address social needs; variation in service quality; and eligibility.</p>	<p>Substantial and increasing public, system, political and media attention being paid to this issue and linked to ability to deliver Five Year Forward View agenda.</p>	<p>We provide the only consistent, national insight into people’s experiences in this field and we also add value by being able to consider people’s care needs in the context of their wider wellbeing and full range of needs. Provides opportunity for us to demonstrate coverage across our full remit.</p>	<p>This work requires scoping ahead of Committee decisions but is likely to lend itself to a range of interventions in terms of approach and scale. The intention would be to start with an evidence review but it is possible that future work could focus on adding to the Care Quality Commission’s understanding of quality in relation to domiciliary care and increase the impact of public voice in the inspection system.</p>
<p>Public engagement work across health and care</p>	<p>We weave this issue consistently into engagement with statutory partners but have not yet undertaken focused work in this area. The Committee had an initial discussion on this topic at the August meeting.</p>	<p>Engagement is a consistent issue across local Healthwatch work but is drawn into particularly sharp focus for those engaged in major service change (Better Care Fund; Vanguards; Success Regime; Devo GM and other devolution initiatives).</p>	<p>Five Year Forward View Chief Executive Officer’s group supportive of the benefits effective engagement would offer.</p>	<p>Our statutory position creates the unique opportunity to make this conversation happen across all Arm’s Length Bodies across health and care; to put people at the centre of it; and to consider national, regional and local dimensions and dynamics.</p>	<p>Likely to be a focused piece of work involving individual and collective discussions with Arm’s Length Bodies to identify and scope key issues, share learning and raise the collective bar. Would need to ensure this identified the potential for Healthwatch England/local Healthwatch to add value. Potential for there to be a concrete output in terms of a publication and/or event.</p>

<p>Resolution for families following deaths and untoward incidents</p>	<p>Current work has focused on discussions with NHS England in relation to the need for a public account for families at St Andrew's; and on early discussions with Mike Durkin (Director of Patient Safety; NHS England) about the establishment of the Independent Patient Safety Investigations Service (IPSIS) and how Healthwatch insight can contribute to its work.</p>	<p>This theme has come to our attention through our work with Healthwatch Northamptonshire on St Andrew's but also through cases raised directly with Healthwatch England through the enquiries line.</p>	<p>Department of Health priority: creating safe, high-quality health and care services.</p>	<p>We would be in a unique position to establish and promote what families want and need as we can establish a different relationship with them from the organisations investigating or accountable for the incidents concerned.</p>	<p>The nature of this work would depend upon whether we undertake it as a standalone project or in partnership with one or more statutory and/or voluntary organisations but it would be likely to involve providing a reflective space in which families could share their experiences and insights to inform our influencing work with the agencies concerned.</p>
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