

# **HEALTHWATCH ENGLAND COMMITTEE MEETING PAPERS**

Wednesday 25<sup>th</sup> October 2017  
London

Venue: 151 Buckingham Palace Road,  
Victoria, London SW1W 9SZ



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A number of pages have been left deliberately blank for formatting purposes.



**AGENDA ITEM:** Minutes, action log and matters arising

**PREVIOUS DECISION:** The minutes of the Committee meeting of Wednesday 24 May 2017 were agreed as a true record of the meeting subject to a number of amendments

**EXECUTIVE SUMMARY:** This report reflects the minutes and actions of the Committee meeting of Monday 31 July 2017

**RECOMMENDATIONS:** The Committee are asked to APPROVE the minutes and NOTE the action log of the Committee meeting of Monday 31 July 2017

Healthwatch England Committee Meeting Minutes of meeting No. 20		
<p><b><u>Location:</u></b> Reading Town Hall, Blagrove Street, , RG1 1QH</p> <p><b><u>Date:</u></b> Monday 31 July 2017</p> <p><b><u>Attendees</u></b></p> <ul style="list-style-type: none"> <li>• Jane Mordue - Chair</li> <li>• Jenny Baker - Committee Member and Chair of Healthwatch Bucks</li> <li>• Andrew Barnett - Committee Member</li> <li>• Pam Bradbury - Committee Member and Chair of Healthwatch Dudley</li> <li>• John Carvel - Committee Member</li> <li>• Deborah Fowler - Committee Member and Chair of Healthwatch Enfield</li> <li>• Liz Sayce - Committee Member</li> </ul> <p><b><u>Apologies</u></b></p> <ul style="list-style-type: none"> <li>• Helen Horne - Committee Member and Chair of Healthwatch Cumbria</li> </ul> <p><b><u>In attendance:</u></b></p> <ul style="list-style-type: none"> <li>• Imelda Redmond -National Director</li> <li>• Neil Tester - Deputy Director</li> <li>• Joanne Crossley - Head of Operations</li> <li>• Esi Addae - Committee Secretary (minutes)</li> </ul>		
1.0	Welcome and apologies	Action
1.1	<p><u>Apologies</u></p> <p>Apologies were noted from Helen Horne.</p>	
1.3	<p><u>Confirmation of agenda</u></p> <p>The Committee confirmed the agenda.</p>	
2.0	Declarations of interests	
2.1	The Committee noted that there were no real, perceived or potential conflicts of interest experienced by any member in relation to the items on the agenda.	

<b>3.0</b>	<b>Minutes of previous meeting</b>	
3.1	<u>Review minutes of previous meeting</u> The Chair presented the minutes of Wednesday 24 May 2017 for approval. The following comments were made:	
3.2	John Carvel noted that since the dissolution of the Audit and Risk Sub Committee at the May Committee meeting, there has not been the opportunity for Committee discussion about organizational risks. Assurance was given that risk is discussed at Leadership meetings on a monthly basis, and key risks facing the organisation are detailed in both the National Director's report (agenda item 1.5) and the Performance report (agenda item 2.3).	Esi Addae
3.3	Jenny Baker noted that a number of suggestions made by Committee Members at the previous meeting had not been noted as action points, and queried how suggestions and ideas are captured.	Imelda Redmond
3.4	<u>Actions arising from the previous meeting</u> The Committee noted the current status of the actions arising from the previous meeting. Action 8 should be updated to reflect the correct deadline of February 2018.	
3.5	<u>Matters arising not covered elsewhere on the agenda</u> Committee Members were updated that local Healthwatch leadership support will be explored as part of the strategy consultation. In addition, how local Healthwatch are involved in the intelligence process/framework is being developed by Neil Tester. Helen Horne on her return will discuss with Imelda Redmond, the role of the Regional Committee group. The Committee development plan will be shared with Committee Members in December 2017, following the recruitment of Committee Members in summer/autumn 2017. The updated risk tolerance statement, once reviewed by the Audit, Finance and Risk Sub Committee, will be shared with Committee Members at the October Meeting. Imelda Redmond informed the Committee that an updated Equality and Human Rights Plan would be embedded into the 2018-19 business plan to be developed once the Healthwatch England Strategy is agreed.	
<b>4.0</b>	<b>Agenda Item 1.4 - Chair's Report (Jane Mordue)</b>	

4.1	Jane Mordue presented the Chair's report, highlighting in the discussion how informative her visits to local Healthwatch have been.	
4.2	<p>The Committee was informed that recent meetings with Simon Stevens and other representatives of NHS England have concluded that this would be an appropriate time to develop a Memorandum of Understanding with NHS England.</p> <p>Healthwatch England has also been invited to join the advisory group with oversight of the development of Accountable Care Systems. Andrew Barnett noted that association with NHS England provides Healthwatch England with an influential platform to share our intelligence with the health and social care system. He asked how Committee Members are made aware of information shared with key stakeholders.</p>	Neil Tester
4.3	It was noted that as CQC continue to develop their regulatory approach to reflect the priorities set out in their new strategy, support will need to be given to local Healthwatch to reflect the changes. Imelda Redmond updated on the work of Gerard Crofton-Martin, currently in pilot stage, about how intelligence is shared between local Healthwatch and CQC and how the impact of this intelligence is reflected to local Healthwatch.	Olly Grice
4.4	Committee Members also considered that this might be a beneficial time to review the relationship Healthwatch has with Clinical Commissioning Groups as there is considerable variation in engagement with local Healthwatch.	
4.5	Committee Members were updated that due to delays in securing approvals, there has been a delay to the recruitment of Committee Members. Committee Members will be informed of the final timetable when confirmed.	Imelda Redmond
5.0	<b>Agenda item 1.5 -National Director's Report (Imelda Redmond)</b>	
5.1	Imelda Redmond presented the National Director's report, reflecting on how the organisation continues to build relationships with external stakeholders. She had appreciated the opportunities to speak at a number of national conferences.	
5.2	It was noted that Imelda has been invited to attend NHS Equality and Diversity Council meetings, succeeding Liz Sayce.	

5.3	Committee Members' attention was drawn to the Leadership team's assessment of the current risk facing the organisation in relation to staff capacity and capability due to a number of departures and delays in recruitment coupled with a minimum of 2 month notice periods for staff.	
5.4	An update was briefly given on the development of the next Healthwatch England strategy and Committee Members noted the strategy update report.	
5.5	Conference evaluation has started and planning has begun for next year's event.	Andy Payne
5.6	The end of year data return was completed by local Healthwatch and responses are being analysed, with the findings being prepared to share with the network in Quarter 2.	Neil Tester
5.7	Deborah Fowler commented on the doubling of the number of people visiting the website to find their local Healthwatch since the launch of the #Itstartswithyou campaign. It was further discussed that part of Healthwatch England's role should be to highlight to system players the support needed for services in 'the middle' of performance measures.	
5.8	Committee Members asked what distinctive value Healthwatch England brings to the work of Quality Matters. Healthwatch England's role is working in 4 key areas, and in particular we have launched a social care complaints toolkit to help councils, care staff and services work together to improve local complaints handling. Committee Members were keen that there should be clear ways for staff to know that they have been successful.	
5.9	Imelda Redmond assured Committee Members more information is being received about how public engagement has made a change or had an impact on services, however, more depth and detail is needed. Neil Tester supported this, having noticed the increase in local Healthwatch noting the impact they have made in reports, especially when system leaders have appreciated the value of their work.	
5.10	Pam Bradbury reflected that Healthwatch England have not had as close a relationship with Health Education England as with other stakeholders and was keen to explore the potential for the Leadership Academy and regional relationships.	Imelda Redmond
5.11	Jenny Baker reflected that some local Healthwatch had been expecting governance training from the Good Governance Institute at the sessions to develop governance products.	Imelda Redmond



5.12	Imelda Redmond replied to a question about Healthwatch England's role in local Healthwatch funding decisions. She noted the need for efficiency, which Healthwatch England supports by providing advice, guidance and training to local Healthwatch. By also recognizing the financial difficulties that councils are facing, she also noted the statutory limitations faced by Healthwatch England in influencing local decisions. The organisation is looking at how to provide levers to support local Healthwatch at a regional level. Also that it would be helpful for senior stakeholders to visit local Healthwatch to understand more about their work.	Jacob Lant
5.13	<p>Neil Tester updated Committee Members that Healthwatch are involved in the celebration of 70 years of the NHS and this will involve a forward look on the NHS and asking people where they would like the NHS to look like in the future.</p> <p>The celebration will begin in July 2018. Pam Bradbury suggested that the team consider incorporating the #Itstartswithyou campaign by asking for contributions from local Healthwatch staff and volunteers.</p>	
6.0	<b>Agenda item 1.6 -Committee Members update (Committee Members)</b>	
6.1	Jane Mordue introduced the Committee Members update, which gives Committee Members the opportunity to discuss activities and events on behalf of Healthwatch England and in their other roles.	
6.2	Pam Bradbury reflected that the Committee Members update did not fully reflect her activity as a Committee Member. Deborah Fowler suggested that it would be helpful to encapsulate activity against the collective and individual objectives of Committee Members.	Imelda Redmond
6.3	Committee Members noted that they have not attended Department of Health ALB Non-Executive Directors (DH NEDs) events in a while and were updated that there is a new staff lead at DH who will be in touch with more information when a new programme of events is confirmed.	Esi Addae
7.0	<b>Agenda item 1.7 - Delivery Report (Neil Tester)</b>	
7.1	Neil Tester presented the Delivery Report noting the updated format which provides an operational overview and delivery highlights for quarter 1 2017/18.	
7.2	John Carvel noted that it would be helpful to continue to have media statistics in the report especially to take into account where key campaigns such as #Itstartswithyou have made an impact.	Neil Tester

<b>8.0</b>	<b>Agenda item 2.2 - Quarter 1 2017/18 - Financial update (Joanne Crossley)</b>	
8.1	<p>Joanne Crossley updated that as of Quarter 1, spend = £563,602 against the quarter's budget of £674,466. There was an in-quarter underspend of 16.4%.</p> <p>It was noted that there have been a number of vacancies which have resulted in a pay underspend. The vacancies are expected to be filled in Quarter 3. Imelda Redmond explained that most members of staff have a 2 month notice period, and with an average 5 month recruitment process, there is often a delay in recruitment, resulting in the pay underspend.</p>	<p>Joanne Crossley</p> <p>Imelda Redmond</p>
8.2	Pam Bradbury encouraged staff to perhaps increase the 'hot-budget' to reduce the underspend in the priorities which are at the core of our work. These are to provide leadership, support and advice to local Healthwatch to be a powerful advocate for services that work for people as well as bringing the public's views to the heart of national decisions about the NHS and social care.	
<b>9.0</b>	<b>Agenda item 2.3 - Quarter 1 2017/18 - Performance Report (Imelda Redmond)</b>	
9.1	Imelda Redmond presented the Quarter 1 performance report, stating that after review, the Leadership Team had no concerns about ongoing delivery.	
9.2	<p>Committee Members were highlighted to the risk about staff capacity and capability and were assured that this is currently the key priority for the leadership team.</p> <p>Committee Members suggested that it may be helpful in a small team to employ generalists who can be trained rather than specialists who are more difficult to recruit and replace.</p>	
9.3	John Carvel noted that it is difficult to note from the Performance Report what the key risks facing the organisation are. It was noted that the quarterly review of the Audit, Finance and Risk Sub Committee would mitigate this.	
<b>10.0</b>	<b>Agenda item 2.4 - Governance review update (Imelda Redmond)</b>	
10.1	Imelda Redmond updated that there will be a quarterly update until all actions are complete.	
<b>11.0</b>	<b>Agenda 2.4.1 - Audit, Finance and Risk Sub Committee (Imelda Redmond)</b>	
11.1	Imelda Redmond introduced the Terms of Reference, role description for the Chair and Sub Committee Members of the Audit, Finance and Risk Sub Committee.	

11.2	A number of wording corrections were suggested, including paragraphs 7.1.2 and 7.4.1.	
11.3	Deborah Fowler offered to make more substantive changes to the documents, suggesting that an imperative role of the Chair of the Sub Committee is to raise concerns with the Chair and National Director and vice-versa.	Deborah Fowler
11.4	<p><b>AGREED: Committee Members agreed the terms of reference, role description for the Chair and Sub Committee Members subject to amendments.</b></p> <p><b>AGREED:</b></p> <ul style="list-style-type: none"> <li>• For the Chair to appoint the Sub Committee Chair.</li> <li>• For Committee Members to suggest their interest in Sub Committee Member roles to Jane Mordue.</li> </ul>	
11.0	<b>Agenda item 2.5 - 2017/18 Programme Management Framework outline (Joanne Crossley)</b>	
11.1	Joanne Crossley introduced the programme management framework which has been developed to enable staff to plan all key projects and enable accountability and cross team working. This is currently being piloted with the business analysis work. It was suggested that it would be helpful as a toolkit for local Healthwatch.	Joanne Crossley
12.0	<b>Agenda item 2.6 - 2016/17 Annual Report (Imelda Redmond)</b>	
12.1	Imelda Redmond updated that the Annual Report will be based on local Healthwatch and Healthwatch England work into people's experiences of health and social care services.	
12.2	John Carvel suggested the inclusion of engagement more clearly as a theme in the annual report. Whilst Committee Members appreciated that the value of engagement was included in the key messages, they wanted more inclusion of examples of good engagement, the difference it has made to the design and delivery of services and where relevant, case studies from local Healthwatch.	
12.3	They noted that the examples of the state of public experience felt outdated. It was clarified to Committee Members that this is because of the tagging/coding on the CRM system and more current language will be used.	
12.4	It was advised that staff should be clear on when describing Healthwatch England work, local Healthwatch work and the work of the network as a collective. They also advised clarity in not over claiming the support provided to local Healthwatch and how this may be misconstrued.	
12.5	<b>AGREED: The Chair will share the report in draft with Committee Members and will sign-off the final report.</b>	Ben Knox

13.0	<b>Agenda item 2.7 - Strategy engagement update (Imelda Redmond)</b>	
13.1	The strategy engagement update was noted and no comments were made.	
14.0	<b>Agenda item - 2.8 Local Healthwatch use of the Healthwatch brand (Neil Tester)</b>	
14.1	Neil Tester introduced the paper which offers the opportunity for a pilot amongst Greater Manchester local Healthwatch to use the brand more flexibly.	
14.2	Pam Bradbury questioned the consequences if the joint brands are more well-known than the individual local Healthwatch or Healthwatch England brand.	
14.3	<p><b>AGREED: The proposed pilot for Greater Manchester, subject to final legal advice.</b></p> <p><b>AGREED: That the wider issues relating to joint commissioning will be picked up in the post-strategy brand review, drawing upon the network business analysis.</b></p>	Neil Tester
15.0	<b>Agenda item 3.1 -First Annual Intelligence Summary</b>	
15.1	Neil Tester presented for discussion an update on the first annual intelligence summary.	
15.2	Liz Sayce noted that it would be helpful to know when positive experiences are shared, the reasons for this and how this information can be shared with others. She also noted that the reasons why local Healthwatch should be encouraged to share information with Healthwatch England should be continually reiterated so that they are incentivised.	
15.3	It was noted that often public and patient experience is seen as a way of demonstrating good practice rather than as the basis of driving the commissioning and quality of services and this should be highlighted as a result of Healthwatch intelligence	
16.0	<b>Agenda item 3.1 - Feedback from the annual conference and post conference activity (Imelda Redmond)</b>	
16.1	Committee Members congratulated staff on a successful conference and were encouraged to offer their feedback formally to Hollie Pope.	
16.2	John Carvel suggested that there should be more opportunities for more plenary sessions.	

17.0	<b>Agenda item 3.1 - Any Other Business and close of session</b>	
17.1	There being no further business, the meeting in public was ended. The Chair thanked everyone for their time and contribution.	
<b>18.0</b>	<b>Next meeting</b>	
18.1	Meeting 21 is scheduled for Wednesday 25 October in London.	

The Committee are asked to **APPROVE** the minutes and **NOTE** the action log of the Committee meeting of Monday 31 July 2017

**19.0 - ACTION LOG**

NUM	REFERENCE	LEAD	ITEM	ACTION	DEADLINE	STATUS
1.	CM170202	Imelda Redmond	<u>6.6</u> To include local Healthwatch leadership development as part of the strategy consultation	Local Healthwatch leadership support will be explored as part of the strategy consultation. In addition, this was discussed at the People and Values Sub Committee meeting (SCM170405), AP (Head of Engagement) continues to lead the work on business analysis as well as leading on the leadership of the network as part of the strategy review.	December 2017	Ongoing
2.	CM170202	Neil Tester	<u>10.8</u> To consider how local Healthwatch can be included in intelligence discussions	We have reviewed messaging to local Healthwatch about the intelligence and policy issues we are working on. As the intelligence operation develops, the intention is to hold webinars on particular issues where we have an evidence gap or would benefit from information and advice from local Healthwatch.	October 2017	Ongoing
3.	CM170524	Helen Horne	<u>8.2</u> To consider with Imelda Redmond a proposal on the purpose of the Regional Committee Members group	The meeting had to be cancelled it will be rescheduled for September 2017	September 2017	Complete
4.	CM170524	Imelda Redmond	<u>8.4</u> To present a Committee development plan to Committee Members	A paper will come later in the year once new members of the Committee have been appointed	December 2017	
5.	CM170524	Imelda Redmond	<u>9.1</u> To update the risk tolerance statement	The risk tolerance statement has been reviewed by the staff team and is subject to review by Sub Committee Members at the first meeting of the amalgamated Audit, Risk and Finance Sub Committee	October 2017	Ongoing
6.	CM170524	Imelda Redmond	<u>13.2</u> To review and update the Equality and Human Rights plan	The Equality and Human Rights plan will be updated in line with other supporting documents when the strategy is finalised.	February 2018	Ongoing

				An update is shared in the National Directors report - agenda item 1.5		
7.	CM170731	Esi Addae	<u>3.2</u> To update the previous minutes confirming the dissolution of the Audit and Risk Sub Committee	The minutes have been amended to confirm the dissolution of the Audit and Risk Sub Committee	October 2017	Completed
8.	CM170731	Esi Addae	<u>6.3</u> To share the new staff lead contact details for the DH NEDs programme to Committee Members			Completed?
9.	CM170731	Joanne Crossley	<u>8.1</u> To include budget predictions as part of quarterly reporting			Completed

**AGENDA ITEM:** Chair's Report

**PRESENTING:** Jane Mordue

**PREVIOUS DECISION:** N/A

**RECOMMENDATIONS:** Committee Members are asked to **NOTE** the content of the report.

**EQUALITY AND DIVERSITY:** My aim is to support the organisation in fulfilling its statutory obligations in respect of equality and diversity. My activity over the quarter has sought to ensure that we are drawing on the full range of experiences from the widest possible group of people.

## **1. People's Views**

This month, the Care Quality Commission published its 'State of Care' report. This shows health and care systems coping, just. The main challenge is that we still have a 20<sup>th</sup> century model of care and need urgently to move this into the 21<sup>st</sup> century. Two key factors to make change happen are leadership and culture. And these two can only bring success when coupled with really good information about what works for people, patients, users, customers even.

At Healthwatch England we have been preparing for the issue of the Annual Report on our work. This tells Parliament, and everyone else, how we find the state of public experience. The report has been signed off by the CEO of CQC as the accountable officer and will be published on 2 November 2017

## **2. Healthwatch England Strategy**

We continue to work on our new strategy which is proving both exciting and instructive. From June to September we ran a number of engagement activities to help ensure that the public, Healthwatch staff and volunteers and other stakeholders could help shape the initial thinking behind our future strategic direction. We asked five broad questions that linked to our vision, our mission, the challenges and opportunities we face, as well as where people think we should focus our efforts. Eight events have engaged over 200 people face to face, the majority of whom were Healthwatch staff and volunteers. We have also met a range of national stakeholders. We also received over 50 online submissions, nearly half of which were from members of the public; 32% from local Healthwatch and 14% were from other health and care organisations. Aspirations which emerged included:

- People and communities coming first and having more control
- A focus on people doing more for themselves and services helping people to stay healthy and happy, preventing problems before they occur and helping them to manage any conditions they face.



- People having access to the information they need to look after their own health and care as well as quick access to the right help when they need it
- A different culture of care when people and services would work in partnership to achieve the best outcomes. Communities would set health and care priorities.

The challenge to Healthwatch England is to work out how best we can use our resources to help deliver this vision. We are on the case. The committee met in workshop recently to consider ideas put forward by the Healthwatch England team, based on the above. These will go back out to the wider world for their input before the end of October, after which we aim to land our strategy by the end of the year.

### **3. Local Healthwatch**

Funding - as local authorities continue to adapt to their new reduced funding regime, the squeeze continues on local Healthwatch funding. In most cases, this looks perilously like 'death by a thousand cuts'. Recent repeats of our workshops with commissioners were warmly welcomed by them and we continue to work closely with them to maintain viable services. We remain vigilant and will take action if commissioners fail to provide enough to enable local Healthwatch to deliver their statutory activities.

Visits to local Healthwatch - I was very pleased to visit Healthwatch Tower Hamlets in August to attend their AGM and a lively community event in Victoria Park\*. Despite pouring rain, they managed to assemble an effervescent crowd of all ages. A roomful of games engaged everyone in describing how health and care services could work better for them and their community. Those who conscientiously worked their way around all the activities were rewarded with a goody bag and free face painting. I was impressed by the enthusiasm and organisation of the event which involved all sections of the community. I came away with a whole new view of Tower Hamlets!

\*Victoria Park was created by 19th century benefactors, supported by the eponymous queen, to provide fresh air, recreation and even baths for the workers of the East End.

### **4. Work with strategic partners**

I met the leadership of the North Irish equivalent of Healthwatch England - the Patient and Client Council. There are undoubted opportunities for comparing notes, not least as some of their work is being taken up nationally by NICE. Each year the Minister for Health in NI releases a document, 'Priorities for Action' to set targets for the NHS. The Council helps inform this by asking its members, 'If you were the Minister, what would your top three issues be?' They too have had a particular focus on hard to reach communities. The possibility of a UK meeting for public involvement bodies was mooted.

Unusually, my main activity has been as chair of the Citizens Advice Rural Issues Group. I attended the All Party Parliamentary Group on Rural Affairs to talk about transport and caught up with the Rural Health, Health APPG representative there. Working with the Rural Services Network (CA's counterpart in the local authority world), we found from a survey that health was the number one concern for people living in the countryside, followed by transport.

## **5. Committee recruitment**

Undoubtedly the major focus of my activity over the past 2 months has been on the campaign to recruit committee members. In the pipeline since May, we finally gained access to the recruitment agency, Gatenby Sanderson at the end of August. Since then the campaign has moved at a pace and we are aiming to recruit six members by November. Start dates will be staggered to avoid a repetition of the current situation where five members are due to finish at the end of April 2018. We are looking for members who are passionate about Healthwatch and its work on public involvement. We will improve diversity and we want knowledge of the health and care world. Skills in strategic thinking, customer focus and governance are also in the frame. At the timing of writing, there has been an encouragingly strong reaction. An update will be provided to the meeting. In the meantime, we bade farewell to John Carvell, a founder member who has contributed greatly to the birth and maturing of Healthwatch England. John is becoming a non-executive director of Dorset Community and Mental Trust, another member of the growing Healthwatch diaspora!

### **List of meetings and events (August - October 2017)**

- Healthwatch Tower Hamlets (August)
- Healthwatch Northamptonshire Annual Meeting (October)
- Patient & Client Council Northern Ireland (October)
- CQC Board meeting (September)
- CQC Board meeting (October)

**AGENDA ITEM:** National Director's report

**PRESENTING:** Imelda Redmond

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** This report outlines progress on the development of our strategy and developments in our external environment since the Committee last met.

**RECOMMENDATIONS:** Committee Members are asked to **NOTE** this report

## **1 Update on activities**

- 1.1 Since the Committee last met in Reading we have made considerable progress across a number of areas including development of the new organisational strategy, stakeholder management, relationships with the local network and profile. Before starting this report I made the assumption that there wouldn't be too much to report considering we had the quieter time of August and I had Annual leave; but looking back over the time since our meeting I can see that much has progressed and I am pleased with where we are at this point.

## **2 Stakeholder Relationships**

- 2.1 I have continued to spend a significant amount of time investing in building strong relationships with our many stakeholders. A list of the external stakeholders I have met during September is at the end of the report for your information. I am pleased that I am continued to be asked to speak at people's events, I am also pleased other members of the team also regularly give speeches and presentations to host of conferences and events. There is more detail in the delivery report later in the papers. I recently gave a speech at National voices AGM and at the National Clinical Senates event.
- 2.2 I have had a number of very fruitful meetings with external organisation that we may want to consider having a strategic partnership with as part of the delivery of the next strategy for example Care Opinion, Patient Information Forum and the NHS Leadership Academy.
- 2.3 As I become more established in the sector I am pleased that I have been asked to join a number of strategic committees or working groups. These have proved useful in helping other parts of the system understand the role and contribution of Healthwatch at a local and national level. I now sit on a new NHS England STP/ACO Advisory Group, the Equalities and Diversity Council; NHSE Commitment to Carers Work stream, National Adult Safeguarding Committee and the Public Health England Health Checks Board.

## **3 Internal facing work**

### **3.1 Staffing**

We continue to build a strong team with clear accountabilities and methods of

working. During the six weeks the Senior Leadership Team has had the opportunity to have two developments days to help us get to know each other so that we can play to our strengths and develop as a team. We have planned a staff away day for December. The Staff Engagement Group continues to meet and has been a very useful source of feedback and morale building. At the last meeting I highlighted the risk (opportunity) we are carrying as some staff left the organisation and we are also expecting three members of staff to go maternity leave. I am pleased to say that the recruitment programme has gone well we have a number of new starters who are settling in well and making a good contribution.

Staff have all now been through training on the Tone of Voice. Attached is a summary of how we want to communicate with all audiences for your use and information. They have also been through CRM training; we intend to have the CRM used by all staff in the near future.

Staff have had a second full day on developing the organisational strategy, they brought some great insights and pragmatism to the planning.

- 3.2 Earlier this month Price Waterhouse Cooper undertook an internal audit, we have not as yet received the report, which will go the next Audit, Finance and Risk Sub-Committee meeting. At the end of the meeting we got some very positive feedback from the auditor on the progress the organisation had made since the last internal audit.

#### **4 Committee Recruitment**

As the Committee is aware we appointed Gatenby Sanderson (GS) to carry out the recruitment campaign for six new Committee members. The closing date was 16 October 2017. We have a fantastic response and have received 390 applications. GS are carrying out the first stage shortlist. The dates for the interviews have yet to be set but are likely to be late November.

#### **5 Strategy Development**

The work on developing the new strategy is going well. The first stage of the consultation is now complete and we are ready to begin the more detailed consultation. The draft document for consultation is dealt with under 2.4 of these papers. I have been out to a number of network meetings to test the ideas out on them and they are landing well. I am also speaking to many other stakeholders to make sure that we are aligned where possible and that there are no surprises when we publish

#### **6 Network**

- 6.1 Over the past few months I have had the opportunity to go to a number of network meetings across the country. I presented to well-attended meetings in the north west, Bristol, Thames valley, Leeds, and SW network in Winchester. I have presented the findings from the consultation on the strategy with them and have had a very positive response. There is a desire for a much closer working relationship between Healthwatch England and Local Healthwatch; more formalised and transparent. There is no doubt that funding continues to occupy the agenda and we'll need to progress some work soon where the points of influence are in the system so we can

help people engage in the right way.

We have recently run a series of events for Commissioners, at these meetings we have presented our thoughts on our work with the network and they too are looking for clearer guidance from us on how to Commission Healthwatch. This is something we will be able to pick up in the new strategy. Later in these papers you will see the current information we have on LHW funding and some plans about what we intend to do with this information. There is no doubt we need to up our engagement with local authority leaders at all levels so that they really understand the role and importance of Healthwatch.

Since the Committee approved the 'escalation process' in April 2017 for managing funding issues that LHW come to us about we have used the Committee's new approach to exercising these powers for the first time. This had the desired effect of pausing the issuing of a tender whilst the local authority reconsiders its position.

I have been asking the local network to provide me information to use at national meetings e.g. Clinical Senate, STP/ACO; their feedback has been really helpful and meant my contribution is based on in-depth up to date experience of a number of LHW.

## **7 Influence.**

7.1 Over the past couple of months we have used the insight from LHW to influence the policy environment. We have published two reports on social care, one focusing on care homes and the other on home care. We have also published our follow up two years on from the enquiry into people's experience of hospital discharge. We are pleased to see that our recent report on Dementia is being used by NHSI's Dementia Assessment and Improvement Framework. The publication of these reports has given us the opportunity to increase our media coverage. You can see the stats on that in the delivery report later in these papers.

7.2 During Q2 we started our annual engagement, as a statutory consultee, with the Department of Health on its refresh of the Mandate to NHS England. This process informs decisions on the deliverables for NHS England for 2018/19.

We will continue to make the case for the Mandate to:

- Strengthen public involvement in major service change initiatives;
- Encourage greater use of people's experiences as a way of measuring the extent to which services are providing integrated care;
- Set clear expectations around the NHS demonstrating how it is learning from feedback and complaints.
- 

New areas we will focus on this year will be:

- Mental health and the need for greater evaluation of service improvements to ensure they are having the impact people want;
- Reviewing how the Mandate sets expectations to deliver against current NHS targets and how this compares to what matters most to people.

We will be writing formally to the Minister in November to set out our view in more detail and to reinforce our expectation that we will have the opportunity to review the draft refreshed Mandate before it is published.

Meetings for Imelda during last quarter:

- ARMA Policy Event
- NHS England STP meeting
- London Assembly Health Committee; gave evidence on the Mayor's draft health inequalities strategy meeting
- NHS Confederation
- Healthwatch Halton
- Lord Toby Harris
- SU25 (Sian Jarvis) -
- Sanchita Hosali - British Institute of Human Rights
- Louise Watson NHS England lead - National Multispecialty Community Provider (MCP) Lead
- Michelle Mitchell - MS Society
- Tim Gilling - Centre for Public Scrutiny
- National Voices Strategy Event
- National Adult Safeguarding Leadership Meeting
- Neil Churchill
- South West Healthwatch
- Amanda Campbell - National Ombudsman
- Jackie White - NHS England - Lead for LTC
- Network meeting Yorkshire & Humber
- Network meeting South West
- Network meeting Thames valley
- National Clinical Senates Meeting
- 7 day services national advisory group meeting
- Berkshire Healthwatch
- Nicole Naylor - Patient Information Forum
- Steve Hart - National Leadership Academy
- Wessex Healthwatch Network meeting

Committee Members are asked to <b>NOTE</b> this report
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# Our tone of voice

## Friendly but not informal

We want people to feel that they can approach us and talk to us, but to understand that we are a professional organisation. We should therefore use plain, simple language, but not be insincere.

- ✓ Use accessible, clear language and short sentences.
- ✗ Use jargon. Use vague language. Talk in long sentences. Use text speak or slang.

## Compassionate but not emotional

We discuss the often difficult experiences people share with us in a delicate way, but we do not apply judgement. We don't describe people's experiences as 'awful', 'sad' or 'horrendous', we let the stories speak for themselves.

- ✓ Talk about real people's experiences. Use people's names (where possible).
- ✗ Apply judgements to people's stories. Describe them using words such as 'amazing' 'awful' or 'horrendous' etc.

## Authoritative but not cold

Everything we say is rooted in evidence, and we do so in a human, accessible way. We should speak confidently about our evidence and state where it comes from, but we mustn't be too academic, as we're always talking about real people's experiences.

- ✓ Speak confidently about what you have heard. Be clear about where our evidence has come from.
- ✗ Be too academic or lose sight of the people at the heart of the story.

## Informed but not superior

Everything we share is rooted in evidence, but we don't think we know everything or that we are the only ones who speak to the public. We should share what we know, but not ignore other evidence or viewpoints.

- ✓ Share information / evidence.
- ✗ Ignore other evidence or points of view.

## Helpful but not heavy-handed

We are here to help people get the support they need. We should guide people to useful information, but we can't tell them what to do.

- ✓ Guide people to information. Suggest actions people could take.
- ✗ Tell people what to do.



# How to avoid jargon

Instead of saying	Say
Impactful	Effective
Feeding into	Contributing to
Going forward	From now on
In the round	Generally, overall
Take this offline	Discuss this later/elsewhere
Across the piste	In general, across the board
Co-production	Working together
Co-design	Design, design/develop together
Blue sky thinking	Coming up with ideas, creativity
To action	To do, address
Joined-up thinking	Working together
Synergy	Work well together
Slide pack	Presentation
Health and social care system	Health and social care services

Instead of saying	Say
Pre-meeting/pre-reading	Meeting/reading
Cascading	Sharing
Upskill	Train, teach
Value-add	Add value, improve
Leverage	Use, make the most of
Rich conversations	Be more specific - useful discussion, lots of new ideas etc.
Touch base	Meet, discuss, give an update
Granularity	Detail
Land (e.g. How do we think this is going to land with the Minister?)	Be received by, what will he/she think?
Land (e.g. When do we think this report will land?)	Be published/launched/finished/done
Reach out	Contact, talk to
Road map	Plan, timeline
Seldom heard groups	We listen to the views of people from all areas of the community
Leading on (e.g. Who is leading on this project?)	Leading, running, in charge of

For more info go to [Y:\CQC\\_Records\HEALTHWATCH\Communications\Brand Work\1 Healthwatch England\Tone of Voice\20170704 Healthwatch Brand Language Guide.pdf](Y:\CQC_Records\HEALTHWATCH\Communications\Brand Work\1 Healthwatch England\Tone of Voice\20170704 Healthwatch Brand Language Guide.pdf)



**AGENDA ITEM:** Quarter 2 2017/18 - Delivery Report

**PRESENTING:** Neil Tester

**PREVIOUS DECISION:** The Committee approved the draft 2017/18 business plan at its February meeting and the final plan at its May meeting.

**EXECUTIVE SUMMARY:** This paper provides a summary of key achievements during the second quarter of 2017/18 (July - September, 2017). It also describes our developing approach to identifying impact. The paper updates the Committee on delivery of the #ItStartsWithYou campaign and our work on social care. Overall performance against plan is set out in Paper 2.3.

**RECOMMENDATIONS:** The Committee is asked to **NOTE** the report.

**1. Contents of the report**

**1.1. Section 6 summarises our delivery under 5 headings:**

- Helping local Healthwatch and stakeholders to learn and share
- Giving the network the tools it needs
- Receiving and using more network evidence
- Sharing insight and raising awareness
- Supporting quality

**1.2. Sections 3 and 4 provide an update on #ItStartsWithYou and on our two social care reports.**

**1.3. Section 5 represents national, regional and trade media coverage during Q1 and Q2 and compares them with the same periods in 2017/17.**

**2. Comments on delivery**

**2.1. While the Healthwatch 2017 conference was the main focus for network learning during this quarter, we continued to provide regional networking opportunities and training on communications and Enter and View activity. Our move to online delivery of CRM training enabled a very significant increase in the numbers benefiting from this support.**

**2.2. The effects identified in the Q1 report of last year's work in establishing our intelligence processes and processing backdated local Healthwatch reports are now accelerating. Local Healthwatch are making increased use of our research helpdesk, we are receiving and analysing increasing volumes of network reports and information, and we have consequently been able to make greater use of the resulting intelligence during the quarter.**

- 2.3. The restrictions during the General Election reduced our national opportunities for media coverage and for publishing new insight during Q1. Without these constraints, and with a new member of staff focusing on media work from mid-July onwards and filling a gap that existed throughout 2016/17, we have made early progress in re-establishing media relationships and making new inroads into trade media.
  - 2.4. The report sets out how we continued to share Healthwatch insight with national partners. In particular it focuses on the strategic intervention we have made in the social care sector.
- 3. #ItStartsWithYou**
- 3.1. This campaign was developed together with the network through the Communications Group. It sought to learn from the experience of previous network-wide awareness campaigns. The overall objectives concerned engaging the network in joint profile-raising activity, generating opportunities for the public to see and act upon messages about why and how to contact local Healthwatch, and to engage other partners in raising awareness of Healthwatch. Evaluation included comparison with the corresponding period (3-16 July) in 2016.
  - 3.2. National media coverage during this two-week period was up 3% on the previous year, providing 1.34 opportunities to see our messages in addition to local coverage. However our digital reach increased very substantially, aided by successful placement of a story with BBC online. We attracted 41% more visitors to our website and increased visits to the Find Your Local Healthwatch page by 55%. We almost doubled the number of referrals to our site (up 94%) and 22% more people found us by searching.
  - 3.3. Our social media reach increased by 88% and engagement (including liking and sharing our content) increased by 205%. The social media Thunderclap reached more than 1 million, an increase of 63% on the New Year #SpeakUp Thunderclap.
  - 3.4. 23 national organisations supported the campaign. We also identified CCGs, health and care services, local authorities, and voluntary organisations sharing our content.
  - 3.5. 73% of local Healthwatch used the resources we provided to take part in the campaign. Feedback from Healthwatch who took part identified that they had achieved a permanent legacy through increased social media followerships. Healthwatch Cornwall identified that 75% of their website visitors during the campaign were new ones. It was also positive to see the network sharing each other's content during the campaign.
  - 3.6. We and many local Healthwatch continued to use the #ItStartsWithYou message beyond the original two-week campaign, including through providing additional web content, using local Healthwatch examples, though the figures in this report relate

solely to the defined campaign period. We have subsequently used our polling on GP feedback to reinforce the campaign messages.

- 3.7. While it would be wrong to draw firm conclusions about a link, it is worth noting that polling conducted in August 2017 recorded 33% awareness of Healthwatch compared to 21% in December 2016.

#### 4. Social care

- 4.1. During August we published two social care reports: *What's it like to live in a care home? Findings from the Healthwatch network* -

<http://www.healthwatch.co.uk/resource/whats-it-live-care-home-findings-healthwatch-network->

and *Home care services: What people told Healthwatch about their experiences* -

<http://www.healthwatch.co.uk/resource/home-care-services-what-people-told-healthwatch-about-their-experiences>

- 4.2. These reports form part of a sequence of activities intended to respond to the rise of social care in the network's priority list, in the context of our involvement in the Quality Matters coalition. They follow the launch in July of our social care complaints toolkit. Our objectives throughout this series of activities are to ensure that professionals and public alike understand the Healthwatch role in social care and to position Healthwatch England and local Healthwatch firmly at the heart of future social care discussions and decisions.

- 4.3. Our objectives for these reports were:

- To communicate what people have told Healthwatch about care homes and home care;
- To promote good practice and influence policy;
- To outline where local Healthwatch interventions have already made a difference to people;
- To highlight the scale and reach of the network's activities so far;
- To position Healthwatch as having insight into social care as well as health services;
- To demonstrate to the network the benefits of sharing their intelligence with us.

- 4.4. While we were hoping to use the launch of the reports to continue to raise public awareness of Healthwatch, this was a second-order target for this work. We identified our primary audience as being those delivering and managing services, with the secondary audience being those who make and influence local and national policy.

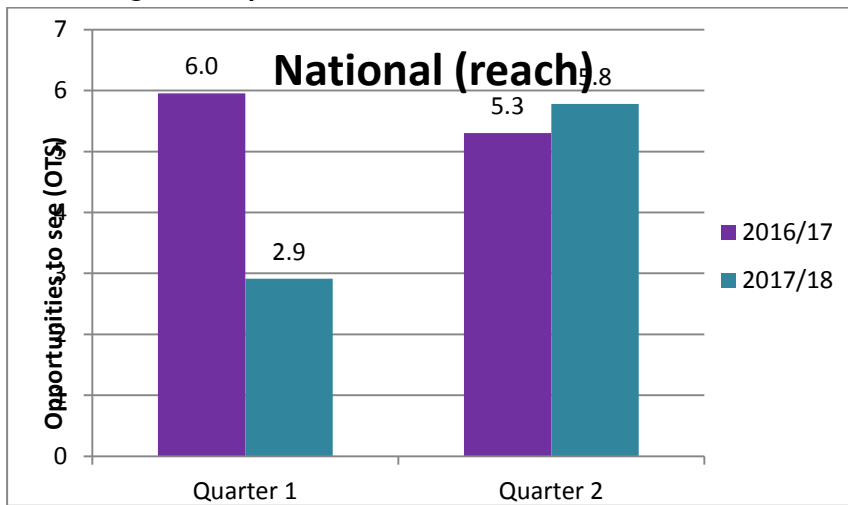
- 4.5. Our extensive and intensive stakeholder work in the run-up to publication ensured that while different stakeholders picked up the messages most relevant to them

from the reports, none criticised the content or tone and a very wide range of organisations shared the reports and their messages.

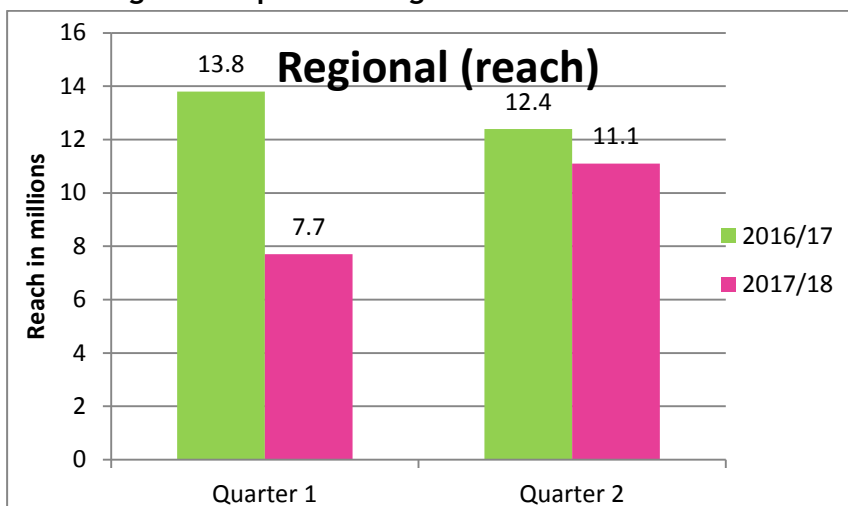
- 4.6. During August and September, the reports were downloaded more than 2,300 times. We achieved a direct social media reach of 1.7 million, including retweets from key stakeholders whose followers contain primary and secondary audiences.
- 4.7. The reports secured blanket national and regional media coverage. Crucially for our objective to reach care workers and managers, we achieved widespread trade coverage. Our reports were also referenced again after launch in connection with other social care stories.
- 4.8. Positive reactive statements were issued by the LGA, LGO, ADASS, Independent Age, Age UK, Alzheimer's Society and the UK Home Care Association. NICE blogged in response and CQC, the King's Fund and National Voices, amongst others, all shared the reports.
- 4.9. Coverage of and comment on our reports carried all of our key messages and it is our assessment that this work has advanced our position in social care substantially quicker than we had expected. This has provided an excellent platform for the next steps as we seek to ensure people's voices are heard in forthcoming policy discussions. To that end, we have shared the reports with the Department of Health and this has informed the insight considered by the Cabinet Office social care review.

## 5. Comparative media coverage

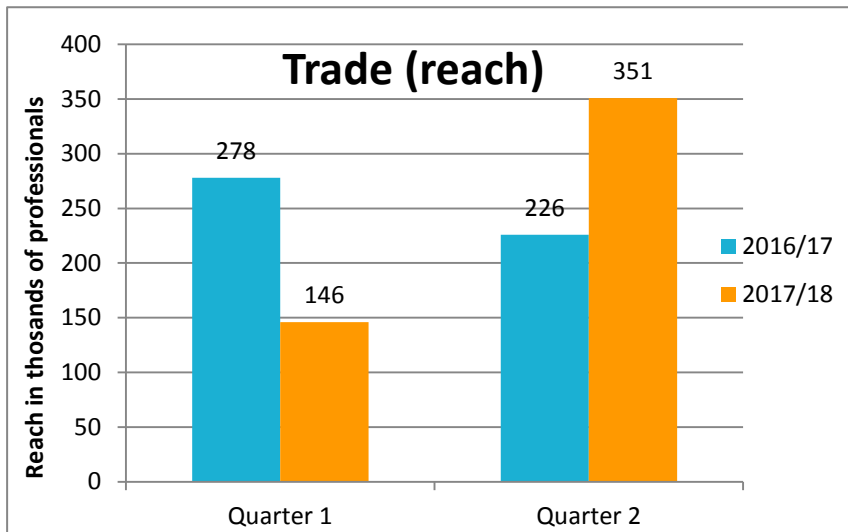
### 5.1. Fig. 1: comparative national media reach



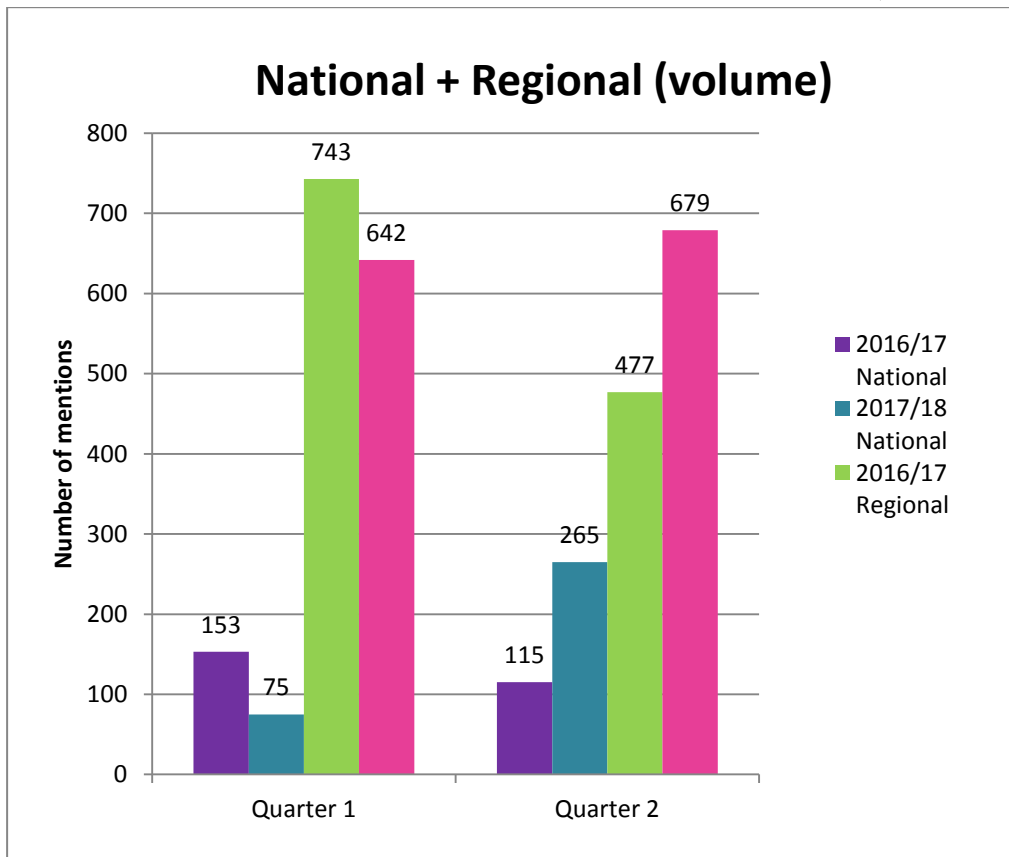
### 5.2. Fig. 2: comparative regional media reach



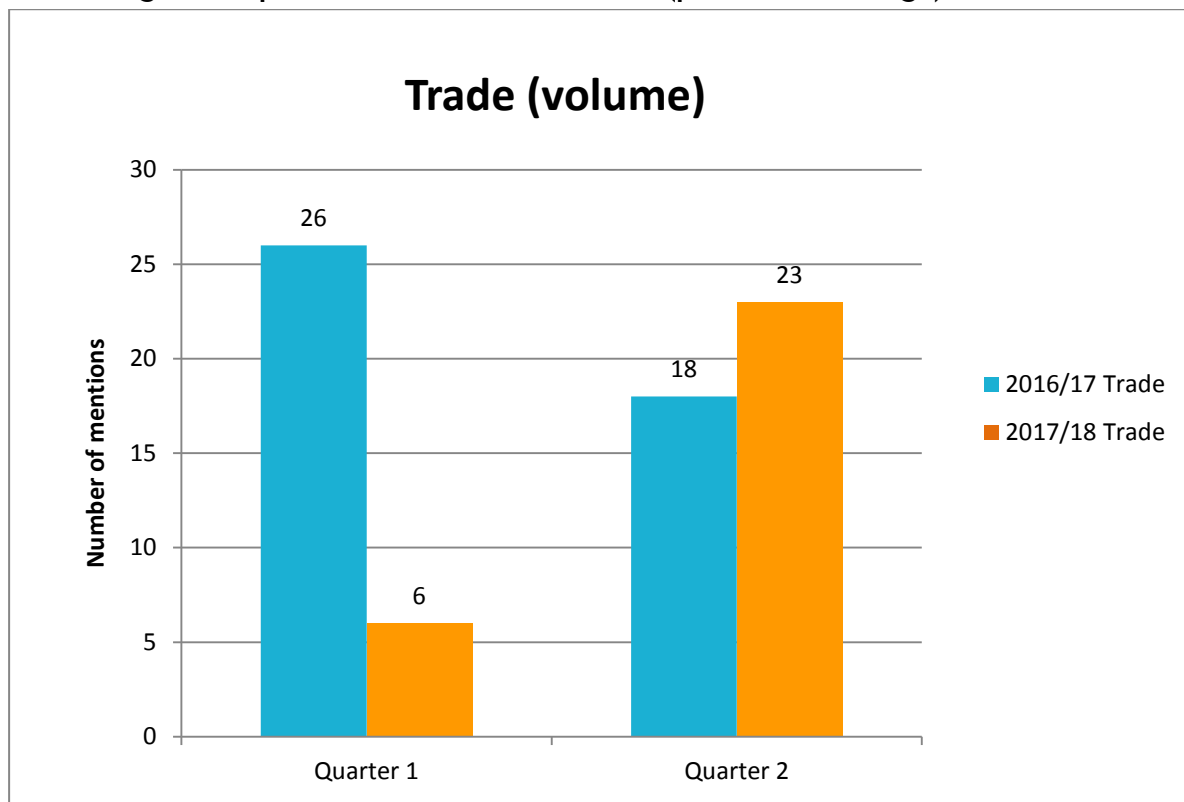
5.3. Fig.3: comparative trade media reach



5.4. Fig.4: comparative national and regional media volume (pieces of coverage)



5.5. Fig.5: comparative trade media volume (pieces of coverage)



## 6. How we have made a difference in Q2, 2017-18

### Helping local Healthwatch and stakeholders to learn and share



- ❑ 360 attendees at Healthwatch 2017 conference, including 260 delegates from 114 local Healthwatch.
- ❑ Brought together 59 commissioners covering 68 local Healthwatch at 4 commissioners' meetings to discuss our future strategy.
- ❑ Trained a further 10 staff and volunteers from 1 local Healthwatch on Enter and View.
- ❑ Brought together 85 local Healthwatch at 8 regional network meetings.
- ❑ 19 local Healthwatch took part in communications training to support their use of storytelling techniques.
- ❑ Trained 112 people from 40 local Healthwatch in our CRM webinars.
- ❑ 28 local Healthwatch took part in 2 awareness days to prepare for the new CRM taxonomy.
- ❑ 8 local Healthwatch received CRM induction training.

### Receiving and using more network evidence



- ❑ Analysed 223 local Healthwatch reports.
- ❑ Received and analysed more than 2,016 individual experiences from 87 local Healthwatch.
- ❑ 83 local Healthwatch using CRM (with next wave of rollout taking this to 94).
- ❑ 34,000 unique visits to the Find Your Local Healthwatch webpage in Q1 + Q2: up 24% on 2016/17.

### Sharing insight and raising awareness



- ❑ Drew attention to the need for effective consultation on NHS England proposals on low-value medicines. Subsequently agreed to design and host a plainer English survey to feed into NHSE consultation (currently more than 500 responses).
- ❑ National Director spoke on the case for effective public engagement at the King's Fund conference on difficult commissioning decisions and at the Health Plus Care conference.
- ❑ Deputy Director spoke on main stage at NHS Expo, where we also ran a workshop on working with local Healthwatch.
- ❑ NHS England Chief Executive spoke from NHS Expo main stage about the importance of the Healthwatch and how Healthwatch priorities had informed NHSE Next Steps document.
- ❑ Published 2 well-received social care reports, on care homes and home care services.
- ❑ These reports informed DH review of social care evidence provided to Cabinet Office.
- ❑ National Director blogged as part of Independent Age's #CareDifferently social care series.
- ❑ Minister Lord O'Shaughnessy thanked Healthwatch England at the National Information Board Leadership Summit for co-ordinating the NIB's Patient, Carers and Service User Vision.
- ❑ Secretary of State's assessment of NHSE performance against 2016-17 Mandate drew heavily upon and linked to our information. The Secretary of State welcomed joint working between Healthwatch England, NHS England and local Healthwatch.
- ❑ Deputy Director blogged about the network to launch Kaleidoscope Health and Care's #Networkfest.
- ❑ Latest brand awareness research indicates 33% of adults in England have some awareness of the Healthwatch brand compared to 21% in December 2016.
- ❑ In Q1 + Q2 we have provided 9.2 "opportunities to see" per adult in England through our media and social media activity.

### Supporting quality



- ❑ 79% of local Healthwatch used our template to produce their annual reports.
- ❑ Provided updated local Healthwatch guidance on General Data Protection Regulations
- ❑ Provided research support to 24 local Healthwatch through the research helpdesk and additional support through the Yammer research group.

### Giving the network the tools it needs



- ❑ Launched our social care complaints toolkit for local Healthwatch as the first tangible output of Quality Matters.
- ❑ Provided wide range of graphic and digital resources to support local Healthwatch #ItStartsWithYou work - used by 73% of network.
- ❑ Use of online brand centre by local Healthwatch up 40% compared to first half of 2016/17.
- ❑ Local Healthwatch have built 156 templates for their communications using our new email template builder tool.



**MEETING REFERENCE: CM171024**  
**AGENDA ITEM No:2.2**

**AGENDA ITEM: Financial Update**

**PRESENTING:** Joanne Crossley

**PREVIOUS DECISION:** We reviewed our planned activities on the Procurement Pipeline in August, and identified which pieces of work we will continue, and which ones we may pause pending review.

**EXECUTIVE SUMMARY:**

This paper provides an update on financial position as at end September 2017.

**RECOMMENDATION:**

Committee are asked to note this report.

Healthwatch England Finance Report 2017/18 as at Sept 2017												
Cost Centre	Description	Priority	%	Total Annual Budget (£)	Year to Date (£)				Forecast for 2017-18 (£)			Explanation
					Budget	Actual	Variance	% Diff	Projected Spend 2017-18	Diff between Annual Budget and Forecast	% Diff	
P35770	HWE - Staff Salary Costs	Priority 1	36%	662,721	336,177	290,165	46,012	14%	644,868	17,853	3%	Pay costs include Staff and Committee Salaries
	HWE - Staff Salary Costs	Priority 2	39%	710,167	360,245	302,691	57,553	16%	662,541	47,626	7%	
	HWE - Staff Salary Costs	Priority 3	25%	463,752	235,246	189,148	46,098	20%	396,778	66,973	14%	
P35770	HWE - Staff Non-Pay Costs			90,000	45,000	88,802	-43,802	-97%	133,802	-43,802	-49%	Staff and Committee Travel and Subsistence Costs. It also includes within the forecast anticipated redundancy costs (allocated to Non-Pay)
P35770	Total HWE Establishment Costs Pay and Non-Pay			1,926,640	976,667	870,806	105,861	11%	1,837,990	88,650	5%	
P35775	To build and develop an effective learning and values based Healthwatch England	Priority 3		107,000	53,496	48,513	4,983	9%	156,013	-49,013	-46%	Organisational costs expected to be spent later in the financial year.
P35776	To provide leadership support and advice to local Healthwatch to have greater influence and impact	Priority 1		518,000	304,750	199,829	104,921	34%	393,329	124,671	24%	Approvals for key procurements imminent. Expenditure expected later in the financial year.
P35777	Bringing the public's views to the heart of national decisions about the NHS and social care	Priority 2		333,000	161,204	114,616	46,588	29%	307,366	25,634	8%	CRM Pen testing contract now in place, work will take place during Q3
				958,000	519,450	362,958	156,492	30%	856,708	101,292	11%	
Grand Total				2,884,640	1,496,117	1,233,764	262,353	18%	2,694,698	189,942	7%	Spend to date as at end of Sept 2017 (Month 6)
								43%	of Annual Budget spent as at end Q2			

We have spent 43% of our annual budget to date and our projected spend to year end is currently £2.694m.

### Financial implications:

- Annual Budget has not been phased this year - evenly divided across 12 months
- Staff vacancies carried have created some underspend during Q2.

### Key risks associated with the proposal and mitigating actions/controls:

- We are aiming to operate a 'hot budget' this financial year
- We are aiming to increase our business activities with more LHW meetings - however, we cannot pay for these in advance but we can accrue for expenditure at the end of the financial year if we decide to schedule meetings into the next FY. We would need to ensure that the meetings we plan during the remainder of the financial year do take place.

### Procurements awaiting approval:

Activity number	Description	Required for	Budget	Comment
HW04	Review guidance on information and signposting (call handling) and produce e-learning materials	Q3	£15k	Unable to get support from CQC Academy or NCSC, so we have been given approval from CQC to get competitive quotes instead.
HW16 & HW19	Value of Engagement		£48k	Await approval - to be put out to tender
HW08 & HW20	Research and Engagement Training: External Training costs and course governance	Q1-Q4	£30k	Competitive quotes for this procurement - C&C to approve
HW21	Endecca software	Q1-Q4	£30k	CQC are reviewing their requirements, but we have proceeded ahead and requested CQC piggy back on our contract.
HW21	Local Healthwatch Intelligence Gathering Support Pack	Q1-Q4	25k	Await approval
HW22	Deliberative research project	Q1-Q4	20k	RTP to be updated
	<b>Total</b>		<b>£168k</b>	

**AGENDA ITEM:** Quarter 2 2017/18 Performance Report

**PRESENTING:** Imelda Redmond

**EXECUTIVE SUMMARY:** The report details the KPIs for Quarter 2 2017/18.

**RECOMMENDATIONS:** The Committee is asked to **NOTE** the Quarter 2 KPIs and Delivery Performance

**1. Background:**

- 1.1 The Leadership Team looks at the full set of KPI's at our monthly meetings.
- 1.2 At a high level; at the end of Quarter 2 all but 5 KPIs are on track. This is not a concern as we expect these to be delivered across the year.
- 1.3 At the last committee meeting we reported the most significant risk as being staff capacity and capability to continue the delivery across the year. The recruitment process has gone well and we have no further concerns over staffing.

The Committee is asked to **NOTE** the Quarter 2 KPIs performance.

## HEALTHWATCH ENGLAND - QUARTER 2 KPIs PERFORMANCE REPORT

Key Performance Indicators	Target Status	Performance Progress
Network business analysis delivered in Q3 to shape strategy.	On Track	70%
Over 80% of delegates agree that the Annual Conference, workshops (a) improved their Knowledge and skills and (b) will help them run their organisations better.	On Track	88%
Over 80% of delegates agree that the Annual Conference, workshops will help them run their organisations better.	On Track	67%
Over 70% of LHW staff and volunteers agree or strongly agree that the information we provide is useful and valuable.	On Track	50%
Over 80% of LHW agree that Healthwatch England support (a) enhanced their ability to engage effectively (b) helped them use their intelligence to influence stakeholders.	Due in Q4	0%
100% LHW either using the Civi CRM to securely hold information or providing HWE with data that can be pulled into the HWE CRM.	On Track	50%
Over 65% of local Healthwatch use the support we provide to produce their annual reports.	Completed	100%
95% of local Healthwatch are aware of our quality standards for research, evaluation and information sharing.	Behind Track (but no concern)	15%
Every adult in England has at least 10 opportunities to see or hear messages about how and why to share experience with local Healthwatch, with numbers visiting "Find Your Local Healthwatch" up 40% to 80,000.	On Track	45%
A clear audit exists of when and why the Committee exercises its advisory functions.	On Track	0%
Publish Healthwatch England strategy.	On Track	50%
Publish the Healthwatch England annual report to Parliament on time.	On Track	50%
100% of FOI's responded to within 20 days of receipt.	On Track	50%
100% of projects evaluated for impact.	Due in Q3-Q4	0%
100% of programmes evaluated for impact.	On Track. Due in Q3-Q4	10%
90% of staff responds to the staff survey.	Due Dec 2017	0%

## Healthwatch England - Quarter 2, 2017

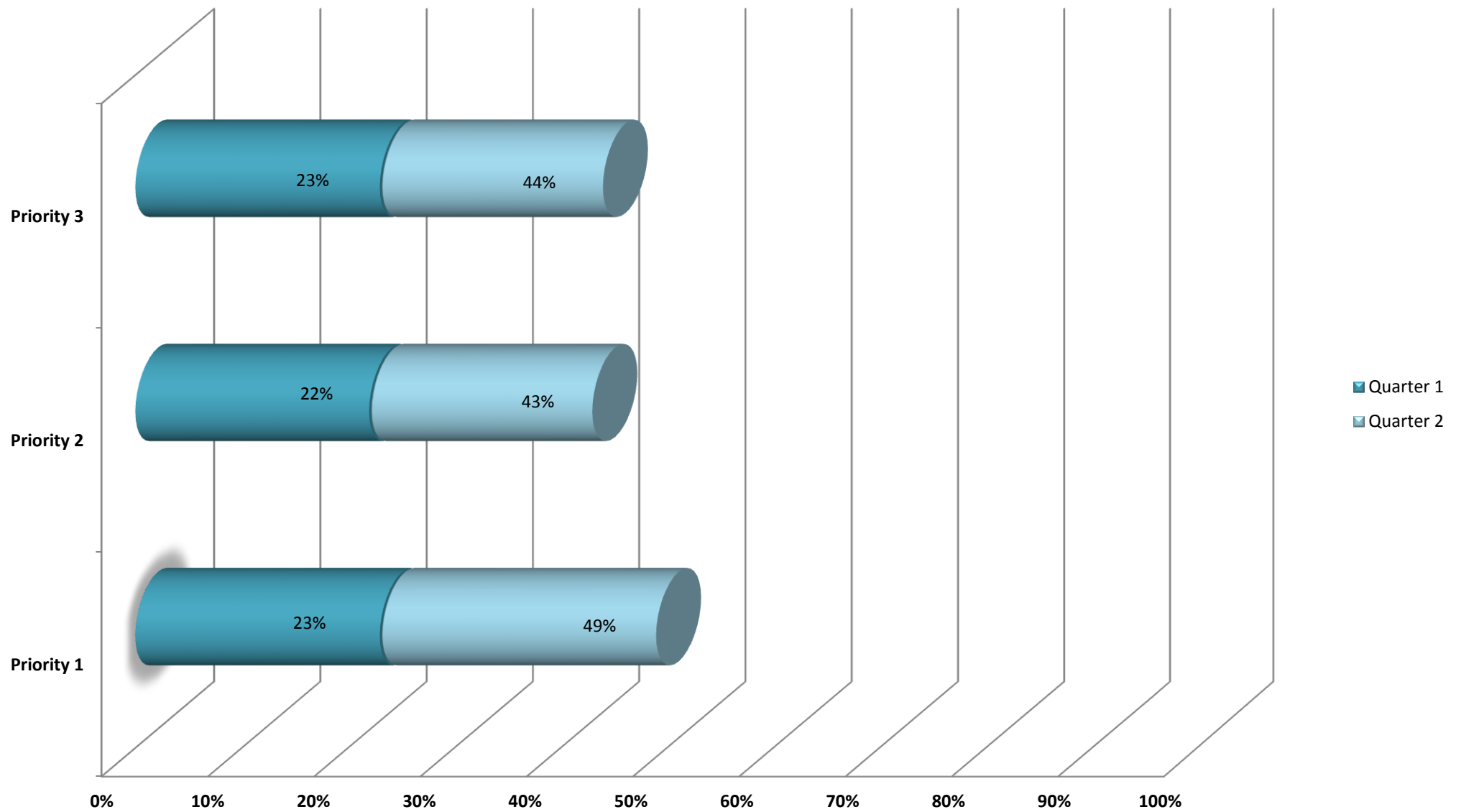
### KPIs Performance Report



## KPIs With Low Target Performance

KPI	Current Progress %	Reason for Delay
95% of local Healthwatch are aware of our quality standards for research, evaluation and information sharing.	15%	Resourcing and procurement issues, but no major concerns
100% of projects assessed for impact	0%	Due to progress in Q3 - Q4
100% of programmes evaluated for impact	10%	Due to progress in Q3 - Q4
Over 80% of LHW agree that Healthwatch England support (a) enhanced their ability to engage effectively (b) helped them use their intelligence to influence stakeholders	0%	Due to progress in Q4
90% of staff to respond to the staff survey	0%	Survey due to take place in Dec 2017

## Quarter 2, 2017 - Overall Performance on Priority 1, 2 & 3 Deliverables



**AGENDA ITEM:** Healthwatch England Strategy

**PRESENTING:** Imelda Redmond

**PREVIOUS DECISION:** At a strategy workshop on 27<sup>th</sup> September 2017, the Committee approved the future strategic aims for consultation.

**EXECUTIVE SUMMARY:** The attached draft consultation document sets out (a) feedback Healthwatch England received during the first phase of engagement on our future strategy and (b) the future strategic aims we wish to consult upon.

**RECOMMENDATIONS:** The Committee approves the draft consultation document.

**Background:** The Healthwatch England Committee agreed to the development of a new strategy. The first phase of engagement on our future strategy started in June 2017 and ended in September 2017.

The first phase of engagement asked for people's views on a number of broad questions, including:

- What would the world look like for users of health and social care services if we were successful?
- What the primary role of Healthwatch England and local Healthwatch should be?
- The biggest challenges we face and the opportunities we can take advantage of?
- How the Healthwatch network could work differently to have a greater impact?
- The issues we should focus on to help make health and care services work better for people?

We received over 50 written responses from the public, stakeholders and local Healthwatch staff and volunteers. Several local Healthwatch undertook engagement with their communities on our behalf and shared their findings with us. The views of stakeholders and local Healthwatch were also sought through a series of meetings and events.

The attached consultation document sets out the key messages from this first phase of engagement, as well as the future strategic aims that have been informed by this work. This information was presented to the Committee at their workshop on 27<sup>th</sup> September 2017 and the committee agreed this would form the basis of our second phase of consultation from November to December 2017.

The future aims focus on empowering more people to their say, providing a high quality Healthwatch service and ensuring people's views help improve health and social care. We are seeking people's views on (a) what changes people would expect to see if we achieved these aims and (b) the potential activities we could focus on to realise these aims.



Please note: Text marked in red in the attached draft may be included if the final design and space allows.

**Equality Impact Assessment:** An equalities impact assessment will be conducted as part of the second phase of engagement and we aim to have completed this by December 2017.

**Next Steps:** We will consult the public, stakeholders and local Healthwatch until the end of December 2017. The results of this consultation will help inform the development of our final strategy which we aim to publish in February 2018.

# Shaping our future

Healthwatch England strategy for 2018 to 2024

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## Introduction

Healthwatch England was launched in 2012. Since then, in partnership with local Healthwatch, we have worked to understand what people want from health and social care services and to make sure that those in charge hear their views.

We are now developing our strategy for 2018 - 2024.

Between June and September 2017, we asked the public, professionals and local Healthwatch a number of questions to help shape our future focus.

We invited people to share their views on what the primary job of Healthwatch England and local Healthwatch should be over the next five to ten years. We asked what the world would look like for people who use health and social care services if we were successful.

We also asked people to share their thoughts on the biggest challenges we face, the opportunities we can take advantage of and how the Healthwatch network could work differently to have an even greater impact.

We invited people to share their views on the issues we should focus on to help make health and care services work better for people.

This consultation document sets out what people told us, as well as our proposals for our future direction, which have been shaped by the feedback we received.

Thank you to everyone who shared their views so far. We would like to invite you take part in the next phase of our strategy consultation. We will use what you tell us to help develop a final strategy, which we will publish in 2018.

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## The journey so far

[Design note: please represent as a timeline]

## 2012 - Our role

The Health and Social Care Act 2012 set an ambition to put people at the centre of health and social care. The legislation created a Healthwatch in every local authority area across England, as well as Healthwatch England, the national body.

*Our role is to understand the needs, experiences and concerns of people who use services and to ensure these views are heard by those who make decisions about health and social care at a national level. We also support local Healthwatch to do this locally.*

## 2013 - Our first strategy

Our first strategy focussed on:

- Addressing current concerns with health and social care services.
- Making sure that future services are built to meet people's needs and are shaped by the people who will use them.
- Developing the potential of the Healthwatch network.
- Ensuring we are an effective and efficient organisation.

## 2017 - Progress check

The views people have shared with local Healthwatch tell us what matters most to them when it comes to health and social care.

We have used this understanding to call for changes. We have used our statutory position to help make sure that the public's views are understood by health and social care services.

*With the help of 4,700 volunteers, the Healthwatch network in 2016/17:*

- *Helped 176,000 people find information about health care and services.*
- *Supported 341,000 people to share their views of health and care.*
- *Produced 1,745 local reports and 11 national reports about people's experiences of care.*

Together with local Healthwatch we have made an impact on a range of issues by making sure the public's voice is heard by those who plan and run health and social care services.

---

## Looking ahead

Public involvement is key to overcoming health and care challenges

A growing number of people need help with long-term health conditions, while lifestyle factors, such as a poor diet, are also adding to the demands being placed on services.

At a time of unprecedented pressure, it has never been more important for services to find out what people need from them and use this information to provide better, more targeted care.

The public recognise the challenges that services face. They want to help by taking more control of their own health and care and becoming an equal partner in decisions that affect them.

This is why our future aims will focus on:

- Empowering more people to their say
- Providing a high quality Healthwatch service
- Making sure people's views help improve health and social care

People's views have helped us create future areas of focus. The following sections set out more information about our future strategy - ambitions, challenges and opportunities, as well as the aims on which we want to hear your views.

Although the final strategy will be about Healthwatch England, it will set out aims that we will encourage local Healthwatch to adopt too.

---

## Our ambition

### Health and social care that works for you

'What do you expect when it comes to managing your health and care?' This is the question we asked the public when we launched. What people told us is captured in eight principles that have formed the starting point for all our work and helped inform our initial vision.

[Design note: Infographic of principles around a person "I want..."]

- |                             |   |
|-----------------------------|---|
| • A healthy environment     | • Access                                |
| • To be involved            | • A safe, dignified and quality service |
| • Information and education | • Choice                                |
| • Essential services        | • To be listened to                     |

[Design note: Alternatively, include the full descriptor of each principle:

1. **A healthy environment:** People told us that they want to live in a healthy environment that protects and promotes good health.
2. **To be involved:** People said they expect to be an equal partner in determining their own health and wellbeing. They want to be involved in decisions that have an impact on their lives and those that use services in their community.
3. **Information and education:** For this to happen, people need be able to access clear and accurate information so that they can make informed decisions. They also want to learn how to take better care of themselves.
4. **Essential services** if people do face issues, they think that essential prevention, treatment and care services should be available to them.
5. **Access:** People expect to be able to access services when they are needed, on an equal basis with one another, and in a way that works for them.
6. **A safe, dignified and quality service:** People believe the service they receive should be safe, high quality and that they should be treated with dignity and respect.
7. **Choice:** People want the option to choose how and where care is provided.
8. **To be listened to:** If things go wrong, people expect services to listen to their views and learn from them.]

## What you said

Over the summer we asked people to describe what the world would look like for people who use health and social care services in five to ten years if we are successful. What you told us reflected what people said when we were established.

### Key themes

People described a future where:

- They are in control of their own health, care and wellbeing.
- They can get the information they need to look after themselves.
- They can access efficient, high quality care when they need it.
- Services work with individuals to achieve the best outcomes for them.
- Communities help set health and social care priorities and services are accountable to them.

## What this means for our work

What people expect when it comes to managing their health and care hasn't changed. However, we need a better way of expressing the ambition people want us to achieve.

This is why, when we publish our final strategy, it will include an updated vision setting out what we're here to do. To help us get there we will work with people to make sure we get the articulation of our vision right.

---

## Our role

### **Making your voice count**

## What people said

The legislation establishing Healthwatch England and local Healthwatch sets out our statutory remit.

Within this remit, we asked people what they thought the primary job of Healthwatch England and local Healthwatch should be over the next five to ten years.

### **Key themes**

People thought our main job included:

- Empowering people to have a greater say in their own care and in the delivery of services.
- Making sure the voice of people is used to help shape health and care policy and practice.
- Encouraging services to be more inclusive and people focussed.
- Supporting communities to hold services to account.

People said they thought it was important that Healthwatch England and local Healthwatch acted in an independent way.

People also felt that we should support local Healthwatch, provide leadership and help them with issues, such as communication and quality.

## What this means for our work

What people told us has been used to help shape our future priorities. It has also made us review the way we describe our purpose. When we publish our final strategy, it will include an updated statement setting out our purpose and the role we will play in delivering our vision.

---

## Challenges and opportunities

### **Taking account of a changing world**

The traditional approach to meeting people's health and social care needs is changing. Our society faces big challenges when it comes to making sure people have the support they need.

There are also significant opportunities for services to better meet people's expectations and for individuals to take greater control of their health, care and wellbeing.

## What you said

We asked for people's views on the biggest challenges we face, as well as the opportunities we could take advantage of to make the greatest impact.

### Key themes

[Design note: arrows up and down.]

Challenges	Opportunities
Rising demand for care [linked to people living longer and lifestyle factors]	Using technology to enable more people to share their views
Capacity of services [that face staff shortages or funding constraints]	Partnerships with charities, universities and think tanks
Public awareness [about how to have more control of health and] participation levels	Maximising the use of our evidence and statutory powers
Professional attitudes [to involving people in care and inconsistent] practice	Influencing health and social care reforms
Variation in access to care and support	Public awareness of health and care challenges
Impact on health caused by wider social factors [like housing, employment and education]	Public willingness to be involved

## What this means for our work

It is clear from views people have shared that our future strategy will need to take into account big challenges. For example, are enough people aware of how they can take control of their health and care? And is there a strong culture in the NHS of listening to people's views? People's feedback also highlights some clear opportunities we can maximise.

---

## Our future aims

### Focussing our efforts

## What you said

We asked people where we should focus our efforts to have the biggest impact.



## Key themes

The ideas people shared largely focussed on the following areas:

- Working to improve existing care, particularly the access people have to support, and the avoidable differences in people's experience of health and social care across the population.

Mental health and care for older people were also common issues where people wanted to see improvements.

- Making it easier for more people to have an equal say in decisions that affect them by tackling barriers, such as public awareness and professional attitudes.

Ensuring that communities are involved in shaping future health and social care services.

- Supporting a stronger, more consistent Healthwatch network - from the service the public receives, to the way the network works together to achieve change.

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Maintaining the independence of the network and working in partnership with others to improve health and social care services.

## What this means for our work

People's feedback has helped inform the development of three aims for our future. We would like to hear your views on these aims.

### 1. Empowering you and your community to have your say

#### Our aim

We want to make sure people can access the information they need to take control of their health and care, make informed decisions and shape the services that support them.

#### Changes you might expect to see

- More people will know their rights when it comes to accessing support. They will understand the quality of care they should receive, the drugs and treatments available, the involvement they should have in their care, and their right to complain if things go wrong.
- More people will be able to access the information they need to stay well, make informed decisions about their care and make best use of the services available to them.
- Services will work in partnership with people to determine the right support for them and their local community.

#### Questions we would like your help with:

- If we achieved our aim, what positive changes would you expect to see?

- Which activities do you think we need to focus on to achieve our aim?

[Potential box out....

Five ideas to help us deliver our aims

**Healthwatch staff, volunteers, stakeholders and the public have already come up with ideas that could help us deliver our aims:**

1. Work more in partnership with charities, think tanks, universities and others to do targeted research and make findings available to the public, professionals and policy makers.
2. Harness the power of technology to enable more people to share their ideas, experiences and views with health and social care professionals.
3. Promote new engagement approaches, encouraging services to adopt new ways of mobilising their community to solve problems.
4. Make the most of our volunteer's talent by supporting more of them to champion and represent the views of their community when services want to make changes.
5. Demonstrate the value of speaking up by supporting the Healthwatch network and services to measure the impact people's views have on improving care.

## 2. Providing a high quality Healthwatch service for you

### Our aim

We want to support a consistently high quality Healthwatch service for people who want to share their views or find information about health and social care. We also want to help local Healthwatch to champion people's views effectively and make sure that local health and social care services truly reflect people's needs.

### Changes you might expect to see

- More people will understand how their local Healthwatch can help them
- People who use Healthwatch will receive a consistently high quality experience
- More people will share their ideas, views and experiences with their Healthwatch
- A greater number of health and care services will use our evidence to make positive changes
- Local communities will understand how their views have made an impact on local services

### Questions we would like your help with:

- If we achieved our aim, what positive changes would you expect to see?
- Which activities do you think we need to focus on to achieve our aim?

## 3. Making sure your views help improve health and care

### Our aim

We want people's view to drive health and social care - ensuring you get access, on an equal basis with others, to support which works for you, as well as helping to shape future services for your community.

### Changes you might expect to see

- People are able to easily access evidence about people's views of health and care
- Those who make decisions about health and social care routinely use people's feedback to identify problems, improve the quality of support and shape future services
- There is a stronger understanding amongst professionals about what matters to people
- Communities play a greater role in setting health and care priorities
- People report that they can access the support they need on an equal basis with others

### Questions we would like your help with:

- If we achieved our aim, what positive changes would you expect to see?
  - Which activities do you think we need to focus on to achieve our aim?
- 

## Your say

To find out more about our consultation and to have your say please visit:

[www.healthwatch.co.uk/yoursay](http://www.healthwatch.co.uk/yoursay)

If you would like to send us a written response, please send your views to: Your Say, Healthwatch England, National Customer Service Centre, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

### About this consultation

The consultation will run until 31 December 2017.

We plan to publish our final strategy by the end of February 2018.

Information provided in response to this consultation may be subject to publication or disclosure in accordance with the Freedom of Information Act 2000.

**AGENDA ITEM:** Mental Health Programme

**PRESENTING:** Jacob Lant and Amie McWilliams-Reynolds

**PREVIOUS DECISION:** Committee has agreed that policy activity will be informed through the application of the Healthwatch intelligence model. The specifics of this programme of activity on mental health are new to the committee.

**EXECUTIVE SUMMARY:** This paper outlines a programme of activities to help us better understand people's experiences of mental health services. This will be the next major focus of Healthwatch England's policy and intelligence work. It sets out a suggested timetable for significant engagement of the network in developing the project and outlines some key questions for the committee to consider.

**RECOMMENDATIONS:** Committee are asked to **DISCUSS** and **APPROVE** the balance of the programme activities and the necessary resource commitment.

**Background:**

Mental health is the Healthwatch network's number one priority, with two thirds of local Healthwatch listing mental health as one of their priorities for 2017-2018.

There is also significant focus on mental health across the rest of health and social care with the vast majority of key stakeholders signed up to the [Five Year Forward View for Mental Health](#), published in 2016. This document raises the following issues with mental health services in England:

- Little is known about quality of care;
- There are high levels of unmet need;
- There is variation in waiting times;
- People in crisis face problems getting the right support.

The Mental Health Forward View's recommendations include:

- More 24/7 services for people in crisis;
- An end to out of area placements;
- More people with a first episode of psychosis begin a NICE-recommended package of care within two weeks;
- Expansion of community services;
- 10 per cent reduction in suicide rates;
- Reduce the impact of inequalities as a barrier to accessing services;
- By 2020/21 support 30,000 more women within perinatal mental health services;
- Provide support for people in the criminal justice system;
- Make the UK a world leader in mental health research;

- Improve transparency on spending and performance.

The [NHS Mandate](#) commits to implementing these recommendations by 2020.

#### **Engagement with the network so far:**

Mental health stands out as an intelligence priority and clear policy area from the evidence gathered by the network. This is because unlike other areas of health and care, there is very little positive experience (both solicited and unsolicited) shared with us, and considerable gaps in knowledge have been noted. It is therefore an area in need of further investigation to find out why.

Healthwatch England ran a session at the conference in July 2017 testing the appetite for more work on mental health within the network.

Participants heard that Healthwatch had collectively spoken to 6,120 people about mental health, with 50 published reports on a range of topics. We also received 400 individual pieces of insight through the CRM (12 per cent of CRM feedback). Themes included:

- Lack of mental health awareness, prevention and early intervention;
  - Lack of information and clear signposting
  - Lack of awareness of mental health in general practice;
  - Perceived stigma making it harder to access support;
  - A need to promote wellbeing in children and young people.
- Lack of person centred care;
  - People wanted to feel more involved in the care planning process;
  - People wanted to see the same professional each time, instead of repeating their story over again;
  - A lack of integration and communication between different services;
  - People wanted to be taken seriously and treated with dignity.
- Limited access to effective and appropriate support;
  - Concern over waiting times for assessment and treatment;
  - Requests for a single point of access;
  - Lack of support for people with mental health problems whilst in secondary care and after discharge.

Local Healthwatch were keen to contribute to a future mental health project, debating the areas where they could most effectively focus their evidence. Suggested topics included:

- Whether extra mental health funding is improving people's experience of the support they get to improve and maintain mental health (could look at mainstream mental health services or prevention);
- People's experiences of specific areas, such as crisis care or early intervention services;
- Experiences of different groups of patients across mental health services

However, there were almost too many options raised in the room, with local Healthwatch unable to provide clarity over which option to pursue from the open discussion.

A paper was taken to leadership team in September where it was agreed that mental health would form the next policy focus for Healthwatch England. Using the new project

management process, we identified and agreed the following timetable for activity and how we would work with the network to identify the focus of activity.

#### **Timeline of Activity:**

- **Phase 1 - Nov/Dec:** Create a shortlist of options for the programme focus based on the above intelligence; supported by what mental health topics we know the network is working on. This shortlist will then be put to the network and key external stakeholders to get them to vote on which we pursue.

The communications in phase 1 would also focus on building support within the network and giving local Healthwatch sufficient time to programme possible supporting activity into their business plan.

- **Phase 2 - Jan to March:** Healthwatch England analysis phase supported by deliberative research and analysis of external data sources.

We will use this phase to outline the activity we would like Healthwatch to undertake, and create supporting materials.

- **Phase 3 - April/May:** Local Healthwatch capture phase. Use this window to work with local Healthwatch who have agreed to support the project to test out national findings and fill intelligence gaps identified during phase 2.
- **Phase 4 - June:** Publish final report.

Insights from the project will be shared with stakeholders throughout the project in the form of update briefings. These will be used to support Healthwatch England policy influencing activity during Q4 and Q1 of 2018/10.

#### **Resource implications:**

There are no additional financial implications of this project as we have funding available in this year's budget to cover the deliberative research etc.

However, this will require significant focus for staff resources. We estimate this will require 80% allocation of Senior Policy Advisor's time with significant additional support from Head of Policy and Public Affairs and time from senior colleagues.

This will also require significant focus from communications, intelligence and engagement teams to develop necessary support materials and commitment from the network.

We will still be able to pursue other policy activity on a smaller scale and make use of the intelligence coming through from the network in line with usual influencing approaches, particular during the first two phases. We will also looking to continue influencing work around major system change such as the STPs. However, large scale proactive intelligence gathering and influencing during the first half of 2018 will focus around mental health.

#### **Discussion:**

Through the application of the intelligence model, leadership team have approved mental health as the key policy focus for Healthwatch England.

We have also identified significant appetite within the network to work together on a joint report about mental health.

The programme will be managed using the new approach to programme management, with Leadership team acting as the programme board.

However, before the programme can proceed we are looking for a strategic steer on the balance of the activity from the committee:

- **What are the committee member's views on creating a single major focus for a set period to form the basis of how we influence national policy?**
- **What are the committee member's views on the level of expectation we should place on the contribution of the network to such activity?**
- **What balance would the committee wish to see in terms of the activity?**
  - Broad involvement of lots of local Healthwatch working on low resource activity or deep involvement of a small number of local Healthwatch with increased support from Healthwatch England to carry out in-depth local investigation.
  - Look towards short-term influence (i.e. Healthwatch looking at progress against the Mental Health Forward View) or should we focus on longer-term influence (i.e. identifying gaps and proposing options for focus of the next national mental health strategy).
- **How best should we look to involve the committee in the development of the programme?**
  - Would committee members like to nominate a select group to help form a programme advisory group?
  - Would committee members be interested in supporting the intelligence gathering - i.e. conducting stakeholder interviews, attending site visits?
  - Would committee members be interested in helping to shape policy products generated by the programme?

**AGENDA ITEM:** Annual Data Return**PRESENTING:** Neil Tester**FOR INFORMATION:** To update on the key finds from the annual data return and use of the information.**Background:**

Each year, Healthwatch England undertakes a local Healthwatch data return. The return has progressively changed in structure and to some extent content; however it does provide year on year data. The data return provides information for a number of key activities in our business plan. These include our annual report laid before Parliament in October and the network's 'State of Support'. Both are shared with Secretary of State (SoS) for Health and local Healthwatch.

This year, in addition to the typical uses for the data, it has also contributes to the strategy development and the business analysis. The findings below are based on 137 local Healthwatch responses. Not all Healthwatch provide a complete response, so the figures used in these findings are estimates.

**Key findings:**

The data return provides us with intelligence on a number of areas;

- **Funding, contract length and additional funding activity**

- The average reduction for 2017/18 was 7% reduction or £2 million - this was lower than expected, but still significant.
- On average each local Healthwatch has had a 19.3 % reduction over the past 4 years
- 40 local Healthwatch have had reductions over 20% during the past 4 years
- The contract lengths have increased with a greater number being recommissioned for 5 years
- 74 local Healthwatch have obtained additional funding of £1.4 million (40 local Healthwatch provided figures).

The funding analysis has provided a steer for our immediate funding communications with, local Healthwatch, DH, and local authorities. The survey data will also provide the information for 'State of Support', which goes to the SoS at the end of October.

- **Organisational structure, staffing and volunteers**

- 78 delivered by stand-alone local Healthwatch organisations (e.g. Healthwatch Bolton CIC).



- 70 'hosted' so delivered through a separate social enterprise (e.g. Public Voice CIC provide Healthwatch Haringey).
  - There are now 18 providers with more than one contract.
  - The network employs 821 staff.
  - Utilises the direct support of an estimated 4700 volunteers'.
  - The majority of volunteer roles fit into 6 broad categories; governance, enter & view, ambassadors, research, business support and marketing.
- **Relationships with stakeholders**
    - We asked a new question this year to try and understand the importance of local Healthwatch to other key stakeholders. The question asked if local Healthwatch had been directly approached for intelligence by a range of stakeholders. The response from the network was in most part very positive.
    - The vast majority of local Healthwatch were approached by the Health and Wellbeing Board, Overview and Scrutiny, local inspection teams CQC, providers of health services and commissioners of health and social care services.
    - These were closely followed by Quality Surveillance Group, local media, Safeguarding Board and local voluntary sector organisations.
    - NHS Improvement was the least likely to approach local Healthwatch for intelligence, so we need to understand the reasons for this and decide on any action.
    - Analysis of the local Healthwatch relationship with CQC was presented at a previous committee meeting.
- **Engagement with the public**
    - An estimated 341,000 people spoke to the network about their experiences of using health and social care services.
    - Local Healthwatch have spoken to every section of their communities to make sure their voices are heard, based on the protected characteristics, as defined by the Equality Act 2010.
    - Age, disability and race have been a focus for the vast majority of local Healthwatch; the other protected characteristics have been cover by 65%-75% of local Healthwatch. The only exception was Marriage and civil partnership with 31%.
- **Priorities**
    - The top priority across the network for the last 2 years is Mental Health.
    - Other priorities include, discharge, adult social care (domiciliary and care homes), as well as children and young people's services.
    - Also this year we see that system changes, such as Sustainability and Transformation Partnership (STP) and A CS/ACO and in particular the reach and effectiveness of engagement as priorities for local Healthwatch.
- **Information and signposting**
    - The network helped an estimated 176,000 people get the advice and information they need about local health & care services.

**Use of the annual data return:**

The annual data return is used across the organisation both internally and externally, for example, internally to identify any possible future offers to the network and externally as part of our annual report, plus it informs our work with local Healthwatch commissioners.

The data return is part of a comprehensive package of intelligence being utilised, as part of the business analysis currently underway. The full analysis of all the data return, including free text data will make an important contribution to the business analysis, which will be completed in November.

**Future use of the annual data return:**

This year's data return has already been put to use and will play a particularly important function this year, providing intelligence to the strategy and business analysis. However we continue to review its purpose, where the activity sits within the team and if it is the right way to collect the information required.

**PRESENTING:** Imelda Redmond  
Prepared by Andy Payne

**Exec Summary:** Conference 2017 evaluation and recommendations for conference 2018

**Recommendation:** To present the evaluation and discuss possible 2018 recommendations

### **Background:**

This report sets out the evaluation feedback from the annual conference held on 6<sup>th</sup> & 7<sup>th</sup> July 2017. The conference had 550 attendees including local Healthwatch (380), exhibitors, speakers and Healthwatch England staff. There were 150 award submissions from 75 local Healthwatch, which was an increase in entries, from both small and large organisations. It also sets out recommendations of future developments for discussion; it provides a summary of activity, including numbers of attendees, event sessions and award entries; as well information around social media activity.

### **Conference numbers:**

This year we had 114 local Healthwatch in attendance, the year before was 120, previously the attendance of local Healthwatch was around 130 and our highest attendance was in 2015 with 135 local Healthwatch. Our initial thoughts on the change in numbers are;

- In the last two years, we've provided a wider range of sessions. Although we've seen a drop in the amount of local Healthwatch, we have not seen a drop in overall numbers and there is a wider variety of staff attending. We shifted the focus onto skills and knowledge sharing rather than just focusing on strategic and policy issues.
- When we asked those not attending the reason why, many said that the conference falls during the annual report season for local Healthwatch and they can't spare the time.
- Also this year the marketing was delayed, this was due in part to the numbers of local Healthwatch wanting to take part in sessions, so it took more time to finalise the agenda.

### **Key evaluation findings:**

All indicators point to a very positive conference experience, however there is opportunity to develop further a conference agenda that delivers further organisational effectiveness.

- 97% attending the conference helped make local Healthwatch to feel part of a wider network
- 88% attendees agreed that the conference helped them develop their knowledge and skills
- 67% believed that attendance at the conference will help their organisation work more effectively
- Local Healthwatch who led sessions received positive feedback sharing skills, experiences and effective practice.
- 83% said that the conference provided enough opportunities for networking

- 95% would recommend colleagues attend the conference
- 76% told us that they prefer a two day event

**Financial implications:**

This is one of our largest single outlays, so although the 2017 annual conference received a very positive response from attendees, we must continue to ensure that we get value for money and maximise impact.

**Key risks associated with the proposal and mitigating actions/controls:**

The production of such a large event means that one delay in activity can impact on the wider programme of work, so for the 2018 conference we will be using the new programme management framework.

**Legal implications:**

N/A

**HR implications:**

N/A

**Equality Impact Assessment:**

We will continue to ensure the highest levels of accessibility and we will ensure the conference supports the delivery of our Equality, Diversity and Human Rights action plan coming out of the new strategy.

**Recommendations based on evaluation feedback:**

As a result of the evaluation we have identified a number of possible recommendation for next year's conference, which will be discussed as we take forward planning with a new conference task and finish group.

They are:

- Provide longer planning time to enable final session titles and content themes to be released alongside the agenda.
- The two day approach with the conference open to all local Healthwatch and consider inviting other stakeholders, such as commissioners of local Healthwatch
- Build in more creative networking opportunities into the agenda (look at using new technology systems)
- Revise the awards process and ceremony format (categories and criteria) in collaboration with the task and finish group
- Increase the number of plenary sessions, securing influential keynote speakers to reflect national priorities identified through our network intelligence and partners.
- Move the date of the conference to later in the year enabling greater attendance from local Healthwatch - to avoid annual report months
- Consider the benefit of opening conference attendance to include wider stakeholders, utilising this as an opportunity to help strengthen their relationships with the network. For example inviting local Healthwatch commissioners.
- We need a more targeted marketing approach for 2018, which will require getting the agenda finalised sooner.

**Discussion:**

- Do you have any further feedback on how we worked with you (and local Healthwatch) for the delivery of sessions and your thoughts on how we can improve on this for 2018?
- How would you like to be involved in the planning and or delivery of the annual conference next year?
- Are you happy with our suggested approach to planning for the 2018 event?
- We are currently looking at alternative dates in the autumn to hold the conference; would you be in agreement of moving conference from July later in the year?
- Your comments on opening event attendance to include wider stakeholders, to help strengthen relationships with the network?

**Next Steps:**

- Set up a conference task and finish group
- Start to implement the programme management approach to support the effective delivery of the 2018 conference.
- Confirm and agree the date change (agreement to move conference to later in the year)
- In November & December we will work with the task and finish group and Healthwatch England leadership team to review and agree an agenda, format of conference and approach to 2018 awards
- In December we will announce 2018 location and date to the network

We would welcome any initial thoughts from the committee on the evaluation and potential recommendations.



## Summary of activity

- **6 & 7 July**, East Midlands Conference Centre Nottingham, exclusive access to the whole venue
- An improved co-produced approach, enabling local Healthwatch to collaborate and deliver joint sessions to attendees, sharing methods of success and learnings
- **380** local Healthwatch attendees, representing **114 local Healthwatch**
- Footfall for the two days was over **550 attendees**, including local Healthwatch, exhibitors, speakers and Healthwatch England staff
- **49** sessions were delivered over the two days of the conference
- The exhibition was attended by **15** organisations, representing key partners from the across the health and social care sector who also supported with sessions throughout the two days
- Awards: over **150 submissions** were received from **75 local Healthwatch** ranging from small to larger Healthwatch

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## Social Media activity

### #Healthwatch2017

- We tweeted 59 times, with a potential reach of 1,850,745 (120% increase on last year)
- Collectively, these tweets were retweeted 340 times (40% increase on last year)
- @HealthwatchE was mentioned 254 times (34% increase on last year)

### Most popular tweets

- With biggest reach (204,100) for: Big thanks to all local #healthwatch for your work on #socialcare - enables us to share users views in reaction to @CareQualityComm report
- With most responses (31) - Up early and ready to meet lots of people from local #Healthwatch across the country #Healthwatch2017 pic.twitter.com/otK02EZhfz



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## What did we change for 2017?

- 49 sessions were delivered over the two days, with local Healthwatch sessions running alongside seminars, workshop and business hub sessions
- This year, we merged workshops with similar themes which enabled local Healthwatch to work together to deliver a more collaborative approach to sessions and to share their learning and experiences with the network
- Revision of the awards categories saw an increase in entries (to 153) ranging from smaller local Healthwatch as well as other local Healthwatch who were applying for the first time
- We utilised this year's awards as an opportunity to engage with external stakeholders, and show excellence in the work that local Healthwatch undertake, by adding the NICE award, which was judged and presented by NICE.
- We produced an awards brochure detailing local Healthwatch shortlisted submissions, which has been shared on our website and with key stakeholders and downloaded 250 times

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## Did we meet conference objectives?

Evaluation feedback from the network, told us:

- 97% attending the conference helped make local Healthwatch to feel part of a wider network
- 88% attendees agreed that the conference helped them develop their knowledge and skills
- 67% attendance at the conference will help their organisation work more effectively
- Local Healthwatch led sessions received positive feedback sharing skills, experiences and effective practice.
- 83% the conference provided enough opportunities for networking
- 95% would recommend colleagues attend the conference
- 76% told us that they prefer a two day event

37 separate LHW responded (32%)

*"It felt that HW as a whole was much more joined up this year. It feels like we are all in it together!"*



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## Recommendations & approach for 2018

- Provide longer planning time to enable final session titles and content themes to be released alongside the agenda.
- A greater focus at conference on helping local Healthwatch work more effectively
- The two day approach with the conference open to all and consider inviting other stakeholders, such as commissioners of local Healthwatch
- Build in more creative networking opportunities into the agenda (look at using new technology systems)
- Revise the awards process and ceremony format (categories and criteria) in collaboration with the task and finish group
- Secure key decision makers from across the sector, to reflect national priorities identified through our network intelligence and partners and to provide opportunities for discussions with local Healthwatch
- Move the date of the conference to later in the year enabling greater attendance from local Healthwatch - to avoid annual report months. Also consider opening attendance to stakeholders



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## Learning for 2018

Feedback from the network has been helpful in highlighting areas for development:

- Session titles and content themes need to be finalised and issued to the network at the booking stage and not changed, so that attendees can personalise agendas in advance.
- Include more opportunities for plenary sessions which tackle some of the bigger national issues as well as access to key decision makers, and ensure these sessions still enable a discussion
- Build in more networking opportunities across the two days
- Include wider cross sector representation from exhibitors and speakers
- Revise the format of the awards and ceremony. Utilise the awards dinner as an opportunity for more networking, for example sit attendees in STP footprints to enable discussions on shared future work,
- Look at ways to split awards over two days so that day delegates can be included in the presentations.



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## Key dates & next steps

### 2017

- October: Confirm and agree with committee date change (agreement to move conference to later in the year)
- November & December: work with Conference Advisory Group and Healthwatch England leadership team to review and agree approach to 2018 awards, agenda and format of conference
- December: announce 2018 location and date to the network

### 2018

- June: Release revised awards categories, criteria and entry process
- June: All plenary speakers to have been approached and secured
- July: Registration for Conference 2018 opens



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## Suggestions for discussion

- Do you have any further feedback on how we worked with you (and local Healthwatch) for the delivery of sessions and your thoughts on how we can improve on this for 2018?
- How would you like to be involved in the planning and or delivery of the annual conference next year?
- Are you happy with our suggested approach to planning for the 2018 event?
- We are currently looking at alternative dates in the Autumn to hold the conference, would you be in agreement of moving conference from July later in the year?
- Your comments on opening event attendance to include wider stakeholders, to help strengthen relationships with the network?







