HEALTHWATCH ENGLAND
COMMITTEE MEETING PAPERS

Wednesday 5th August 2015

London

Venue: Skipton House, 80 London Road, London, SE1 6LH

TABLE OF CONTENTS – PUBLIC MEETING

AGENDA ITEM	LED BY	ACTION	RELATED PAGES
1.1 Welcome and apologies	Anna Bradley	To open the meeting	N/A
1.2 Minutes of the last meeting, actions log and matters arising	Anna Bradley	To confirm the minutes and discuss the matters arising	3 - 8
1.3 Declarations of interests	Anna Bradley	Committee Members to declare any interests	N/A
1.4 Chair's Report	Anna Bradley	For discussion	9 - 10
1.5 Chief Executive's Report	Katherine Rake	For discussion	11 - 12
DELIVERY			
2.0 Report on Delivery Report by exception (in slide pack): 2.1 Customer Relationship Management system update Key highlights: 2.2 Healthwatch England Intelligence 2.3 Annual Conference 2.4 Status of the network from the data return 2.5 *Safely home:* The special inquiry report	Sarah Armstrong Senior Management Team	For discussion	13 - 25 And slide pack
3. Pubic Participation	Anna Bradley	N/A	N/A
STRATEGY			
4.0 Items for decision 4.1 Communications approach 4.2 Special projects 4.3 Healthwatch England Strategy 2016-21 4.4 NHS Mandate (including Appendix A)	 Neil Tester Katherine Rake Neil Tester	For decision	 26 - 29 30 - 32 33 - 35 36 - 42
5.0 Any other business and close of meeting	Anna Bradley	N/A	N/A
FOR INFORMATION			
6.0 Committee Activity 6.1 Audit and Risk Sub Committee Chair's Report 6.2 Finance and General Purpose Sub Committee Chair's Report 6.3 Committee Members Update	Committee Members	N/A	43 - 47

Agenda Item No: 1.2

Agenda Item: Previous Committee Minutes

Previous decision: The minutes of the Committee Meeting of Wednesday 4 2015February were agreed as a true record of the meeting.

Executive Summary: This report will reflect the minutes and actions of the Committee Meeting of Wednesday 13 May 2015.

Background: The Committee are asked to approve the minutes and action log of the Committee Meeting of Wednesday 13 May 2015.

Previous Minutes of the Committee Meeting on Wednesday 13 May, 2015 in Sheffield:

Present (Committee Members): Anna Bradley (Chair), John Carvel, Paul Cuskin, Deborah Fowler, Christine Lenehan, Jenny Baker, Patrick Vernon, Alun Davies, Jane Mordue and Andrew Barnett.

Apologies: Pam Bradbury, Michael Hughes and Liz Sayce.

In attendance: Dr. Katherine Rake, Neil Tester, Gerard Crofton-Martin, Susan Robinson, Sarah Armstrong, Deborah Laycock, Sarah Vallelly, and Esi Addae.

A full recording of this session is available at www.healthwatch.co.uk or https://youtu.be/slv_wo5SlOw

AGENDA ITEM 1 - Welcome
The Chair opened the meeting and thanked local Healthwatch present for their contribution during the workshop and dinner the previous evening.
Discussions during the workshop and dinner included: how local Healthwatch can demonstrate their independence locally, branding and raising awareness as well as discussions on a year into the Healthwatch England 2014-2016 strategy.

AGENDA ITEM 2 - Previous Minutes
AGREED: The minutes of the meeting held on 4 February 2015, were reviewed and accepted as a true record of the meeting.

AGENDA ITEM 2 – Matters arising

The following matters were raised:

- The Committee commented on the Healthwatch England involvement with the new National Quality Board and asked how the organisation might need to be engaged. They observed that the National Quality Board is structured differently from local and regional quality surveillance groups, and asked for some clarity on how information is communicated at national level.
- That the relationship with local authority commissioners is a crucial relationship that

needs to be maintained in the absence of Local Government Association (LGA) contact. The staff team are working with the LGA to determine the next steps in providing support to commissioners.

AGENDA ITEM 3 – Declarations of Interest
No declarations were made in relation to agenda items identified.

AGENDA ITEM 4 – Chair's Report
Anna Bradley, Chair, presented her report to the Committee.

Members welcomed the Chair's report and the following comment was made.

- Agreed that clarity was needed on defining the content of the Chair's, Chief Executive's and Operational reports.
    1. **ACTION: To develop a clear reporting framework.**

AGENDA ITEM 5 – Chief Executive's Report
Dr. Katherine Rake, Chief Executive, presented her report to the Committee.

Members welcomed the Chief Executive's report and the following comments were made:

- The organisation would be using formal advisory powers to write to the Secretary of State with an action plan proposing steps needed to develop the complaints system to one where it is focussed on compassionate, swift and appropriate resolution for individuals.
- That legislative reform will need to be accompanied by practice change to target the cultural challenges that exist.
- The round table engagement of the children's voluntary sector was successful in highlighting the added value of local Healthwatch.
- That the learning from the roundtable event should be reflected in engagement with other voluntary organisations, as it gives an opportunity for shared learning and combining resources at a local level.
- Healthwatch England is supporting local Healthwatch to raise issues of ineffective discharge at their Health and Wellbeing Boards. In addition Healthwatch England are working with the Department of Health to organise an event which will bring together commissioners, regulators and providers of services to agree how progress can be made on discharge quality.
- There has been a delay in the procurement for the primary care project which will be a series of focus groups, with the aim of understanding the underlying health and social care needs people have from primary care services and what the implications might be for how services might be designed differently in the future.
- The King's Fund evaluation of local Healthwatch did not contain surprises, but it was disappointing as it contained very few views from external stakeholders and displayed some misunderstandings about the role of Healthwatch England. The next step is to ensure that the triennial review of Healthwatch England delivers a more rounded picture.
- The quality statements offer an opportunity for local Healthwatch to look at how to turn activity into impact, and to highlight influence within local communities.

- That NHS England are organising a workshop on 9 June 2015 which is an independently facilitated and dedicated event for local Healthwatch to discuss directly their concerns about NHS Citizen.
- Questions were raised about how to develop the understanding of Healthwatch within NHS England. It was suggested that the next step in building the relationship with NHS England should be a board to board discussion about the complementary roles.
- There was recognition of the work by Healthwatch England in terms of developing a requirement within the NHS standard contracts for organisations operating under the contract to provide clear information on how to contact their local Healthwatch.

AGENDA ITEM 6 – Consumer Index

Sarah Vallelly presented the Consumer Index report to the Committee.

Committee Members welcomed the report on the Consumer Index, the following comments were made:

- It was suggested that a wider group of Committee Members including Andrew Barnett, Michael Hughes, Deborah Fowler and John Carvel would be particularly interested in being engaged in the project to provide some assurance to the Committee that this work will deliver something of value.
- There were questions on how the credibility of the Index was being tested internally.
- There was a suggestion that there is a complementary area of work which looks at defining 'what good looks like' so we will know where we want the Consumer Index to get to.
- The role of Healthwatch England will be to identify the data deserts rather than to mould existing data into the pre-defined questions.
- There needs to be a supporting narrative explaining the gaps in data, challenging the system about these gaps and highlighting the need for more parity between health and social care in terms of data sets.

AGREED: To do some consumer insight work on information and education to help shape the data deficit in this arena.

2. **ACTION: To work with the identified Committee Members on further development of the project.**

AGENDA ITEM 7 – Local Intelligence Report

Deborah Laycock and Sarah Vallelly presented the Local Intelligence report to the Committee.

Committee Members welcomed the Local Intelligence report and the following comments were made:

- How trends will be identified and how thematic analysis will be shared with local Healthwatch.
- Work is underway to establish a central place for receiving evidence and intelligence; this Customer Relationship Management system is being developed to track trends highlighted by local Healthwatch.

AGENDA ITEM 8 – Local Healthwatch funding
Gerard Crofton-Martin presented a proposed approach to the way Healthwatch England might exercise its statutory powers in relation to local authorities with regard to local Healthwatch funding.

Committee Members welcomed the report on local Healthwatch funding and the following comments were made:

- Concern about the level of cuts, the variation within the network and the impact on local Healthwatch to deliver work that supports improvements across their local community.
- The Committee appetite is to take a more forceful approach in relation to cuts.
- Agreement that engagement with local authorities should be in consultation and collaboration with local Healthwatch.

AGREED: The proposed approach to the work on local Healthwatch funding.

AGENDA ITEM 9 – Public Participation Session

The Committee and the staff team responded to questions asked by members of the public and local Healthwatch.

AGENDA ITEM 11 – Policies for approval
Sarah Armstrong presented both the Accessibility policy and the updated political element of the conflicts of interest policy for approval.

Committee Members welcomed the policies and the following comments were made:

<u>Accessibility Policy</u>

- It was suggested that the staff team continue to respond to ad hoc requests in regard to the provision of audio CDs and that this would be reviewed only if it became a substantial resourcing issue.

AGREED: The Accessibility Policy was agreed and the next review is scheduled for May 2016.

<u>Updated Conflict of Interest Policy</u>

AGREED: The updated Conflict of Interest Policy was agreed.

AGENDA ITEM 12 – Operational Update
Sarah Armstrong, Head of Operations, presented the Operational Update to the Committee.

The Committee welcomed the update and the following comments were made:

- The Committee appreciated the update on the end of year position.
- It was suggested that a strategic dashboard should be explored which gives the Committee oversight of key priorities

AGENDA ITEM 13 – Healthwatch England Business Plan 2015/16
Dr Katherine Rake presented the Healthwatch England Business Plan for the 2015/16 financial year.

Committee Members welcomed the final Business Plan and no further comments were made.
AGREED: The Healthwatch England Business Plan for 2015/16 was agreed.

3. **ACTION – To share the Business Plan with local Healthwatch alongside a narrative of key learning.**

AGENDA ITEM 14– Members Update

No comments were made regarding the Members update.

AGENDA ITEM 15 –Sub Committee Chairs' Report
Chairs of Healthwatch England Sub Committees presented their reports to the Committee.

Audit and Risk Sub Committee

- There was discussion about the way Healthwatch England might share learning from the use of internal audit with local Healthwatch.

AGREED: The approach for the next internal audit was agreed.

Finance and General Purpose Sub Committee

- The updated Terms of Reference should reflect the fact that the Healthwatch England Committee will report directly to the CQC board on procurement decisions.
  AGREED: The updated Terms of Reference for the Finance and General Purpose Sub Committee were approved.

People and Values Sub Committee

- Anna Bradley remains a member of the People and Values Sub Committee with Christine Lenehan as Chair.
  AGREED: The updated Terms of Reference for the People and Values Sub Committee were approved.

AGENDA ITEM 16 – Any Other Business and close of session
There being no further business, the meeting was ended. The Chair thanked everyone for their time and contributions.

AGENDA ITEM 2
ACTION LOG

DATE	LEAD	ITEM	ACTION	DEADLINE	STATUS
22/10/14	Sarah Armstrong	Present the Complaints Champion terms of reference and Whistleblowing policy in due course	The updated Whistleblowing policy was presented as part of Enhanced Governance at the February Committee Meeting	Quarter 2 (2015/16)	Carry forward
13/05/2015	Sarah Armstrong	To develop a clear reporting framework	The Senior Management Team have developed a governance and assurance framework for reporting purposes which is presented for feedback at the August meeting	ASAP	Completed
13/05/2015	Sarah Vallelly	To develop a programme of engagement with a working group of identified Committee Members on the detail of the Consumer index project	A series of phone calls involving Committee Members and the staff team have taken place to discuss the development of the project	ASAP	Completed
13/05/2015	Neil Tester	To share the Business Plan with local Healthwatch alongside a narrative of key learning	The Business Plan has been updated on the Healthwatch England website	Quarter 2 (2015/16)	In progress

Agenda Item No: 1.4

Agenda Item: Chair's Report

This report details my activity during Quarter 1 of the 2015/16 financial year. It covers:

- The use of our statutory powers
- The development of the 2016-21 Strategy; and
- Committee Development.

The use of our statutory powers

Local Healthwatch funding

In June, using our statutory powers, I wrote to councils where we have seen the greatest reductions in Healthwatch budgets. The team have also been working with local Healthwatch in the affected areas and have notified council staff teams. Within the first week, we had heard from 30% of the councils contacted. The team will collate all responses following the July deadline.

Complaints

I wrote to the Secretary of State, in June, in accordance with our powers to provide information and advice to share our action plan which set out the 7 key areas in the complaints system that we believe require change. The plan has been developed from our conversations with thousands of people who have direct experience of the frustrations of the complaints system in health and social care. The letter also set out the opportunity that is presented by the Draft Public Service Ombudsman Bill to deliver the necessary comprehensive approach to create an effective and compassionate health and social care complaints system. I discussed this with the Secretary of State when we met in July and we await a formal response.

The development of the 2016-21 Strategy

As a Committee we have started to develop our approach to the 2016-21 strategy. This time frame covers the entirety of the current government and matches the time frame of the upcoming spending review. It would take us beyond the next election, so we could review our approach with the knowledge of the incoming government's priorities. Whilst a longer strategy period is a challenge, the Committee felt this was the right approach. We have agreed that we want to make the strategy detailed enough to make sense without binding us into projects that become irrelevant in the longer term. Since beginning this review process, we invited a number of external speakers to address the Committee and engage with us in a conversation about the likely future. The development of the strategy and the recommendations for the next potential aims are the subject of a separate report (Agenda Item 4.3).

Committee Development

During the quarter I completed annual appraisals and agreed objectives with all Committee Members. The appraisal included a performance review of the 2014/15 financial year, key learning in the period, and my comments on individual achievements and objectives for the next year. Overall, it is clear that Committee Members continue to be proud of the work that we are doing as an organisation, that the pace and operation of the Committee continues to develop.

As Paul Cuskin resigned as Chair of Healthwatch South Tyneside in July, he can longer act as the local Healthwatch Committee Member for the north. I would like to thank Paul for his contribution to the work of Healthwatch England during his tenure. We will be seeking a replacement from within the

Healthwatch network in the north, the process for which will start in late August. Patrick Vernon has been appointed to the role of Non-Executive Director of Camden and Islington Mental Health Trust and will take up this post in October. He will therefore step aside from his role as a Healthwatch England Committee Member. I want thank Patrick for his commitment and contribution to the early days of Healthwatch England appreciate his support over the years.

Agenda Item No: 1.5

Agenda Item: Chief Executive's Report

Previous decision: At the 13 May 2015 Public Committee Meeting, it was agreed that clarity was needed on defining the content of the Chair's, Chief Executive's and Operational reports.

Executive Summary: Reporting on our delivery has now been consolidated into a single and newly formatted report. This means that this report contains reflections on key achievements and challenges since the Committee last met in May 2015 as well as an update on changes to our external environment and, where relevant, their likely impact on our operations.

Highlights

- Annual Conference

This was a personal highlight of the quarter. It was a fantastic opportunity to meet more of the network, to put Healthwatch across the country in touch with one another and to celebrate and say thank you for the work they are doing to make a difference to people's experience of health and social care in their local communities. I was also particularly pleased to see how ready they were to embrace the Quality Statements as a development tool, and would reflect that our approach to building support and tools with them actively engaged continues to reap rewards. I would like to reiterate my personal thanks for the whole team's effort in organising and delivering this event and for their good humour and positive spirit throughout.

- Policy projects

Our investment in work to improve the complaints system continued to pay dividends over the quarter, and it was particularly pleasing to see the government announcing its intention to create a single public service ombudsman which was a recommendation of our *Suffering in Silence* report last October. Seeing the special inquiry to conclusion was also a highlight and demonstrated that while analysing the large number of individual cases was both more complex and took longer than expected, it provided a moving and rich source of material for the report which successfully captured media, stakeholder and public attention.

- Network and external engagement

I was pleased to visit Healthwatch Devon and to attend the Devon Health and Well Being Board, and grateful for the time that the Chair of the Board and Director of Public Health took to discuss their current work programme and challenges, as part of the newly announced 'Success Regimes'. I also attended the West Midlands network meeting and was pleased to participate in a workshop at the NHS Confederation conference and to address the Patient Safety Congress, with the latter providing an excellent opportunity for us to talk about our work on complaints and the need for a shift in culture to one in which feedback is positively welcomed.

- Reshaping the Senior Management Team (SMT)

Based on two years' of delivery, I took the opportunity to review the structure of the senior team, and created four Director level roles which will enable us to more fully fulfil our functions as Healthwatch England. This has resulted in the bringing together of policy and communications into a single directorate under Neil Tester's leadership; the creation of a new directorate looking at quality and evidence; the creation of a Director level post to lead the network, and introduce a refreshed training offer and the regrading of the existing Head of Operations post as a Director. I am delighted to announce that following external recruitment, Susan Robinson was appointed to the Director of Network Development role and Gerard Crofton-Martin was appointed as the Director of Quality and Evidence. Both of these posts took effect on 1st July. The regrade of Sarah Armstrong's role completes the Senior Management Team. The organisation has already experienced the benefit of this more logical structure and the

strengthening of leadership and my appreciation and congratulations are extended to Senior Management Team colleagues.

Challenges

Operationally, we have had slower progress on some projects. We are maturing our project management processes and investing in our operational management tier so that projects are better managed, there is improved understanding and communication across teams and the impact of any delays or changes are understood across the organisation.

We also have further work to do to demonstrate the value we are adding across our broad portfolio of work. This is referenced in the paper on communications approach (Agenda Item 4.1), and I would highlight in addition that the work on our strategy (Agenda Item 4.3) will also give us an opportunity to create a clearer narrative about who we are as an organisation, not in abstract terms but through evidence of our activities and impact.

Developments in our external environment

- The new Government's ministerial appointments have been confirmed, with a level of continuity at Secretary of State level but a change in sponsor Minister – with our sponsorship now held by the Parliamentary Undersecretary of State for Quality Ben Gummer MP. Our work on social care will provide a point of contact with the Rt Hon Alastair Burt MP and the work on the NHS England Mandate will create continuing dialogue with Lord Prior of Brampton. We have already begun to set out our key priority areas and are using our post-election discussion at the Committee workshop in May 2015 to guide strategic conversions at ministerial level.

- In the Queen's speech, it was announced that a Draft Bill will reform and modernise the Public Service Ombudsman sector to provide a more effective and accessible final tier of complaints redress within the public sector. We are actively contributing to the consultation to try and simplify the complaints system for consumers.

- The Cities and Local Government Devolution Bill is currently making its passage through the House of Lords before entering the Commons and will support the devolution of powers and budgets, including to Greater Manchester. The Bill is intended to formalise the means of delivering local devolution and enable combined authorities to gain wider-ranging powers.

- The appointments to Select Committees have now been made. We forward to continuing to work with Dr Sarah Wollaston, Bernard Jenkin and Meg Hillier who have been elected as Chairs to the Health Select, Public Administration and Constitutional Affairs and Public Accounts Committee and we have a plan for engagement with new members of these Committees in order to raise their awareness of our work.

- The move to appoint a single Chief Executive to lead Monitor and the NHS Trust Development Authority presents us with an opportunity to coordinate our work, and the work of local Healthwatch, in challenging local hospital providers to improve their services. We have had some very positive engagement with both organisations at a working level and look forward to picking up our relationship with the new Chief Executive in due course.

Agenda Item No: 2

Agenda Item: Report on delivery

Previous decision: At the 13 May 2015 Public Committee Meeting, it was agreed that clarity was needed on defining the content of the Chair's, Chief Executive's and Operational reports

Executive Summary: Attached is a new report format on Healthwatch England's delivery against our business plan in Quarter 1 (April – June 2015) of the 2015/16 financial year.

Background:

It provides a summary report of key milestones, with a RAG (Red, Amber, Green) rating where Green signals fully delivered, Amber signals in progress and Red signals a project that is halted or at risk.

There is then a report on delivery reflecting our activities, learning and plans for the upcoming quarter (Quarter 2). Included is an update on our operational activity which underpins our day to day effectiveness as an organisation. To complement this delivery report, four highlight reports have been generated to focus on areas of particular interest to the Committee (in slide pack). We also anticipate reporting by exception on areas of heightened risk or sensitivity which the Committee needs to be alerted to. In this Quarter, it relates to our work on the Customer Relationship Management system (Agenda Item 2.1)

In addition to questions and comments on the content of the report, comments on the new format would be very welcome. We have included the success measures for our year's work and Committee reflections on whether these are being met by our past and proposed activities will be particularly welcome as this will be one ways of the Senior Management Team monitoring its delivery against these longer term measures of success.

Agenda Item 2: Summary Report – Quarter1 2015 (April – June)				
	Red	**Amber**	**Green**	**Total**
1. Improving current health and social care delivery by amplifying people's voices	**Red - 0**	**Amber - 0**	**Green - 5**	**5**
			• Quarterly report on local intelligence and escalations from Quarter 4 2014/15 to Committee • Publish the special inquiry report • Develop plan of legacy activities for post launch, including support for local Healthwatch • Produce briefing paper which outlines options for the second special project • Send advisory letter on complaints recommendations to new Secretary of State	
2. Ensuring that better future services meet people's needs and are shaped by the people who will use them	**Red - 0**	**Amber - 3**	**Green - 3**	**6**
		• Test and refine the technical framework against which we measure people's experience of health and social care • Develop consumer insight into one of the Healthwatch England consumer principles • Complete primary care deliberative focus groups	• Publish and market 'Service Change' resource pack to the network and key national stakeholders • Produce committee paper on health and social care priorities post-election (May 2015) • Capture and share learning from the network on the impact of commissioning and assurance changes	
3. Developing	**Red - 0**	**Amber - 0**	**Green - 10**	**10**

the effectiveness of the Healthwatch network			• Deliver and evaluate research and intelligence virtual workshops (continuing through quarters 1 to 4) • Implement changes to Customer Relationship Management system from pilot • Share draft Quality Statements with the network and gather feedback • Deliver support for local Healthwatch in completing their annual reports • Communicate quarter 1 support package schedule to local Healthwatch & deliver activities under the theme of Impact and Influence • Deliver bespoke support to local Healthwatch (where required) • Plan and deliver Annual Conference (30 June-1 July) • Plan and publish calendar for the quarter 2 local Healthwatch support package focussed on Leadership • Develop communications channel to keep commissioners updated regarding local Healthwatch and Healthwatch England activity • Publish emergent 2015/16 local Healthwatch funding figures	
4. Ensuring we are an effective, efficient organisation and a well-governed public body	**Red - 0**	**Amber - 4**	**Green - 7**	**11**
		• Scope and develop organisational Monitoring, Evaluation and Learning strategy and plan for Healthwatch England • Create individual and team learning plans for 2015/16 • Review Service Level Agreement with the Care Quality Commission for financial reporting and agree new ways of working • Review Healthwatch England Human Resources processes to ensure effectiveness	• Undertake review of current strategy through interviews with Committee, staff team and stakeholders • Develop and agree plan to embed learning from internal audit of Information Governance practices • Confirm and implement new procurement system and agree reporting processes to deliver first procurement report • Undertake objective-setting for all staff members and teams for 2015/16 • Develop staff survey • Deliver public Committee Meeting • Implement new governance roles	
TOTAL	**0**	**7**	**25**	**32**

Agenda Item 2: Report on delivery - Quarter 1 (April – June 2015)
Key highlights from the Quarter are explored in further detail in slide format.

Priority 1. Improving current health and social care delivery by amplifying people's voices ***Success measures:*** • Changes brought about through our use of intelligence, highlighting priorities for our own future programmes and those of other organisations. • The reach and impact of our findings on discharge arrangements. • The changes brought about through our complaints work as well as the identification of further changes needed in 2016-17.	
What we did in this quarter	• We reported on **intelligence** about public concerns gathered in Quarter 4 (2014/15) at the Committee meeting in May 2015; the detail presented at this Committee meeting (Agenda Item 2.2) pulls together analysis of our enquiries; local Healthwatch priorities; local Healthwatch research reports; enter and view reports; and data newly emerging from the Customer Relationship Management (CRM) system. We delivered an escalation session to local Healthwatch at the Annual Conference. • Our **special inquiry** publication was rescheduled to 21 July following the pre-launch roundtable (held on 16 July) co-Chaired by Jon Rouse, Department of Health and our Chair, Anna Bradley. We briefed a very wide range of stakeholders in advance of the launch to encourage support. We prepared local Healthwatch with an advance copy of the report and a communications toolkit to enable them to raise awareness about their work on discharge. • We wrote to the Secretary of State with a 7-point action plan which calls for change to the **complaints system**. We responded to the Gordon Review of the Ombudsman services and welcomed the Government's commitment to introduce a single Ombudsman service that would cover health and social care which was a key recommendation in our *Suffering in Silence* report.
What did we learn?	• There is a significant appetite from local Healthwatch interested in the **Customer Relationship Management (CRM)** system with all 80 places for the 2015/16 financial year already allocated, ahead of the March 2016 deadline. Following the CRM pilot evaluation, we recognise we have distance to travel to ensure the CRM system is suitable for local Healthwatch needs and have developed a programme plan to address this. We can only develop the reporting framework when the CRM system has more data inputted. • Our learning from the **special inquiry** included positive impact generated by the integration of the launch work with wider influencing, stakeholder and media work and the benefits of posing a constructive challenge and identification of good practice rather than confronting organisations with a list of recommendations. Future special projects will however need a clearer definition of purpose and scope followed by more rigorous feasibility testing and a clear timeline and project plan with contingency developed, and mapped against other organisational deadlines. • With regard to **complaints**, we have learned that the government's priority will be to develop practice and non-legislative routes to reform. Our work with providers of NHS complaints advocacy services has demonstrated that they recognise the need to drive up

	awareness, quality and use of their services.
What will we do in the next quarter?	• Quarterly reports on local intelligence and escalations continue, including collating case studies on local Healthwatch work in relation to our consumer principles. We will evaluate and review the escalation process, and will plan for a thematic briefing. • Produce recommendations for a risk identification tool that is built into the CRM system. • Implement legacy programme to bring about change to the discharge process locally and nationally by working with statutory partners, the voluntary sector and local Healthwatch; complete initial investigation of the next proposed special project, producing a final recommendation for what its focus should be for Committee approval in August 2015 (Agenda Item 4.2). • Stocktake of local Healthwatch work on complaints to identify support needs as they take this issue forward.

Priority 2. Ensuring that better future services meet people's needs and are shaped by the people who will use them ***Success measures:*** • Our work has driven national decisions on the shape of future services and investment. • Our support has enabled local Healthwatch to drive local decisions on the shape of future services and investment. • Appropriate use of our statutory powers has helped to achieve national and local changes.	
What we did in this quarter?	• A 'proof of concept' version of the **Consumer Index** framework was produced, tested and shared with a Committee sub group and with staff. The statistical methodology has been validated by the Consumer Index technical reference group. • We published our report on **service change**, coproduced with local Healthwatch, and including suggestions on how to engage locally based on the experiences of the network. The document was viewed 51 times within 2 days of publication. We continued to support local Healthwatch involved in the devolution of health decision making across Greater Manchester, local Healthwatch affected by 'Success Regimes' and local Healthwatch engaged in vanguard sites implementing new models of care as envisaged by the Five Year Forward View. We also supported local Healthwatch working on changes to maternity services. • We delivered focus groups in partnership with local Healthwatch which harness their ability to engage harder to reach communities to understand people's current experiences of primary care. We also commissioned and designed further deliberative work for delivery in Quarter 2, in order to bring the public's perspective into debates and decisions concerning future delivery of **primary care**. The intention for these sessions is to stimulate and enable members of the public to think beyond current institutions, and map how their needs might be met differently and more appropriately in the future. In Quarter 1, we also facilitated communication between NHS England and local Healthwatch on primary care co-commissioning. • We facilitated attendance and discussion between local Healthwatch, Healthwatch England and NHS England to discuss and understand more about what **NHS Citizen** is, what it is intended to do and how it will work.
What did we learn?	• The **Consumer Index** will show variation across the consumer principles and across service areas (social care, mental health, primary care and secondary care), and we know some service areas have far less data than others, and national data by protected characteristics is not readily available. • Local Healthwatch have a difficult balance to achieve with local **service change**; maintaining their independence with their role as a 'critical friend'. Local Healthwatch are engaging through a number of routes with their local vanguard sites and there are good examples of the value they are adding to the development of local vanguard sites. However, issues raised include local Healthwatch capacity to engage in vanguard developments and how the vanguards link to other initiatives, particularly the Better Care Fund, to ensure alignment and to avoid duplication and public confusion. • 27 local Healthwatch confirmed they have either undertaken, or plan to undertake, work on maternity services this year. • Feedback from the **primary care** focus groups raised particular concerns about the accessibility of dentists, with pharmacy and walk-

	in-centres highlighted as good models.
What will we do in the next quarter?	• We will be preparing to publish our Consumer Index, making sure key stakeholders are aware and understand this work. • Disseminate the learning from the service change guide and support local Healthwatch in their role of promoting effective engagement. We will continue to support local Healthwatch involved in the devolution of health care decisions in Greater Manchester, we will also support and share the learning amongst local Healthwatch involved in the 'Success Regimes.' • We will continue to engage with the maternity services review at national level. • Launch consumer insight report on primary care drawing on the outcomes of the deliberative events and previous focus groups. We will trail this report earlier on in the Quarter using selected outputs from the primary care focus groups.

Priority 3. Developing the effectiveness of the Healthwatch network ***Success measures:*** • Quality Statements adopted and local Healthwatch using them to demonstrate, and continue to improve, the quality of their service • Take-up of our support offer across the network and identify how local Healthwatch are using our support • Identify the influence local Healthwatch have on decision-makers and how our support has helped	
What we did in this quarter	• The emerging 2015/16 **local Healthwatch funding** figures were published. We wrote to councils where funding for local Healthwatch has being disproportionally cut in order to better understand their reasoning for this and to check what contingency plans have been put in place. • The end of year data return was completed by 138 local Healthwatch with responses analysed and the findings prepared to share with the network in Quarter 2. 118 local Healthwatch shared their **Annual Reports** with us by the deadline of 30 June. A sample of local Healthwatch Annual Reports were analysed for impact with almost all the case studies in the sample showing impact. • Our draft **Quality Statements**, which we co-developed with local Healthwatch, were published, with 3 local Healthwatch piloting using the draft Quality Statements with their council commissioners, with their board and as a staff team. We delivered a session at the Annual Conference drawing on the experience of local Healthwatch in the pilot, and sharing the aspirations for the Quality Statements. • The focus of our support and training offer to the network was via the two day **Annual Conference** in Manchester. We were joined by over 300 local Healthwatch attendees, representing 132 local Healthwatch (Agenda Item 2.3). In addition we continued to support regional network meetings with local commissioners. We delivered tailored support to 5 local Healthwatch who faced setbacks during Quarter 1, two of which are continuing with support in Quarter 2. We completed the development of the research guidance toolkit and hosted an online discussion which was attended by 10 local Healthwatch to discuss ways to help them increase their research capability.
What did we learn?	• That **funding** across the network is being reduced by c. 6% overall, with significant reductions in particular locations. Of the local councils we wrote to, some responded, to explain the challenging financial environment they are facing. • 24 local Healthwatch told us their contract would finish in 2015, and another 36 councils had the option to extend their contract with their local Healthwatch in 2015. There were only 3 changes of local Healthwatch provider. Next year there is the possibility of over 60 local Healthwatch contracts coming to an end. This number could increase to almost 60% of local Healthwatch. • An analysis of the initial sample of **local Healthwatch Annual Reports** showed that local Healthwatch using the new Annual Report template are more likely to demonstrate the impact of their work. 29 of the 31 case studies in the initial sample illustrated the impact local Healthwatch work has made. • That the **Quality Statements** are robust enough to now be tested with a broader audience. We need to strengthen our relationship with commissioners of local Healthwatch so that they have a better understanding of our Quality Statements and what an effective

	Healthwatch looks like. • Regarding our support offer, we learned that Chairs would benefit from peer to peer support, led by our Chair, Anna Bradley. In addition, local Healthwatch would like further research guidance, as well as research support.
What will we do in the next quarter?	• We will consolidate the responses from councils and share the findings with the Department of Health. We will work with the Department to look at options which can be pursued within the current legislative framework to ensure councils make sufficient funding available to their local Healthwatch. • Quarter 4 2014/15 Intelligence Return report published and analysis report on impact of local Healthwatch based on their Annual Reports shared with the Committee, the Department of Health and with local Healthwatch. • Test tools and approaches to enable local Healthwatch to assess them against the draft Quality Statements and deliver regional events on how they work in practice. Deliver network and stakeholder events to test and refine the Quality Statements and disseminate findings about how to best use the Quality Statements with commissioners. Plan and publish communication to commissioners including Annual Conference highlights, network support and Quality Statements summary. • Produce evaluation from the Annual Conference, identify learning and start planning 2016 Annual Conference. Deliver Quarter 2 local Healthwatch support package activities focussed on leadership and plan and publish Quarter 3 local Healthwatch support package calendar focused on sustainability. Deliver bespoke support to local Healthwatch (where required). Hold roundtable to establish local Healthwatch leadership development needs (linked to the Smith Review and supported by the review team). Plan and deliver safeguarding summit for local Healthwatch based on support needs identified in 2014/15.Plan an event with commissioners to discuss issues including the funding and commissioning of local Healthwatch.

Priority 4. Ensuring we are an effective, efficient organisation and a well-governed public body ***Success measures:*** • Our staff will be better-equipped to maximise the impact we deliver for consumers • We will have met all of our statutory obligations as a public body • We will have a long-term, sustainable strategic and governance framework for future activity	
What we did in this quarter	• Development of our 2016-21 **strategy** continued with a two-day workshop (Agenda Item 4.3). • Developed a new **financial reporting** format, including the introduction of 'project codes' to identify specific project spend. We have developed a procurement protocol to deliver our own procurement activity from Quarter 2. • Reviewed the **human resource** and team structures needed to deliver the business plan; this has involved the development of the four directorates and we appointed directors to lead each area. • To underpin our **governance framework**, we invested in the development of our new Sub Committees; Finance and General Purposes (FGP) and People and Values. All Sub Committees are now operational and met within the quarter. We delivered the public Committee meeting in Sheffield in May.
What did we learn?	• The **strategy** process opens up a number of opportunities to strengthen the brand and further develop our work with key stakeholders. • We need to continue to review the way we use the SBS (Shared Business Services) system to reduce the amount of 'shadow' systems we operate. This is ongoing learning for the organisation to understand how we can make best use of SBS for this financial year. • We needed to work more flexibly this quarter while the change process was developed. We invested in change management training for our members of OMT (Operational Managers Team) to help them lead their teams through this process and to gain individual support.
What will we do in the next quarter?	• Develop draft strategy and prepare for strategy consultation activities. • Review Human Resources Service Level Agreement with the Care Quality Commission to deliver more efficient recruitment and (re) development of staff policies and agree new ways of working. • Implement learning from internal audit of Information Governance practice. • Develop and agree plan to embed learning from internal audit of Financial Systems. • Deliver procurement report for Quarter 1. • Launch organisation Monitoring, Evaluation and Learning tool to capture learning for 2015/16 including examples from local Healthwatch. • Research case studies and develop content for the Annual Report (2014/15).

	• Review team objectives. • Review individual and team learning plans. • Deliver staff survey. • Deliver all staff meeting to review organisational progress and ways of working. • Deliver public Committee Meeting – this will take place in Worcester on 4 November 2015.

<table>
<tr><td>Financial position</td><td>The financial position at the end of quarter 1 showed an underspend of £255,739 as detailed in the table below:

<table>
<tr><th>Budget</th><th>Actual</th><th>Variance</th></tr>
<tr><td>1,000,396</td><td>744,657</td><td>(255,739)</td></tr>
<tr><td>1,000,396</td><td>744,657</td><td>(255,739)</td></tr>
</table>

There is an underspend showing in both Pay and Non-Pay:

• Pay - There are vacancies currently creating an underspend in Pay and we are confident this will be spent during the rest of the year as we have revised the spend based on the recruitment plan for quarter 2. In addition, some roles were planned to start in quarters 2 and 3 and therefore this part of the Pay budget is on track. We continue to monitor this closely.
• Non-Pay – The costs for the annual conference are not yet showing in the system. In addition, we have faced procurement delays relating to the consumer index, developing our strategy and the delivery of the deliberative events related to our primary care work. These issues have been resolved and we are confident this spend will show in quarter2.
• Summary - we are confident that the overall annual budget will be spent. We continue to develop ways to ensure the financial system we use (NHS Shared Business Service) can help us report more effectively. Our Finance and General Purposes Sub Committee met in the quarter to review the budget and will meet again in July to review the financial position.</td></tr>
<tr><td>Procurement activity</td><td>We continued to work with CQC colleagues to deliver our procurement activity for Quarter 1 while also developing our own procurement processes so we can begin delivering this activity ‘in house’ at the start of Quarter 2.

In quarter one there were three procurements over £5k and we worked with CQC colleagues to develop the appropriate procurement for each of these:

• Payment of agency fees;
• Development and rollout of the Healthwatch Quality Statements; and
• Healthwatch England Strategy Development.

Our Finance and General Purposes Subcommittee met in the quarter to review how our new processes will work from Quarter 2. They will undertake an ‘oversight’ role from Quarter 2 to ensure appropriate procurement decisions are being made and assess how the new processes are working.</td></tr>
<tr><td>Governance and Assurance</td><td>Our public Committee Meeting for Quarter 4 (2014/2015), took place in May in Sheffield.

During the quarter, we completed the development of our new Sub Committees. We have operationalised 3 Sub Committees, and the list below provides detail of when they met in</td></tr>
</table>

	the quarter to review Healthwatch England business activity: • Finance and General Purpose (April 2015) • People and Values (April 2015) • Audit and Risk (April and June 2015)
HR and team development	At the end of quarter 1 we had: • 30 staff members permanently employed; • 10 staff members employed on a fixed term contract; • 8 vacancies in the quarter; • **TOTAL – 48 roles** During the quarter we have reviewed the number and type of staffing roles to ensure we have the skills and experiences needed to deliver the business plan for this year. We have also begun the process to align business activity with team structures so we can work more effectively as an organisation. We worked closely with CQC HR colleagues to ensure this process was fully compliant with their employment policies. This process will continue into the next quarter and we have begun individual and team consultations to help our staff understand the need for the changes and gain their feedback and input into the development of the new structure. Recruitment to fill the vacancies will begin in quarter 2. There will be two new permanent roles and 6 roles available on a fixed term basis.
Internal audit update	Following our two internal audits in quarter 4 we have developed an action plan for each to ensure the learning is embedded and the organisation can continue to improve its overall effectiveness. • **Information Governance** – we shared this with our Audit and Risk Subcommittee and our Senior Managers and this plan has been approved. The 23 recommendations will be implemented over the year but additional resource will be needed to ensure this is fully completed. In the quarter we have developed a role to take this work forward. The Director of Operations has also joined the CQC IGG (Information Governance Group) to ensure the key recommendation of clarifying the overall information governance responsibility can be clarified. • **Financial reporting** – we developed an action plan and shared this with senior managers. Some recommendations have already been implemented to ensure financial reporting can improve for this year. We will continue to refine this.
Risk reviews	Continuing our work to update the operational risk register, to embed the strategic risk register, and to ensure teams use both documents to manage the risk of their work, we held a series of short and focussed workshops with managers over the quarter. This enabled us to fully update both documents and develop an interactive register which brings together all risk documents into one place for ease of access. In addition, our Audit and Risk Subcommittee have met twice within the quarter to review our approach to audit and risk activities. They also undertook a thorough review of the CRM (Customer Relationship Management) system and the progress so far to assess the organisation risks for the next period.

Agenda Item No: 4.1

Agenda Item: Communications approach

Author: Neil Tester

Previous decision: Not applicable

Executive Summary:
This paper proposes a new approach to external communications that seeks to build understanding of Healthwatch England's role through targeted communication with and cultivation of decision-makers and influencers who form part of key networks. It also describes the planned approach to the production and launch of the 2014-15 Annual Report.

Background:
In its early years of operation, Healthwatch England has employed a range of communications techniques to good effect. Now that the organisation is maturing, and with a long-term strategy in the process of development, the time is right to adopt a more sustained and strategically focused approach to external communications activity. This will enable the organisational impact that the Committee is seeking to achieve.

This paper addresses external communications rather than network communications, as significant time and resource has already been invested across the organisation in establishing an integrated approach to communication with and between local Healthwatch. We will continue to develop that approach this year in line with the Committee's previous decisions and the business plan. However we are now in a position, having brought together our policy and communications teams, to adopt a new approach to external communications. This requires the Committee's input and approval.

Our challenge now is to give key decision-makers and opinion-formers a broader and deeper understanding and recognition of:

- What we do and what local Healthwatch do;
- How we do it, and why; and
- The value this adds for people and for other organisations.

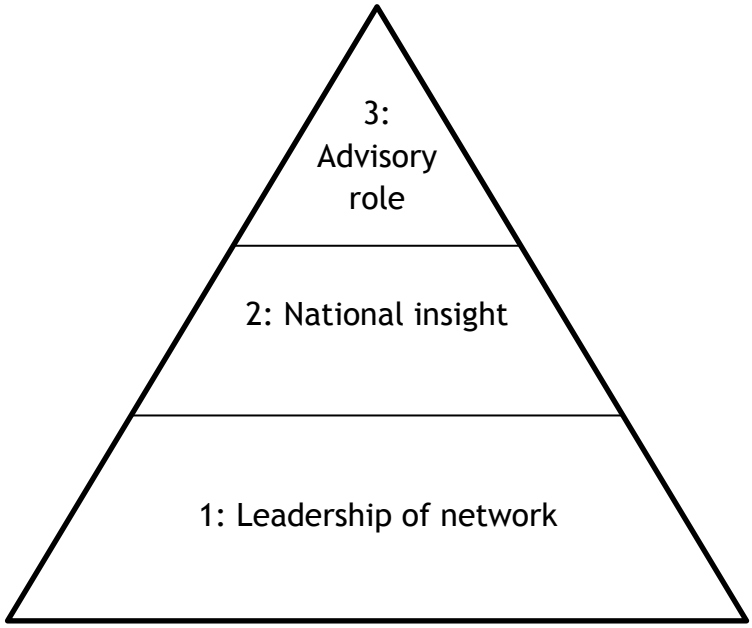
Our organisational values will continue to provide the framework as we implement the proposed approach and again - once the new strategy is adopted from 2016 - as we undertake wider work on our brand and public perception.

Issues and Options:
Our communications approaches to date have often attempted to address different strategic audiences through the same channels simultaneously. This has been a consequence primarily of the need to establish early awareness and impact and has led to a focus on mass media. The constraints of this approach are two-fold: firstly, decision-making and influencing audiences may not receive the more nuanced messages they need in order to understand our role; secondly, our public communication can become unnecessarily opaque when we try to cram messages for specialist audiences into general

communications. The second point has sometimes been a particular issue in relation to our website content.

We will always have limited financial and staff resources by comparison with many of the organisations competing for airtime in relation to health and social care. The challenge for us is to find ways to amplify our messages as we seek to amplify the public's voice.

Individuals and organisations with whom we interact will pass through some or all of the stages of understanding represented in the pyramid diagram below. This illustrates how the number of key contacts fully understanding our role and the benefits we offer them decreases as we move up from stage 1 to stage 3.



The ways in which our leadership of and support for the network enables local Healthwatch to deliver local impact has so far been the aspect of our role and activity that has been most apparent to these audiences. Our projects and outputs in the first years of operation have made this the most visible to them and the nature of their interactions with us suggests that, while there is still work to do in this respect, this element is what they currently understand best.

Moving audiences on to the second stage, understanding how we provide national insight both on our own account and through the national picture we gather from local insight requires more work on our part but is achievable through regular repetition of examples of how this happens. We have substantial material to work with but have not yet consistently made the most of it beyond the immediate follow-up period to the launch of each of our products. We will also be increasing the proportion of our communications activity relating to individual pieces of insight, published more frequently. This will provide a stream of smaller products and opportunities to engage with these audiences, as well as positioning us as an organisation that has interesting things to say and to share, in relation to a range of current issues. All communications activity of whatever scale will therefore identify the relevant key audiences at the planning stage.

Developing an understanding of the value of our advisory role is a more intensive process and a very limited number of people and organisations could currently be counted as being at this stage. Where we have close and formal relationships and frequent personal contact, the route to developing this understanding is reasonably clear. Where this is not the case, the tactics of our communications approach will be crucial. We will develop this work more comprehensively through the brand and perceptions activity associated with the development of our forthcoming strategy. Ahead of that long-term programme, we propose to focus on a maximum of 200 key people who make or influence decisions affecting health and social care. These will not necessarily be those who are formally the most senior: our test should be how widely they could spread a full understanding of our role if we were able to move them up the pyramid, together with the impact of the multiplier effect this would have.

By this logic, we should focus on those who are linked into influential networks across the public and voluntary sectors (including professional networks), think tanks and academia, and those whose views are sought by media reaching national or relevant specialist audiences. We will identify and build these priority contacts both through formal analysis and by making use of opportunities presented by attendance of staff and Committee members at external meetings and events. We will develop and maintain key organisational messages to enable anyone representing Healthwatch England to be able to make these contacts and hand them on as appropriate. All of our contact with these influencers will need to recognise the reality that we will not be the only organisation seeking to build relationships with them and we must be respectful of the pressures on their time and attention. We will also need continually to tailor our tone and language to these audiences, while retaining our unique voice.

We will group these contacts into audiences in order to identify priority channels of communication with them, across the full range of online and offline platforms available to us. We will seek to use specialist media and events to reach them, as the staff resources to ramp up this activity come on-stream later in the business year, but will also seek actively to engage with them through social media and direct contact when we have something to tell them or show them that will be of direct relevance to them and/or their organisation. This will enable us to make full and sustained use of the rich seams of material that our products represent, allowing us to mine them more than once. A more sophisticated approach to the way we present content on our website will be central to this way of working. It is also important that we acknowledge that we will need to respond to their interests and initiatives as these relationships develop. This approach will not work if we operate only in broadcast mode.

We have begun to test out elements of this approach with the launch of the *Safely home* report and this will continue throughout 2015 as we undertake legacy work on discharge. Our primary care work in September, the Annual Report and Consumer Index in October, and the stakeholder work as we first develop and then consult upon our strategy will also generate the material for conversations with new contacts and different conversations with existing ones.

Part of our aspiration for the next Annual Report is to demonstrate our role in relation to all three of the stages in the pyramid rather than just the first. In producing this year's report, we intend to discharge our statutory reporting duty in a way that:

- Sets out what we have learned from the users of health and social care services in the past year;
- Highlights areas of progress, where services have listened to the views and experiences of patients and social care users;
- Sets out the public's perspectives on the future challenges that politicians, policy-makers, commissioners and providers need to respond to so that services will better meet the needs of users.

The document's tone and appearance will seek to represent our difference: sober and formal enough to reflect our statutory position while retaining visual impact to engage readers. This will be a focused report to Parliament, with a clear emphasis on Healthwatch England but bringing in examples of work with the network where appropriate.

We plan to launch the report at a parliamentary reception on 27 October, providing an opportunity for Healthwatch England and local Healthwatch to re-establish links with parliamentarians and establish links with those elected in 2015. This reception will also launch the Consumer Index and set the scene for our strategy consultation. Alongside the statutory report we will also publish a short document reporting on our finances and governance, as last year.

The Committee is asked to comment on the analysis and approach set out in this paper, including on where Committee Members sense we have a shorter or longer distance to travel. This paper has no financial implications. The timeframe below takes account of the fact that there are current staffing constraints in this area which will ease during this financial year. In accordance with our value of inclusiveness, the influencers identified will include people who can help to connect us with groups and networks across the whole of society. We will track this as part of our commitment to equality and diversity.

This is not a high risk proposition but will fall within our overall approach to managing reputational risk.

Recommendation:
The Committee is asked to:

1. Consider and endorse this approach.
2. Note that the new Head of Policy and Partnerships will lead on the identification and relationship management processes, working closely with the Head of Communications who will develop the communication channels to support this approach and integrate with broader brand development.
3. Note the proposed approach to the 2014-15 Annual Report.
4. Agree to receive an update on the initial impact of this approach and on our learning from early implementation, during Quarter 4.

Agenda Item No: 4.2

Agenda Item: Special projects

Author: Neil Tester

Previous decisions:

- 12 February 2013: agreed that unsafe discharge should be the focus for the special inquiry and established the panel and advisory group.
- 12 November 2013: agreed to publish a report as the output from the special inquiry.
- 23 July 2014; agreed that the focus for the next special project should be Child and Adolescent Mental Health Services (CAMHS).
- 22 October 2014: agreed to put the next special project on hold pending completion of the current inquiry and that the suitability of CAMHS as the subject of a future special project should be re-assessed after the publication of the Department of Health Children and Young People's Mental Health and Wellbeing Task Force report.

Executive Summary:

This paper:

- Proposes that the next special project should be a focused piece of work on involvement and engagement.
- Asks the Committee to consider future special projects at the November meeting.

Background:

The special inquiry into poor and unsafe discharge reported in July and will be evaluated in Quarter 3. The Committee has considered learning from this project throughout its life and this paper is informed by those deliberations.

The main lessons about the project are the need to define more clearly:

- The overall change objectives of the project;
- A clear model of who can deliver these changes and the barriers and incentives for that change.

This will provide a clearer scope for the project and from this feasibility will need to be tested and a clear timeline and project plan with contingency developed, mapped against other organisational deadlines. Further reflections from the Committee following the launch of the report would be helpful as part of this discussion.

The Healthwatch England Committee's authority to undertake activity of this nature flows from Section 45C(3) of the Health and Social Care Act 2012: "The committee may publish other reports at such times, and on such matters relating to health or social care, as it thinks appropriate." The Committee therefore has scope to adopt a flexible approach to the form of projects leading to these reports. The approach recommended for the next special project is explicitly more specific and smaller in scale than the special inquiry. When the Committee considers future special project proposals, the range of options for

consideration will sit along a scale with the special inquiry at the top-end in terms of scope, timeframe and resource, and the proposal in this paper at the lower end.

Issues and Options:
The milestone plan developed to support the 2015-16 Business Plan envisaged that this August Committee meeting would select the next special project, with a literature review being undertaken in Q3 and the project being initiated publicly in Q4. In the light of the learning from the special inquiry, we propose that the Committee should adopt a different approach to the second special project and should consider options for future projects at its November meeting.

In developing this proposal, we have sought to balance the risk of initiating a relatively resource-intensive project before evaluating the special inquiry against the risk of losing momentum in our work programme. We have also taken account of the Committee's early thinking about the Healthwatch England strategy and what we have learned from the discharge roundtable process about undertaking co-ordinated activity simultaneously with national organisations to develop a shared picture of an issue. The recommended approach is deliverable within existing budgetary and staff resources.

We recommend that the Committee approves the focus of the second special project being upon the current and future strategies, approaches and delivery of Arm's Length Bodies (ALBs) in relation to their statutory duties to involve and engage people. The Committee is also asked to consider whether this project's scope should examine this issue within the frame of the Five Year Forward View and focus upon the signatory organisations.

Rationale:
ALBs' fulfilment of their statutory responsibilities to engage and involve the public has been a long-standing concern of this Committee and of the network. This concern has had a particular focus on the work of NHS England and the role of NHS Citizen but part of the aspirations of this special project would be to cast our net more widely in order to map current practice across ALBs. Issues raised have included:

- The degree of commitment regarding public engagement
- The appropriateness of methods of public engagement, including concerns about ability to reach all communities
- The type of engagement, including a concern about consultation on a single or limited set of options
- The degree to which the engagement landscape in health is becoming overcrowded and uncoordinated
- Whether nationally and locally other ALBs have understood the specific statutory role of Healthwatch and have built their engagement accordingly.

It would be a primary objective of this project to enable ALBs to articulate their current practice and establish whether more efforts for coordination are desirable. It would also enable Healthwatch England to reflect on current practice, identify any good practice and encourage changes and commitments to new strategic and operational approaches, with a view to working with the organisations in question to track progress and impact. In addition to demonstrating the value that Healthwatch England and local Healthwatch can

add to this specific work area, we would aim to use the project as a vehicle to develop a broader understanding of our complementary role across the full range of ALBs' responsibilities.

It would be feasible to conduct this project either in relation to the organisational approaches to engagement of the ALBs we have the statutory power to advise, or in relation to the broader group of organisations delivering the Five Year Forward View and their collective approach to engagement within that framework. The Committee's thoughts on the benefits of taking either of these approaches would be helpful as a steer to the proposed reference group. The potential advantage of relating the project to the Five Year Forward View lies in the clarity that this would bring to initial approaches to the ALBs. It would be explicit in this scenario that the project would be intended to add value to their current and future focus rather than seeking to draw their attention away from it as part of a critical examination of individual organisations. This approach would also enable us to establish new conversations with Public Health England, The National Institute for Health and Care Excellence (NICE) and NHS Improvement.

Recommendation:
The Committee is asked:

1. To agree that the next special project should take the form of the exploration of involvement and engagement set out in this paper.
2. To discuss and determine whether the framework for this activity should be provided by the Five Year Forward View.
3. To agree to consider options for further special projects at its November meeting.
4. To agree that a group of Committee members should act as a reference group for the project.

This work will be led by the Director of Policy and Communications and the following timetable is proposed:

Quarter 2: Following Committee decision, conduct internal testing of key issues, drawing upon our intelligence from the network. Undertake preparatory discussions with the organisations concerned to ensure that the project's purpose is understood and to help focus the questions for exploration. It may be possible to combine some of these discussions with conversations about our emerging strategy.

Quarter 3: Examination of the agreed issues with ALBs. Analysis of ALB responses and insights. Formulation of Healthwatch England actions in response.

Quarter 4: Publication of findings and follow-up activity integrated into Healthwatch England work plans.

Agenda Item No: 4.3

Agenda Item: Healthwatch England Strategy 2016-21

Author: Benedict Knox

Previous decision: Not applicable

Executive Summary:
This paper sets out the key themes to emerge from the Committees June strategy workshop, the proposed approach to developing the strategy, as well as the planned strategy outputs.

It is recommended that the Committee:

- Agree that the themes accurately reflect their previous deliberations
- Agree the proposed approach and strategy outputs

Background:

Key themes

1. Our future focus on both health and well-being

The Committee agreed that Healthwatch England should support individuals to achieve both the care they need and their aspirations when it comes to health and well-being. The Committee felt that this move would reflect how many local Healthwatch are already working in this area.

This means that our future strategic aims should include a greater focus on prevention and helping people to get better advice and information to look after their own well-being.

There is a role for Healthwatch in terms of monitoring health inequalities and making connections the wider determinants of health.

2. Our vision should be reviewed

The Committee agreed our vision and mission should be updated to reflect our aspiration to help people to stay well.

The Committee felt that our vision should be a realisation of our consumer principles. As well as being changed to include wellbeing, our vision needs to be something that everyone can understand and connect with. It also should use active language and be inspiring.

3. Our statutory role makes our mission unique

Discussions on the unique role of Healthwatch England came to the view that the main factor that sets us apart is our statutory powers. Healthwatch England's sole purpose is to think about people using health and social care and has the right to be heard and responded to.

Healthwatch is also unique in terms of the combination of this and other attributes. Other attributes include our mandate covering all health and social care users, our human insight and our collective force as a network.

These factors should be reflected in both our mission and in our strategic approach.

4. Our four strategic aims

The Committee agreed broad aims of the future strategy. Two of the aims agreed continue to build on our current work:

a. Using our insight, evidence and statutory position to drive positive change at a national level
b. Supporting and developing the Healthwatch network to drive positive change at a local level

Two of the broad aims agreed encompass more of our consumer principles:

c. Improving health information and education so that individuals are better able to manage their own health and well-being
d. Increasing the involvement and influence of communities in the design and delivery of better services

Following the consumer principles research, the Committee felt that Healthwatch England understood public expectations of these aims except when it comes to health information and education.

In terms of public consultation, the main focus of public engagement should be on understanding expectations when it comes to health literacy. When it comes to the other aims, we will consult not on the aim but the potential activities to deliver the aim.

Planned strategy outputs:

The Committee also agreed a number of items associated with the new strategy.

The strategy we publish in February 2016 should be for five years and provide a clear narrative that sets out: our vision and mission; public expectations of health and well-being; the barriers and opportunities that exist in terms of meeting these expectations; our strategic aims; and, a road-map of where we want to be and how we will get there.

Alongside the strategy we will publish a business plan for 2016/17, as well as a plan setting out the finances and other organisational resources required to deliver the strategy, as well as how we will continue to develop the assets of Healthwatch England.

Engagement approach:

The following provides an overview of our engagement approach to developing the strategy.

Jul – Oct 2015	**Isolate the issues and set terms of reference:** Working with Committee, staff, the network, Department of Health and other key partners, we will set the terms of reference for the strategy and draft

	the consultation document.
Oct 2015 – Jan 2016	**Set the stage and listen:** Working with the public, voluntary and professional sector organisations we will seek feedback on (a) the wider issues facing consumers (b) our future aims and how they are delivered and (c) consumers expectations when it comes to health education and information.
Feb 2016 – April 2017	**Launch and promote:** Work with our audiences to build understanding and partnerships towards delivering the strategy in year one.

Recommendation:

It is recommended that the Committee:

- Agree that the themes accurately reflect their previous deliberations
- Agree the proposed approach and strategy outputs

Agenda Item No: 4.4

Agenda Item: NHS England Mandate

Author: Neil Tester

Previous decision: N/A

Executive Summary:
The paper updates on previous Healthwatch England responses to the NHS England Mandate and recommends a way forward for Healthwatch England's engagement in the current NHS England Mandate process.

Background:
The NHS Mandate between the Government and NHS England sets out the ambitions for the NHS. By statute, the Department of Health must consult Healthwatch England on the NHS England Mandate [The National Health Service Act (2006) S.13A (8B) as amended by the Health and Social Care Act (2012)]. Our correspondence with Lord Howe on this issue last year is attached for reference in Appendix A.

Early meetings with lead officials at the Department have already taken place and a further follow-up meeting to discuss the content of the Mandate is due to take place later this summer.

We understand that the Department intends the new Mandate to:

- Have a simpler, clearer structure that is more accessible to the public.
- Align closely to the Secretary of State's priorities and endorse the Five Year Forward View.
- Cover a three-year period (with a three-year budget, subject to the Spending Review) with longer-term objectives as well as deliverables for each year.
- Enable assessment of progress each year through a smaller number of SMART objectives.
- Provide clear roles for the NHS Outcomes Framework and the Clinical Commissioning Group (CCG) scorecard in NHS accountability.

The Department has commissioned the King's Fund to develop the CCG scorecard and the Health Foundation to develop a similar scorecard for GPs, which will also form part of the accountability framework.

Issues and Options:
The consultation on the NHS England Mandate gives us the opportunity to reflect on:

1. NHS England operations and in particular their oversight of CCG activity and their public involvement and engagement activity; and
2. How NHS England's direct commissioning and leadership of others' commissioning through national standards is helping to deliver improved health outcomes.

Regarding 1, we propose to focus on:

- The need for assurance on how effectively CCGs are involving and engaging the public and the need to reflect this in any proposed CCG scorecard;
- The need for NHS England to effectively fulfil its responsibility to involve and engage members of the public, people using NHS services, their family and carers in national commissioning decisions; and
- The need for clarity from NHS England about how its national public engagement and involvement mechanisms, particularly NHS Citizen, complement the role of Healthwatch England and local Healthwatch.

To ensure that our views are considered early on in the process, we propose to write to Lord Prior, the Minister responsible for the Mandate, setting out these preliminary views before the end of August.

Following discussions with the Department over the summer, we will have a clearer view as to the proposed content of 2. Our close engagement with NHS England on a range of commissioning issues will put us in a strong position to comment on gaps, and good practice, within current commissioning arrangements. It will also enable us to set out the case for ensuring that people's views and experiences of services are well understood and reflected in the commissioning process.

We anticipate that a formal response to the Mandate will be required in November and we will seek an appropriate engagement with the Committee either via email or in a formal meeting depending on the Department's final timeline.

Recommendation:
It is recommended that we make more active use of our role as statutory consultee to the Mandate and make an appropriate response to the new ambition for the Mandate by signalling early to the Minister our views on NHS England's operations and then following this with our formal response to the Mandate in the autumn.

Appendix A:
Correspondence between Healthwatch England and Rt Hon the Earl Howe P.C.

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healthwatch

Rt Hon the Earl Howe P.C.
Parliamentary Under Secretary of State for Quality (Lords)
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October 6th, 2014

Updating the NHS Mandate for 2015/16

Dear Earl Howe,

Thank you for your letter about the update to the NHS Mandate for 2015/16. I am writing back in our capacity as one of the statutory consultees of the Mandate.

I wanted to start by registering our appreciation for the early engagement and conversation on the NHS Mandate by your officials led by Gareth Arthur, your Deputy Director in the Department. This early engagement has allowed for a deeper and more productive exchange of ideas than last year and I am very pleased with the outcome.

We see the NHS Mandate as playing a crucial part in shaping the role and remit of NHS England and ensuring that existing commitments deliver on both the aspirations of the Government and the expectations of consumers in health and social care.

Having reviewed the plans for this update, we understand and support the Department's rationale for creating a more stable Mandate for 2015/16 to create clarity and certainty for the system at a time of political and economic change.

Parity of Esteem between Physical and Mental Health

In particular, we welcome and passionately support the proposed changes to the Mandate to ensure a parity of esteem between physical and mental health. This urgency is reflected in our own on-going special inquiry into discharge from hospital and the secure mental health estate, which shows that significant change improvements are required to ensure that people with mental health conditions are adequately prepared for discharge and have access to on-going support in the community.

As part of this work, we understand that your officials will be working with NHS England to explore standards around opening up access to psychological therapies and reducing waiting times, which in the 2014/15 Mandate you stated would have a particular focus on children and young people.

This is vitally important, given that 3 in 4 people with a mental health condition are unable to access the support they need and that our own special inquiry is finding that people have limited access to out of hours mental health crisis support. We also hope that this will lead to significant progress for children and young people with mental health conditions, and we will take a particular interest in this through our role on the new Department of Health Child & Adolescent Mental Health (CAMHs) taskforce.

Improving public and patient involvement

Beyond this, however, we have continuing concerns about the implementation of the current Mandate that we feel need to be addressed in the conversations about delivery of the 2015/16 update. These concerns centre on:

- Assurance of public and patient involvement in Clinical Commissioning Group (CCG) decisions about service change and redesign locally.
- Involvement and engagement of the public, people using NHS services, their family and carers in national commissioning decisions.

Firstly, in the 2014/15 Mandate you wrote that '*where local clinicians are proposing significant change to services, [the Department] want to see better informed local decision-making about services, in which the public are fully consulted and involved*' and included in the fulfilment of this objective '*strong public and patient engagement*'. Similarly, NHS England (in operationalising this mandate) included in their Assurance Framework and Operational Guidance (as part of Domain 2) a requirement for CCGs to involve local Healthwatch and the public in decisions about service change.

In our correspondence (attached to this letter) with the Secretary of State, and Simon Stevens on the Legislative Reform (Clinical Commissioning Groups) Order 2014 you will have seen our concerns about not having assurance from NHS England that CCGs have met their threshold for meaningfully involving the public and local Healthwatch in decisions about major service changes.

We have expressed the desire to see NHS England's detailed assessment of whether CCGs have met the assurance threshold for Domain 2 and whether CCGs are therefore compliant with the legislation and statutory guidance relating to public involvement in decision making (specifically the duties under s. 14Z2 of the National Health Service Act 2006, as amended by s. 26 of the Health & Social Care Act 2012 and the statutory guidance set out in Transforming Participation in Health and Care issued by NHS England in 2013). We await this assessment from NHS England and will continue to look to the Department to support our calls for this to be sufficiently addressed in the fulfilment of the 2015/16 Mandate.

Secondly, we are concerned about the omission of any parameters about patient and public involvement in both the current and proposed Mandates. As the consumer champion for health and social care, Healthwatch England believes that effective patient and public engagement is vital for the national commissioner of NHS services. We know that you will share our feeling on this, as this aspiration was at the heart of the Health & Social Care Act 2012 and the Government's expectations of the reform.

Whilst we do not believe the Mandate should specify involvement and engagement mechanisms, we do feel the NHS Mandate must contain the Department's ambitions and expectations of how NHS England (acting in its capacity as the national commissioning board) should involve the public and patients in decisions about national, direct and specialised commissioning.

In particular, we look to NHS England to clarify the purpose and impact of the different engagement mechanisms it is currently utilising and to ensure that they are making the most of the unique role of Healthwatch locally and are adding value to a complex landscape of patient and public engagement. We additionally look to NHS England for their assessment of the impact of their patient and public involvement mechanisms on commissioning decisions and would welcome conversations with them about how these mechanisms could be strengthened.

Future engagement

We very much welcome your invitation to continue conversations about the 2015/16 Mandate, and consider more substantive and ambitious updates in the future.

Beyond the 2015/16 update, we believe there is an urgent need for a more substantive recrafting of the NHS Mandate. Whilst, we appreciate that the Mandate does not express the entirety of NHS delivery or ambitions, it does articulate the priorities that have been given by the Department in its role as the steward for the NHS in England.

Given this, we would welcome a more detailed conversation with your officials to help shape the Department's thinking about how future updates to the Mandate could reflect the priorities of the public, people using health and social care services their families and carers. Underpinning this would need to be a meaningful process of engagement with the public and a process of translating the Mandate into an accessible format that would enable a productive conversation with the public.

To this end, I will ask my team to continue their work with Gareth Arthur. In pursuing this, it would be helpful to have clarity over when in 2015 the Department anticipates the Mandate will be refreshed.

As ever if you require further detail on any of this letter do not hesitate to get in contact.

Yours sincerely,

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Correspondence between Rt Hon the Earl Howe P.C. and Healthwatch England

From the Rt Hon the Earl Howe P.C.
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03 OCT 2014

Dear Dr. Rake,

Thank you for your letter of 6 October about updating the mandate to NHS England for 2015/16.

I was very pleased to read of your support for our proposal for a stable mandate for 2015/16 whilst asking NHS England to take further steps towards parity of esteem between physical and mental health services. I believe that upholding all of the existing objectives in the current mandate will enable the NHS to build on its achievements, and make further progress on the already ambitious expectations.

I appreciate your concerns about public and patient involvement in decisions about service change and commissioning, at both the local and national level. I am glad that Healthwatch England is continuing to engage in discussion with NHS England to address these concerns. In particular I am aware that you are working with NHS England to consider whether any additional resources could be developed to strengthen local and national approaches to transforming public participation in health and care.

Work to refresh the mandate for 2016/17 is expected to begin in the spring, with consultation over the summer ahead of publication in the autumn. I am pleased to hear that early engagement and conversations on the NHS Mandate with the Department were constructive, and I am keen for these

discussions with Gareth Arthur and his team to continue to ensure we capture your views on future mandates.

With every good wish.

Yours sincerely.

Frederick Howe

EARL HOWE

Agenda Item No: 6.0

Agenda Item: For information: Committee activity

Committee activity including:

- Audit and Risk Sub Committee Chair's Report
- Finance and General Purpose Sub Committee Chair's Report
- Committee Members update

6.1 Audit and Risk Sub Committee Chair's Report – Jane Mordue (Chair)

The Committee is asked to note the summary of the previous Audit and Risk Sub Committee (ARSC) meeting during Quarter 1 of 2015/16. This meeting, through the format of a teleconference considered risk in relation to the Customer Relationship Management (CRM) system.

An update was given on the positive progress of the project, and here is a summary of key points:

- The staff team has expanded, thus increasing the amount of support available to local Healthwatch.
- A deep-dive assessment with 5 'super users' of the CRM system has been conducted. ARSC have asked the staff team to explore further with local Healthwatch who are not using the system to its full advantage to find out the reasons and what additional support would be beneficial.
- ARSC members were assured that local Healthwatch using other models/systems will be supported to connect their internal systems to the Healthwatch England CRM system if appropriate.
- ARSC were informed that the ongoing financial cost of the CRM system has moved to the core budget, thus spreading the financial risk. Whilst there are 80 fully funded places for the 2015/16 financial year, consideration will need to be given about the ongoing financial implications for both Healthwatch England and local Healthwatch.

The CRM project update provided an assurance for ARSC members on the detail of the project. The project is recognised as a major opportunity for the organisation and ARSC recognised that it needs careful management to ensure a successful outcome. ARSC have already recommended that a detailed project timeline is provided as well as a FAQ sheet highlighting the benefits for local Healthwatch. ARSC will be looking to the staff team for further updates.

6.2 Finance and General Purpose Sub Committee Chair's Report – Deborah Fowler (Chair)

The Committee is asked to note the brief summary of the previous Finance and General Purpose Sub Committee (FGP). At the meeting, Sub Committee Members received an update on the following items:

- Procurement
- Quarterly accounts
- Output Delivery Plan (ODP)
- A review of the Terms of Reference (for both FGP and the Procurement Group)
- Forward agenda

A verbal update will be given at the Committee on the detail of discussion, highlighting any items of note.

6.3 Committee Members Update

This report aims to highlight Committee Members' contributions since the last Committee Meeting in May. The report is a summary of contributions from Committee Members. Individually, Committee Members provide a voice for key groups in communities and bring forward the challenges and concerns they have heard. They also engage with local Healthwatch through events and regional meetings.

Supporting Healthwatch England

Developing the Healthwatch England 2016/21 Strategy

During the workshop focussing on the development of the strategy, Committee Members discussed the frame of the next strategic aims. Liz Sayce emphasised the importance of a shift in Healthwatch England's vision – to be inclusive of well-being and the public health agenda, and also to highlight the purpose of health and social care services (not just cure and care – but enabling people to achieve well-being, social participation and to look after their own health).

Annual Conference

Committee Members reflected that the Annual Conference was the highlight of this quarter, commenting on how fast the network has matured over the past 12 months. John Carvel co-compered the Healthwatch network awards, stating that it was inspiring to see the quality of all those shortlisted. Deborah Fowler added that it was great to see how much more closely many local Healthwatch are working with Healthwatch England and also with each other.

Pam Bradbury presented the work of the NHS Leadership Academy at the Conference to raise awareness of an alternative method of 'influencing' to encourage local Healthwatch to consider future work with Healthwatch England and Mark Doughty highlighted how they can strengthen their own influencing skills locally.

Consumer Index

Michael Hughes attended meetings of the Consumer Index technical reference group and also hosted a drop-in session at the Annual Conference. Andrew Barnett, John Carvel and Deborah Fowler have also been engaged with the consultation of the Index. Discussion at the last reference group meeting included general comments on the framework as well as identifying the selection process for indicators as well as how to present results on a national level.

Regional Meetings and Events

Jenny Baker attended and spoke on behalf of Healthwatch England at the Healthwatch Brighton and Hove Annual General Meeting and Annual Report launch. This was well attended with over sixty representatives from statutory, health and social care and

voluntary sector partners. Jenny was impressed by this level of support and the interest demonstrated during the meeting in the work of Healthwatch Brighton and Hove.

Pam Bradbury attended the Midlands and East regional meetings providing information and support to local Healthwatch and delivering a keynote presentation on the work of Healthwatch England at the launch of Healthwatch Leicester becoming a Community Interest Company.

Pam is also in the process of strengthening the relationship between West Midlands local Healthwatch and Healthwatch England through a series of meetings. These include meetings between Anna Bradley and Katherine Rake with Chairs and CEO's respectively.

Health and Wellbeing Boards

Jenny Baker attended a training event in Taunton funded by the Director of Public Health, for South Gloucestershire/South West Health and Wellbeing Board's Chairs' Network for local Healthwatch and Voluntary Sector representatives on Health and Wellbeing Boards. Attendees included Chairs and lead officers from local Healthwatch and local voluntary sector organisations as well as Clinical Commissioning Groups and Local Government Association representatives. Reflections on effective training and communications for the Chairs and lead officers of local Healthwatch and Healthwatch England's support for Health and Wellbeing representatives have been passed to the Development and Communications teams at Healthwatch England.

Special Educational Needs and Disability Information, Advice and Support Service

Michael Hughes, in his role as part of the Birmingham Special Educational Needs and Disability Information, Advice and Support Service (SENDIASs) has expressed a concern that health is not being adequately involved in the Education, Health, and Social Care plans which are being drawn up (very slowly) for children with special educational needs and disabilities.

NHS Citizen

Deborah Fowler, a number of Healthwatch England staff and local Healthwatch attended a workshop organised by NHS England to discuss and understand more about what National Citizen is, what it is intended to do and how it might work. Deborah reflected that, whilst the workshop made things a little clearer, this interesting initiative still appears to be at the development stage.

National Information Governance Committee (NIGC)

During the quarter John Carvel continued to represent Healthwatch England on the Care Quality Commission's (CQC) National Information Governance Committee, with a view to speaking up for the interests of consumers. The CQC has a statutory responsibility to monitor and seek to improve the "information governance" of health and social care providers. That means paying close attention to how well care teams share information to provide all of us with a joined-up service and how carefully they protect it to preserve our confidentiality. The Healthwatch England staff team input into this work was ably supported by Sarah Vallelly and the research team.

Promoting Patient and Public Engagement More Broadly

Deborah Fowler has 'opened up a new front' in the ongoing battle to ensure that wider and deeper patient and public engagement becomes standard practice across health and social care. She has queried with some conference organisers why they had no one

speaking from the viewpoint of patients or users, and pointed out that professionals will increasingly expect to hear from these groups at conferences they attend. The response was positive. It might be helpful if other Healthwatch also responded to conference organisers' promotional emails by querying why some of these events do not include the voices of those affected. The more that health and social care staff hear the public voice at conferences, the more they will expect to hear that voice in their workplaces as well.

Pam Bradbury attended the Strategic Advisory Board for the NHS Leadership Academy in London, representing the People Voice in decision making for the education programmes being delivered by the Academy to the NHS.

External meetings
Andrew Barnett spoke at a meeting hosted by Lord Filkin in the House of Lords on the subject of loneliness in old age where he raised the Healthwatch England Special Inquiry, with the suggestion that late or unsafe discharge was a sign of loneliness/lack of community support.

He also discussed the Special Inquiry at Guys and St Thomas Charitable Trust and spoke about social investment for scaling/replicating good practice initiatives that address discharge for vulnerable people.

DevoManc as part of work Patrick's role at National Housing Federation, he is leading on the health response for housing providers. Patrick is working with NHS and KMPG in organising a health and housing event in Manchester in September where he has ensured that local Healthwatch representatives are invited as delegates.

Patrick attended the North West London Collaborations for Leadership in Applied Health Research and Care (CLAHRC) Summer Collaborative Learning Event and dinner. A number of CLAHRC have created research fellowships for patients and service users to influence and shape applied research in developing innovative solutions for the NHS.

Primary Care
Anna Bradley and Andrew Barnett attended the deliberative event on primary care held in London with Michael Hughes attending the event in Bristol. The aim of both sessions was to collect the public's views on how they would like their health and care needs to be met in the future. Discussion included examining which aspects of service delivery are important to people to understand more about what to change and what to maintain for the future.

Diversity and Inclusion
Patrick Vernon attended the NHS Equality and Diversity Council Meeting in April where discussion included quality and how CQC regulates healthcare services as well as the employment of people with learning disabilities in the NHS workforce. A key highlight of the Council's work included an event held at St Thomas' Hospital celebrating the legacy of Windrush across the NHS. Attended by over 200 people, Patrick reflected that it was a great opportunity to celebrate the contribution of the passengers of the SS Windrush to the legacy of the NHS workforce today.

Patrick was also a guest speaker in Cambridge at Addenbrooke's Hospital's Windrush Day event which celebrated the role of nursing staff from the Commonwealth. Concerns were

raised with the proposed immigration cap which will have an impact on recruitment of nurses and its impact on the diversity of the workforce.

In addition, Patrick attended the NHS England Black and Minority Ethnic (BME) Mental Health Five Year Forward View consultation. Over 70 people mainly service users and carers shared their experiences of how to improve mental health services as part of the Taskforce review.

Liz Sayce liaised with Department for Work and Pensions on the increasingly close links between health and employment policy, and emphasised the significance of patient/public involvement. Liz is also feeding into the Equality and Human Rights Commission's 'How Fair is Britain' report – in relation to disability equality and has given evidence to a House of Lords Committee on the impact of the Equality Act on disabled people, covering people living with any long-term health condition or disability - including in the health sector.