

#Healthwatch2018

Imelda Redmond CBE
National Director, Healthwatch England



#Healthwatch2018

What did you have for breakfast this morning?

1. Just a coffee, I'm too busy for breakfast
2. I had a sensible breakfast, Public Health England would be very proud
3. Full English all the way



#Healthwatch2018

What are you most looking forward to over the last few days?





[View our 'What is Healthwatch?' video](#)

#Healthwatch2018

What we want you to get out of the next two days:

- Meet colleagues from across the network
- Learn more about what's happening across health and social care
- Tell others about what you're working on and what's happening in your community

The changing landscape of health and social care



The changing landscape of health and social care

Jenny George

Health Value for Money Director, National Audit Office

Dan Wellings

Senior Fellow, Kings Fund

Simon Morioka,

Joint Managing Director and Co-Founder, PPL

Stephen Powis,

National Medical Director, NHS England



What do you think?

How optimistic are you that the long-term plan will address current and future health and social care needs?

Using a scale of 1-5 with 1 being not optimistic at all and 5 being very optimistic



What do you think?

How strongly do you agree with the following statement?
Using a scale of 1-5 with 1 being not strongly at all and 5 being very strongly

“It is more important to establish longer-term plans for public engagement as the long term plan for the NHS continues than it is to do a short-term consultation immediately”



What do you think?

How confident are you that national decisions on health and social care will take local priorities into account?

Using a scale of 1-5 with 1 being not confident at all and 5 being very confident





National Audit Office

Challenges facing the NHS

Jenny George, Director – Health value for money audit

jenny.george@nao.org.uk

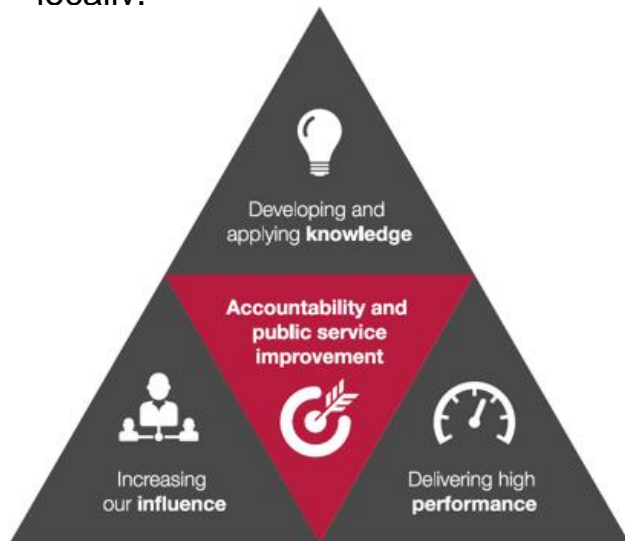
3 October 2018

About the NAO

The National Audit Office (NAO) **scrutinises public spending** for Parliament

We help to **hold government departments** and the bodies we audit **to account** for how they use public money

Our work helps public service managers to **improve performance and service delivery**, nationally and locally.



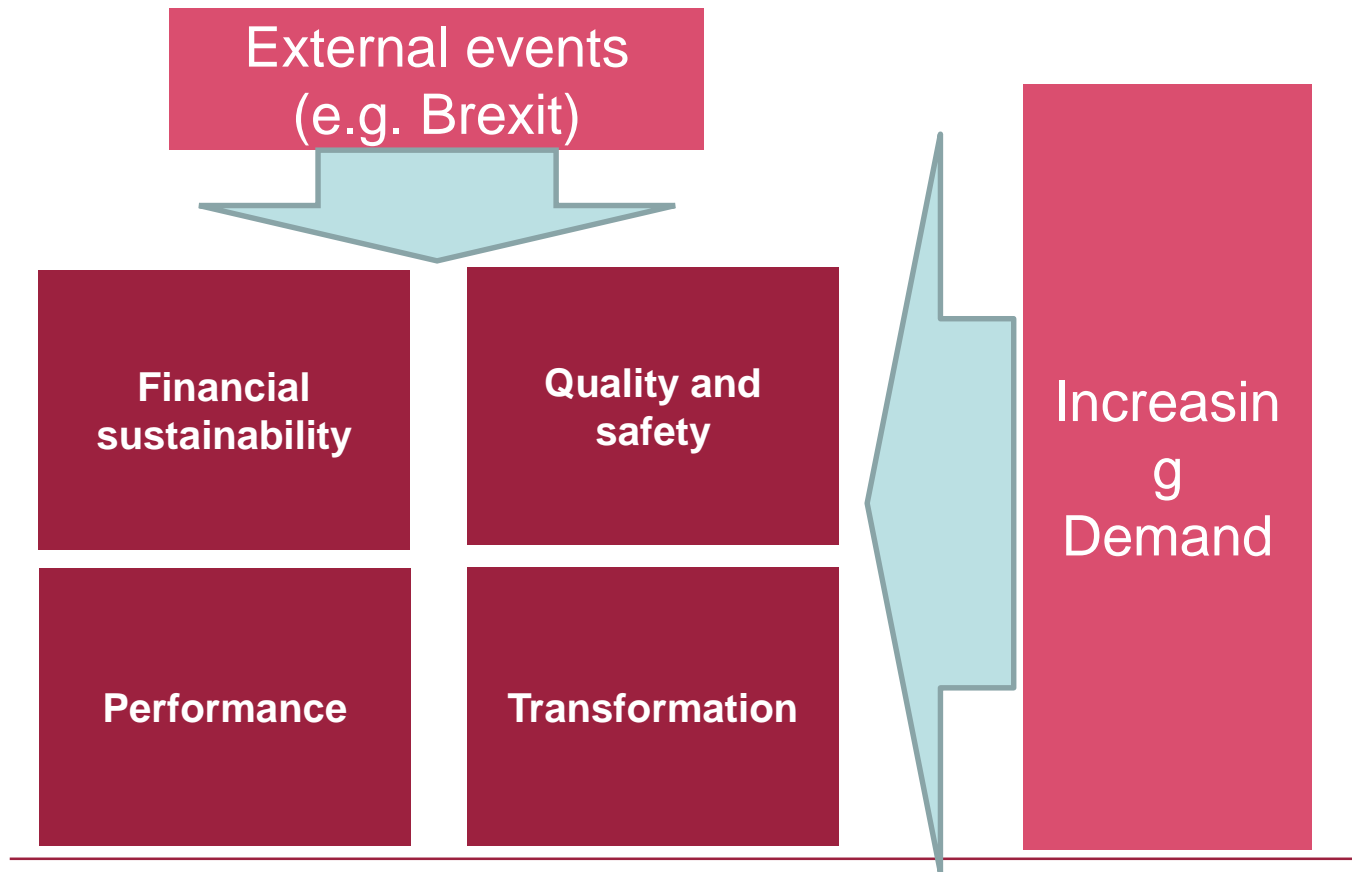
2017-18 highlights:

- 370 accounts certified covering more than £1.6 trillion of public income and expenditure
- 65 major outputs published 94% of recommendations accepted
- Our work led to audited savings of £741 million

Recent health-related reports:

- The health and social care interface
- Developing new care models through NHS vanguards
- Investigation into NHS spending on generic medicines in primary care
- NHS England's management of the primary care support services contract with Capita
- Sustainability and transformation in the NHS
- Reducing emergency admissions

Context and challenges:



Financial sustainability of the NHS

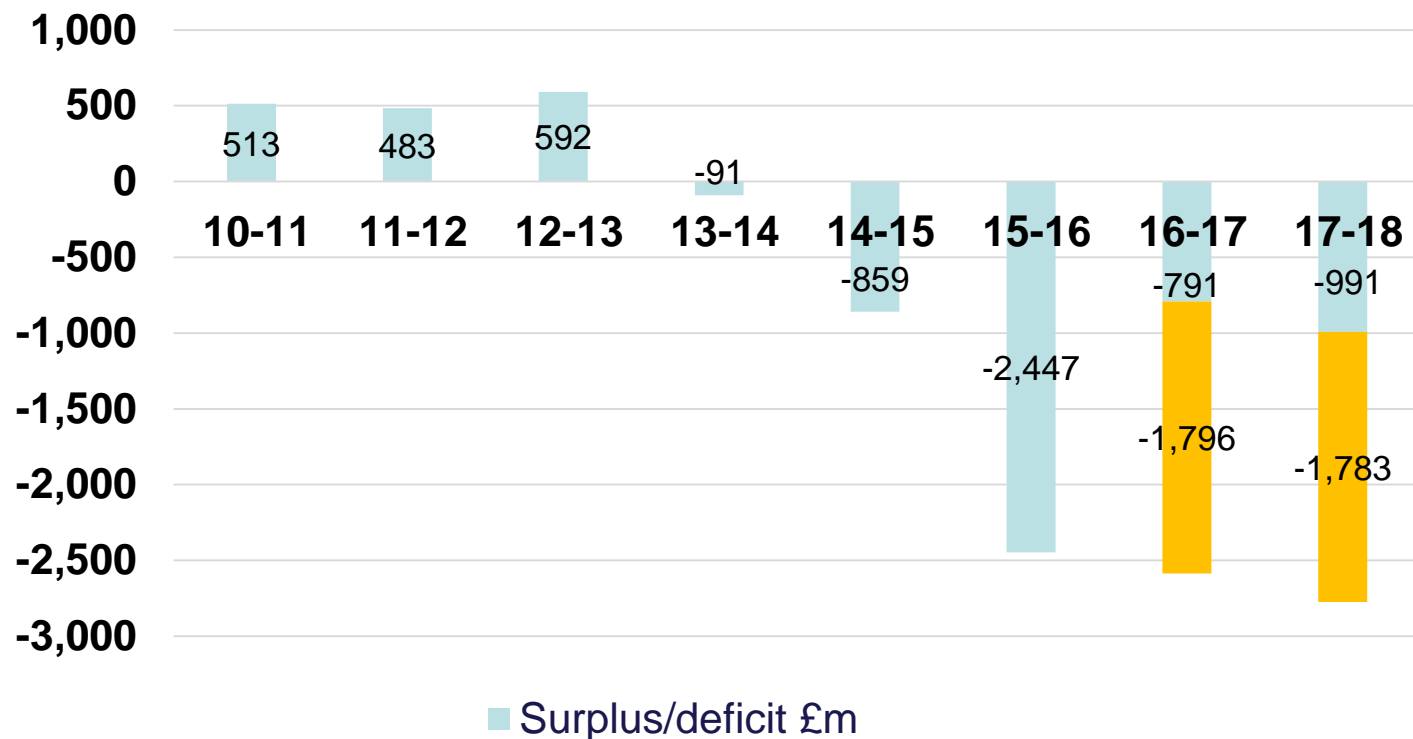
In 2014:

*“An increasing number of healthcare providers and commissioners are **in financial difficulty**. The growth trend for numbers of NHS trusts and foundation trusts in deficit is **not sustainable**. Until the Department can **explain how it will work with bodies such as NHS England, Monitor and the NHS Trust Development Authority to address underlying financial pressures, quickly and without resorting to cash support**, we cannot be confident that value for money will be achieved over the next five years.”*

And in January 2018:

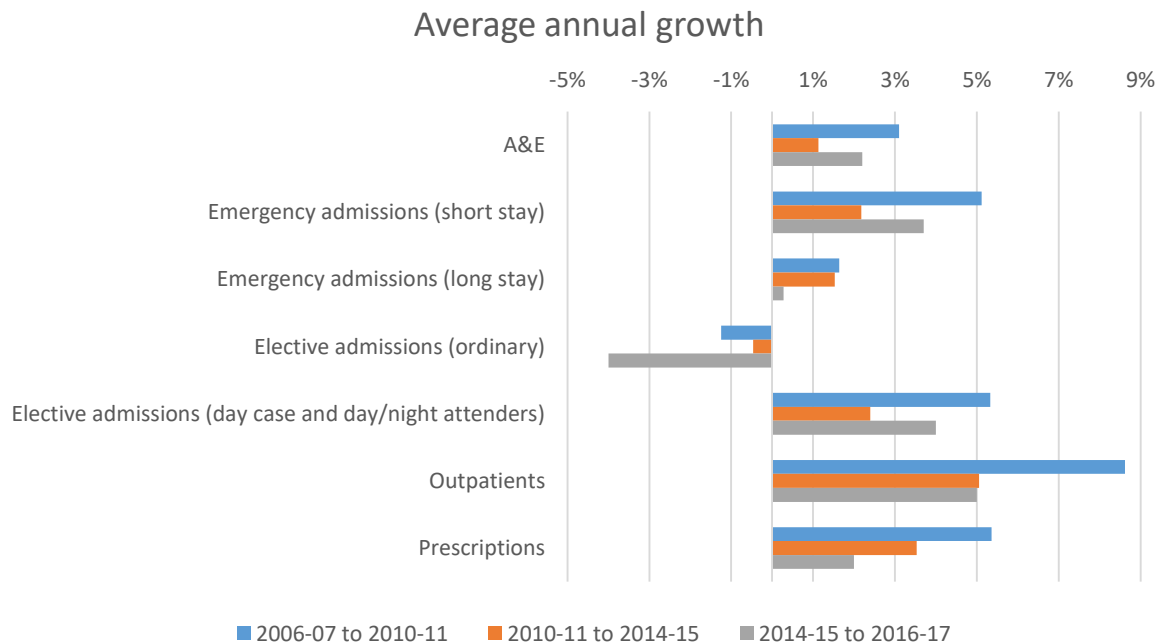
*“The NHS has received extra funding, but **this has mostly been used to cope with current pressures and has not provided the stable platform intended from which to transform services**. Repeated short-term funding-boosts could turn into the new normal, when **the public purse may be better served by a long-term funding settlement that provides a stable platform for sustained improvements**.”*

Surplus/deficit of trusts, 2010-11 to 2017-18



Demand for NHS services

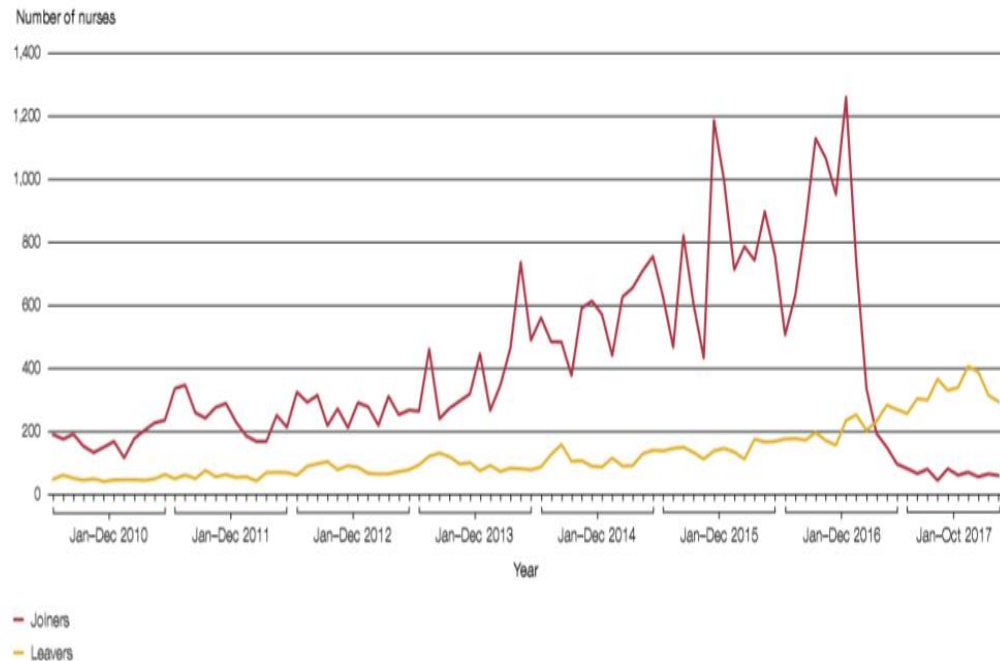
Overall activity levels are increasing



Workforce and capacity

The number of nurses from the EU (excluding the UK) joining and leaving the Nursing and Midwifery Council register since January 2010

The number of nurses joining from the EU has been falling since July 2016



Performance against targets has been declining

3 out of 6

ambulance response time standards were met (in April 2018).

88.3%

of A&E patients were dealt with in 4-hours, compared with the 95% target in 2017-18.

87.2%

of patients (in March 2018) met the stated goals for outpatient treatment, compared with the 92% target.

Variation: commissioning capability and performance

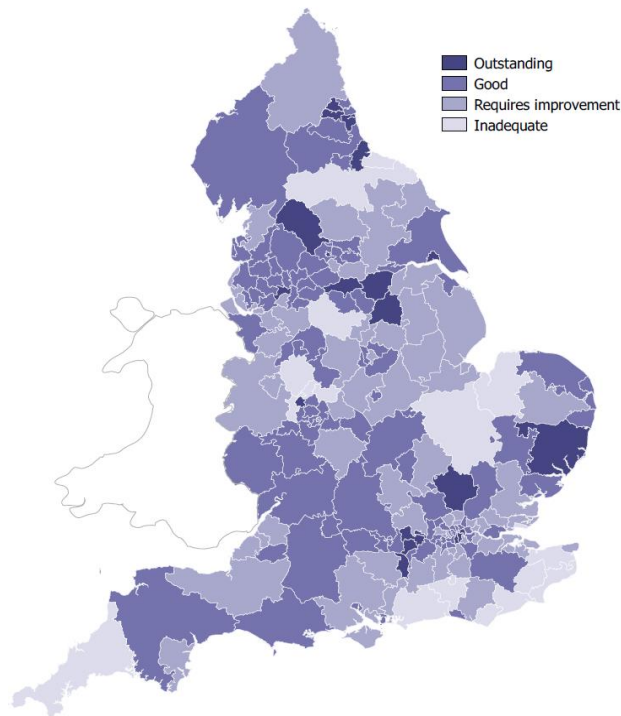
Of the 207 CCGs in 2017-18, 33% were rated as requiring improvement and 9% were inadequate.

Performance of CCGs against NHS England's 2017-18 annual assessment

Overall performance is based on 51 indicators, including patient experience and CCG leadership.

Out of the then-207 CCGs in 2017-18:

- 20 (10%) were rated outstanding;
- 100 (48%) were rated good;
- 69 (33%) were rated as requiring improvement; and
- 18 (9%) were rated inadequate.



Variation: patient experience

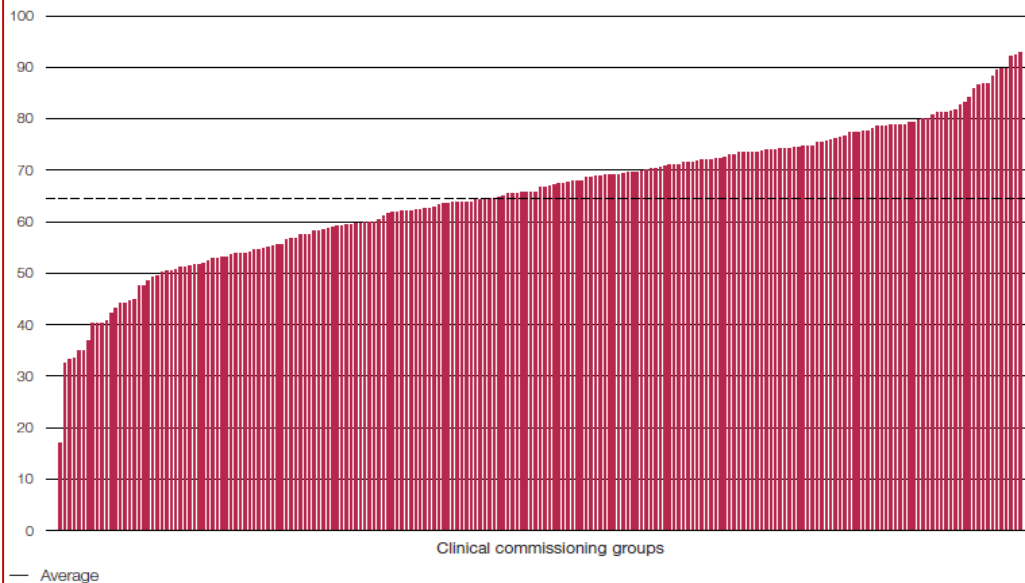
Our 2017 report, *Investigation into NHS continuing healthcare funding*, found that there is significant variation between CCGs in both the number and proportion of people assessed as eligible for continuing healthcare funding.

Figure 14

Estimated proportion of people assessed as eligible for CHC funding by CCG, 2015-16

There is significant variation between CCGs in the proportion of people assessed as eligible for CHC funding

Estimated proportion of people assessed as eligible (%)



Note

1 The figures do not include people that were assessed as eligible for CHC for previously unassessed periods of care.

Source: National Audit Office analysis of NHS England data

Transformation: Integration of health and social care

The health and social care interface (July 2018)

- Some progress is being made, but not enough, in driving forward the integration of health and social care.
- A range of barriers, including:
 - ❖ Financial pressures and short term funding arrangements; and
 - ❖ The culture, accountabilities and incentives of the NHS are different to local government.

Developing new care models through NHS vanguards (June 2018)

- One in a series of attempts to transform the NHS to meet patient needs and respond to financial pressure.
- Much of the transformation funding was diverted.
- Individual vanguards have made progress implementing new care models.
- There are early signs of a positive impact, but the long-term effect is not proven.
- NHS England reaffirmed its commitment to spreading new care models through a long-term plan.

The NHS's long-term financial settlement

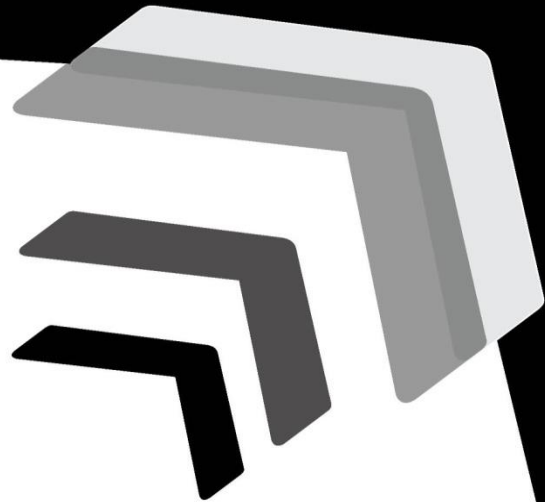
What about social care?

What about prevention?

How do health services need to transform to reflect our changing population?

The NHS, health and social care and the public – a changing relationship?

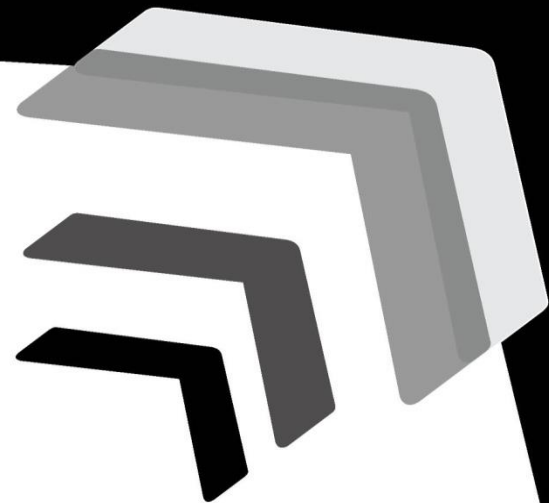
Dan Wellings
@danwellings



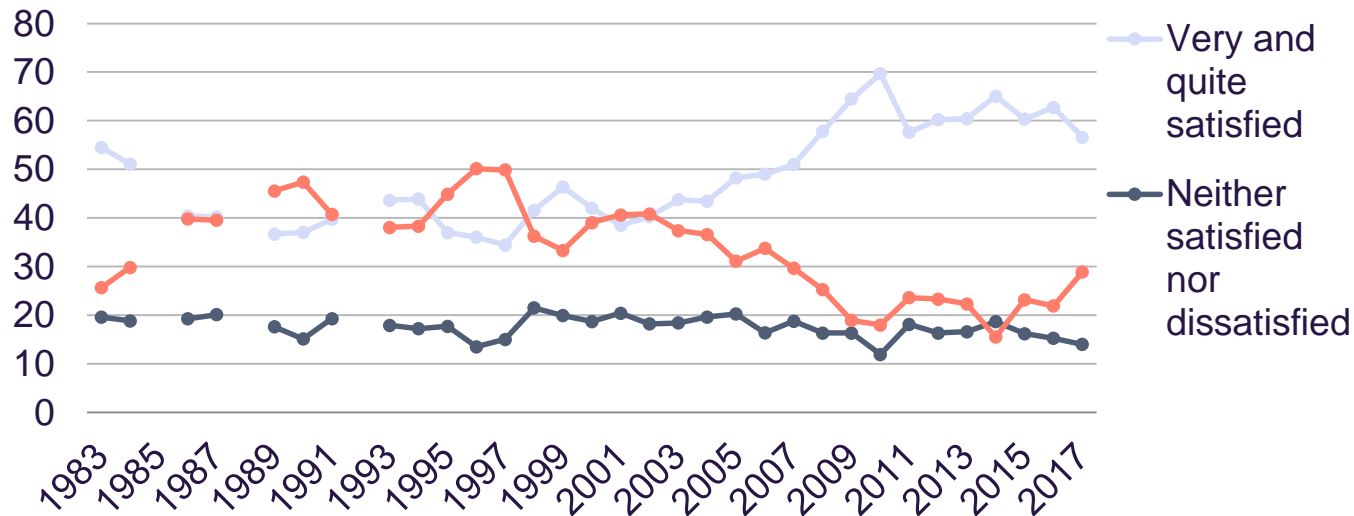
Areas covered today

- Where is the public on the NHS?
- Are expectations rising?
- Social care – a different story?

Where is the public on the NHS?



Public satisfaction with the NHS, 1983-2017

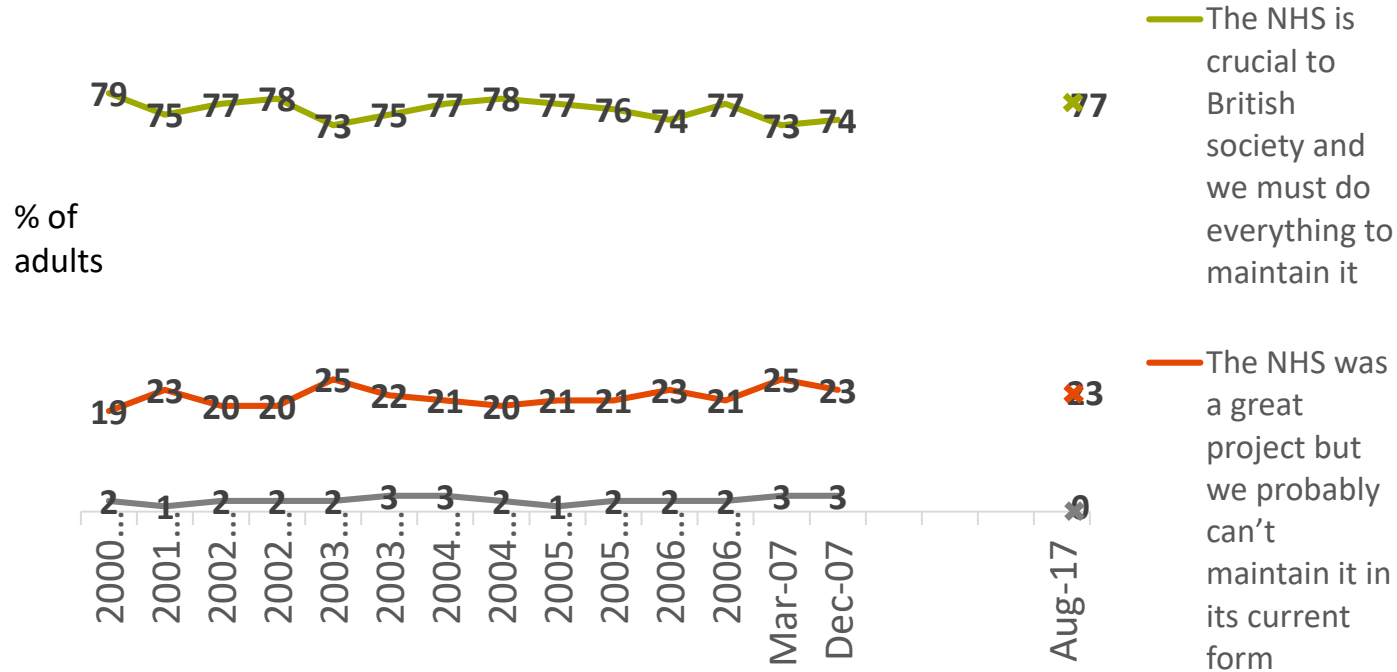


Reasons for dissatisfaction with the NHS overall, 2015-2017



But strong support to maintain the NHS in its current form

Q. Which of the following statements best reflects your thinking about the NHS?



From the deliberative events on the NHS @70

- People felt that they were **lucky** to have the NHS and were **proud** of it.
- **Strong support** for the founding principles underpinning the NHS.
- **Favourable comparisons** with other countries.



I am proud of the service, I remember the Olympic ceremony and they put the bed on and all that, and I was really proud of it. I do have a love for the NHS, it's part of our heritage."

London, 33-50 years old

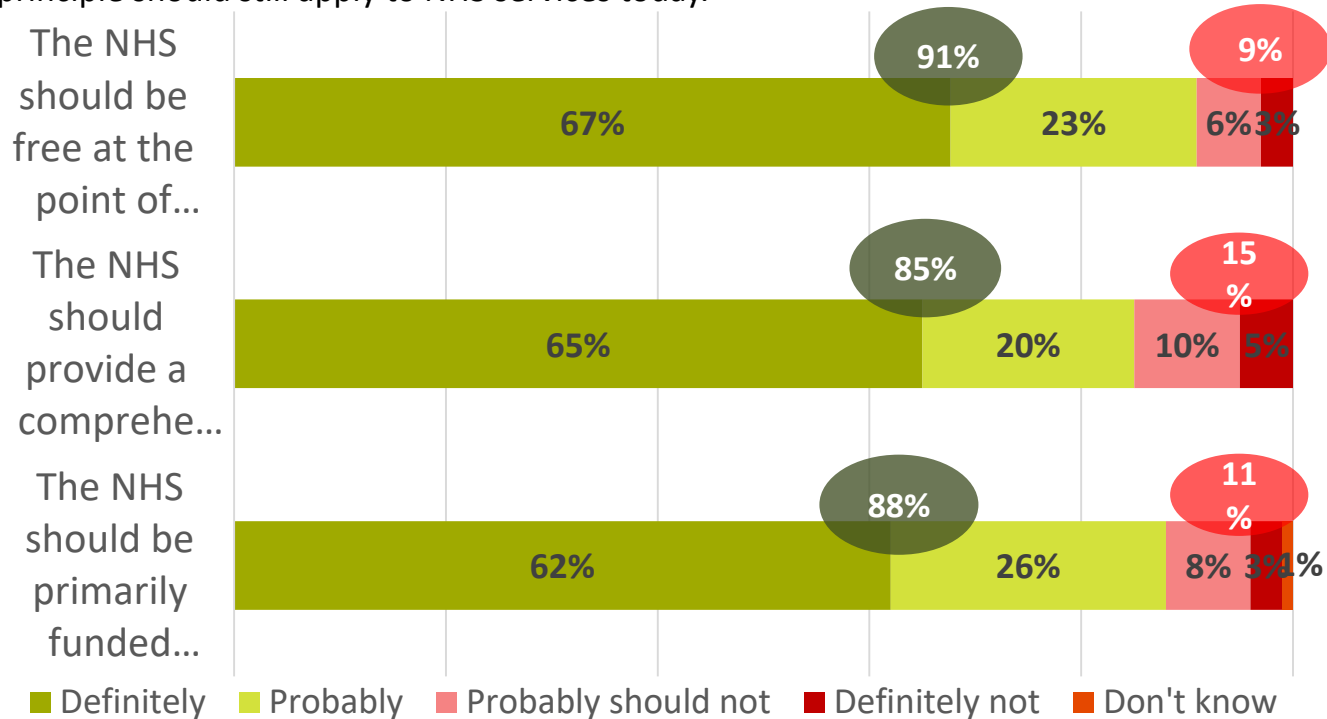


You know it's there. That what's most important, especially when you're older. You can get care wherever you are in the country."

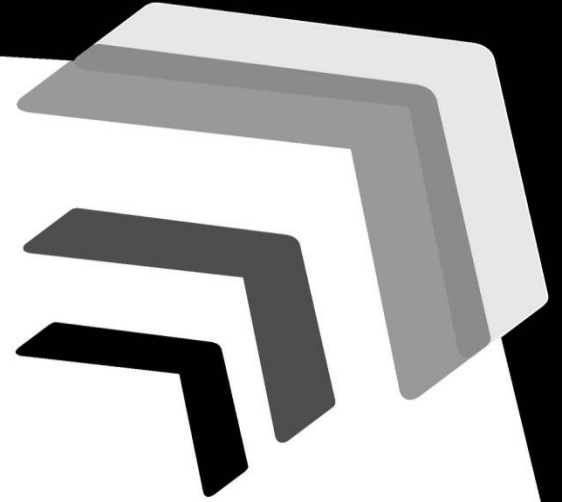
Nuneaton, 67-83 years old

Widespread support for the founding principles of the NHS

Q. For each of the following statements, please tell me the extent to which you think the principle should still apply to NHS services today.



Are expectations rising?

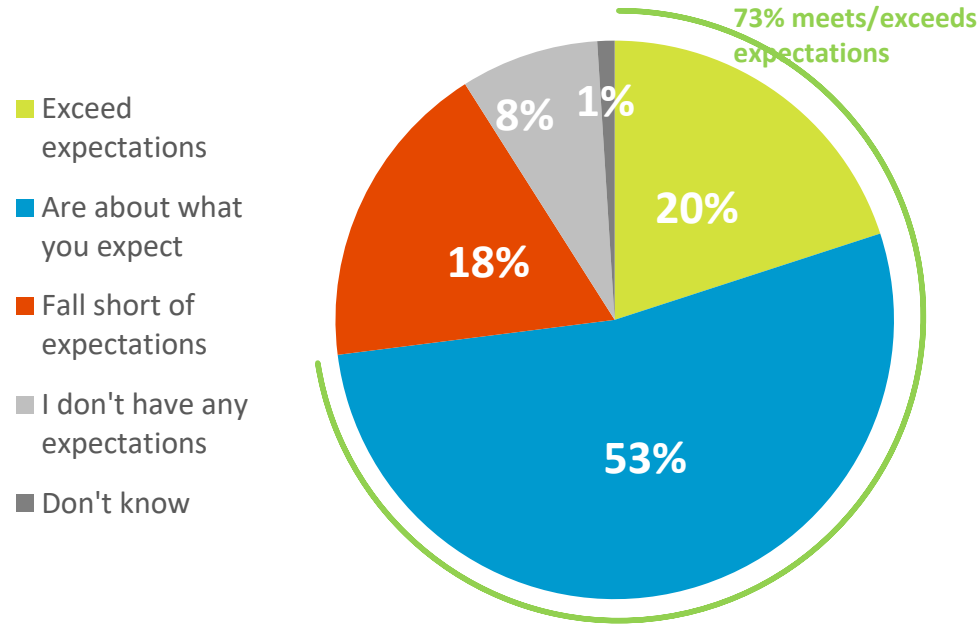


Is this true?

“Expectations of public services, including the NHS, are inexorably rising, due in large part to our experiences of increasingly sophisticated, speedy and personalised services in the private sector.”

Majority think NHS meets or exceeds expectations

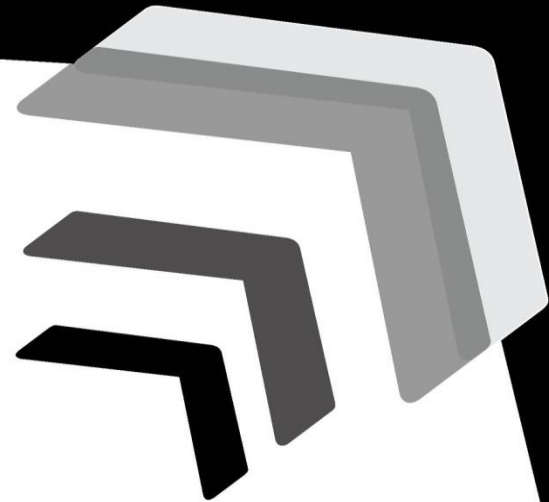
Q. And thinking generally about what you expect of NHS services, would you say they... ?



Expectations – discussion

- People felt that we sometimes take NHS for granted and some people have unrealistic expectations
- People questioned whether service was as good as it could be and whether because it is “free” they do not demand enough of it
- People said they would be less likely to complain about the service because it is so well-liked
- Are expectations rising or should we expect more?
- What impact does our belief in the NHS have on our ability to think critically about it?
- Do we currently tolerate levels of poor care?
- Are we more protective because it is permanently in crisis?
- Strong support for NHS staff

Social care – a different story?

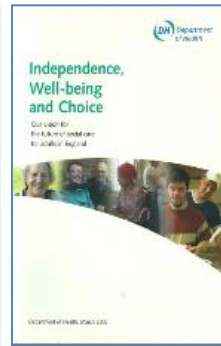




1998
White Paper



2000
Green Paper



2005
Green Paper



2006
White Paper



2008
Public consultation



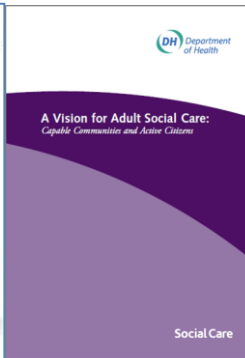
2009
"The Big Care Debate"



2009
consultation



2010
White Paper



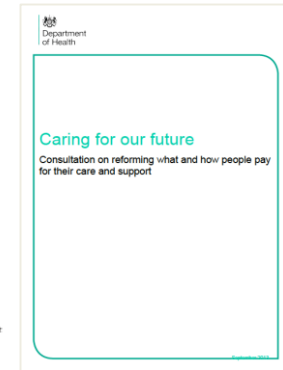
2010
Policy paper



2011
'engagement exercise'

Caring for our future:
reforming care
and support

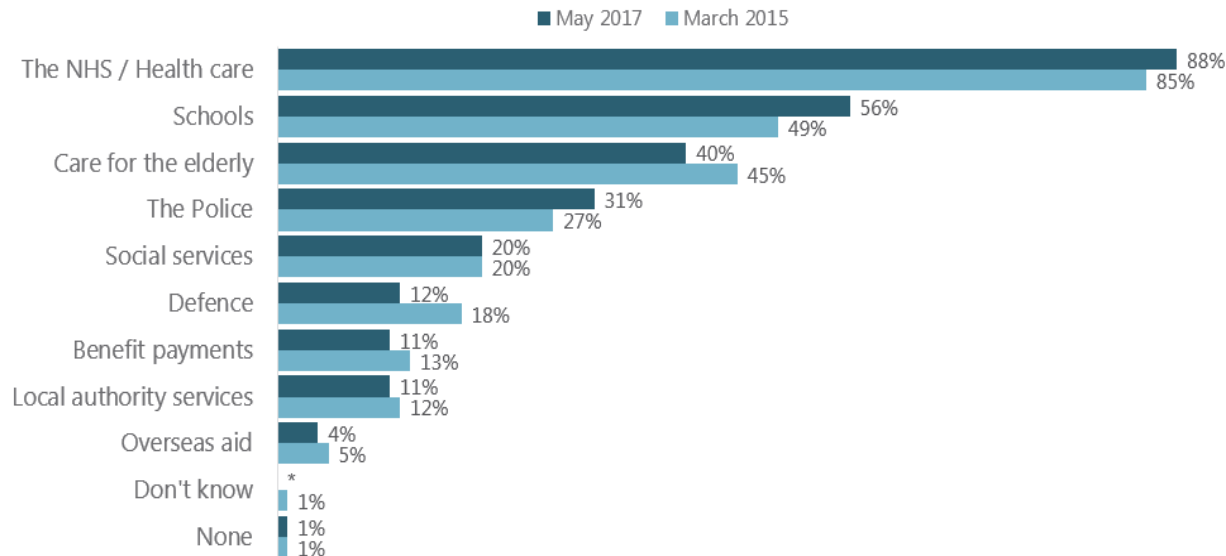
2012
White Paper



2013
Consultation on funding reform

Is our love for the NHS bad for our Health?

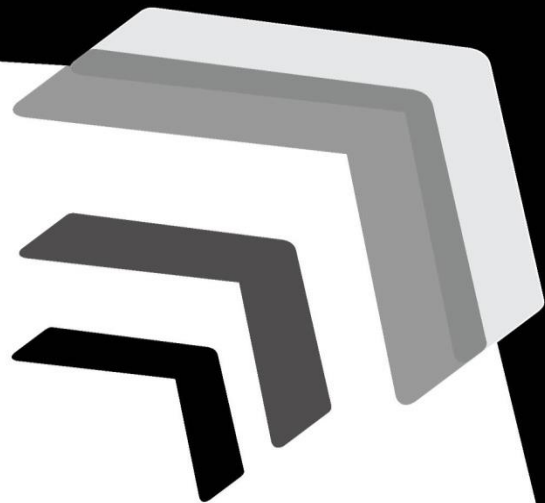
Which TWO or THREE, if any, of the following main areas of public spending do you think should be protected from any cuts?



Base: 1,985 GB adults aged 15+, interviewed between 5th-15th May 2017 and 1,792 GB adults aged 15+, interviewed between 13th and 23rd March 2015

Source Ipsos MORI / Health Foundation

* Means less than 0.5%



Thank you

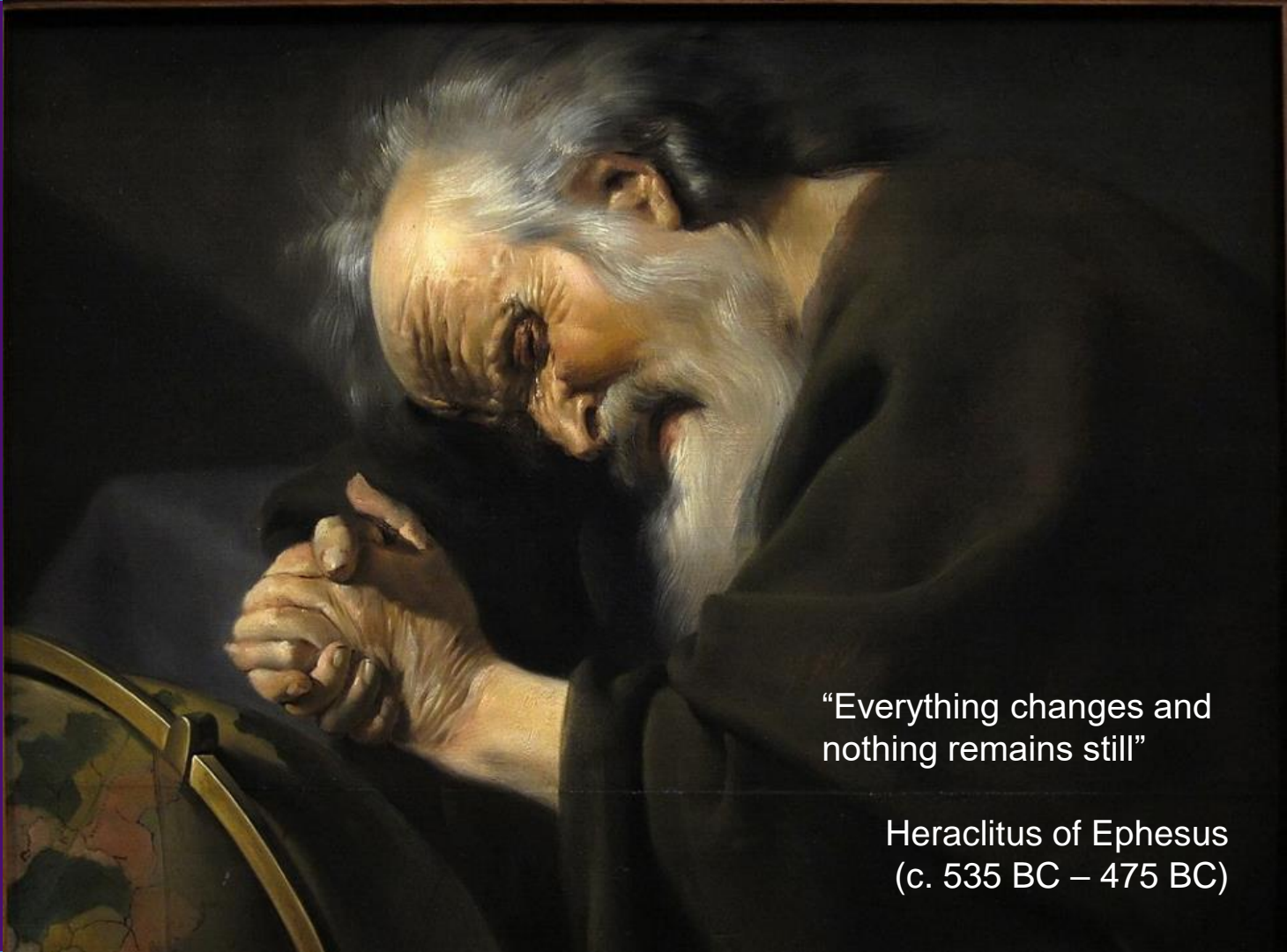
Healthwatch Network Annual Conference 3-4 October 2018, Stratford-Upon-Avon



Innovation in the NHS and social
care: meeting the challenge
ahead

Simon Morioka
Co-Founder and Joint Managing Director

PPL



“Everything changes and
nothing remains still”

Heraclitus of Ephesus
(c. 535 BC – 475 BC)



Breast Cancer (C50): 1971-2011

Age-Standardised Five-Year Net Survival, England and Wales

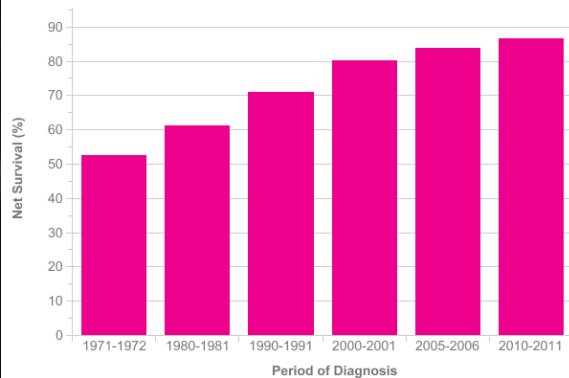
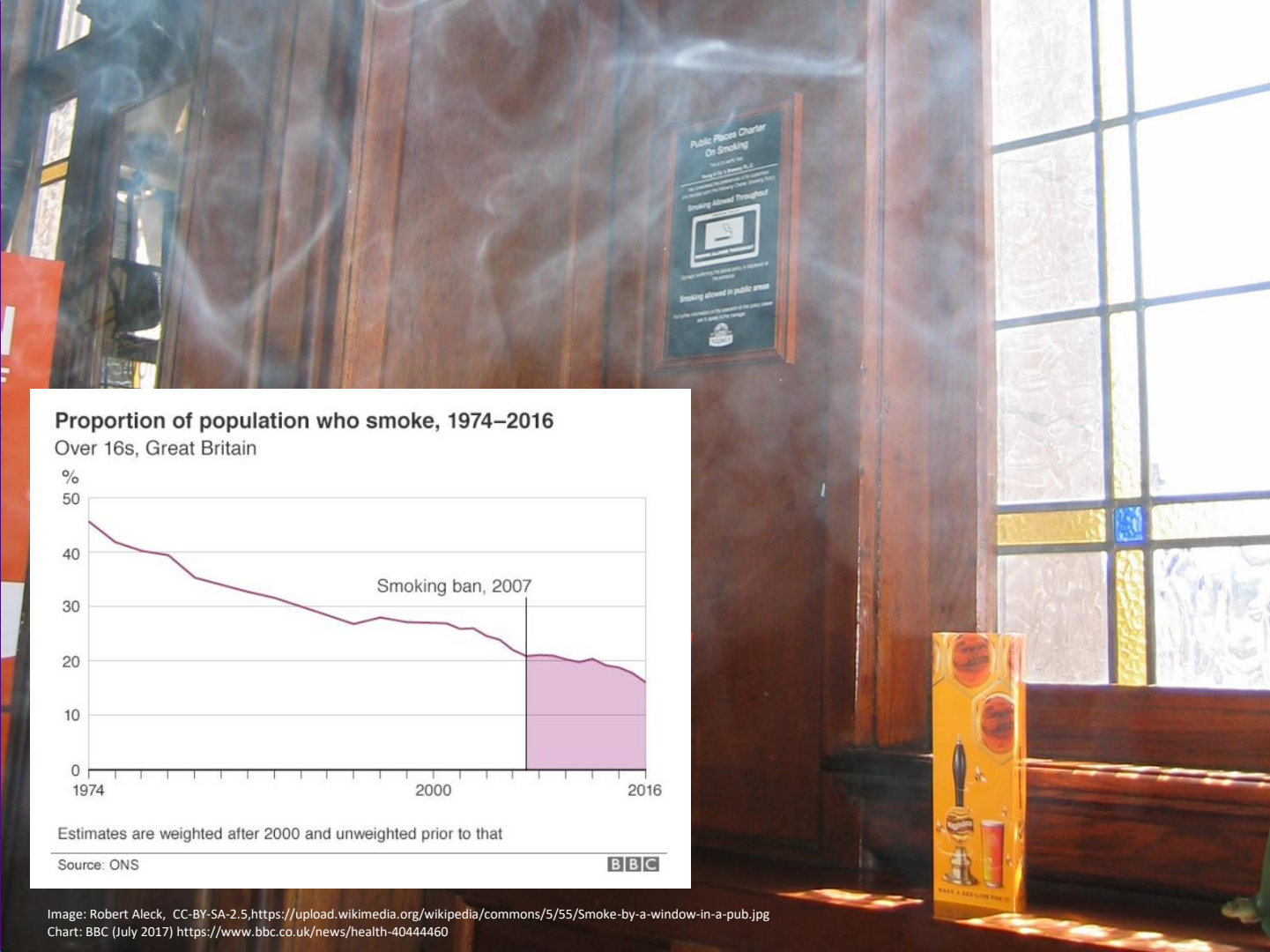


Image: By Rhoda Baer / National Cancer Institute
<https://commons.wikimedia.org/w/index.php?curid=24059075>

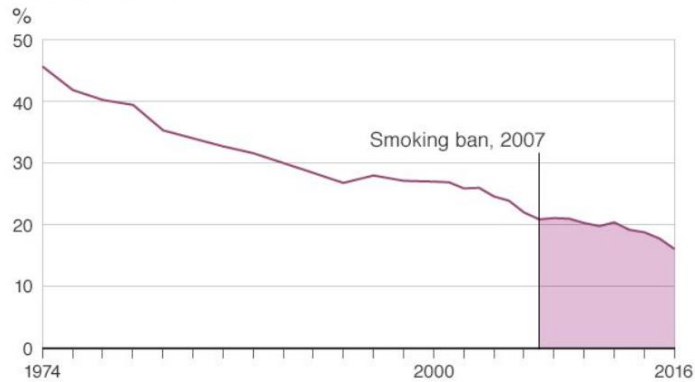
Chart: Cancer Research UK <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/survival#heading-Two>





Proportion of population who smoke, 1974–2016

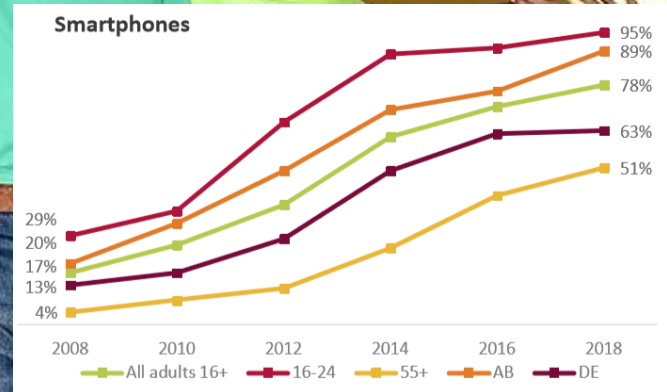
Over 16s, Great Britain



Estimates are weighted after 2000 and unweighted prior to that

Source: ONS

BBC



95% of UK GPs surveyed in December 2015 had seen more people bringing their own data to consultations in the past year

- 16% of patients with a long term condition were using apps and wearable devices to manage their conditions, and sharing this data with their doctor**
- and 89% of GPs who had seen an increase, had found the patient-generated health data helped improve their consultations**

(Source: "The Future of People Powered Health", Nesta February 2016)



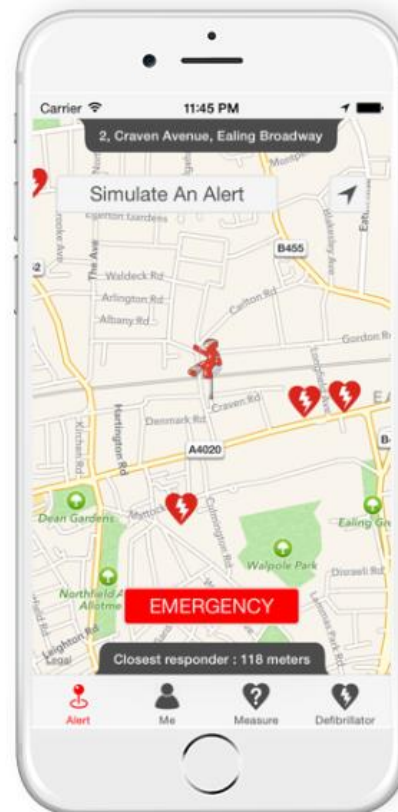
Saving lives through technology

Operating Internationally, **GoodSAM (Smartphone Activated Medics)** incorporates the world's most advanced emergency alerting and dispatching platform with a community of over 40,000 highly governed trained and trusted responders. The GoodSAM Cardiac system integrates with ambulance service CAD (computer aided dispatch) systems to trigger bystander response while the ambulance service is on route. GoodSAMPro provides a Community First Responder (CFR) dispatch system dispatching advanced care beyond cardiac arrest. Now with "Instant-On-Scene" - the emergency services can see the scene/patient via a video link. The system is now used by police, fire and other services for a host of emergency situations.

An organisation that wants to use the system? **Get in touch!**

First Aid Trained? Download the **Responder App** to be a GoodSAM responder today.

Public with at risk loved one? Download the **Alerter App**. (dials 999 and triggers the system)



What we mean by personalised care

People having choice and control over decisions that affect their own health and wellbeing within a system that harnesses the expertise, capacity and potential of people, families and communities in delivering better outcomes and reducing health inequalities

Whole population approaches to supporting people of all ages, and their carers, to manage their physical and mental health and wellbeing and make **informed choices** and decisions when their health changes

A **proactive and universal offer of support to people with long term physical and mental health conditions** to build **knowledge, skills and confidence** through supported self-care and community-centred

Intensive approaches to **empowering people with more complex needs** to have greater **choice and control** over the care they receive

Key ingredients

- Personalised
- Integrated
- Co-produced



Stephen Powis
National Medical Director, NHS England



Q&A

Jenny George,

Health Value for Money Director, National Audit Office

Dan Wellings,

Senior Fellow, Kings Fund

Simon Morioka,

Joint Managing Director and Co-Founder, PPL

Stephen Powis,

National Medical Director, NHS England

Mental health support: How far have we come?





Mental Health support: How far have we come

Paul Farmer,

Chief Executive, Mind

Liz Sayce,

Chair of Healthwatch England's Mental Health Programme

Alison Faulkner,

User-led Research Expert

Catherine Pearson,

Chief Executive, Healthwatch Lambeth






What do you think?

How confident are you that the NHS will meet its target on maternal mental health?

Using a scale of 1-5 with 1 being not confident at all and 5 being very confident.



What do you think?

Do you think the changes introduced since the publication of the mental health Five Year Forward View have improved quality of care?

- Yes
- No
- Don't know

What do you think?

Do you think the changes introduced since the publication of the Five Year Forward View on mental health improved people's experience of care?

- Yes
- No
- Don't know

Transforming mental health

Paul Farmer

Chief Executive

mind.org.uk



Mental health – a journey to parity

- Expansion of services:
 - IAPT for long-term conditions
 - Early Intervention in Psychosis
 - Community eating disorder services for young people
 - Roll out of perinatal pathway
 - Individual Placement and Support
 - Mental Health Dashboard to track progress
- Other initiatives
 - Mental Health Act Review
 - *Thriving at Work* employer review
 - *Stepping Forward to 2020/21* Workforce plan
 - DfE/DHSC Children and Young People's Mental Health Green Paper
 - Prevention Concordat
 - Multi-agency suicide prevention plans



Ongoing challenges

- Growing demand for NHS and local authority mental health services
- Ensuring funding reaches frontline
- Workforce shortages
- Poor quality data
- Difficulties expanding support for children and young people
- Low access rates compared with physical health (37% vs 75%)
- Loss of community, preventative and advice services that can stop people going into crisis
- Difficulty of “hard-wiring” mental health into the NHS
- Uncertainties around Brexit – impact on medication, research, workforce and wider economy



Prevention: in schools, workplaces and in the community

- Increased investment in **public mental health** including expansion of Prevention Concordat, parenting programmes, drug and alcohol services
- **Targeted mental health programmes** for PHE's work on smoking cessation, physical activity building on Prevention Concordat and Every Mind Matters
- Roll-out of "**whole-school approach**"
- Implementation of *Thriving at Work*
- **End stigma and discrimination** – building on success of Time to Change
- Ambitious targets to **reduce suicides**
- DHSC/DfE to develop **early years** mental health plan



STOP suicide
Save a life. Choose to live.



Improving access to support (1)

To improve quality of care

- Faster rate of growth for mental health investment to reflect historic underinvestment
- Full roll-out of clinical pathways including access and waiting time standards
- Trauma and gender-informed care
- Therapeutic and compassionate inpatient environments
- Reduction in detentions under the Mental Health Act
- Mainstreaming of “alternatives” to inpatient care, eg, crisis cafes, crisis houses
- Work as equal partners with the voluntary sector in the design and delivery of services



Improving access to support (2)

To improve integration and enhance rights

- Bigger role for the acute sector in supporting mental health— expansion of IAPT for long-term conditions
- Improvements to **mental health dashboard**, with more qualitative and use-defined outcomes and experience measures
- More focus on mental health in **primary care**, including joined-up management of mental and physical health problems
- Expansion of **social prescribing**
- Co-location of **advice and support services** in health settings
- **Co-production** established as the norm in development of services and support
- Extend rights to treatment for mental health problems in the **NHS Constitution**



Find the words

Everyone deserves the right mental health support from their GP practice.

An illustration of a man with a beard and a yellow shirt, looking thoughtful with his hand on his chin. To his left is a stack of papers and a yellow folder. Above him is a yellow square containing icons of a building, a person, and a document.

Improving access to support (3)

To improve and support the workforce

- Workforce expansion – new roles in mental health, including peer support
- NHSE and DHSC should tackle stigma and discrimination within the NHS workforce, fully adopt the Health and Wellbeing Framework and commit all NHS organisations to *Thriving at Work*
- Staff training and recruitment to focus on values as much as skills and expertise
- Improved quality and quantity of mental health training for GPs, practice nurses and other primary care staff
- Incorporate the wider workforce (NHS, local government, voluntary and community and independent sectors) into workforce planning



Focussing on recovery: helping people stay well

- Cross-government mental health plan to pull together all areas of Government that impact on people with mental health problems
- Joint approach to health and social care in planning and delivery, including long-term funding settlement for social care
- Support for people with mental health problems to access and stay in social housing
- Integrate financial advice in health settings, divert employment support into the healthcare system to fund integrated specialist voluntary health and employment services
- Remove threat of sanctions from people who cannot work because of the mental health problem
- Reform benefits assessments for PIP, WCA and UC so the real impact of individual health problems is understood and to get it right first time



Addressing health inequalities

- Looking at the **causes** of mental health problems – including racism, poverty, social exclusion, violence and trauma and how they impact on people's use of public services
- Commit to **year-on-year reduction** in health inequalities
- User **wider Government budget** to tackle inequalities around mental health
- Implement an **equalities framework** to look at local and national equalities
- Support local commissioners to **engage with communities** to close access gaps
- Develop **personality disorder** pathway
- Conduct impact assessment of **LASPO Act** and ensure adequate legal advice available
- Widen definition of disability in the Equalities Act
- Protect **Human Rights Act** and maintain membership of **European Convention on Human Rights**



Any questions?

Paul Farmer

p.farmer@mind.org.uk

@paulfarmermind

To find out more:

www.mind.org.uk for general information






Liz Sayce
Healthwatch England
Committee Lead for Mental Health





Programme overview

- Mental health is the network's number one priority.
 - Unlike other areas of health and care - the feedback we receive is predominantly negative.
 - At the beginning of 2018 Healthwatch England started a multi-year programme exploring in more detail:
 - Birth to death look
 - Examine mental health support needs at major transitions
 - Focus on different sections of the community
 - Highlight inequalities
 - Identify solutions generated by people
 - Look at support in context of wider needs
- 

Evidence base

34,000 people's views gathered by over 100 local Healthwatch.

Commons issues raised include:

- Lack of information about support
- Services not working together
- Waiting times seen as too long
- Professionals don't understand needs
- People are not involved in decisions
- Mental and physical needs treated separately





Initial activity

- **Informing the NHS Long Term Plan**
 - Evaluate performance based on outcomes and experiences
 - Peer support
 - Focus on children and young people
 - **Maternal mental health**
 - Launched in Aug
 - 800 plus stories shared already
 - Second research phase to start from November
 - Will report in March
 - **Transition between children's and adult's services**
 - Initial phase will start in December
 - Already working from huge evidence base
 - Currently scoping lines of enquiry
- 




Some Healthwatch successes stories

- **Healthwatch Norfolk** - Veteran's experiences of mental health
 - 30 veterans and families came forward sharing experiences of the whole community
 - 4 new mental health services for veterans introduced across the county
 - Worked with Health Education England to train GPs across the whole region
 - **Healthwatch Kirklees** - Mental health support and the Police
 - Specialist mental health nurse employed in Police control room
 - 250 front line police officers received mental health training
 - Saw significant reduction in detentions in police cells
 - **Healthwatch Bucks** - Supporting partners with the stress of birth
 - New family centred approach introduced by local NHS
 - Partners separated from mothers to be updated every 20 mins
- 



Some more Healthwatch successes stories

- **Healthwatch Blackburn with Darwen** - promoting mental wellbeing
 - Local services committed to co-produce services with young people.
 - Young people engaged in the programme have gone on to be ambassadors and talk about their experiences in schools and youth groups.
 - Promoting wellbeing and giving other young people a chance to speak up.
 - **Healthwatch Suffolk** - Mental health in schools
 - Expanded working with one school to a project which now reaches out to thousands of local children
 - Findings have resulted in increased training for teachers and refocusing of lessons for kids - self-harm, cyber-bullying, sleep problems etc.
 - **Healthwatch Hillingdon** - CQC CAMHS review
 - Cemented Healthwatch as a key source of evidence for local and national decision making on children and young people's mental health.
- 

Mental health support: how far have we come?

Alison Faulkner

Survivor Researcher

Sources of knowledge

- Keeping Control research – Middlesex University – Prof. Sarah Carr
- NSUN – National Service User Network for Mental Health
- Years of research & activism
- Twitter community
- Survivor research
- Personal experience
- PhD

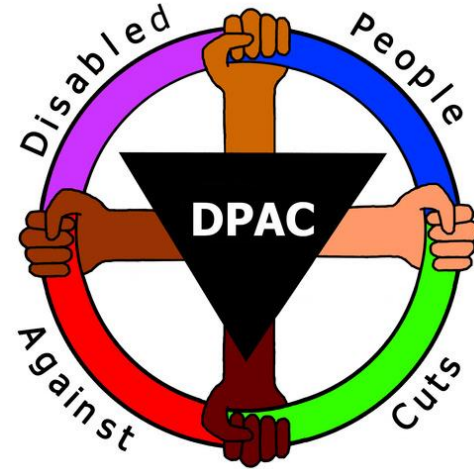


How far have we come?

- A few realities
- A few positives
- Involvement and coproduction – finding our voice(s)
- NSUN manifesto
- What is the role of Healthwatch?

A few realities...

- A context of austerity, cuts to services, welfare reforms, with services under increasing pressure



Experiences of mental health services

- Inpatient care at times abusive, contravening human rights
- Health inequalities: structural racism
- Powerlessness to make complaints
- 'Patient safety'



“14 years ago today and I will never ever forget when I was thrown on the floor by 8 people because I refused to take medication. It was the first time I was admitted to a mental health unit. I was terrified but nobody would listen to me.”

[from Twitter]

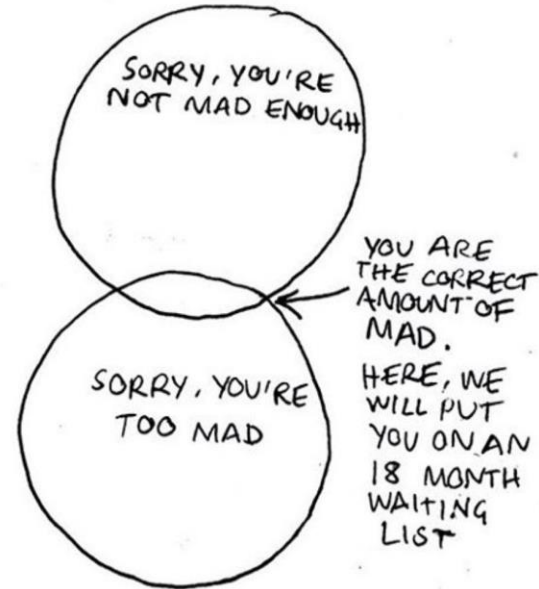
“just it’s the abuse is being ... it’s ingrained in there. .. So it’s the system. The frustration, people’s anger and it spills out and they know they can get away [with it] because once you’re there you have got no human rights.” [from Keeping Control research]

Treatment choice



© Dolly Sen

GETTING HELP FROM MENTAL HEALTH SERVICES



RUBYETC

A Day in the Life – social spider cic

- *“What happens when you ask people who live with mental health difficulties to write about their everyday life?”*
- Better:
 - Friend support
 - Home life
 - Sense of purpose
- Worse:
 - Mental health services
 - Poor sleep
 - Physical health



Some positives...



- Increasing sense of the value of our experiential knowledge, survivor research and recent emergence of 'Mad Studies'
- Increasing awareness of the role of trauma in causing mental distress
- Role and value of peer support in mental health
- Mature expertise in involvement and co-production



The 4Pi framework

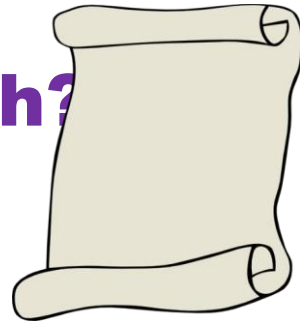
- **Principles**
- **Purpose**
- **Presence**
- **Process**
- **Impact**

- More mature understanding, but...
- Urgent need for support for user-led organisations and user groups in order to realise the need for more involvement and better co-production

www.nsun.org.uk



What is the role of Healthwatch?



- Work with service users and survivors
- Respect our knowledge & expertise
- Go IN to services
- Use complaints as data for action
- Help to strengthen our voices
- Learn about good involvement practice

Crazy lives matter too...

The most significant cause of our continued oppression is...

'the societal belief that people with psychiatric diagnoses or mental health challenges are not credible reporters or witnesses of our own experiences. When we speak we are not believed...'

Wilda White





Catherine Pearson
Chief Executive, Healthwatch Lambeth





healthwatch
Lambeth

black thrive
A PARTNERSHIP FOR BLACK WELLBEING

A black graphic element consisting of a central white dot with several thin, radiating lines extending outwards, resembling a starburst or a stylized sun.



Q&A

Paul Farmer,

Chief Executive, Mind

Liz Sayce,

Chair of Healthwatch England's Mental Health Programme

Alison Faulkner,

User-led Research Expert

Catherine Pearson,

Chief Executive, Healthwatch Lambeth



Winter is coming:
How understanding
people's experiences and
behaviours can help



Winter is coming: How understanding people's experiences and behaviours can help

Helen Louwrens,

Director of Intelligence, CQC

Jeremy Burton,

Assistant Chief Constable, Surrey Police

Cleveland Henry,

Programme Director, Innovations, Digital Futures & Digital
Collaboration Service, NHS Digital

Jackie Edwards,

Deputy Chief Nurse, Worcestershire Acute Hospital NHS Trust

Person-centred retailing

How commercial organisations power their
business decisions with data

Helen Louwrens
Care Quality Commission

The changing face of UK grocery retail: the past



Mr Hill's store, Datchet 1930's



Woolco, County Down, 1970's

The changing face of UK grocery retail: the present

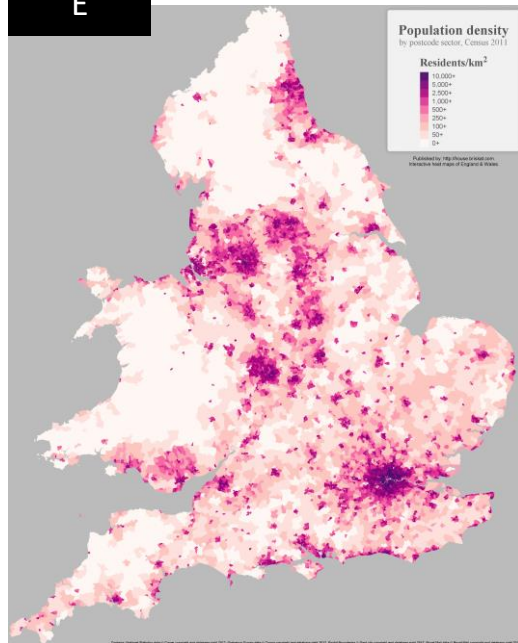


The changing face of UK grocery retail: the present

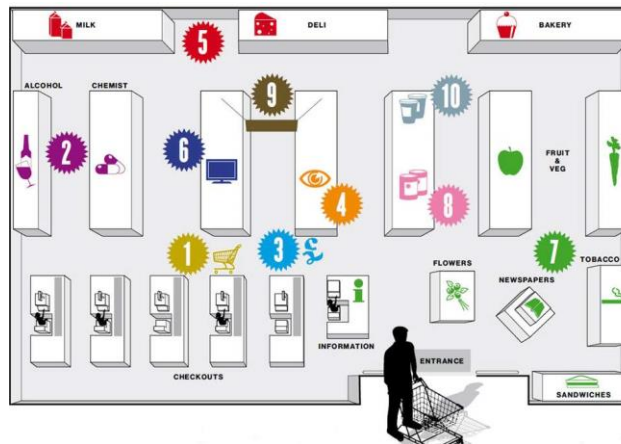


Data-driven decisions

WHERE



WHAT



Data-driven decisions

WHEN



VALUE



PERSONALISED



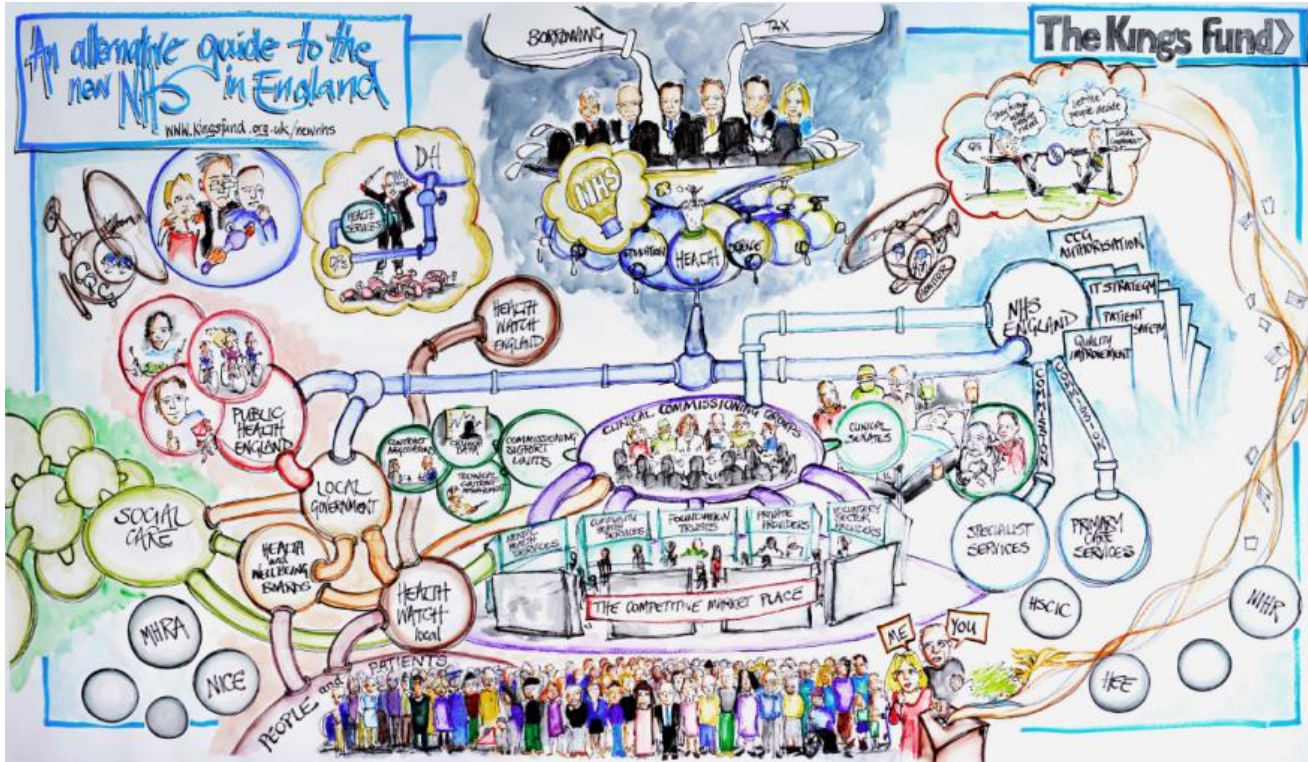
The data opportunity



Data-driven brand strategy: Tesco Finest



The data opportunity for health and care





Thank you

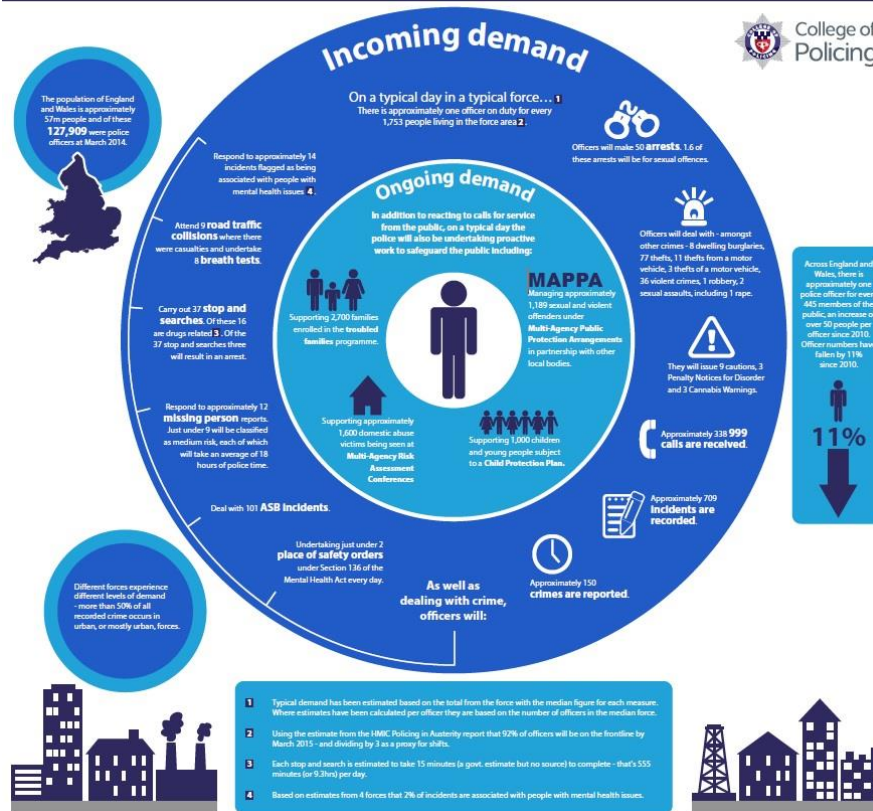
Preparing for Demanding Periods using Intelligence and Evidence

Assistant Chief Constable
Jeremy Burton



WHAT IS DEMAND?

STATEMENTS ABOUT DEMAND ON POLICING



INCOMING DEMAND

- On a typical day in a typical force there is approximately one officer on duty for every 1,753 people living in the force area.
- Different forces experience different levels of demand – more than 50% of all recorded crime occurs in urban, or mostly urban forces.
- Across England and Wales, there is approximately one police officer for every 445 members of the public, an increase of 50 people since 2010. Officer numbers have fallen by 11% since 2010.



INTELLIGENCE – WHAT IS IT?

Assessed and evaluated information

Used for making decisions about where best to put our people and resources to make our communities safe.

Providing the power to make decisions

NATIONAL DECISION MAKING MODEL AND INTELLIGENCE GOVERNANCE



NPOCC –TIERED APPROACH

- Tier 1 – Forces respond to & manage incidents within their own capacity & capability
- Tier 2 – Forces liaise with their Regional Co ordination Centre to arrange mutual aid from within their region
- Tier 3 – Regional Co ordination Centre's with NPOCC to secure necessary assets from other regions across the UK

OPERATION KIRKIN- LESSONS LEARNED

- Independent Advice
- Community Engagement –Local and London
- Intelligence
- Mobilisation
- Resources
- Public Order Tactics
- Investigation
- Criminal Justice



OPERATION KIRKIN- LESSONS LEARNED

- Resources
- Command and Control
- Inability to ascertain which sector had the highest work load
- Inability to establish where reserves were deployed and how long deployed.
- Inability to monitor key incidents
- Slow communication with commanders on the ground
- Lack of capability to hand over command to the oncoming command team
- Inability to log key decisions and rationales for future review

MANAGEMENT MEETING STRUCTURE

- Daily Management Meetings
- Force Management Meetings
- Tactical Tasking and Coordination Group Meetings
- Force Tactical Tasking and Coordination Group Meetings / Operation Planning

End

ACC Jeremy Burton

Healthwatch - Insights & Behaviours

NHS Digital: working in partnership

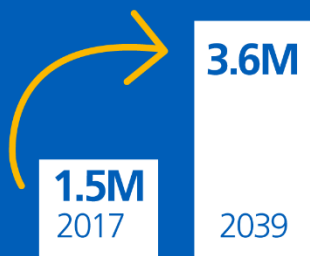
Our vision

To harness the
power of information
and technology
**to make health
and care better**



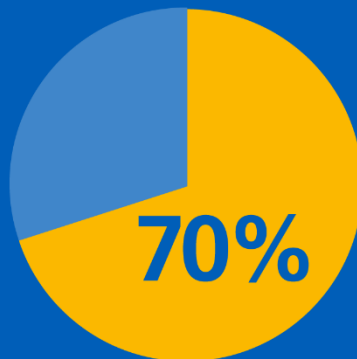
United Kingdom - a changing population

Number of
over-85s



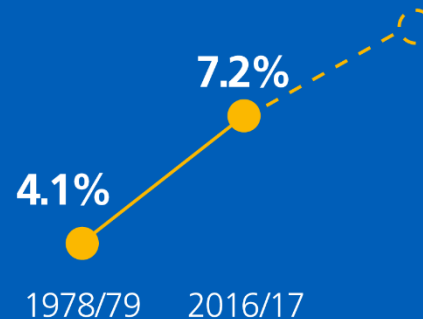
will double
by 2039

Health budget



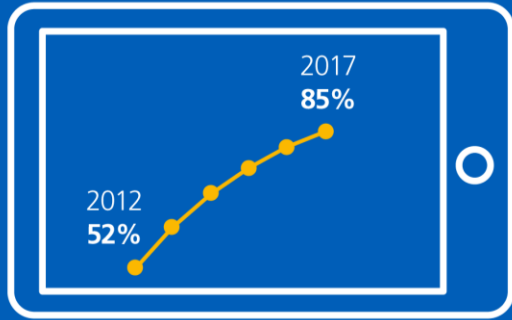
Long term
conditions
(approx £84bn
per year)

Overall spend on
healthcare



as proportion
of GDP

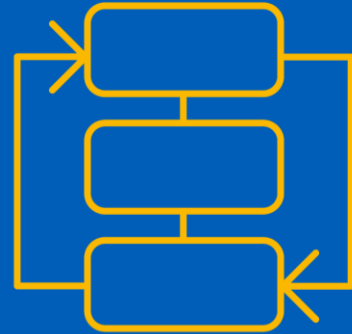
A changing technological landscape



85%
adults have
a **smartphone**



More than
1 in 10
people have a
fitness band



65%
Smartphone owners
use apps that employ
machine learning

New reliance on digital health services



1,676,254

calls to
NHS telephone triage
in December 2017
(54,000 per day)



48M

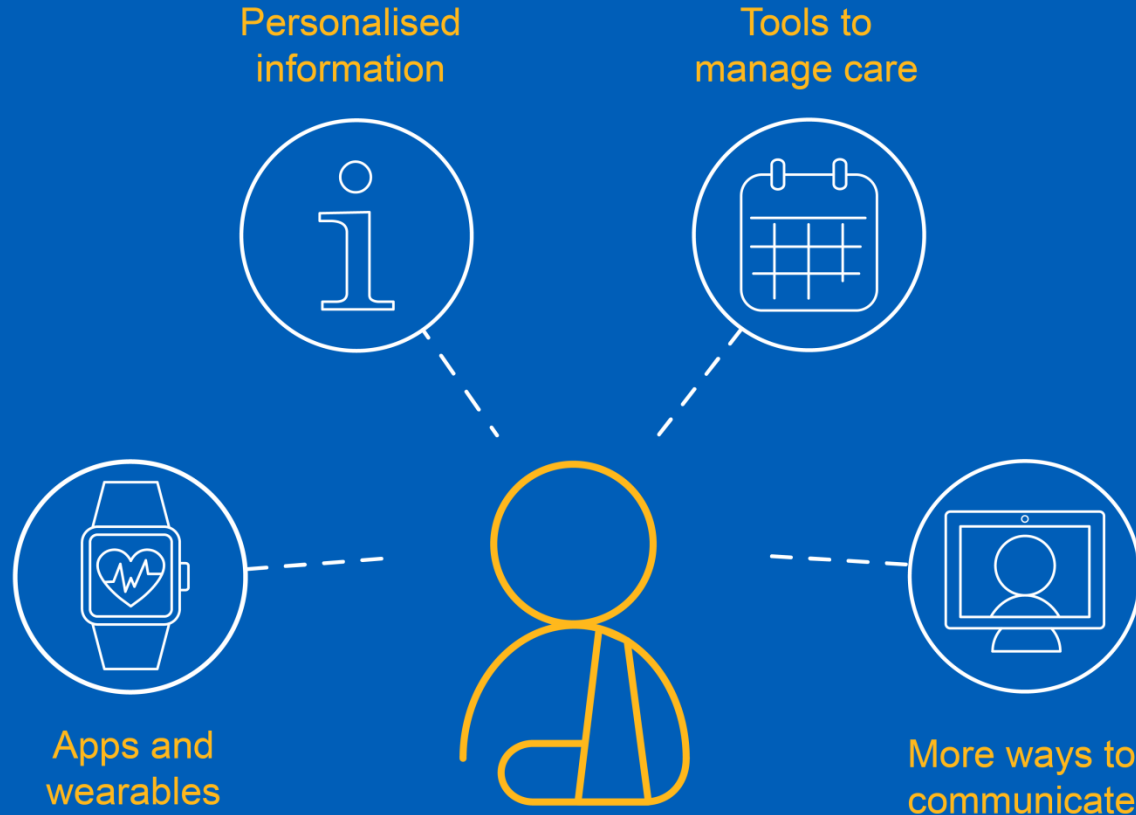
visits per month
to NHS
guidance website



1.3M

items prescribed
electronically
every day

The empowered patient

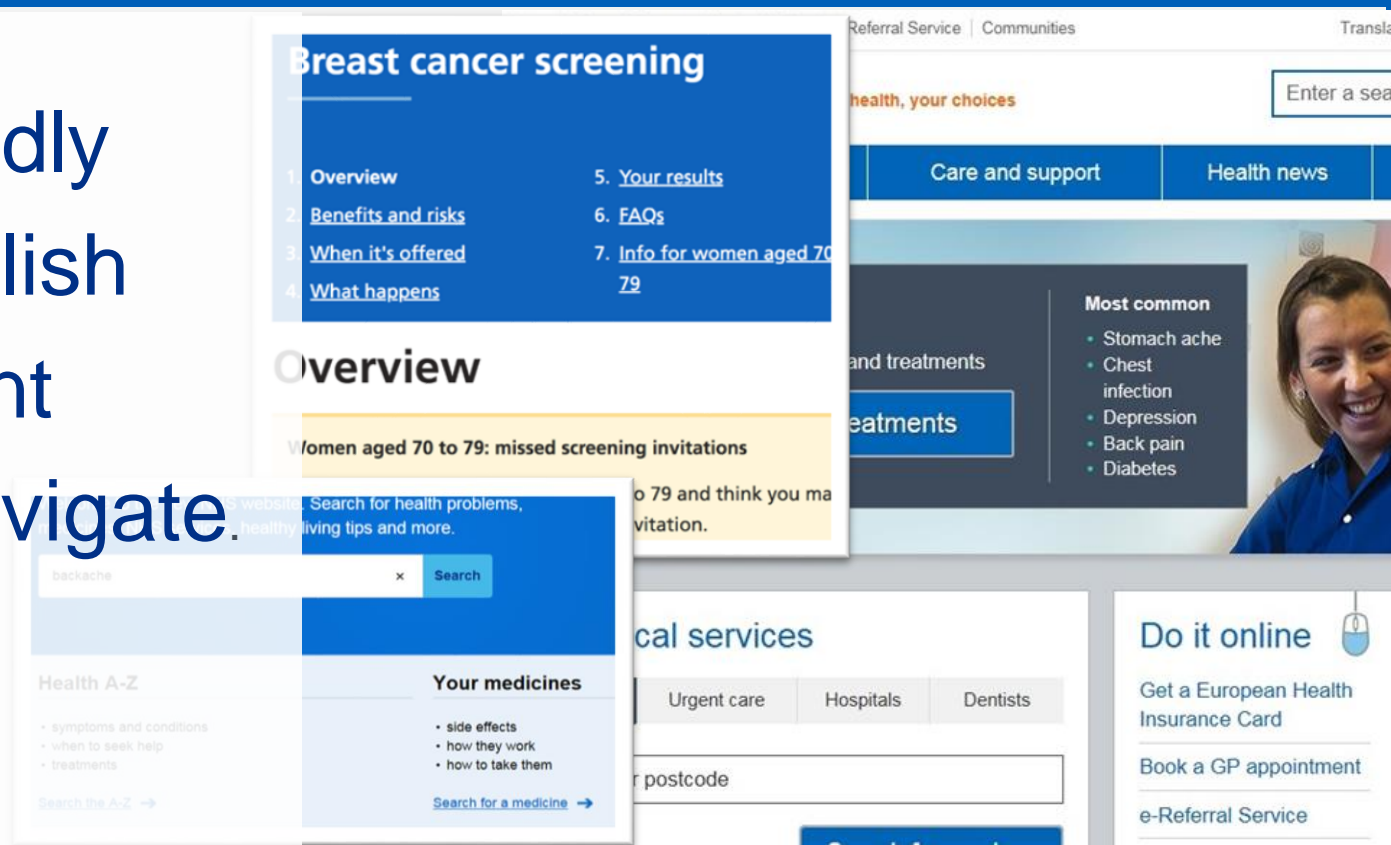


The NHS - now and in the future



The NHS website

- mobile-friendly
- in plain English
- more content
- easier to navigate



Digital tools for prevention and self care

NHS.UK

Widening
participation

Apps and
wearables



Digital transformation in acute care

**Better
communication**

Triage

**Decision
support**



www.digital.nhs.uk

 [@nhsdigital](https://twitter.com/nhsdigital)

enquiries@nhsdigital.nhs.uk

0300 303 5678



Jackie Edwards
Deputy Chief Nurse, Worcestershire Acute
Hospitals NHS Trust



Q&A

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Programme Director, Innovations, Digital Futures & Digital
Collaboration Service, NHS Digital

Jackie Edwards,

Deputy Chief Nurse, Worcestershire Acute Hospital NHS Trust

#Healthwatch2018

Sir Robert Francis QC
Chair of Healthwatch England



Healthwatch insight

- 2017/18 - Network gathered record number of views (up 20%).
- Supported by over 5,000 volunteers.
- Bringing these voices in to the heart of big decisions.

Social Care Green Paper

- 9,000 people's experiences shared covering - care homes, home care, being a carer, and what people want from the future of care.

NHS Long Term Plan

- 45,000 people's views on primary care
- 34,000 people's views on mental health
- 6,500 people's views on A&E
- 750 people's experiences of homelessness

The Times - Monday 1 October 2018



#Healthwatch2018





Healthwatch Network Awards 2018

Good luck to all those who are shortlisted!

