

MEETING	PUBLIC BOARD MEETING 22 September 2016
Agenda item and Paper Number	6 CM/09/16/06
Agenda Title	Healthwatch England update: June 2016 – September 2016
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PURPOSE OF PAPER:

Actions required by the Board:

- **Note** the update from the Acting National Director of Healthwatch England

1. Summary

The purpose of the paper is to update on Healthwatch England activity between June 2016 and September 2016.

2. Recommendation

To note the report.

3. Discussion and Implications
Reinforcing our focus

The Committee restated its unique role i.e. to ensure public involvement in decisions about health and social care. We are the consumer champion for health and social care, working with people, local Healthwatch and external partners. We support local Healthwatch in ensuring that regional and local stakeholders understand how network insight is informing national policies and programmes and how they can work most effectively with local Healthwatch. We work to ensure that national stakeholders receive, understand, use and acknowledge our insight. Part of this task will be to maintain stakeholders' understanding, including throughout our leadership transition and ongoing turnover of stakeholders' personnel, of:

- Healthwatch England's role;
- How our activity is driven by our values;
- The value delivered by the network and the difference it makes, using the Healthwatch brand;
- The importance and benefits of effective engagement with patients, service users and the wider public.

Our successful Annual Conference in June, with 360 attendees representing 120 local Healthwatch, highlighted the growing impact of local Healthwatch and our support continues to help them develop. It was clear that a significant part of the success of the conference was

working with local Healthwatch to develop the agenda and sessions. We have already analysed feedback so that next year we can be just as good if not better.

Intelligence and Influencing

At our August meeting the Healthwatch England Committee discussed and approved a focussed approach to our two key organisational delivery mechanisms - Intelligence and Influencing. Firstly, we agreed a new intelligence framework. This will exploit the increasing amounts of data on people's experiences being collected by local Healthwatch and stakeholders. The model was developed drawing on professional expertise and co-produced with local Healthwatch and stakeholders. It has their support and the first fruits will be presented at our next meeting. The challenge then is how to use this to influence and best make people's voices listened to by those who make decisions. We agreed a range of approaches and criteria for using them. Most importantly, we will continue our recent approach of working wholeheartedly and supportively with key system partners to help them gain the full richness and benefit from public engagement.

External engagement

As a Committee, our aspiration is enable people's voices to help drive the commissioning of services. We want them heard at strategic level, early on the processing. We will continue to ensure that our evidence is led by patient information and experience and to work with a wide range of organisations. We were encouraged by Committee Members to work more with user-led organisation, ensuring that all sections of the community have the opportunity to have their voice heard and be involved. We are developing Healthwatch England's approach to equality and diversity, inclusion is one of our values, and as an organisation we are committed to ensuring that the work we do and the way we do it, promotes dignity and autonomy for people. We aim to continue to integrate equality and diversity in to our day to day activity and will improve how we report this activity. We are working with Committee Member Liz Sayce on this area.

This quarter we had a focus on Pharmacy, Service Change and Mental Health.

Pharmacy

Earlier this year we were called on by the Minister, Rt Hon Alistair Burt, to discuss proposals for community pharmacy services. These included an investment in community pharmacy but a reduction in the overall number of pharmacists where there was over supply. Our evidence from the network shows a public appetite for using the pharmacist but a natural worry about being left without access. From what the Healthwatch network has heard from people at both a national and local level, it is clear there is an appetite for pharmacy to play a greater role in preventing ill health, helping with minor concerns and supporting the management of long-term conditions. Following this up, and keen to identify where the strategic leadership was coming from to deliver a flexible and accessible pharmacy service as people said they wanted, Jane Mordue (Interim Chair) met with:

- Nigel Clarke, Chair, General Pharmaceutical Council (GPhC);
- Rt. Hon Sir Kevin Barron MP;
- Claire Ward, Pharmacy Voice; and
- Sarah Gidley, Royal Pharmaceutical Society.

Service Change

We all know that good public engagement requires time and needs to be in at the beginning of the change process as well as throughout. The Sustainability Transformation Plan (STP) process has moved so fast that this has been a challenge, one which local Healthwatch are doing their best to meet so that people's voices are heard in this big thinking about future services. During meetings with external partners, the evidence that Healthwatch provides locally and nationally has been welcomed and we will continue to share this. A Healthwatch Health and Care Transformation seminar is organised for 18 October 2016 with attendees from system players and local Healthwatch.

Mental Health

This year local Healthwatch identified mental health as their top issue, with 77 out of 148 local Healthwatch identifying it as a priority. With 57 local Healthwatch identifying mental health as their top issue last year, mainly focussing on mental health services with a number detailing Child and Adolescent Mental Health Services, it is clear that this remains a key issue for people and in turn local Healthwatch. A significant number of local Healthwatch are helping to make positive changes to local mental health services through work with local commissioners and providers.

Key issues people have raised on mental health services include amongst others, a lack of flexible access to services, the poor availability of crisis support, GPs not understanding their mental health needs and having to enter another waiting period for Improving Access to Psychological Therapies (IAPT).

Committee recruitment and National Director Recruitment

At the end of September, a number of founding members of the Healthwatch England Committee will stand down at the end of their term of office. We wished farewell at the Committee Meeting to Dame Christine Lenehan who has contributed so much on all issues to do with children and young people; to Michael Hughes, who has been our expert on research and statistics as well as to Alun Davies who has given generously of his expertise on access issues and on local government. We thank them and wish them well.

Plans to recruit new members were only just finalised in July. It was therefore decided therefore that we will wait until the Chair and National Director of Healthwatch England are appointed in September/October before going out to recruitment. In view of this and to give some much needed continuity, John Carvel has been appointed for one further year.

The recruitment for the permanent Chair is ongoing with interviews scheduled for September; in turn the recruitment timeline for the National Director has been confirmed with interviews scheduled for October.

Transition to CQC

We moved into Buckingham Palace Road in May and so have been working with CQC colleagues to see how we make the most of this closer working relationship. The Transition Board closed down with the agreement of the Healthwatch England Committee and support of the CQC Board. We have also been talking to our new sponsor team so that we can work constructively with them and assure them that we are making best use of money they have given us.

Business Plan and Achievements

The update below highlights our activity over the period against our priorities for 2016-17:

Priority 1 - To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people

If we are to ensure that we can draw upon high-quality data and insight from local Healthwatch, based on effective engagement, it is essential that our support to local Healthwatch continues to improve the consistency of the network's delivery and reduce unwarranted variation. The Committee will be considering a report on the network conference and this was clearly the jewel in the crown of our work with the network in Quarter 1. However we also undertook important work to confirm local Healthwatch learning needs and begin to develop new tools. We provided Enter and View train the trainer sessions and updated materials to support the cascading of the training. We have worked with our Local Healthwatch Advisory Group and are grateful for their involvement and insight. This quarter also saw us begin to establish network task and finish groups, which will

become an increasingly prominent feature of our work. We delivered a support package for local Healthwatch work in relation to Sustainability and Transformation Plans. Working with three local Healthwatch, we produced a toolkit and resource pack to support the network in its work scrutinising local improvements to complaints handling and learning from this feedback.

Priority 2 - Bringing the public's views to the heart of national decisions about the NHS and social care

The user requirement has helped us understand what our stakeholders require and when they will want to receive it. Information sharing will be undertaken to best inform their change and ongoing work programmes. We will link into their planning timetables and ensure we identify where our intelligence can be used to maximise response options.

In this quarter we shared network insight and good practice by a number of means including briefings for stakeholders, digital content and evidence to a range of select committee inquiries. This work is described in more detail in the quarterly status report on progress with the influencing strategy.

Priority 3 - To build and develop an effective learning and values based Healthwatch England
In addition to completing our move and transition process, we began to build a constructive relationship with our new sponsor team. We focused significant attention in Quarter 1 on working with CQC colleagues to maximise value for money through effective collaboration and by taking advantage of the systems and facilities now open to us. We are grateful to colleagues in the National Customer Service Centre for helping to make the transition of our enquiries service such a smooth one. We have also had productive discussions about new approaches to procurement that have the potential to offer savings to local Healthwatch through bulk-purchasing and to make it easier for us to commission local Healthwatch to undertake work on the network's behalf.

New format for the delivery report

The delivery report is attached as an Appendix. The delivery report highlights activity in Quarter 1, as well as an update on work undertaken between June and the public Committee meeting in August. There are separate tables for each priority area, highlighting the outcomes for each priority. In each priority, there are comments on the delivery supporting the planned activity as well as any further Committee updates following the end of the quarter and planned future activity. The boxes shaded in grey indicate where delivery falls due in another quarter. Where planning or activity have already begun in Quarter 1, comments appear in the grey boxes.

Column 1 – Activity as stated in 2016/17 Business Plan

Column 2 – Delivery in Quarter 1

Column 3 – Subsequent delivery in Quarter 2 to date, together with notes on how thinking and planning is developing for particular activities and whether any changes need to be made to delivery timeframes

Column 4 – Tracks delivery status and highlights future activity, indicating the quarters in which agreed business plan deliverables fall due

Where documents are available on the Healthwatch England website or on other websites, links have been provided in the report.

Healthwatch England Delivery report

Priority 1: To provide leadership, support and advice to local Healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people

Activity

- Develop local Healthwatch learning
- Strengthen relationships between local Healthwatch and decision makers
- Improve quality across the local Healthwatch network
- Support effective governance structures
- Support effective information and signposting
- Awareness of Healthwatch network insight and impact

Outcomes

- Develop local Healthwatch learning
- We will baseline the learning needs of local Healthwatch staff and volunteers and see an increase in positive perceptions of our support
- We will see an increase in local Healthwatch collaboration and sharing of best practice

Quarter 1 Planned Activity	Quarter 1 Delivery	Committee Update	Delivery status and future activity
1. Confirm local Healthwatch learning needs for 2016/17	<p>We have evaluated 2015/16 support, focusing on the following key areas:</p> <ul style="list-style-type: none"> • Governance and leadership; • Income generation; • Call handling/signposting; • Volunteering; • Enter and View training. <p>We have Identified with local Healthwatch a number of areas where the network requires learning. Initially these topics were covered at the Network Conference. This provided us with further insight, which we are currently using to</p>	<p>We have discussed trends with Regional Committee Members via one to ones with their Development Officers and regular Regional Committee meetings.</p> <p>A new report format is being adopted to keep the Committee updated on the activity of the Network. This is being trialled with Regional Committee Members first and will be circulated amongst the wider Committee following</p>	<p><u>Deliverable achieved - further activity on track</u></p> <p>We will continue to create the tools for which learning needs were identified in Quarter 1. We will also encourage the use of existing tools.</p> <p>We will continue to assess LHW learning needs throughout the year, via dialogue with LHW and</p>

	<p>produce a programme of learning opportunities.</p> <p>In addition we provided 5x Enter and View train the trainer sessions at local Healthwatch venues, which were attended by 42 people across 19 local Healthwatch. 98% rated the session very useful to highly useful.</p> <p>We updated the Enter and View training presentation to include learning from the training run across the last year, and this document is now available on the Hub.</p>	feedback.	collating the enquiries received.
2. Establish a network advisory group to help shape our support for 2016/17	<p>An advisory group has been established and although there is a core of interested members invitations remain open to network leaders so that anyone can contribute. A committee member and external guest are present at all meetings. The group met in May and considered information sharing between local Healthwatch and CQC as well as the developing intelligence work.</p>	<p>The group met again by teleconference in July to review conference and discussed LHW funding in the light of the intelligence return as well as how to maximise local publicity opportunities by working with CQC.</p>	<p><u>Delivery on track</u></p> <p>Further meetings scheduled in Quarter 2, Quarter 3 and Quarter 4.</p>
3. Support a series of network advisory task and finish groups (e.g. joint working with CQC)	<p>We established a Sustainability and Transformation Plans Healthwatch Group (20 members) to support us nationally. Two Champions will represent Healthwatch England at the National STP Oversight Group.</p> <p>We gave a presentation to the London network meeting in May to inform LHW of orthotics patient experience findings and agreed to a task and finish group to support implementation of the NHSE guidance on orthotics.</p>	<p>The first Healthwatch STP meeting took place on 26 July to comment upon NHS England's Public Participation Guidance.</p> <p>In Quarter 2 to date we have been working with NHS England to identify the lead commissioners, which will determine the most appropriate LHW to involve in the group.</p> <p>We have carried out a scoping exercise to identify LHW to approach about a group to test experience of changes resulting</p>	<p><u>Delivery on track</u></p> <p>Activity scheduled for delivery in Quarters 2, 3 and 4</p> <p>Ongoing meetings for the Sustainability and Transformation Plans Healthwatch Group.</p>

		from the national maternity review.	
4. Develop and deliver x4 training modules to support local Healthwatch statutory activities (e.g. community engagement)	<p>We provided further Enter and View training using the new training materials developed with LHW. These will continue as a module in Quarters 2, 3 and 4, alongside materials covering:</p> <ul style="list-style-type: none"> • Sustainability, which will include leadership, governance, relationship management and income generation; • Infrastructure, which will include volunteering and call handling/signposting; • Peer review (see Priority 1, activity 12). 	We are currently developing our delivery plan and our procurement processes. This will include discussions about procuring LHW to deliver training and the setup of an online 'Healthwatch Academy' with CQC. This portal would manage access to our training opportunities, including eLearning.	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 2, 3 and 4</p>
5. Plan and deliver Healthwatch 2016 event	<p>We delivered a conference to more than 400 people, from 120 LHW. 60 sessions ran over two days, with 16 external organisations exhibiting. The event was well received by the network:</p> <ul style="list-style-type: none"> • 86% stated that their attendance at the conference will help their organisation work more effectively; • 96% stated that the conference helped them develop their knowledge and skills. <p>Over 120 entries were received for the seven award categories and 39 LHW received recognition for their achievements at the awards ceremony. All post-conference activity has been aligned to the business plan.</p>	<p>Conference presentations and handouts used in sessions across both days have been made available on the Hub and Yammer. An award winners document was produced, made available to LHW and promoted externally to highlight achievements made across the 7 categories. Ongoing communications are highlighting the work contained in award submissions to ensure all submitting LHW receive recognition for their work.</p>	<p><u>Delivery on track</u></p> <p>Planning for 2017 has started - content and revision of procedures following feedback from 2016 event is in progress. Themes and the awards procedure will be co-produced with the network (via the LHW Advisory Group). Meetings are being planned with stakeholders/exhibitors from the 2016 conference - to help strengthen relationships with the network.</p>
6. Plan and deliver x8 policy and communications training events	<p>We identified the learning needs for member of the network communications group.</p> <p>We delivered x1 training in Leeds on creative communications techniques to 22 delegates from 21 LHW.</p>	<p>Creative communications resources have been shared with delegates and are available to other LHW on the Hub.</p> <p>The policy network session informed work on STPs for</p>	<p><u>Delivery on track</u></p> <p>x3 training sessions across Quarters 2-4 for LHW communications staff will cover:</p> <ul style="list-style-type: none"> • Communications evaluation;

	We delivered x1 policy network session in Sheffield - attended by 18 delegates from 15 LHW.	Healthwatch England and NHS England.	<ul style="list-style-type: none"> • PR skills; • Data visualisation. <p>x3 policy network sessions across Quarters 2-4 will cover topics agreed with delegates each time in line with emerging policy issues.</p>
7. Support x48 local Healthwatch regional networking events	<p>The Development Team facilitated and supported 12 network meetings. There was a focus on local Healthwatch involvement in STPs within their 'footprints', including in the South West, South West Peninsula and London. We facilitated the attendance of regional stakeholders, for example GMC and NICE at a South West Network meeting which led to the GMC attending the Healthwatch England Committee meeting in Exeter.</p> <p>We represented local Healthwatch and Healthwatch England at Regional Quality Surveillance Groups.</p>	<p>We will be working with the 12 regional networks to look at how we link these to the STP footprints and build their capacity to support shared learning.</p> <p>We will also be focusing on stakeholder management to develop regional relationships - for example, building third sector relationships to promote engagement with local Healthwatch across the South East.</p> <p>We are also trialling a regional representation approach to building relationships with NHS CHC through the regional leads.</p> <p>We facilitated the Patient Experience team at Frimley Health NHS Foundation Trust working with local Healthwatch in the Frimley Health STP footprint. We also helped to plan meetings between local Healthwatch and regional CQC PMS leads.</p>	<u>Delivery on track</u>
8. Evolve and support our on-line platform for local Healthwatch to	<p>We rolled out technology to make signing on to Yammer and the Hub easier.</p> <p>We began the review of the current Hub</p>	The development plan will be finalised and work will begin in Q2. This means completion is now planned for Q3 rather than Q2.	<u>Delivery under way - final target date moved from Quarter 2 to Quarter 3</u>

learn and share best practice	structure.		We will survey Local Healthwatch staff and volunteers about their information needs in Quarter 2. We will implement changes to the structure in Quarter 3.
9. Work with local Healthwatch to identify and share effective ways of engaging in FYFV service change programmes	<p>We shared the Final Report and Summary Report on the Greater Manchester deliberative primary care work undertaken with LHW with the GM Network.</p> <p>STPs formed the subject of a keynote session at conference.</p>	<p>We published the deliberative work on the Healthwatch England website and via the network newsletter.</p> <p>In July we launched a new care models vanguard survey of all local Healthwatch within vanguard sites. This information will be used to support Healthwatch locally, to see how their situation compares to other areas, as well as help us to share best practice. Strategic Stakeholders, including NHS England's New Care Models Team, are already aware of this survey and we will share the findings in August.</p> <p>In Quarter 2 we will be publishing New Care Models case studies from HW Bradford and HW Kirklees.</p>	<p><u>Delivery on track</u></p> <p>We will be hosting two health and care transformation events in London (October) and Leeds (February 2017). The London event will also provide an opportunity to formally launch Healthwatch England's Annual Report for 2015-16.</p>
10. Develop and disseminate service change tools for local Healthwatch	<p>We have targeted individual support to local Healthwatch and have provided initial support materials to the network on STPs, including;</p> <ul style="list-style-type: none"> • overview briefing; • template letter; • case studies; • mapping of Healthwatch networks within STP areas. 	<p>We have started to use the map of Healthwatch networks within STP areas at regional network meetings. The mapping helped facilitate a discussion about joint working at the London network and we will expand these to the other networks during Quarters 2, 3 and 4.</p>	<p><u>Delivery on track for Quarter 3 and Quarter 4</u></p>

		We are drafting content for the refreshed service change guidance (renamed Health and Care Transformation), which will be published in Quarter 3 and include new case studies from local Healthwatch, with further information on the various transformation programmes including STPs, devolution, New Care Model vanguards, success regimes and Better Care Fund.	
11. Deliver x4 regional service change events for local Healthwatch and health and care stakeholders	We have planned two health and care transformation events in London (October) and Leeds (February 2017).	We have updated the plan to deliver 2 larger events in place of the 4 smaller events first planned. Both events will bring together Healthwatch and key system players to discuss effective collaboration and how best to engage the public through health and care transformation. Attendees will include system leaders from NHS providers, commissioners, and local authorities, locally elected members, VCS, NHS England and regulators.	<u>Delivery plan amended</u> Two larger events will be delivered in Quarter 3 and Quarter 4.
12. Embedding the use of Quality Statements (alongside other monitoring tools) through training and supported reviews	70 local Healthwatch have signalled their interest in being involved in the peer review process. The support requirements have been agreed prior to initiating the procurement of the peer review training and support package. The peer review approach is being adapted so it is applicable to other areas of training and support such as Enter and View (see activity 4).	We have started the procurement process to create peer review materials (e.g. self-assessment for local Healthwatch being reviewed, key lines of enquiry for local Healthwatch reviewing) which allow local Healthwatch to organise and run peer review. The contractor will run a workshop with commissioners, LHW and Healthwatch England to co-create	<u>Delivery on track</u> For delivery from Quarter 2

		materials and will sense-check with LHW who have undergone a review. There will be up to 4 training days across the country for both staff/volunteers for 120 people from 60 local Healthwatch. Development officers will be trained in peer review to enable the ongoing embedding of the Quality Statements within the network and Healthwatch England.	
13. Plan and deliver best practice x2 events for local Healthwatch commissioners	We have sent out a further commissioner newsletter and we continue to invite them to sign up for our Healthwatch England updates.	<p>We are currently discussing event themes with LHW commissioners and the LGA. There will be 4 regional events, 2 in the autumn and 2 in February/March. Dates for these events will be confirmed shortly. We have opted for 4 smaller regional events to encourage increased participation by LA commissioners.</p> <p>The key topic for discussion will be collaboration, for example collaboration between commissioners; LHW collaboration on joint pieces of work; LHW sharing resources.</p>	<p><u>Delivery on track</u> For delivery in Quarter 3 and Quarter 4</p>
14. Support local Healthwatch to identify effective approaches to achieve short and long term sustainability	<p>We delivered 2 sessions at the annual conference looking the opportunities and challenges for local Healthwatch sustainability. These sessions were supported by Social Enterprise UK.</p> <p>We have informed LHW about the opportunity to become CQC Tell Us About Your Care partners (the tender process closed on 26 July).</p>	<p>Further engagement has been planned with Social Enterprise UK, which will lead into a sustainability training module.</p> <p>We will monitor to see how many LHW bid and will continue to work with CQC colleagues to identify opportunities for the network.</p>	<p><u>Delivery on track</u> For delivery in Quarter 3 and Quarter 4</p>

		We have started conversations with Tender UK regarding future support for the network.	
15. Identify effective local Healthwatch approaches to influencing, develop and deliver, training and resources		<p>We continue to collect case studies and examples of effective influencing. These will support our work on sustainability and in particular leadership.</p> <p>We are engaging with LHW, NHSE Leadership Academy, System leadership and CQC.</p>	<p><u>Delivery on track</u> For delivery in Quarter 3 and 4</p>
16. Identify effective local Healthwatch governance approaches, develop new governance tool and deliver training for local Healthwatch	This work stated at the annual conference with a governance session led by the Good Governance Institute (GGI), which has been followed up by a leadership discussion with GGI.	<p>This work has identified a number of products to support effective governance, which include:</p> <ul style="list-style-type: none"> • A governance matrix based on the quality statements; • A governance matrix for NHS organisations, identifying where LHW can support effective governance; • A collaboration governance pack to support collaborative working between LHW. 	<p><u>Delivery on track</u> For delivery in Quarter 3</p>
17. Baseline the current information and signposting services and share best practice	We delivered 2 sessions at the annual conference looking at local Healthwatch experience of delivering signposting service and call handling. A need for further support and training was identified.	<p>Through support from committee member Pam Bradbury, we have identified the following areas of work:</p> <ul style="list-style-type: none"> • An advisory group of local Healthwatch, which could also be used as a peer support group to discuss calls and contacts that local Healthwatch have found challenging; 	<p><u>Delivery on track</u></p> <p>Further work in this area for delivery in Quarter 2, Quarter 3 and Quarter 4</p>

		<ul style="list-style-type: none"> • Call triaging resource (developed from existing resources); • Potential training on call handling skills. <p>In addition, we have begun engaging with the Helplines Partnership, to understand how membership could benefit local Healthwatch.</p>	
18. Publish and promote toolkit on complaints handling	We have shared the toolkit and resource pack with LHW. We published the toolkit on our website along with a supporting blog to explain how our national policy work has moved into providing support for local scrutiny by LHW and to illustrate the nature of this support.	We have also shared the toolkit with all NHS and local authority complaints managers and advocacy providers through their professional networks. Further opportunities to use the toolkit will be kept under review.	<u>Delivered</u>
19. Review current local approaches to sharing complaints advocacy information sharing and promote best practice		Preliminary meetings have been held with advocacy providers.	<u>Delivery on track</u> For delivery in Quarter 3
20. Establish a complaints advocacy community of interest and support the development of guidance		The community of interest is being developed via Yammer.	<u>Delivery on track</u> For delivery in Quarter 3
21. Deliver Healthwatch England annual report to	Draft synopsis for annual report to Parliament agreed with Interim Chair and Acting National Director	We have shared the synopsis for the annual report with the Healthwatch England Committee.	<u>Delivery on track</u> Annual report for delivery in

Parliament and support delivery of x148 local Healthwatch annual reports		During Q2 we will review the effectiveness of the support provided for 2015-16 LHW annual reports to shape support for 2016-17 reports.	Quarter 3 - design and copy will be finalised for October publication. Support for LHW annual reports to be delivered in Quarter 4.
22. Publish a series of themed reports on Healthwatch insight findings		We expect the first insight using the new intelligence approach to be delivered towards the end of Quarter 2. This will enable the production of themed reports to begin.	<u>Delivery on track</u> Delivery schedule from Quarter 3 to be determined by nature of intelligence.
23. Provide training to local Healthwatch to improve media coverage and establish regional spokespeople		Planning is being undertaken during Quarter 2.	<u>Delivery on track</u> For delivery in Quarter 3
24. Resources to support the development of the Healthwatch brand and network communications	<p>We have developed a photo and infographic bank and shared with local Healthwatch.</p> <p>We have undertaken polling on public attitudes to involvement with organisations such as Healthwatch. Results were shared with local Healthwatch communications leads as well as forming the basis for a blog on volunteering.</p>	During Quarter 2 we are forming a group to explore the potential for a joint awareness raising event for Healthwatch.	<u>Delivery on track</u> <p>We will further develop the communications centre - Quarter 3.</p> <p>We will also develop more brand assets for local Healthwatch to support volunteering and public engagement - Quarter 4.</p>

Priority 2: Bringing the public's views to the heart of national decisions about the NHS and social care

Activity

- Support local Healthwatch to capture and share service user experience information
- Drive up the quality of information captured by local Healthwatch
- Maximise use of Healthwatch intelligence by national decision makers
- Work with statutory and other partners to ensure that key national policies and plans take into account the views of consumers

Outcomes

- We identify policies and programmes where Healthwatch evidence and insight can add value
- We see more partners using our insight and evidence to drive improvements in health and care
- We see an increase in public involvement in major health and social care reforms

Quarter 1 Planned Activity	Quarter 1 Delivery	Committee Update	Delivery status and future activity
1. Host, develop and continue to roll out a CRM for local Healthwatch	There are currently 76 LHW on the CRM. In Quarter 1 those LHW recorded 16,547 actions following contacts and 2,731 pieces of feedback they had received.	11 LHW have requested the CRM and we will roll out to these organisations next.	<p><u>Delivery on track</u></p> <p>The CRM will be made available to local Healthwatch that require it, with the expectation that 2/3 of the network are using by the end of this financial year.</p>
2. Deliver CRM training and support to local Healthwatch	Training videos and guidance for LHW are available.	<p>The new CRM officer started in June and has been delivering refresher training from mid-July.</p> <p>We are procuring training for LHW that are new to the system. We are working with CQC colleagues to resolve some issues concerning this procurement before we can begin to deliver external training to LHW adopting the system.</p>	<p><u>Delivery on track</u></p> <p>We expect to begin the next stage of roll-out, including external training, in Quarter 3. There is a risk that if the procurement issues take longer than expected to be resolved, this could affect the roll-out timetable and we are therefore keeping this situation under close review.</p>

<p>3. Review future CRM requirements and resourcing 2017-2020</p>		<p>We have been working closely with CQC colleagues to minimise risk by ensuring that robust contractual arrangements are in place both for the current year and for the longer term.</p> <p>The LHW CRM Stakeholder Group is in place and held its first meeting on 13 July. We currently have 16 members from 14 Healthwatch.</p>	<p><u>Delivery on track</u></p> <p>We will finalise the CRM user requirements which the ARSC will review prior to procuring this for 2017 onwards.</p>
<p>4. Scope and baseline current quality and consistency</p>	<p>Work is underway to understand the training needs of the network - it has thus far been linked into the engagement phase of the intelligence project in which over 60 LHW have been involved.</p> <p>The APEx system has also been amended to consider quality standards; this is being worked through and is being developed.</p>	<p>Activity will continue to the end of Quarter 2 when the intelligence project development work enters its testing phase.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 3</p>
<p>5. Develop and pilot a research skills support package for local Healthwatch</p>	<p>The Intelligence and Informatics Reference Group have met twice and are advising on what is required from the support package.</p>	<p>Further activity will continue to the end of Quarter 2, to be developed in the light of our better understanding of the network training needs.</p> <p>4 LHW are working with us on the development of key data management and security policies. A briefing on the National Data Guardian's review of consent, which includes data security, has been prepared for LHW.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 4.</p>

<p>6. Baseline intelligence requirements of major Healthwatch England stakeholders</p>	<p>Meetings have taken place with over 60 LHW and over 20 other stakeholders including all major stakeholders. A comprehensive user requirement of the stakeholder intelligence needs has been drafted for consideration at the August Committee Meeting.</p>	<p>2 regional meetings have been used to gather feedback on the user requirement and consolidate findings.</p>	<p><u>Delivered</u></p> <p>The user requirement will continue to be refined and developed as the intelligence framework rolls out and feedback is collected.</p>
<p>7. Establish best practice approaches and develop and test an intelligence framework for collaborating and sharing information with stakeholders</p>	<p>Learning has been garnered from other federated organisations and integrated into the development phase of the project. These include Citizens Advice, Age UK, Homeless Link.</p>	<p>The Operating Model for intelligence has been drafted and options for implementation brought to the August Committee Meeting for consideration.</p> <p>Consideration is being given to how we can learn from other consumer organisations and regulators, as well as others such as the LGA.</p> <p>We will be focusing on developing a collaborative intelligence approach in partnership with COC and NHSE - NHS Citizen.</p>	<p><u>Delivery on track</u></p> <p>Once a model for intelligence has been agreed consideration will need to be given to ensuring we have appropriate staff resources in place to begin testing the process.</p>
<p>8. Systematically gather and analyse information on health and social care issues from local Healthwatch</p>	<p>380 of approximately 600 reports received in 2016 were processed in Quarter 1.</p> <p>The first intelligence meetings have been held by the intelligence team to consider the findings of the collation process - undertaken through APEX.</p>	<p>We are expecting to be up to date with all 2016 reports received by the end of August when we will also be expecting the live push of CRM data to begin. Weekly meetings have been implemented to review the information.</p> <p>The Healthwatch coding system is still undergoing development but we have been able to start</p>	<p><u>Delivery behind schedule</u></p> <p>Delivery of this activity has been challenging, due primarily to capacity issues in the team, failure to recruit an analyst this summer and the significant delay to the live data feed that has previously been reported to Sub Committees. Progress has therefore been slower than</p>

		<p>processing the published Healthwatch reports for 2016. Coding is an essential part of the intelligence project and work will continue to develop it in particular with respect to ensuring it reflects local needs. Consultation is ongoing. The codes will be continuously developed over time and increase in sophistication.</p> <p>We are talking to LHM to pilot the approach to pulling information into CRM from LHW using other systems.</p> <p>Project engagement has resulted in raised interest in the use of the CRM system by local Healthwatch who are choosing systems or who have adopted the CRM but have not been using it routinely. This will have positive impact on our ability to gather data for analysis.</p>	<p>planned. Once the CRM data has begun to be pulled through we will make an assessment of its use and improve the collection process.</p>
9. Commission further research to support local Healthwatch insight		<p>Research needs will only be identified as intelligence flows through the new system.</p>	<p><u>Delivery on track</u></p> <p>Polling to track public awareness of Healthwatch brand in Q3.</p>
10. Produce and disseminate intelligence outputs including reports, briefings, good practice to stakeholders	<p>We published briefings and network insight on pharmacy, patient data, and how the network is supporting inspections.</p> <p>We disseminated key findings on CYP mental health services,</p>	<p>We published and disseminated 'Making your voice count', a summary of award winning Healthwatch case studies.</p> <p>We published the findings of our DevoGM deliberative events.</p>	<p><u>Delivery on track</u></p>

	<p>dentistry, maternity, and primary care.</p> <p>We shared good practice on complaints and hospital discharge through toolkits and our stakeholder engagement programme.</p>	<p>Local Healthwatch intelligence on dentistry will now be drip fed over a period of months rather than as a single report.</p>	
<p>11. Evaluate with partners the effectiveness of sharing Healthwatch insight to date</p>	<p>We have used our intelligence stakeholder meetings to understand their experience of previous insight-sharing and their views on what would make future sharing most effective.</p>	<p>Based upon feedback we have developed a new user requirement for HWE intelligence. We are developing a proposal for a 360-degree stakeholder review of Healthwatch England which will also reflect on our information sharing and influence.</p>	<p><u>Delivery currently on track</u></p> <p>This will be incorporated into the ongoing learning and development as we fine tune our information sharing processes and the 360-degree review will be used to support our work on future strategy.</p>
<p>12. Develop a shared understanding with key partners of when and how Healthwatch insight can be most valuable and influential</p>	<p>We have developed this understanding from the stakeholder meetings informing our intelligence proposals. Based on this, a comprehensive user requirement has been drafted for consideration at the August Committee Meeting.</p>		<p><u>Delivered</u></p>
<p>13. Scope emerging policy issues and priorities to enable effective prioritisation of Healthwatch network activity</p>	<p>We have fed the overall policy background into our development of the new intelligence processes.</p>	<p>While the Secretary of State for Health has been confirmed in post and the overall direction of policy is clear, there remains a possibility that the other substantial ministerial changes may prompt additional or amended policy approaches. We continue to keep this situation under close review and are ensuring that this policy horizon-scanning is being brought into</p>	<p><u>Delivery on track</u></p> <p>As live data from the CRM comes on-stream in Quarter 2, supplementing information from LHW reports, from Quarter 3 we will map this intelligence against what we know about policy initiatives and opportunities across health and care to enable effective prioritisation decisions.</p>

		intelligence meetings.	
14. Monitor effectiveness of public engagement in the FYFV reforms and provide feedback to partners	<p>We presented to the FYFV People and Communities Board in May, explaining our service change work.</p> <p>We have contributed regular updates at the National STP Oversight Group, including insight from the network.</p> <p>We developed relevant case studies to share with key stakeholders as part of our meeting programme.</p>	We are continuing to develop our relationship with other stakeholders in the third sector, including National Voices and the Richmond Group.	<u>Delivery on track</u>
15. Share the views and experiences of consumers at key events and decision making bodies	<p>We shared network intelligence on maternity, primary care and hospital discharge with multiple select committees.</p> <p>We secured a seat on the National Oversight Board for the implementation of the STPS.</p> <p>We fed back experiences of consumers of CYP mental health services to the national board and key stakeholders on progress of the Local Transformation Plans.</p>	<p>We attended the first meeting of the GP Regulation Review Board. This is a key part of the GP Forward View programme and builds on the positive relationship developed with CQC colleagues during our work on the Dental Regulation Review Board.</p> <p>We are shortly to take up a seat on the external reference group for the implementation of the National Maternity Review.</p> <p>We have been commissioned by the National Information Board to work with the People and Communities Board, NHS England and others to develop a patient, carer and service user vision as part of the programme governance of the NIB's strategic</p>	<u>Delivery on track</u>

		delivery.	
16. Implement legacy work with stakeholders and national programmes from the hospital discharge special inquiry and other projects	<p>We met with DH to discuss use of discharge statistics as an indicator of integration across health and social care.</p> <p>We promoted the NHS Quick Guide on discharge to care homes, which in turn promotes, LHW, including through a blog on the NHS England website.</p> <p>We supported the development of both the PHSO report and NAO report on discharge.</p> <p>We submitted evidence to the Public Accounts Committee on discharge.</p> <p>We published a blog on the origins and development of our complaints programme and the transition into supporting local Healthwatch to provide greater scrutiny at a local level.</p>	<p>We are reviewing and updating the LHW hospital discharge toolkit.</p> <p>We submitted evidence including positive progress by local Healthwatch to PACAC select committee.</p> <p>We have decided to put the proposed sector round table sessions on hold until we have reviewed the toolkit and DH have published their sector-wide discharge plans.</p> <p>We have identified possible future work with RCN to explore the data recording issue behind the 'midnight discharge' problem.</p> <p>We will be publishing a blog to mark the close down of our successful national work on gender identity issues and explain how we are linking NHSE with local Healthwatch working on this issue.</p>	<p><u>Decision to place deliverable activity (sector round tables) on hold</u></p> <p>Toolkit to be updated and disseminated to network and stakeholders by end of Quarter 2.</p>
17. Support national partners to strengthen patient communications on priority issues	<p>We supported NHSE's announcement of the GP forward view through media and social media activity.</p> <p>We supported publication of CQC strategy through media and social media activity.</p> <p>We promoted the work of the DH</p>	<p>In July we supported the publication and dissemination of the National Data Guardian's review on use of patient data with our media and social media activity. We will continue to support the consultation over the summer.</p>	<p><u>Delivery on track</u></p> <p>We will work with CQC colleagues to increase the effectiveness of the LHW/CQC relationship especially with 19 LHW who said they had a very poor relationship with acute and</p>

	<p>programme board on discharge through successful influencing of the PHSO report and through our blog for NHSE. We successfully refocused relevant elements of the DH and ALB shared communications plan.</p>	<p>We have scoped out the National Dental Regulation Review Board's public communications activity, for implementation in Quarter 3 and Quarter 4.</p> <p>We are currently working on a joint toolkit with local Healthwatch to support the roll out and implementation of the Accessible Information Standard.</p> <p>We have begun work with DH on the annual process of informing the NHS Mandate refresh.</p> <p>We have started working with DH and NHSE communications teams to share patient insight on innovation work.</p>	<p>social care teams. Our work during Quarter 2 and Quarter 3 on the National Information Board patient, carer and service user vision will ensure there is a clear articulation of what people should expect the NIB's workstreams to deliver by 2020 in relation to a number of issues raised by the Healthwatch network.</p>
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Priority 3: To build and develop an effective learning and values based Healthwatch England

Activity

- Gain efficiencies by more closely integrating our work with CQC
- Develop a new five year strategy for Healthwatch England
- Support Committee to discharge their statutory functions
- Develop effective and flexible ways of working that deliver value for money
- Make our information more accessible

Outcomes

- We will successfully integrate with CQC, using their relevant processes, resources and procedures, whilst maintaining our independence
- We will have a more effective and collaborative Committee that delivers statutory obligations
- We measure, evaluate and implement learning in our people and across our projects and programmes
- We will have robust planning mechanisms leading to clarity about our programme of events and delivery
- We will be an organisation that uses resources effectively, efficiently and economically
- We will be a caring and trusting organisation that promotes a healthy work/life balance

Quarter 1 Planned Activity	Quarter 1 Delivery	Committee Update	Delivery status and future activity
1. Move office accommodation to new CQC premises	We completed our move to the Buckingham Palace Road office on 9 May.		<u>Delivered</u>
2. Recruit and induct a new Chair and National Director of Healthwatch England		Department of Health has now advertised the Chair post, with interviews due in September. National Director role to be advertised shortly, with interviews in October. Induction programmes are being put together for both roles.	<u>Delivery behind schedule but will be achieved in-year</u> This work had been planned for delivery in Quarter 1 and Quarter 2 but changes to the DH's timetable have meant this is now being undertaken in Quarter 2 and Quarter 3.
3. Implement new governance framework for Healthwatch England	The Healthwatch England elements of the DH/CQC Framework agreement have been	A report on Healthwatch England's Corporate Governance Framework is presented for	<u>Delivered (subject to Committee decision)</u>

Committee	updated to reflect Committee comments following the May Committee meeting.	approval at the August public meeting.	
4. Put in place a rolling programme to identify opportunities with CQC for efficiencies and closer collaboration	<p>We have adopted the CQC travel and accommodation booking process. This has enabled staff to input their individual travel and accommodation requirements directly to the centralised booking team at the NCSC.</p> <p>We have had a number of useful discussions with CQC procurement, engagement, communications, intelligence, policy and strategy colleagues to identify scope for closer collaboration and potential future shared resource.</p>	<p>Following the appointment of the National Guardian for Freedom to Speak Up, we will also continue to explore opportunities for efficient collaboration with her team.</p> <p>We will continue to keep the delivery schedule for this activity under close review as organisational change continues through the year.</p>	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 2.</p>
5. Develop, consult upon and launch our strategic priorities for 2016 - 2021		We are developing a proposal for a 360-degree stakeholder review of Healthwatch England.	<p><u>Delivery currently on track</u></p> <p>Development of the strategy is scheduled for Quarter 3 but will be subject to the appointment of the Chair.</p>
6. Plan and deliver x4 public Committee meetings along with supporting activity	The public Committee Meeting was held on Wednesday 25 May in Exeter. Committee Members were joined by representatives from 8 local Healthwatch in the South West.	During the August Committee meeting in public, local Healthwatch will be encouraged to share their successes and challenges during part of the public participation session.	<p><u>Delivery on track</u></p> <p>There is a plan to better sequence public Committee meetings so that they take place sooner after the end of each Quarter. This will be the case for all meetings from January 2017.</p>

7. Support Committee to develop their knowledge and skills via x2 workshops and other activities			<p><u>Delivery on track</u></p> <p>For delivery in Quarter 2 and Quarter 4. A strategic workshop with external stakeholders is being organised for September.</p>
8. Put in place a procurement pipeline to support the delivery of our business plan	Procurement pipeline for the financial year is in place with the CQC Commercial and Contracts Team.	We keep the pipeline under regular review with the CQC Commercial and Contracts Team.	<p><u>Delivered</u></p>
9. Identify staff learning needs for 2016/17 and put in place a learning programme	Staff training and development needs for 2016-17 have been identified as scheduled. We are in contact with CQC HR to ascertain what learning programmes are available to Healthwatch England staff on the ED system.	Line managers will ensure that their teams have undertaken training and development as agreed in their PDR set at the start of the 2016-17 year.	<p><u>Delivery on track</u></p>
10. Review organisational developments needs and put in place a rolling improvement plan	The training needs analysis was undertaken.	The People and Values Sub Committee discussed the training needs analysis on 20 July. The improvement plan is underway. Negotiations have started with the CQC academy to see what support is available to staff in Healthwatch England and in the network.	<p><u>Delivered</u></p>
11. Monitor use of resources and report progress towards achieving the business plan		A financial update was provided to the FGPS in July and is subject to a further report in the Operational Update.	<p><u>Delivery on track</u></p> <p>For delivery in Quarter 2, 3 and 4</p>
12. Support work of staff through support of CQC central service (e.g. National Customer Service	NCSC took on the delivery of the HWE Enquiries Service. Over the quarter the service handled 1,437 contacts, of which 862	We are looking to make the CQC Safeguarding tool available for the network through the CRM.	<p><u>Delivery on track</u></p> <p>We will keep under review the</p>

Centre - NCSC)	were by email and 572 were calls. 96% of calls were answered within 30 seconds, compliant with the Service Level Agreement.	We are considering aligning with CQC security processes in areas such as the CRM.	NCSC handling of enquiries to Healthwatch England.
13. Maintain and develop our digital channels for communicating the work of the Healthwatch network and supporting engagement with local Healthwatch		We are finalising the plan for development of our website content in Quarter 2.	<u>Delivery on track</u> For delivery in Quarter 4.
14. Support the further improvement of local Healthwatch digital channels		During Quarter 2 we will start discussions with local Healthwatch on our future digital offer.	<u>Delivery on track</u> Preferred option to be selected in Quarter 3. This work will now be linking in with the CQC's five-year systems review. It is therefore possible that a change in plan and/or timetable might at some stage become necessary to mesh with and take advantages of new technical and financial opportunities.
15. Support the printing of Healthwatch information		This is ongoing background activity concerning general office printing.	<u>Delivery on track</u>