DRAFT NOTE-

Note of Healthwatch Programme Board 28 March 2012

Present

John Wilderspin, Chair
Malcolm Alexander
Steve Atkinson
Chris Bostock
Kasey Chan
Keith Clements
Sarah Crossland
Tim Dalton
Lorraine Denoris
Janine Ford
Ian Forsyth
Valerie Harrison
Frances Hasler
Anita Higham
Amanda Hutchinson
Nick Kennedy
Andrew Larter
Elaine McHale
Sarah Norman
Paul Ogden
Joan Saddler
Rosie Seymour
Becky Shaw
Mary Simpson
Patrick Vernon
Katy Wing

Apologies

Nick Bell, Sara Cain, Nicola Close, Sandie Dunne, Jane Halpin, Helen Jones, Amy Key, Philip King, John Lewis, Glen Mason, Don Redding, Zoe Renton, Yvonne Thomas, Sue Turner, Frank Ursell, Lisa Walder, Patrick White, Lynne Winstanley.

Welcome and Introductions

John Wilderspin welcomed everyone to the meeting and reiterated a particular welcome to new members. He confirmed that Sue Turner of Birmingham and Solihull Mental Health NHS Foundation Trust would join the board as a representative of the NHS provider sector and Yvonne Thomas as a representative of the NHS Commissioning Board. After introductions, JW formally thanked Frances Hasler – who leaves the Healthwatch team at the end of the week - for all she has done for Healthwatch.

JW said that the Health and Social Care Bill 2012 received Royal Assent on 27 March marking an important juncture in the board's work which would now focus on implementation. From this meeting forward, the agenda would be re-ordered to reflect this change in focus and priority.

Minutes of the last meeting and actions

There were 2 corrections to align the risk register with the previous minutes **Action: Secretariat.** The outstanding actions were due to be covered at this meeting.

Report from the Advisory Group

Patrick Vernon introduced his report from the final Advisory Group meeting which took place on 21 March – paper HWPB – 02 – 28 March 2012. His key points going forward were:

- better use should be made of the expertise the members of the Group added – he saw this as a shared responsibility (delivery partners and group members);
- smaller, more focused, groups were more productive than large meetings;
- it is right that the focus should be on implementation and that should include how Healthwatch fits into the wider system.

He wanted to recognise the contribution of all members but paid particular tribute both to the core group of around 25 who had "stuck with it" throughout, and the DH, CQC and LGA "officials": these people had continued to work together through some difficult and challenging meetings.

JW thanked PV and also paid tribute to how much the group had delivered. JW invited others to offer their reflections. Key points were:

- still too much focus on health/NHS;
- good involvement takes time: more time should be spent early on establishing ground rules (protocols for working), terms of engagement (lay people and professionals working together), and clarifying the expectations of individuals' contribution (optimize the expertise);
- members should be given regular, systematic, feedback on how their contributions were being used/had influence;
- the board needed to understand better how the advisory group were shaping things;
- co-production needs to start at the beginning and be consistent;
- co-production is a new way of developing policy and much was achieved;
- it should be borne in mind that not everything about the policy was clear at the start so everyone needed to be adaptable to change;
- there was a programme plan but it was not sufficiently revisited along the way; and
- more could have been made of the resources the board members could offer.

JW asked the Healthwatch team[1] to produce for the next meeting an engagement/advisory plan building on these lessons and mapping them across to the programme plan. **Action: Healthwatch team**

Programme Governance

Andrew Larter introduced the status report and Terms of Reference – papers HWPB 03-28 March 2012 and HWPB 04-28 March 2012.

Key points were:

- monthly meetings have been arranged to ensure ongoing engagement with LINks, NALM and the DH voluntary sector strategic partners;
- the process for appointing the Chair of Healthwatch England was behind schedule but overall expected to remain on track for an appointment in May or June;
- the risk register had been revised and expect to see the RAG status come down as engagement is taken forward; and
- the Terms of Reference (TOR) have been revised and a copy of the Nolan principles (of standards in public life) will be circulated with the next version.

The main points made in response were:

- either the implementation plan or the TOR should reflect the need to ensure integration with the NHS Commissioning Board's, and others', patient and public engagement and involvement duties: agreed to pick this up in the implementation plan and to invite a representative from the NHS CB to a future meeting;
- LINks should be added to the list of co-production partners at 1.1 of the TOR: agreed;
- dates for instructions for local Healthwatch regulations – at milestone 85 – do not appear to be accurate;
- the implementation plan should include ensuring there is a good quality LHW in every area so no community loses out; and
- the standing request for LINks representation on the DH and Local Government Programme Board: noted.

[1] DH, CQC and LGA staff

Action: Secretariat to NHS commissioning board representative to a future meeting; add LINks to 1.1 of the ToR.

Legislation
Kasey Chan updated the Board on primary and secondary legislation and the Chair acknowledged the work of the team in supporting the Bill.

Key points:

- a response to the consultation on the Healthwatch England membership regulations would be published after Easter;
- a period of engagement on local Healthwatch regulations is being planned for mid-April to mid-June. It will consist of targeted discussions with key stakeholders. There is insufficient time to allow for a public consultation on the draft regulations.

The Board noted the update.

NHS Complaints Advocacy
Chris Bostock introduced his paper for this item (paper 05-HWPB-28 March 2012). The main points made were:

- key issues include case management, particularly for vulnerable people, and TUPE;
- funding of £14.2 million will go to local authorities, £2.5 million of which is to compensate for loss of economies of scale.

In discussion the following main points were made:

- local models that connect appropriately with other services e.g. information, advice, other types of advocacy, as well as LHW (if LHW is not providing the service) needs consideration;
- how to create local economies of scale without necessarily aggregating up;
- local authorities will want to be able to join up locally and have the ability to commission across a number of local authority areas to seek efficiencies;
- local authorities, and potential providers, including LINks, would welcome a common specification;
- an indication of the possible commissioning models and timeframes each would involve would be welcome;
- complaints advocacy is a special, and precious, service for those who get support from it;
- thought needs to be given to how LHW can make best use of intelligence coming from complaints and how information about advocacy moves around the Healthwatch system (with reference to individuals in receipt of an advocacy service being identifiable);
- there should be independent monitoring throughout the case; and
- there should be independent advocacy for people with issues with their (complaints) advocate.

JW thanked members for their input and drew discussion to a close with an undertaking to have this as a standing agenda item on the issue at a future meeting. **Action: Secretariat to add agenda item to future meetings.**

Healthwatch Strategic Implementation Programme Plan 2012/13 (the draft Programme Plan)
Andrew Larter introduced paper 06-HWPB-28 March 2012 as the overarching plan under which more detailed plans would sit. The detailed plans would be discussed at a future meeting. The draft plan is purposely high level and designed with flexibility in mind. The draft plan remains restricted and not for wider circulation. The deliverables were taken one by one and the main points are set out below.

There were no comments on deliverables 1,3, 5, 6 (although it plays into 4 and should reference deliverable 9), 12, and 13.

It was agreed that a theme on how Healthwatch will work with the NHS should run throughout all the appropriate deliverables, and that there should be a separate deliverable on development of an equalities framework for Healthwatch. **Action: Healthwatch team to update the draft plan.**

It was also agreed the Healthwatch mission statement would be added to the beginning of the draft plan. **Action: Healthwatch team to add the mission statement to the draft plan.**

Deliverable 2

- there are 9 events and some dates have changed;
- it would help to hold an event in each of the 9 (former GO) regions because that's how local authorities still tend to operate at the regional level.

Deliverable 4

- this links to deliverable 11 – one of the things LHW will need help with is managing information both as part of its function in gathering and sharing views and as part of its function in giving advice and information to individuals; it is important that this second element is as closely linked to the first as possible. LD confirmed that those issues are about to be tested in 2 areas.

Deliverable 7

- there are other groups the team could work with on this e.g. SOLACE, LGI.

Deliverable 8

- add sector-led improvement;
- consider whether Children's Trusts and safeguarding should be included;
- some of the success measures are necessarily after April 2013 underlining the importance of the board continuing to meet beyond that date.

Deliverable 9

- there are phases to this deliverable because the overall implementation is phased;
- the communications sub-group should be played into further work on this deliverable.

Deliverable 10

- a less detailed framework could be produced before the end of August to be regularly updated as more detail became available (to allow local authorities to put commissioning plans in place in good time);
- LHW must be able to determine its own work plan;
- the quality framework must be outcomes focused;
- at a future meeting the board would discuss the roles of local authorities and HWE in ensuring a shared understanding of high quality outcomes across all 152 areas.

Deliverable 11

- need to be more specific about measurement and times (tighten up the success measure in particular);
- as with Deliverable 10, there should be an earlier phase for the deliverable.

Deliverable 14

- it should be made clear that the success measure should include full implementation of LHW across all 152 local authority areas;

- this could be a success measure for the programme as a whole.

Action: Healthwatch team to update the programme plan in line with these comments.
The board agreed it would be useful to produce a gantt chart, or similar, for the programme showing the milestones and dependencies. **Action: Healthwatch team to prepare this.**

Simulation Event held on 1 March
Andrew Larter introduced paper 07-HWPB-28 March 2012. The board noted the success of the event and JW thanked Lorraine Denoris for the idea and for making it happen. Becky Shaw reported interest in further simulation events at regional level as a result.

The board would focus on the report's key messages at all levels but recognised the significant communications challenge inherent in them.

AoB

The board agreed they should seek assurance about indemnity but not involve itself in the detail. The board agreed that the strategic programme plan would need to capture issues to do with how Healthwatch would operate in urban and rural areas and on boundaries.

The next meeting will be held on Tuesday 1 May 2012 at DH in Wellington House.