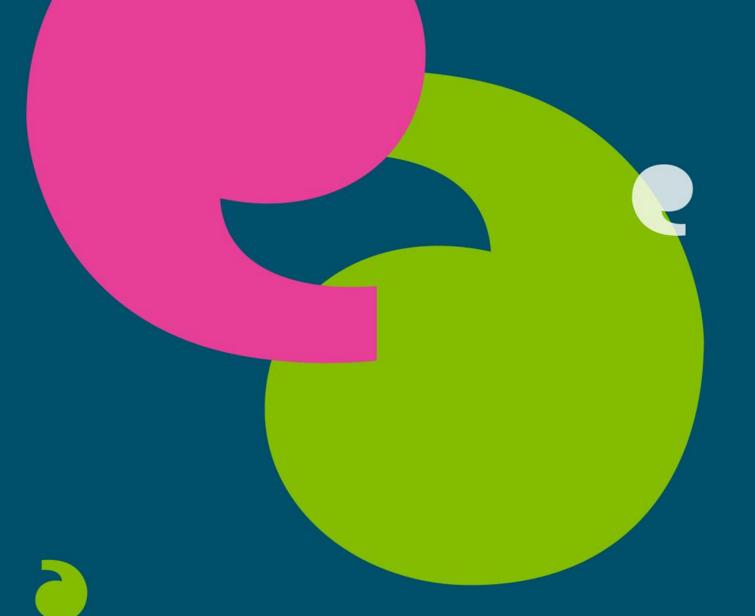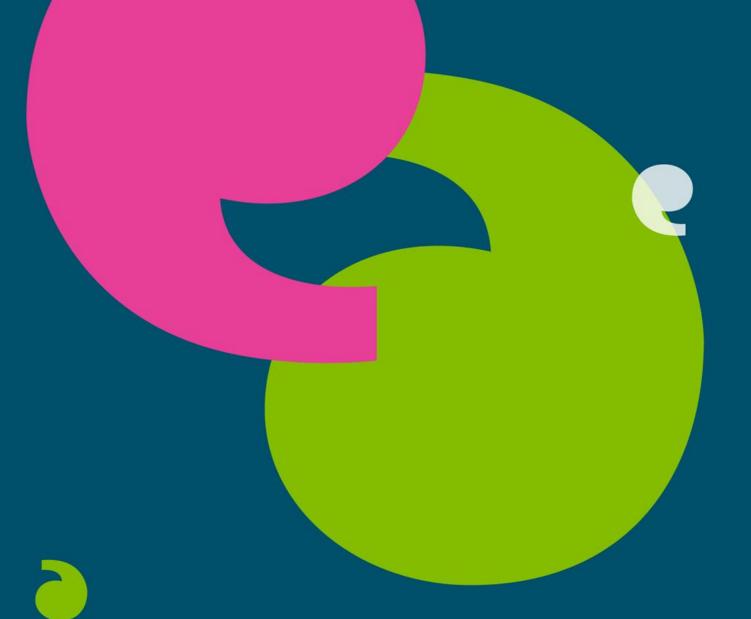# 1.1 Welcome and apologies

Anna Bradley

1.2 Minutes, action log and matters arising

Anna Bradley

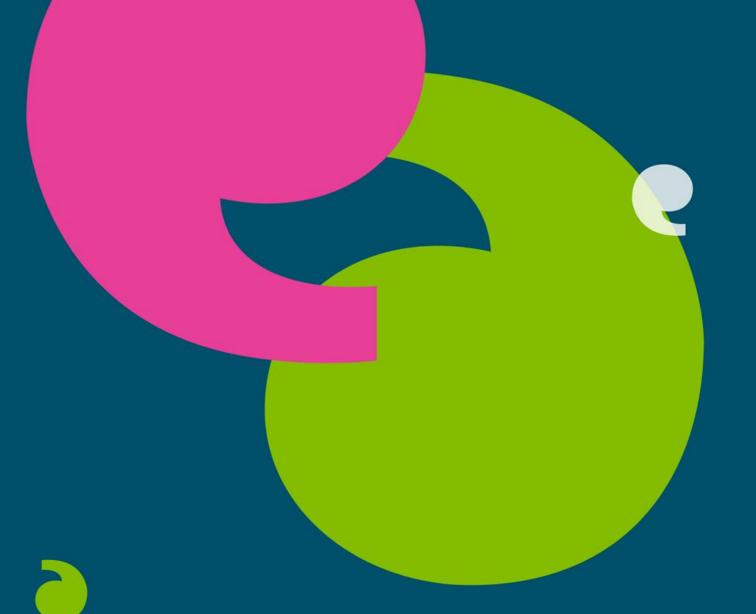# 1.3 Declarations of Interest

Anna Bradley

healthwatch

1.4 Chair's Report

Anna Bradley
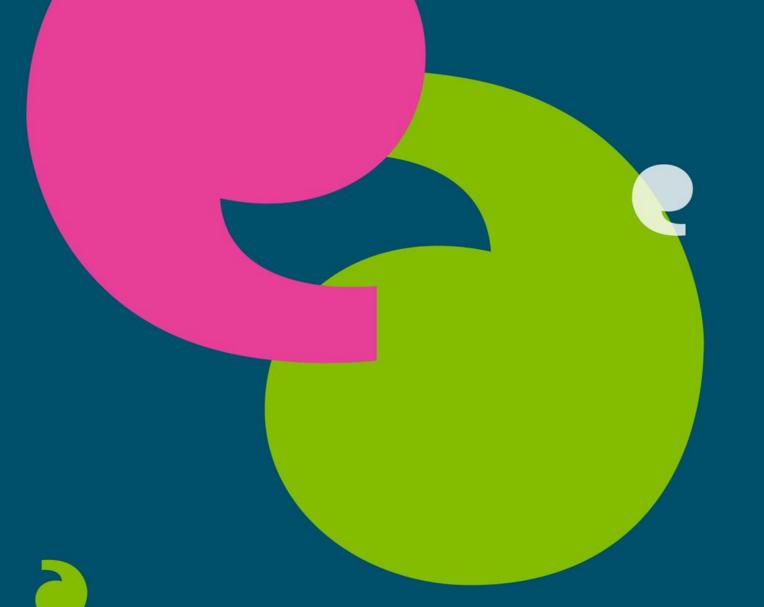
1.5 Chief Executive's Report

Dr. Katherine Rake

2.0 Report on Delivery
Senior Management Team

Summary Report

Quarter 1 (April – June) 2015/16				
	Red	Amber	Green	Total
1. Improving current health and social care delivery by amplifying people's voices	0	0	5	5
2. Ensuring that better future services meet people's needs and are shaped by the people who will use them	0	3	3	6
3. Developing the effectiveness of the Healthwatch network	0	0	10	10
4. Ensuring we are an effective, efficient organisation and a well-governed public body	0	4	7	11
Total	0	7	25	32

Report on Delivery: Exception Report
2.1Customer Relationship Management System update
Sarah Armstrong

Progress in Quarter 1

- First phase of rollout successfully completed and evaluation undertaken;

- Learning from evaluation used to further develop the system and plan for rollout to 80 local Healthwatch in total by the end of March 2016;

- Delivered three sessions at the Annual Conference and 60 people attended;

- Following the Conference, and at the end of the quarter, 73 local Healthwatch have signed up – only a further 7 places are available for the rest of the year.

- We have the updated Information Sharing Agreement (ISA) to strengthen certain areas, for example, around data ownership, and we are also creating a separate Information Sharing Agreement Guidance Document for local Healthwatch; and

- We have appointed a new organisation to help us deliver training.

Learning from Quarter 1

- Of the 33 local Healthwatch in the pilot group, approximately 40% have not been using the system to its full capacity - this is due to staff turnover and training needs which we plan to address as part of the next rollout;

- We learned we needed to create more training resources (such as several short topic specific and simple training videos) – this approach will enable users to see how to complete simple, everyday tasks to reinforce understanding and build confidence on how to use the system;

- We reviewed alternative models which some local Healthwatch are using, to identify how those models are both different and complementary to help us shape our own offer; and

- We needed to review the resources and increase the amount of data migration support.

Plans for Quarter 2

- Completion of Information Sharing Agreement and Guidance Document;

- Completion of training rollout dates to local Healthwatch;

- Conclusion of Pilot Phase and system upgrade;

- Complete our follow up work on scoping alternative models to find out more about the costs, benefits and challenges of them;

- Recruit second data processing assistant to ensure we have enough capacity to help local Healthwatch migrate their data;

- Undertake the procurement activity to secure the hosting, development of reports, training sessions and materials, and system development that is needed to continue the rollout; and

- Completion of training videos and release to local Healthwatch.

Current risks

Risk	Mitigation
ISA and guidance not developed/approved in time for next rollout	Gain additional support from CQC legal team/external legal firm
Unable to deliver training to all interested participants	Increase external training provider support, undertake 1-2-1 training if necessary
Unable to successfully recruit for second data processing support	We can 'buy in' this support on a temporary basis from one of our current suppliers
Data not kept up to date by local Healthwatch or system not being used to full ability/correctly	This risk should be mitigated by training and regularly reviewing the data that is uploaded
Not identifying the correct procurement route to secure the hosting, development of reports, training sessions and materials, and system development	Work with Department of Health procurement experts to ensure correct route is identified and undertaken

2.2 Healthwatch England Intelligence
Dr. Katherine Rake

Intelligence

Local Healthwatch priorities 2015-16:
- Mental Health Services, Access to GP services, Integrated Care, services for children and young people, Care Homes/Residential Care, Hospital Discharge, Home Care/Domiciliary services.

Reports and escalated issues from local Healthwatch (April to June 2015):
- 29 research reports and 42 Enter and View reports focussing on access to services, access to GPs, patient transport, hospitals and secondary care, and access to information. 8 escalated issues .

Information from the CRM system (April to June 2015) - this is not yet representative of the network:
- Over 1,400 issues from 15 local Healthwatch. Access to GPs received 349 mentions (25% of all comments) followed by Home Care with 260 mentions (18% of all comments). Mental health was only mentioned 71 times (5%). Both hospital discharge, and carers received 49 mentions (3.5% of all comments).

Enquiries (April to June 2015)
- 1088 enquiries by phone and email, which is an increase on this quarter last year (2014/15). These included 157 enquiries that were signposting, views or complaints about health and social care.

Health and social care issues from local Healthwatch

Access to GPs

- Around 25% of all enquiries, and subject of 5 local Healthwatch reports.

- Review of access to services (3 reports) of which one report maintained a specific focus on young people' access.

- One report examined the issue through interviewing outpatients at A&E departments, where nearly a quarter of all people noted they wanted to see a GP of choice but were unable to.

- One report undertook a mystery shopping exercise amongst 42 local GPs, making recommendations to ensure leaflets and posters were on display, and to ensuring information is available on how to make complaints.

More largely, access to services itself was a major issue this quarter – 10 local Healthwatch reports covering access to services through the lens of particular services, including musculoskeletal, maternity and services supporting patients with Parkinson's disease.

Health and social care issues from local Healthwatch

Mental health

- Declared as a priority by 57 local Healthwatch. However, only 5% of all CRM issues, and subject of 1 local Healthwatch report.

- Mainly focussed on mental health services, (minority of comments detailing CAMHS specifically).

- The local Healthwatch report also focused understanding provision of services from the perspective of mental health patients. One local Healthwatch also chose to escalate perinatal mental health provision as a key concern, and noted the patchy provision across the England as a whole.

Health and social care issues from local Healthwatch

Domiciliary Care

- Subject of 18% of all issues, and the subject of 1 local Healthwatch report and an escalation.

- An issue escalated by one local Healthwatch focussed on backdating payments of Continuing Health Care.

- The local Healthwatch report covered experiences of home care and founds issues around lack of consistency of staff, variation in timing of visits, and dissatisfaction or poor communication with managers.

Health and social care issues from local Healthwatch

Information provided to patients

- 9% of all issues and the subject of 2 local Healthwatch reports.

- Reports focussed on the information provided through NHS Choices, and the information provided by health visitors, specifically relating to weaning advice.

Health and social care issues from local Healthwatch

Patient transport

- Subject of 3 local Healthwatch reports but just (0.3%) of CRM issues data.

- Two reports explored the impact of patient transport on accessing services.

- One report focussed on transport provision for renal patients, finding that 60% of patients had a negative experience of the service due to long waits for the transport which was detrimental to patients' physical health.

2.3 Annual Conference 2015:
Evaluation and Recommendations for 2016
Susan Robinson

healthwatch

Stats and Facts

- Over 300 local Healthwatch attendees, representing 132 local Healthwatch

- Awards: over 150 submissions received and 50 shortlisted applications

- 18 exhibitors representing key partners from the across the health and social care sector

- 88% of local Healthwatch would recommend colleagues attend the Annual Conference and 93% now feel inspired to undertake the challenge of influencing change in their local area

Purpose of 2015 conference: did we achieve it?

The purpose of day one was to:
- Help local Healthwatch understand the changing social care environment and encourage increased focus on social care services within local activity plans

Did we achieve it and if so, how?
- Sessions focusing on the social care landscape, led by expert speakers in the sector (Andrea Sutcliffe, David Behan, Professor Gillian Leng, Clara Swinson)
- Feedback received on evaluation forms was positive, with the two most popular sessions being 'Influencing Change' (93% feel inspired to make change happen locally) and 'Working with the CQC' (94% found the session thought provoking)

Purpose of 2015 conference: did we achieve it?

The purpose of day two was to:

- Engage the network in discussion about the standards/statements and how so far these are supporting their understanding of their work and support needs.
- Increase capacity in leadership and influencing skills.

Did we achieve it and if so, how?

- Dedicated session focusing on the Quality Statements, with positive feedback from the network (over 60% are interesting in testing them)
- Dedicated sessions focusing on leadership and influence, voted one of the most popular sessions.

Our impact

To bring the network together to listen discuss and learn	• *All sessions were planned to encourage shared learning and for local Healthwatch to showcase the impact that is being made at a local level.*
To use networking opportunities to strengthen network connections locally	• *Both days of the conference were planned to maximise opportunities for local Healthwatch to network locally and also engage with Healthwatch England teams.*
To gain a better understanding to influence locally and nationally	• *Sessions focusing on influence received positive feedback from attendees across both days.*
To engage with Healthwatch England Committee and staff to understand the support we offer	• *We provided breakout sessions led by Healthwatch England teams, focusing on work areas and explanations of the support we can give the network.*
To increase capability in key areas: leadership/influencing	• *We provided sessions focusing on leadership and influencing with positive feedback received from attendees.*

Learning from the Annual Conference

- More time for networking;

- Content led by/co-produced with local Healthwatch;

- Creating an interactive agenda for both days (a mixture of peer led sessions and panel discussions); and

- Ensuring that national policy is contextualised locally.

Purpose of the 2016 conference

- To bring local Healthwatch to reflect and learn, talk and network in a comfortable and welcoming environment;

- For participants to leave the two days sharing their values and vision, feeling inspired confident, cohesive, determined and intellectually challenged;

- For participants to leave better equipped to deliver their statutory functions effectively; and

- To provide opportunities for local Healthwatch to understand more about the external environment and develop partnerships with other organisations e.g. CQC, NHS England.

Recommendations for 2016

Next year we will:

Keep the best bits!

- 2 day approach: open to all
- Networking
- Awards
- Inspirational speakers
- Access to Chair and Chief Executive of Healthwatch England
- Cross organisational involvement

- Advance planning – planning for 2016 event has started
- Identify theme of conference – August
- Identify awards categories & agenda – September
- Announce venue and date – October
- Speakers secured – October/November
- Agenda released to the network – December

Suggestions for discussion

- Theme for 2016: "Healthwatch: the value we bring".

- Focus on quality and sustainability – what an effective local Healthwatch is.

- Value for money, measuring impact, update on Quality Statements, local and national stories.

Potential Drop In sessions:

- Research skills;

- Effective use of evidence;

- Demonstrating value;

- Effective relationships with your Commissioner; and

- Surviving as a small Healthwatch.

2.4 Status of the network from the data return
Susan Robinson

Local Healthwatch Size

In total, the network has increased in size over the year and has over:
- 800 paid staff
- 575 full time equivalents
- 5400 volunteers

The average local Healthwatch has:
- 5 paid staff
- 4 full time equivalents
- 37 volunteers

Over the last year:
- There are 76 local Healthwatch who have changed either their chair or lead officer
- Of these there are 21 local Healthwatch who have changed both their chair and lead officer

Local Healthwatch Reach

Local Healthwatch told us they had:

- 3,500 local media stories in 2014/15

- 20,000 Facebook likes/friends

- 150,000 Twitter followers

- 200,000 people or organisations receiving your local newsletters

- 300,000 people engaged with at public events

Working relationships and awareness of local Healthwatch

Local Healthwatch reported that:

- CCG's have greatest awareness of their services (92%), followed by their service commissioner (89%), meaning that the levels of awareness amongst their service commissioners has dropped from 96% to 89% since last year.
- The working relationship with their commissioners has improved (up to 97% from 90%).

- Members of the public still have low levels of awareness, only 11% of local Healthwatch said there was high awareness amongst this audience, this is an increase from 4% last year.
- There is a comparatively poorer working relationship with social care providers, however this is ion the rise, with awareness increasing from 21% to 34%.

Impact and Influence

Local Healthwatch told us that they felt they had a positive impact on:

- Overview and Scrutiny Committees (82%)
- Health and Wellbeing Boards (80%)

But they were less likely to have a positive impact on:

- Quality Surveillance Groups (60%)

Local Healthwatch felt they had the biggest impact with Overview and Scrutiny Committees which was previously Health and Wellbeing Boards.

When comparing commissioners, providers and regulators, local Healthwatch told us they had:

- Most impact and influence with commissioners
- Least impact and influence on regulators

Making a Difference in their local area

- There has been a marginal increase in the percentage of local Healthwatch who agreed that:

  - They were challenging providers on service delivery (93% to 94%)
  - They were making a positive impact on health and social care services (88% to 90%)

- However, there were less responses to this question in this return than June 2014 and this remains self perception with no external data to triangulate this information.

2.5 *Safely home*: the special inquiry report

Neil Tester

Key inquiry findings

People's experiences:

- A lack of co-ordination between health, social care and community services.
- A lack of support after discharge, often leading to readmission.
- Many people feel discriminated against or stigmatised, often feeling 'rushed out the door'.
- People do not feel involved in decisions about ongoing care.
- Individuals' full range of needs are not considered.

What people said they want:

- To be treated with dignity, compassion and respect.
- For their needs and circumstances to be considered as a whole.
- To be involved in decisions about their treatment and discharge.
- To move smoothly from hospital to onward support in the community.
- To be properly informed about where to go for help after discharge.
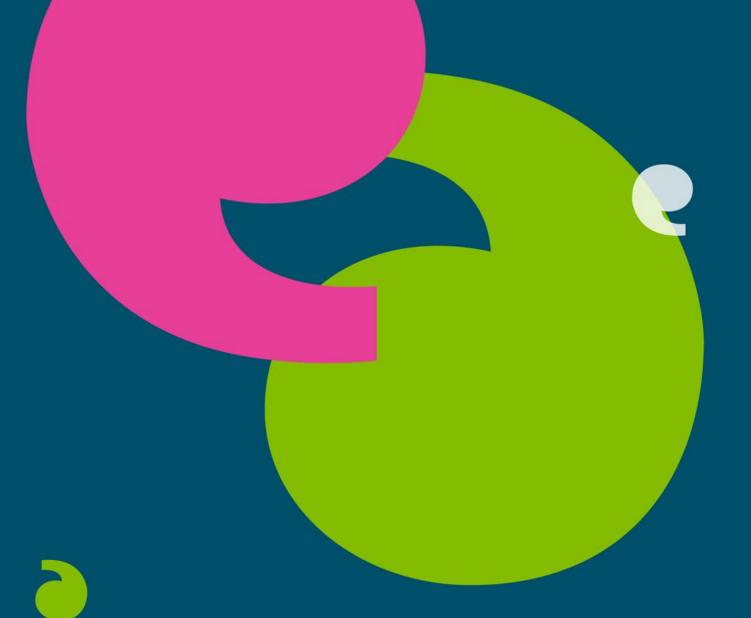
Pre-launch activity

- The report contained a challenge to change rather than a list of recommendations – needed the right discussions between the right organisations to make this happen.

- Department of Health hosted a roundtable for key organisations, jointly chaired by Anna Bradley and Jon Rouse, DH Director General.

- We interviewed participants before the roundtable to identify areas for discussion and prepare them for the meeting.

- We prepared local Healthwatch with advance copies of the report and a communications toolkit.

- We primed statutory and non-statutory stakeholders so that they could respond in an informed way at launch.

Launch coverage and response

- Channel 4 News report on the inquiry trailed the launch on the evening before release.

- Blanket print, online and broadcast coverage on launch. Regional, local and specialist coverage continued afterwards.

- Media coverage depicted human cost but overall impact was balanced, drew attention to good practice and positioned the issue as part of the efficiency agenda.

- The Department of Health and a wide range of statutory, voluntary and professional organisations publicly welcomed the report.

- Cited in subsequent newspaper piece by Paul Burstow and in House of Lords by Lord Warner.

- Substantial Twitter reach and report downloaded twice as many times on Day 1 as complaints report.

Plans for follow-up

- Discussions between statutory and voluntary organisations serving each of the three groups examined during the inquiry.

- Timing and sequencing will be determined once Department of Health has communicated its intentions following the roundtable.

- Next stage of support for local Healthwatch, focusing on how to work with other organisations to deliver progress through Health and Wellbeing Boards, will be finalised as the outcomes of the roundtable become clearer.
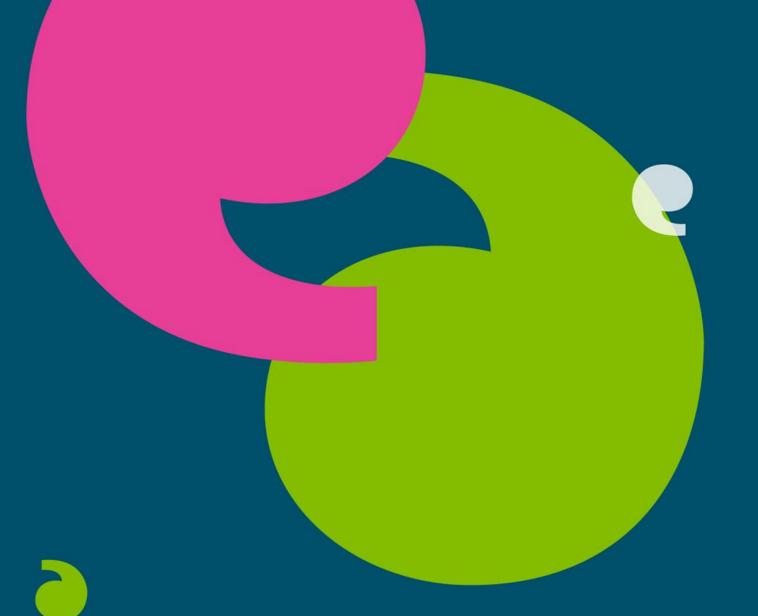
- Full evaluation in Quarter 3.

3.0 Public Participation

Anna Bradley

4.1 Communications Approach

Neil Tester

4.2 Special Projects
Neil Tester

healthwatch

4.3 Healthwatch England Strategy 2016-2021
Dr. Katherine Rake

4.4 NHS Mandate
Neil Tester

Any other business and close of session

Anna Bradley