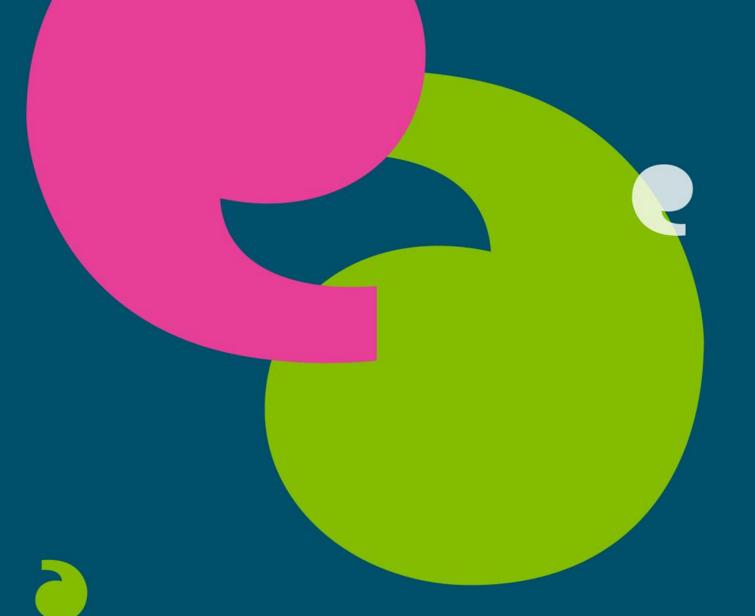# 1.1 Welcome and apologies

Anna Bradley

healthwatch

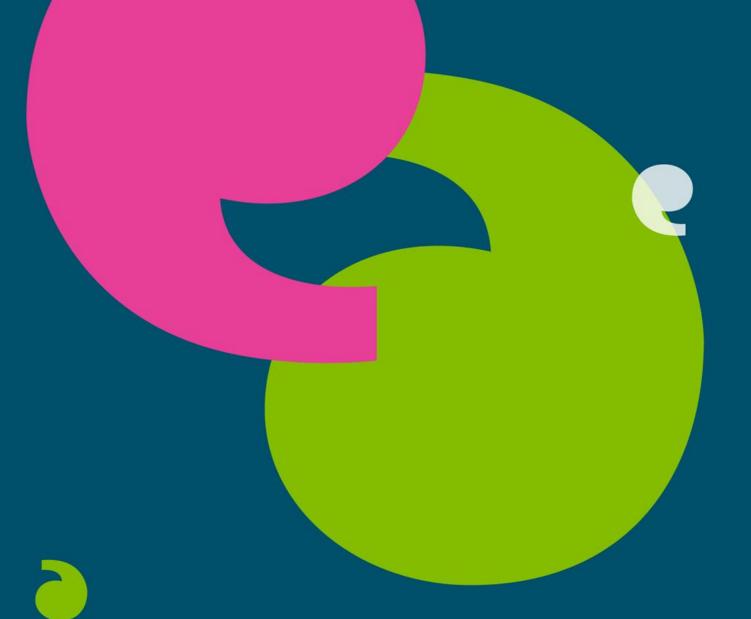**1.2 Minutes, action log and matters arising**
Anna Bradley

# 1.3 Declarations of Interest

**Anna Bradley**

# 1.4 Chair's Report

**Anna Bradley**

# 1.5 Chief Executive's Report
## Dr. Katherine Rake

healthwatch

# 2.0 Report on Delivery
## Senior Management Team

healthwatch

# 2.3 Our new understanding - overall health of the network
## Susan Robinson

# Building an understanding of the network

In early 2014 we started a deeper engagement of local Healthwatch to gather a common and robust understanding of the networks development needs and best practice. This focused on 4 areas; Engagement, Leadership, Impact and Sustainability.

These were then broken down into sub-sections:

- **Engagement** with - network, public, Healthwatch England, children & young people and seldom heard groups.

- **Leadership** looks at - accountability, workforce, volunteering and prioritisation.

- **Impact** looks at – relationships, escalations, advisory reports, improvements and profile.

- **Sustainability** looks at - budget, contract, income generation and commissioning relationship.

# Our understanding of engagement

- **Engagement** with the public, patients, service users and carers is the Network's strongest area.

- Local Healthwatch engaged with 300,000 people at public events last year.

- The network has provided credible support and challenge around the engagement of the public in significant service change programmes.

- There is significant engagement with children & young people and seldom heard groups.

# Our understanding of leadership

- Our greater understanding of local Healthwatch has highlighted the network has great **leaders**.

- They have developed robust governance and decision making processes, which are independent and transparent.

- The 2014/15 annual reports show a network playing a systems leadership role and developing strong partner relationships.

- However there are some who are struggling to develop strong leadership structures and identify clear roles and responsibilities.

# Our understanding of impact

- Impact is the area which has increased the most over the last year, as the network continues to build a credible position to influence decisions.

- The 2014/15 local Healthwatch annual reports have over 220 examples of impact.

- The network  has directly impacted by improving services for people and they have also had a 'behind the scenes' impact on the  culture of commissioning.

- There are excellent examples of local insight having a national impact and vice versa, for example transgender services and orthotics.

# Our understanding of sustainability

- Our understanding suggests that **Sustainability** is the biggest challenge to the Healthwatch Network.

- There are over 50 possible retenders of local Healthwatch up to the beginning of April 2016, although we are aware of some contracts being extended for a further year.

- The current funding pressures on local authorities is having an impact on  local Healthwatch, with new contract budgets being reduced.

- The development team estimate that 40% of Local Healthwatch commissioners have changed over the last 2 years.

# Our understanding – implications for support

This deeper understanding enables us to review our development and support arrangements;

- A clearer idea of where we have widespread need e.g. this indicates we need to do more work on sustainability with all local Healthwatch whereas on leadership it suggests targeted support.

- Local Healthwatch are effectively engaging and the network are demonstrating impact, which is an area we want to continue to strengthen.

- More targeting of bespoke support, especially where we have an early sign of a local Healthwatch struggling.

- A clear indication of where we have best practice to capture and share.

# Our response to sustainability – finance

- We individually contacted the local authorities with the largest reductions, there responses to our challenge included;

  - Generally their decision was not based on the performance of the local Healthwatch contract over the last 2 years.

  - Some are using the financial pressures they are facing to justify reductions to local Healthwatch budgets.

  - There is a lack understanding about the funding they receive for their local Healthwatch.

  - Some claim the local Healthwatch can still deliver its statutory activities on the reduced budget.

  - They have generally consulted with their local Healthwatch about the reduction.

# Our response to sustainability – building a relationship with local Healthwatch commissioners

- Both Healthwatch England and commissioners have a shared interest in a sustainable local Healthwatch.

- In September we established a regular newsletter for commissioners, which has been positively received.

- On October 6th we held our first ever national commissioner conference in Birmingham, with over 50 local Healthwatch commissioners attending.

- The majority of commissioners said they would attend a further event and recommend it to a colleague.

- We are planning a further event for commissioners, including on the Quality Statements and Conference in March 2016, which will focus on sustainability.

# Our response to sustainability – next steps

- To develop training and support that particularly tackles the issue of sustainability.

- To develop the right tools and guidance for the Network and commissioners

- To indicate where we have best practice to capture and spread.

- To plan a 'Business School' element for the next annual gathering of local Healthwatch in June 2016.

- To provide ongoing 1-2-1 support.

# Next steps

- Awaiting a statement from Department of Health to share with the network on the financial settlement

- Committee to sign off of the Quality Statements and integration into our approach to understanding the network

- Our next National Commissioner event in March 2016

- To develop targeted training and support that tackles the issue of leadership.

- Continue to develop the Network's capability to demonstrate impact, utilising new branding material, the case study tool kit, annual report template and creative writing training.

# 2.4 Healthwatch England Intelligence

**Gerard Crofton-Martin**

# Intelligence

We are now drawing on information from:

- Local Healthwatch priorities 2015-16;
- Local Healthwatch Annual Reports;
- Local Healthwatch reports;
- Escalated issues from local Healthwatch;
- Enquiries received by Healthwatch England;
- Emergent data from the Customer Relationship Management (CRM) system which is being used by over 50 local Healthwatch, with half the network looking to adopt it by the end of the financial year; and
- National data sets and reports.

# Our key intelligence sources

| Source | Q1 feedback | Q2 feedback |
|---|---|---|
| Local Healthwatch reports | 71 reports | 73 reports |
| Escalated issues from local Healthwatch | 8 cases | 11 cases |
| Enquiries received by Healthwatch England for signposting, or where people shared views or complaints about health and social care | 157 | 414 |
| Emergent data from the CRM system | 1400 issues | 1900 issues |

# Top health and social care issues: local Healthwatch Annual Reports

- Mental Health services
- GP services
- Hospital Service (general)
- Care homes
- Patient Transport
- GP Access
- Child and Adolescent Mental Health Services
- Hospital Access
- Unsafe Discharge

# Communities featuring in local Healthwatch Annual Reports

- Children and Young people
- People using Mental Health services
- Older people
- People who are deaf or hard of hearing
- People with learning disabilities
- People with sensory impairments
- People from BAME communities
- People with Cancer
- Carers
- People with Dementia
- People from LGBT communities
- People who are homeless

# Focus of local Healthwatch work in their Annual Reports

| Consumer Principle | Number of examples of work |
|---|---|
| A safe, dignified and quality service | 84 |
| Access | 78 |
| Being listened to | 68 |
| Information and Education | 49 |
| Being Involved | 22 |
| A healthy environment | 17 |
| Essential Services | 11 |
| Choice | 4 |

# Key issues from local Healthwatch

**From across (local Healthwatch Intelligence, some key areas of concern emerge:**

- Primary care, particularly access to GPs;

- Mental health;

- Domiciliary care;

- Hospital discharge; and

- Maternity services.

# Health and social care issues from local Healthwatch

## Access to GPs

Themes include:

- looking at reasons why some individuals were not registered with a GP

- experiences of children and young people in accessing GPs

- a lack of involvement of local people in the re-provision and future planning of GP services

# Health and social care issues from local Healthwatch

**Mental health**

Themes include:

- The experiences of children and adolescents accessing mental health services

- Comparison between mental health services
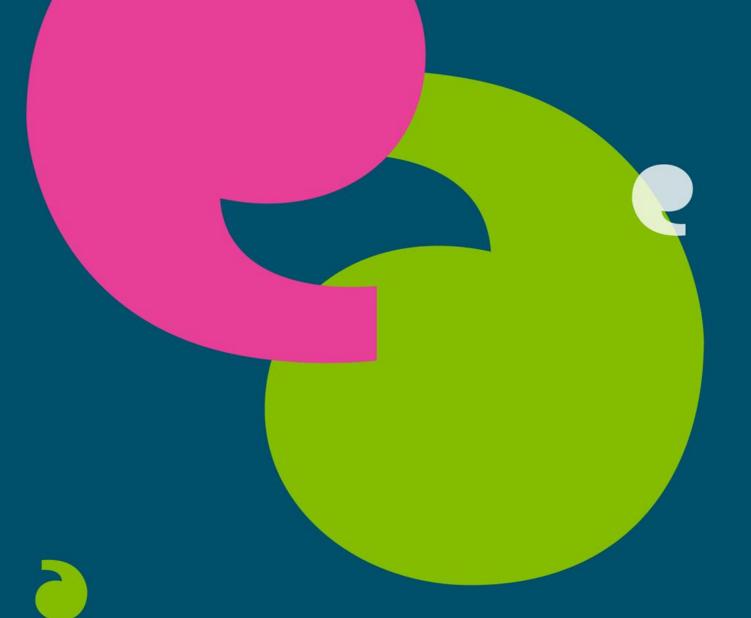
# Health and social care issues from local Healthwatch

**Domiciliary Care**

Themes include:

- Looking at perceptions of people moving into a home

- perceptions on care received

# Health and social care issues from local Healthwatch

**Hospital discharge**

Themes include:

- concerns around provision of information

- a lack of communication around discharge dates

- some patients considered they were not treated with dignity and respect

# Health and social care issues from local Healthwatch

**Maternity services**

Themes include:

- Positive perceptions of maternity services

- Better and more consistent advice need for expectant mothers

# 3.0 Public Participation

Anna Bradley

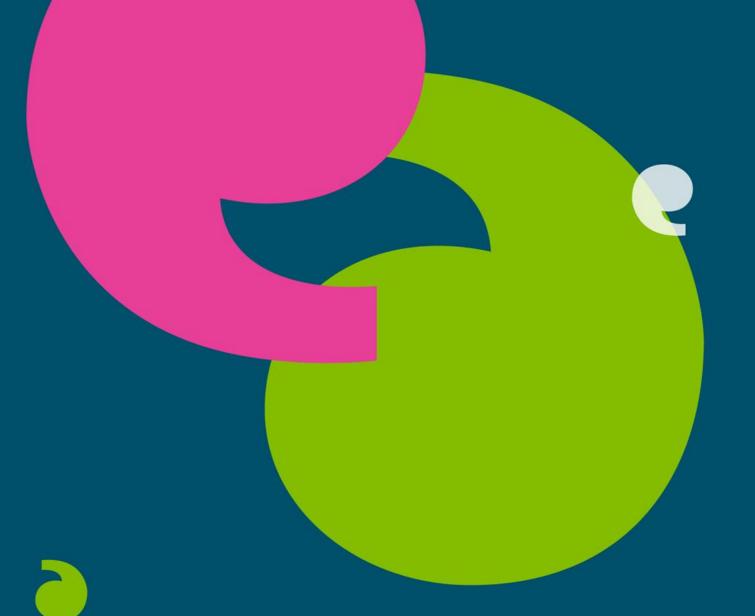# 4.0 Complaints Champion

**Sarah Armstrong and Gerard Crofton-Martin**
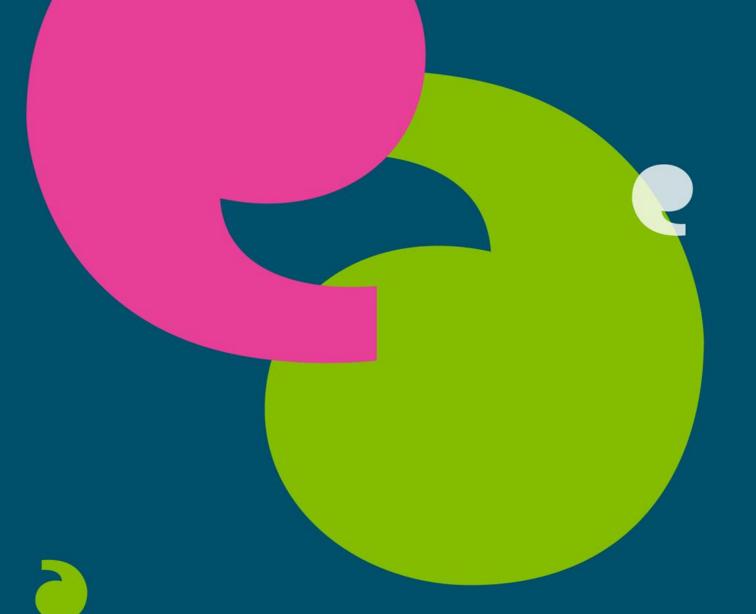
# 5.1 Business planning principles 2016/17
## Dr. Katherine Rake

# 5.2 Quality Statements

**Gerard Crofton-Martin**

# 5.3 Healthwatch Index

**Gerard Crofton-Martin**

healthwatch

# Healthwatch Index framework

| Principle | Subcategory |
|---|---|
| Essential services | • Services that refer to a situation of crisis<br>• Services that respond to an urgent need<br>• Services that require continuous support |
| Access | • Contacting the service<br>• Waiting times<br>• Convenience of accessing the service<br>• Service availability<br>• Barriers to access |
| Quality, safety and dignity | • Confidence and trust in care professionals<br>• Privacy and confidentiality<br>• Be given enough time<br>• Dignity<br>• Safety<br>• Physical comfort<br>• Compassion<br>• Outcomes |
| Information and education | • Explanations from care professionals<br>• Informed care professionals<br>• Information coherence<br>• Information on procedures<br>• Information upon discharge<br>• General information provided<br>• Information on medicines<br>• Information awareness<br>• Health literacy |

# Healthwatch Index framework

| Principle | Subcategory |
|---|---|
| Choice | • Choice of treatment<br>• Choice of individual health professional<br>• Choice of appointment time/date<br>• Choice of which provider<br>• Choice of products |
| Be listened to | • Being listened to by own care professional<br>• Emotional support<br>• Care progression (care review)<br>• Other areas of life<br>• Complaints support |
| Being involved | • Shared decision-making<br>• Involvement and hospital discharge<br>• Personal circumstances<br>• Family, carers and friends involvement |

**6.0 Any other business and close of session**
Anna Bradley