



Agenda Board of Directors

The Healthwatch Board meetings are held in public.

Members of the public who wish to attend will be made very welcome.

If you plan to attend and wish to ask a question please use the form available online or available at the venue and ensure that your question is submitted to the Chair immediately before the meeting. Question forms and Board papers are available via the link below:

<http://healthwatchcumbria.co.uk/about-healthwatch/the-board/>

Date: 31.01.17

Time: 14:00-16:30

Place: Best Life Building, 4-8 Oxford Street, Workington CA14 2AH

Tel: 01228 550696

Agenda items and requests to: Elaine Ralph

Board Members:

Helen Horne (HH)	(Chair)
Gilda Wells (GW)	(Vice Chair)
Gill Sadler (GS)	(Board Member)
Lynne Gibbons (LG)	(Board Member)
Hilary Barker (HB)	(Board Member)
Geoff Lamb (GL)	(Board Member)
John Robson (JR)	(Board Member)
Charlotte Studholme (CS)	(Board Member)

Supporting Officers:

David Blacklock (DB)	(Chief Executive Officer)
Sue Stevenson (SS)	(Chief Operating Officer)
Elaine Ralph (ER)	(Information and Administration Officer - Minutes)

1. Apologies for absence

2. Declarations of interest

3. Minutes, paper enclosed

To confirm the minutes of the meeting of the **10.10.16**

4. Action Log, paper enclosed

Action Log to be reviewed

5. Matters arising

6. Chair's Report, paper enclosed

Report from Chair of HWC, Helen Horne

7. Operations Report, paper enclosed

Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria

8. Enter and View Programme of Work, paper enclosed

Sue Hannah, Senior Engagement Officer Healthwatch Cumbria

9. Business Cases, paper enclosed

Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria

10. Strategic Plan, paper enclosed

Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria

11. Communications and Engagement Strategy, paper enclosed

Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria

12. Finance Report Year 1 To Date

David Blacklock, CEO

13. Healthwatch Forward View (Impact of the forthcoming changes in the NHS)

Sue Stevenson, Chief Operating Officer - verbal update

Future Meeting Dates:

Future Healthwatch Cumbria Board Meetings, held in public, will be held on the dates below.

Tuesday 09nd May - Best Life Building, 123-127 Botchergate, Carlisle CA1 1RZ - 2-4pm

Tuesday 08th August - Best Life Building, 12 Duke Street, Barrow in Furness, LA14 1LF

Tuesday 07th November - Kendal - venue to be confirmed.



Minutes of Meeting Board of Directors

Date: 10.10. 16

Time: 14:00-16:00

Place: Kendal College, Kendal, Milnthorpe Road, Kendal, LA9 5AY

Tel: 01228 550696

Board Members:

Helen Horne (HH)	(Chair)
Gilda Wells (GW)	(Vice Chair)
Gill Sadler (GS)	(Board Member)
John Robson (JS)	(Board Member)
Lynne Gibbons (LG)	(Board Member)
Hilary Barker (HB)	(Board Member)
Geoff Lamb (GL)	(Board Member)

Supporting Officers:

David Blacklock (DB) (Chief Executive Officer)
Sue Stevenson (SS) (Chief Operating Officer)
Elaine Ralph (ER) (Information and
Administration Officer -Minutes)

1. Apologies for absence

None received

2. Declarations of Interest

There were no declarations of interest.

3. Minutes

There were two amendments requested for the minutes of the meeting of 11 July 2016.

Action: ER to amend and upload to the Healthwatch Cumbria website.

4. Matters arising

DB suggested that if new pieces of work require an urgent decision they could be delegated for authorisation by the Chair/Vice Chair or other Board member.

GS asked if there was a template for business cases or a check list to help Board members to evaluate a proposed piece of work.

SS responded that there is a business case template which could be used as a checklist.

GW suggested that financial implications should be included in new business cases for commissioned work.

DB stated that we are using budgets for commissioned work and that we have taken on more resources for this work which will enable us to carry on with core work.

SS highlighted that commissioned work was usually more pertinent because it is relevant, contemporary and often large pieces of work.

GS agreed that we should carry on taking relevant commissions but not to the detriment of core work.

Action Log - SS updated the Board on the Action log status.

Action - ER to put on Development Session agenda to discuss business case criteria for business cases

5. Operations Report - Sue Stevenson

SS gave an outline of the business of HWC in the last quarter.

Kentmere

This was a piece of work on the Kentmere Mental Health Unit at the Westmorland Hospital that Healthwatch Cumbria carried out in June 2016. SS informed the Board of the decision by the Cumbria Partnership NHS Foundation Trust to delay the closure of the Kentmere Unit has been informed by the work of HWC. SS clarified that the Kentmere engagement work was core work and not commissioned.

Maternity Services

SS also gave an update on Maternity Service which has been an additional piece of analysis on the original Maternity Matters project from last year. The additional work will be presented as an appendix to the original report.

HH asked if there were concrete changes that we could publish on the HWC website which could show how we might have influenced change.

SS responded that sometimes change happens much later.

GS suggested that we can make a correlation to a change rather than a causation in some cases.

Success Regime (SR)

SS explained that the SR work covered both commissioned and core work - i.e. Consultation Engagement coming up in November 2016, which is a commissioned piece of work and the ongoing Public Consultation Process Stakeholder Group (PCPSAG) meetings which are part of HWC core work.

Quality in Care Homes

SS presented the work which asks residents in care homes what matters to them most.

HH asked how this differed from the recent Cumbria County Council work in care homes?

SS said this was different from the CCC consultation but that HWC would have to be sensitive with regards to care homes involved the consultation and asking residents what matters to them in a different survey.

HH asked if we could use as an Enter and View quota.

SS This is a separate piece of work and will not be used as Enter and View numbers.

GS asked if the feedback was going to CQC in order to close the link with CQC and quality.

SS - This is specifically how care homes are perceived by residents but we will feedback via the report produced and through the Clinical Commissioning Group.

There was a discussion around the table about what Enter and View visits were and that this survey is all about how the resident feels rather than inspection standards in the home. JR asked how they different from Patient Led Assessments of the Care Environment (PLACE) visits.

DB - The Quality in Care Homes survey has a level of independence rather than led by the Trusts or CQC.

There was further discussion on approaching people with Dementia and capacity to answer questions.

CHoC (Cumbria Health on Call)

SS explained that this was a commissioned piece of work which began on 01st September and will run until 30th November. The work is a patient experience survey of CHoC services.

DB explained to the Board Members the commissioned and core work within the Operations Report.

6. Lancashire and South Cumbria Transformation Programme (LSCP)

DB explained Sustainable Transformation Plans to the Board Members.

SS explained that the four local Healthwatch - Cumbria, Blackpool, Blackburn and Darwen and Lancashire all attended the South Cumbria Transformation Programme Board and had formed a collaborative to agree how to support a programme of engagement for the STP area in which there are five local development plan areas (LDP's).

There was further discussion around involvement in STP's and the need to remain independent of the system but involved in strategic planning and the ethical issues that can sometimes arise by being involved at this level. The Board agreed that HWC should keep the link and continue involvement with local area development plans.

The Board further agreed that HWC should continue to develop a local healthwatch offer to support engagement with a view to being commissioned to support this activity.

7. Young Healthwatch

SS said this project was still in early stages, however, one of the HWC Representatives, Shirley Tordoff and Chris Tolley, Volunteer Co-Ordinator had visited Furness College where they had some interest. Christ Tolley will follow up.

8. Healthwatch England, Report for the HW England National Committee

HH presented the report, and discussed the key issues raised at the 2 workshops and the Healthwatch England Board meeting. One key issue was financial sustainability within local healthwatch networks.

For Information

DB - HWC staff have been discussing whether we should have a formal response to the Future of Healthcare Consultation. We have been speaking to people about the potential changes since last year and have carried out the public engagements and reported on what people say. Should we present this in a comprehensive report amassing the information that we have to date?

There was a discussion as to whether this would be a formal response as Healthwatch Cumbria or re-representing what the public have already said. It was agreed that this should be a report representing what has been said and not recommendation from HWC. It must also be clear that the report would not be representative of the population but a self-selective number of people who wished to tell HWC their views.

HH has agreed to sit on the People First Board on behalf of HWC to ensure a robust governance link between the two Boards.

The Board also discussed whether to bring the HWC Engagement spreadsheet to public meetings. It was agreed that this would be more appropriate to bring to Healthwatch Development Sessions.

Action - ER to distribute quarterly to the Board.

Next Meeting Dates:

Dates of next Healthwatch Cumbria Board Meetings in Public and Development Sessions were discussed with two amendments to be made.

Action - ER to change dates and send new dates to Board Members

Healthwatch Cumbria Board Meeting Action Log

Meeting date: 31.01.17

Green (G) - Completed

Amber (A) - In progress

Red (R) - Unable to proceed/Action required

Actions from Board Meetings			
10.10.16	Action	Responsible	Progress
1.	To add Business Case criteria review to HWC Development Session Agenda	ER	ER will add to next development session agenda on 13 March 2017 (A)
2.	HWC Engagement figures spreadsheet to go to HWC Development Session	ER	ER will note for next Development session (A) - 13 th March 2017 -10-12 Carlisle 05 June 2017 - 10-12 - Carlisle 11 September 2017 - 10.12 - Carlisle 04 December 2017 - 10-12 - Carlisle
11. 07. 16			
1	Young Healthwatch Cumbria. To set up a group of young people interested in being involved in health and social care issues in Cumbria	SH	Initial meetings held with representatives of youth councils. Keen to be involved and network to support Young HW emerging (G)

3	Business Case Criteria - The Board would like to see an example of a piece of work which did not meet business criteria and why	SS	As more business cases are presented to the Board at successive meetings examples of possible projects which do not meet priority criteria will emerge (A)
4	Capacity of HWC - The Board would like to see how long pieces of work take in order to evaluate when HWC is at capacity.	SS	SS has asked JI to review project resource usage in the past to build a better understanding of HWC capacity(A)
6	Finance Papers - The Board would like to see the accounts at the HWC Public Board meetings twice per year.	DB/SS	A finance paper is included on the agenda for HWC Board meeting on 31 st January 2017 and thereafter in August and January each year. (G)
11.04.16			
2	HWC to review how we carry out evaluations under the "enter and view" authority	SS	Enter and View training is booked for 23 rd November 2016. This session will also be used to review the approach. A programme of activity following best practice is in development and a paper providing more detail is on the agenda for the meeting on 31 st January (G)



Strategic Plan 2017-2021

Our Mission

Healthwatch Cumbria is the consumer champion for health and social care in Cumbria. We are working to ensure that people who live in Cumbria have their health and social care needs heard, understood and met.

Our Vision

Healthwatch Cumbria will ensure that people will be listened to and that their experiences of health and care services can help to shape services to the best that they can be.

This means that we will focus on;

- ✓ Empowering and informing people to get the most from their health and social care services, holding them to account and encouraging other organisations to do the same.
- ✓ Working with the Local and National Healthwatch networks to champion service improvement and to empower local people.
- ✓ Listening carefully to people, especially the most vulnerable, to understand their experiences and what matters most to them.
- ✓ Influencing those who have the power to shape health and social care services so that they better meet people's needs now and into the future.

Our Values

Independent and Accountable

- ✓ We are independent of health and social care providers and act on behalf of all patients and users of services.
- ✓ We highlight and report what works well and when things have gone wrong.

Listening, Accepting and Respecting

- ✓ We listen to the experiences of Cumbrian people.
- ✓ We work for people of all ages and circumstance to learn from their experiences.
- ✓ We recognise and make use of experience, capacity and skills of partners.
- ✓ We are responsive and proactive.

Transparent

- ✓ We are open and honest
- ✓ We acknowledge, celebrate and share good practice in health and social care.

Credible and Reliable

- ✓ We are known to provide high quality, credible reports
- ✓ We seek out information and intelligence to inform our evidence.
- ✓ We are innovative and creative to deal with different situations and circumstances.

Inclusive and Collaborative

- ✓ We promote and support the involvement of local people in the monitoring, commissioning and provision of all health and social care services.
- ✓ We work in partnership with the public, health and social care sectors and the voluntary and community sector.
- ✓ We build on what is already known and work in collaboration with others, to develop, improve and share good practice.

Influential

- ✓ We translate what we learn from people into action.
- ✓ We challenge those in authority to design and improve better health and social care services.
- ✓ We contribute to making change happen.
- ✓ We work with the Local and National Healthwatch networks to make an impact both locally and nationally.

Statutory Functions and Corresponding Actions

We have aligned our strategic priorities for 2017 to 2022 with the eight statutory functions set out by Healthwatch England for all local Healthwatch and which are described in detail in the Health and Social Care Act 2012.

Our strategic priorities have also been shaped to ensure that we can meet our contractual agreement with Cumbria County Council and in turn satisfy its statutory requirements to ensure that local Healthwatch is in place in line with the Act.

The Statutory Functions and Corresponding Actions are;

- **Promoting involvement of Cumbrians in the provision and scrutiny of local health and care services by:**
 - Expanding relationships with groups and networks to gather views and concerns.
 - Publicising our activities and reporting outcomes.
 - Promoting consultations on health and social care subjects.
- **Enabling Cumbrians to monitor the standard of provision of services and how these could be improved by:**
 - Promoting awareness of our roles and functions as consumer champion.
 - Conducting Healthwatch Cumbria business openly and transparently.
- **Obtaining the views of Cumbrians regarding their needs and experiences of local care services by:**

- Providing the opportunities and using many and varied methods of engagement to gather and record views and experiences.
- **Making recommendations about how services could be improved to commissioners and providers by:**
 - Using Healthwatch Cumbria data and research to inform reporting to the appropriate bodies.
- **Providing advice and information about local health and care services to enable choices to be made by:**
 - Responding to public requests for health and social care information.
- **Formulating views on the standard of provision and whether or how these could be improved by:**
 - Engaging, monitoring and influencing the regional and local reconfiguration of NHS services.
 - Maintaining the respected and influential status of Healthwatch Cumbria with commissioners and providers.
- **Making recommendations to Healthwatch England to conduct reviews or if justified direct to the CQC by:**
 - Working jointly with the wider local Healthwatch network.
 - Collaborating with the Care Quality Commission to maximise the effectiveness of Healthwatch Cumbria.
- **Providing Healthwatch England with the intelligence and insight it needs to be effective by:**
 - Providing reports to Healthwatch England.
 - Sharing intelligence, reports and trends.

Our strategic priorities, which include transforming local everyday activity through effective relationships into high-level actions, are further informed by local intelligence and data built up during the first four years of operational activity. We carry out a core programme of work with corresponding actions and we also agree a strategic plan of priorities for the next 4 years (see expanded sheet appendix)

About Healthwatch Cumbria

Placing people at the centre was the core ambition of the 2012 Health and Social Care reforms. Healthwatch Cumbria was trusted to achieve this ambition and continues to focus on understanding the needs, concerns and experiences of Cumbrian residents in receipt of these services. Our aim is to ensure that people can help to design and improve better services for themselves and their families now and in the future.

The HWC Board meets quarterly in public and also has regular internal Development Sessions. Papers for the meetings held in public are published on the HWC website a week in advance of the meetings and meetings are held in locations around Cumbria to facilitate attendance by people from different districts. The HWC Board has full delegated authority from the People First Board and thus full accountability for the day to day service delivery of HWC. People First, as the

contract holder, is accountable to CCC for the delivery of the statutory functions of local Healthwatch.

Healthwatch Cumbria Board Meeting	Agenda Item: 6
31st January 2017	

HWC Chair's Report
Healthwatch England, Report from the National Committee

Purpose of Report:
The purpose of the report is to provide the Board with an update of of issues discussed by Healthwatch England.
Key Issues / Considerations:
The Board is asked to note that Healthwatch England is moving to build more links with local healthwatch to ensure HWE is aware of what local healthwatch work priorities are.
Recommendations
The Board is asked to discuss any issues and note the report.

Presented By	Helen Horne, Chair Healthwatch Cumbria and Committee member of Healthwatch England
Contact Details	helen@healthwatchcumbria.co.uk
Report Written	19 th January 2017

Healthwatch England, Report from the National Committee

Jane Mordue has had her position as Chair of Healthwatch England confirmed and Imelda Redmond has been appointed as National Director. The priorities agreed by the committee can now be embedded in the organisation. At Healthwatch England's (HWE) committee meetings Operational Reports are itemised under those three main priorities which are;

- To provide leadership, support and advise to local healthwatch to enable them to deliver their statutory activities and be a powerful advocate for services that work for people
- Bringing the public's views to the heart of the national decisions about the NHS and social care
- To build and develop an effective learning and values based Healthwatch England

This is a short flavour of some of those activities

Priority 1 Leadership, support and advice

Significant attention is being focussed on Sustainability and Transformation Plans (STP's) The development of these plans is seen as a major opportunity in the system to make sure that involving the public in these conversations happens. HWE want to make sure that the benefits of early involvement are clear to all. No decisions should be made without the views of the people affected being taken into account

HWE delivered a mixture of events to support the network including events for commissioners of local Healthwatch where the main areas of discussion were collaboration and governance. The different range of organisational structures was discussed as well as the possibilities of collaboration

Network chairs and chief officers continue to share their experiences and insights through the Network Advisory Group of which David Blacklock is a member.

Priority 2 Bringing people's views to the heart of decisions

HWE is exploring how to bring together different forms of patient and public insight and intelligence to identify national patterns in health and social care delivery. The intention is that useful information gathered from the network and strategic partners will be developed and turned into intelligence that highlights emerging, developing and long term persistent issues and trends experienced by patients and users. Intelligence will also provide a mechanism by which positive feedback and good practice can be shared and utilised across the network.

One of Jane's goals is that Healthwatch is 'the place to go' for public engagement.

Priority 3 Building an effective learning and values based Healthwatch England

The integration with CQC enables a utilisation of processes, resources and procedures, whilst we maintain our independence

Healthwatch Cumbria Board Meeting	Agenda Item: 7
31 ST January 2017	

Operations Report

Purpose of Report:
The purpose of this report is to provide the Heathwatch Cumbria Board with an update of operational activity during Quarter 3 of Year 1 (of our 4 year contract) 1 st October 2016 to 31 st December 2016
Key Issues / Considerations:
The Board is asked to note that this was a particularly busy time for the team, that a number of projects and reports have been concluded during this quarter and that work during this period has focused on both core and commissioned activity.
Recommendations:
The Board is asked to note this report and to provide advice to support the successful continuation of projects.

Presented By	Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria
Contact Details	sue@healthwatchcumbria.co.uk
Report Written	19 th January 2017

Introduction

This report provides Board members with a summary of activity for the 3rd quarter of year 1 of our four year contract from Cumbria County Council. It covers the period from 1st October to 31st December 2016.

The strategic priorities for Healthwatch Cumbria (HWC) are agreed by the Healthwatch Board and are based on the public's experience of health and social care services along with broader intelligence sources. Patient experience and intelligence is gathered through a variety of methods including direct communication from patients, families, carers and service users, regional and national themes, sector specific issues, reports and research.

The work includes daily core activity, core projects, and some commissioned projects. Team members, representatives and volunteers attend regularly attend a number of meetings to raise awareness of the work of HWC and to ensure that the experiences of the public are central to driving improvements to service delivery and informing decisions.

There are a substantial number of high level Boards and Committees meeting across Cumbria and into Lancashire at the moment relating to major improvement programmes, the development of two Sustainability and Transformation Plans (STPs) and the recent consultation "The Future of Healthcare in West, North and East Cumbria". HWC has been invited to attend these meetings as a key representative of the people who use the services which are under review. This represents a great opportunity to seek to ensure that people are involved in the processes and also reflects the strength of relationships built up by HWC with key stakeholders.

The Chair, Chief Executive Officer and/or the Chief Operating Officer regularly attend, for example:

- Cumbria Health and Wellbeing Board
- Cumbria Health Scrutiny Committee
- Success Regime (SR) Programme Board which has now evolved into the System Leadership Board (west, north and east Cumbria)
- SR Executive Board which has now evolved into the Provider Alliance Group (west, north and east Cumbria)
- Public Consultation Process Stakeholder Advisory Group (PCPSAG)
- Programme Coordination Group (west, north and east Cumbria)
- Integrated Care Communities (ICC) Strategic Steering Group
- Cumbria Clinical Commissioning Group (CCG) Governing Body
- Cumbria Health on Call (CHoC) Clinical Governance Committee
- Healthier Lancashire and south Cumbria Programme Board
- Healthier Lancashire and south Cumbria Joint CCG
- NW Network of Local Healthwatch Organisations

Engagement and Promoting Awareness

During the 3rd quarter of year 1 we have continued to engage with people throughout Cumbria through a variety of methods, including roadshows, deliberative events, meetings, presentations and also through email and telephone correspondence. The team has engaged with 9,019 people from 1st October to 31th December 2016. Board members should note that this higher than usual figure is due, in part, to the additional activity undertaken through the CHoC project and the Chatty Van, but also demonstrates the very busy nature of this quarter.

Social media is an important means of ensuring that Healthwatch Cumbria is accessible to as many people as possible. To ensure that Healthwatch is accessible we use social media as a form of communication. This quarter we are in communication with 1,612 Twitter followers and 795 Facebook friends.

We are continuing to improve and develop our website to ensure that it provides people with all appropriate information and reports and that it is easy for people to navigate.

Success Regime (SR) and “The Future of Healthcare in West, North and East Cumbria”

The Board is reminded that in July 2016 formal consultation for the Success Regime (SR) was postponed. The SR said this would provide more time for further consideration of the issues and so more engagement with key stakeholders could take place. Healthwatch Cumbria (HWC) was commissioned to provide facilitation support at three Stakeholder Events and produce an overarching report summarising the findings from all three. The three stakeholder meetings took place over July and August 2016 and the detail of this activity was reported on in the Operations report presented to the HWC Board at its meeting on 10th October 2016. A report of the findings from the three stakeholder events has now been submitted to the Success Regime Programme Board and has been published. It can be found at:

[success-regime-stakeholder-engagement-meetings-report-rev-3](#)

The deliberations of the SR and the activities of the many workstreams came together in the consultation, “The Future of Healthcare in West, North and East Cumbria” which was launched through a Press Conference on Monday 26 September starting a twelve week formal consultation period. The role of HWC was to ensure that members of the public were aware that the consultation was taking place and that they were aware of the reasons for this. The Chief Operating Officer provided a Radio Cumbria interview on the evening on 26 September reminding the public how important it was to take time to respond and advising that a number of engagement events would be taking place across west, north and east Cumbria providing opportunities for people to ask questions about any of the options proposed.

In addition to the engagement activity carried out through the SR Engagement Programme by NHS staff, HWC were independently commissioned to take the Chatty Van back on the road during the month of November so that access to, and information about, the consultation and to decision makers from the NHS could be extended in a wide range of communities.

HWC reached many additional people in areas that may otherwise have been less aware of the significance of the consultation. During its travels, there were 4,544 of the ‘The Future of Healthcare in North, West and East Cumbria’ documents distributed and the team engaged with 3,608 people.

A copy of the Chatty Van Tour (November) report is linked here;

<http://healthwatchcumbria.co.uk/wp-content/uploads/Chatty-Van-tour-final-2.pdf>

HWC was further commissioned to carry out additional engagement activity for a two week period towards the end of the consultation with regard to maternity services. This was to ensure that more women and their families who were likely to have knowledge of, or be seeking to use, maternity services were aware of, and knew how to respond to the consultation. HWC was asked to visit women and their families in a variety of settings including nurseries, soft play centres and children’s centres and record conversations with women and families on their views of the proposed changes.

During this maternity engagement period HWC spoke to 273 people and distributed a further 239 consultation documents. Of main concern to people was that: people felt strongly that they wanted full services to remain at WCH, concerns over the implications of travel during labour, that there would not be access to services locally and that mothers and babies were being placed at unnecessary risk. A copy of the report is linked here:

<http://healthwatchcumbria.co.uk/healthwatch-cumbria-maternity-engagement-on-the-future-of-healthcare-in-west-east-and-north-cumbria/>

Healthwatch Cumbria Response to the Future of Healthcare in North, West and East Cumbria Consultation

Since the announcement in June 2015 by the Department of Health that West, North and East Cumbria would be one of three areas selected as part of the NHS Success Regime (SR), HWC has engaged with **over 14,500 people** at a wide variety of engagement activities.

The SR and the subsequent consultation, “The Future of Healthcare in North, West and East Cumbria”, generated many strong feelings amongst people across West, North and East Cumbria and people have expressed anger, concern and sadness about some of the options that have been presented to them. Throughout our engagement activities with the public, HWC knows that people recognise the challenges that the NHS face, but are equally concerned about the impact that some of the preferred options in the consultation document might have. They are concerned that the proposed options in the consultation will see services become less people centred and less accessible than at present.

It was important that HWC, as the key organisation involved in regular and sustained engagement activity and because of the vast amount of intelligence that it has gathered through a verity of projects and events, should collate a response to the consultation based on and full analysis of all that it had heard and recorded.

A substantial piece of coordinated analysis was carried out with a focus on data which related directly to the services which were under review through the consultation to inform a response to the consultation from HWC. This response, below, provides a summary of those views and includes some key themes. These headlines were shared and endorsed by members of the West Cumbria Community Forum (WCCF) at its meeting on 16th December 2016.

<http://healthwatchcumbria.co.uk/wp-content/uploads/HWC-Final-Response-2016.pdf>

Public Consultation Stakeholder Advisory Group (PCPSAG)

During this quarter, the PCPSAG continued to meet to review the processes underpinning the formal consultation and make recommendations to the SR Programme Board. The Group, which is co-chaired by the COO of HWC, met in October, November and December and each time made a number of recommendations to the SR Programme Board, and received a response from its Chair, Sir Neil McKay.

Issues discussed by the Group included;

1. Accessibility and locations of public meetings designed to inform the public about the consultation and for representatives of the NHS to answer questions.
2. Availability and distribution of the consultation document.

3. Methodology for the analysis of responses, including how responses could be submitted.
4. The decision making process and timescale.

Continued improvement work in west, north and east Cumbria

Although the SR consultation has taken place, and the analysis and decision making process has not yet been completed, the programme of activity to drive improvements across the health and care system in west, north and east Cumbria has now evolved into work expressed through the recently published Sustainability and Transformation Programme (STP).

West, North and east Cumbria is one of 44 “footprint” areas required by NHS England to produce plans in a STP setting out its plans for how health and care services should be delivered in the future and how these will address the continued challenges facing the system as a whole.

A comprehensive governance system has been established to support this programme and representatives of HWC have been invited to sit on some of the Boards and Committees in recognition of the importance of the experiences of people being central to service development.

The development of Integrated Care Communities (ICCs) is central to this work. ICCs are designed to improve the integration of health and care services at a local level. Three pilot ICCs are in development prior and eventually there will be 20 across the whole of Cumbria.

The West, North and East Cumbria STP is linked below:

<http://www.cumbriaccg.nhs.uk/about-us/STP/documents-and-files/stp-october-final---pdf.pdf>

Lancashire and south Cumbria Transformation Programme

This extensive programme brings together all of the NHS Trusts, CCGs and Local Authorities in Lancashire and south Cumbria in a single Programme Board to produce a single STP for this large area. Now branded as “Healthier Lancashire and south Cumbria” the strategic approach, expressed in a single STP is underpinned by more locally shaped work developed through 5 Local Delivery Plans covering the 5 key geographic areas in the patch. Bay Health and Care Partners is the one which includes south Cumbria (the area served by University Hospitals of Morecambe Bay NHS Trust) involving health and care services delivered across South Lakeland and Furness, in our case.

The link to the STP “Healthier Lancashire and South Cumbria” is below:

<http://www.lancshiresouthcumbria.org.uk/sustainability-and-transformation-plan/documents/667/download>

Once again it has been recognised that the views and experiences of local people are central to this process and representatives of local Healthwatch have been invited to sit on the Programme Board. The HWC COO has taken up this position and has also led the development of work across the Local Healthwatch Collaborative which brings together the Chairs and/or Chief Officers of;

- Healthwatch Cumbria
- Healthwatch Lancashire
- Healthwatch Blackburn with Darwin
- Healthwatch Blackpool

An invitation has been extended to this group to select a single local Healthwatch representative to sit on the Joint CCG, a newly formed group which brings together the 7 CCGs in the Lancashire and south Cumbria area.

The Local Healthwatch Collaborative submitted a paper to the Programme Board to offer to support engagement activity in each of the three LDP areas to involve local people. This has resulted in the Collaborative being commissioned to work with a national engagement organisation, Participate UK, to deliver 2 Focus Groups with local people and a further one with representatives of the third sector in each LDP area designed to ensure that the basic narrative of the STP was understandable by people. The Focus groups will take place in January and early February 2017.

This is seen to be a preliminary phase prior to further engagement taking place, based on the premise that if people don't understand the language and story of the STP document then they will find it hard to engage activities shaping what it is seeking to achieve.

Understanding what residents and their families value in residential and nursing homes

This core project has a focus on establishing the key criteria from a resident's perspective for a good experience in a care home. Members of the Board will remember that some pilot work has taken place and some initial criteria established.

Following on from the positive reception of the project rationale, methodology and key findings at the CCG 'Developing a real partnership approach' event, the HWC presentation 'What do people think are the key criteria for great care in a home?' was again well received at the 'Perspectives on Liberty' conference in October.

This work aligns with the Enter and View Programme of work and makes use of the ability for trained HWC staff and representatives to enter health and care premises under the statutory Enter and View authority afforded to it through the Health and Social Care Act 2012. The Quality in Care Homes Group has been informed that recent Enter and View training, which complies with the latest guidelines from Healthwatch England, has extended the number of trained and approved staff in the team and that many have expressed an interest in this Care Home Quality project. The intention is to visit 12 homes over a 6 month period and to ensure geographic distribution, staff availability and preparedness the visits are being co-ordinated by the Enter and View Working Group.

The project will continue to use the questions developed in the pilot work as a conversation framework to use with residents and their families and will seek to challenge/confirm/extend the key criteria for a good experience in a care home which were established during the pilot phase.

There are already examples of care homes where new initiatives have been introduced as a result of this work. For example, one home has established welcome meetings prior to new residents moving in so that better preparations can be made for this substantial change to an elderly person's life.

Cumbria Health on Call (CHoC)

Cumbria Health on Call (CHoC) commissioned Healthwatch Cumbria (HWC) to independently carry out an engagement project to establish how its patients felt about their experience of the out of hours service. These patients' experiences would inform CHoC as to how and where they could make service improvements. The focus of the project was the process of accessing and engaging with the service and not the clinical effectiveness of those delivering it.

A survey was developed and agreed by a Joint Steering Group comprising senior representatives from CHoC and HWC who met regularly to oversee the delivery of the work collaboratively. The survey was open to patient response from September 2016 to November 2016 and generated 1,676 responses.

The survey results indicated that respondents were overall highly satisfied with the CHoC service across all patient care pathways. Respondents spoke about the positive manner of staff, the short wait to access treatment, the use of an appointment system and the reassurance provided by having the service in place.

The report has now been submitted to CHoC and the HWC COO will present its key findings to members of CHoC Clinical Governance Committee (CHoC CGC) on 10th February 2017. At this point CHoC will be reminded of the need for them to reply within 20 working days of its official receipt, in line with the local Healthwatch statutory framework.

Once the report has been agreed by the CHoC CCG it will be published on HWC's website.

Young Healthwatch Cumbria

HWC continues to build a network to support young Healthwatch Cumbria. During quarter 3, HWC attended a Volunteers Fair in Keswick and a Volunteers Fair and a Health & Wellbeing Fair at the University of Cumbria and Carlisle College, engaging with primarily young people to raise their awareness of HWC and advising how those interested in volunteering with HWC could become involved.

The Chatty van visited Lakes College in Workington in November as part of its SR tour, distributing copies of the Consultation Document and using this as an opportunity to raise awareness of HWC.

HWC spoke with 83 young people during these events.

This will be a key part of core work in 2017.

Enter & View

A separate report on the Enter and View programme work is included as Item 8 on this agenda.

A Review of Complaints Handling

A further meeting of the Complaints Implementation Group took place on 05th December 2016. There was discussion to improve the complaints process flowchart –a collaborative document devised with the group to ensure the flow of information and actions on the complaints process is clear, shared by all and follows best practice.

The group also agreed the generic Complaints Information Sheet which would be used to accompany information sent out to patients (i.e. appointment letters). This document describes what patients can do if they are dissatisfied with the service and it was agreed that it would be helpful if all NHS organisations issued the same basic information.

The group also reviewed and agreed a draft letter on implementation of the Accessible Information Standards which became law in July 2016. This letter will be sent to organisations by HWC to ensure

that they are aware of and are implementing the statutory Standards which have been designed to ensure people with communication needs are being met.

The group also discussed the Duty of Candour and how this process fits in with complaints procedures and policies. The intention of this regulation is to ensure that providers are open and transparent with people who use services in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. It was agreed to look at Duty of Candour procedures to ensure there is clarity about how these are carried out and how they relate to the complaints process.

Diabetes Report

The final report has now been agreed with the Penrith Diabetes Service User Group and published on the HWC website.

A copy of the HWC report can be found at:

<http://healthwatchcumbria.co.uk/wp-content/uploads/Diabetes-Report.pdf>

Hospital Car Parking

Now that North Cumbria University Hospitals NHS Trust (NCUHT) has begun to implement changes to how car parking is managed and monitored at the Carlisle site, a follow up survey was carried out to explore patients' and their family's experiences of the changes.

The report has now been published and shared with the Trust, a copy of the report can be found at:

hwc-hospital-car-parking-survey-november-2016

One of our HWC representatives continues to be actively involved with the NCUHT Hospital Car Parking Task and Finish Group and regularly attends meetings, reporting to the Chief Operating Officer on any relevant updates.

Healthwatch England Advisory Group

David Blacklock is continuing to support the Healthwatch England Advisory Group, which aims to share best practice and support the HWE strategy development and implementation.

PLACE and RAISE visits

HWC continues to support NHS Trust improvement activity by providing independent participation in a range of unannounced inspection visits to speak with patients about, not only their experience and satisfaction levels regarding their treatment, but also the hospital environment from a patient or visitor perspective. This includes the pathway from arrival and checking, locating the ward or clinic, the presentation of information and the ward or clinic environment. This activity is well supported by our team of voluntary representatives.

Appendix 1 details the different methods in which the views of people who use health and care services, their families and carers are considered.

Cumbria Health Scrutiny Committee (CHSC)

The Chair, CE, and/or the COO of HWC attend meetings of the CHSC.

The HWC report “Engaging People in the NHS Success Regime” was presented at the meeting of CHSC on 13th October 2016. This was one of a number of presentations to the committee setting out views and experiences relating to the development of the work through the SR. The HWC presentation summarised the findings of the SR driven engagement activity that had taken place up to that date across west, north and east Cumbria.

Representatives of HWC attended the next meeting of CHSC on 13th December. It should be noted that the Scrutiny Committee has a statutory role to consider which health and care proposals should be required to go through a public consultation process basing its views on whether the change proposed would amount to a “substantial variation” to a current service.

West Cumbria Community Forum

The Forum has continued to provide an essential mechanism to connect representatives of the communities of interest and place across west Cumbria with leaders and decision makers from health and care organisations and the Success Regime. HWC continues to facilitate the Forum and support its Chair, Richard Pratt to ensure that the meetings are as effective as possible especially through this increasing challenging time.

CCG Governing Body

HWC continues to sit on the CCG Governing body as an observer.

Staff, Volunteers and Representatives

The added capacity of our sessional staff has been invaluable when delivering, in particular, our commissioned work. HWC Representatives also supported many of the projects during this quarter, travelling to many locations with the Chatty Van and carrying out many phone calls and visits during the CHoC project.

We were pleased to welcome a new Board member, Charlotte Studholme, to her first meeting which was a HWC Board Development Session on 14th November 2016.

Sue Stevenson
Chief Operating Officer
January 2017

Appendix 1-Ward Visit Types

The need to maintain and improve standards of quality and care in NHS hospital environments has created the need for a number of methodologies to be developed internally and externally to identify what is working well and what is not. Most importantly, the views of people who use the services and their families and carers are usually taken into account; this ensures that the service is considered from different perspectives. A number of formats are used and below are some examples:

Healthwatch Enter and View

Healthwatch Cumbria uses powers of entry to visit and gather the views of patients and observe the nature and quality of services. The evidence-based feedback and recommendations are then reported to the providers, commissioners, regulatory authorities and other relevant partners.

RAISE – Review Inspection of Standards of Excellence (UHMBHT only):

Unannounced visits to Wards by small teams comprising Independent representatives (HWC etc), Clinical staff, Admin staff and multi-disciplinary Partners. Reviewing 3 areas; environment, clinical care including documentation and patient experience. Areas of good practice and areas for improvement are scored, recorded and reported to the Ward/Department manager, Matron/Approved Health Professional.

CQR – Corporate Quality Review (UHMBHT only):

Unannounced visits to Wards by teams comprising Independent Representatives (HWC etc), Senior Trust Staff, Clinical staff, Admin staff and multi-disciplinary Partners. More detailed than RAISE visits, follows CQC methodology, domains and inspection process, usually when preparing for CQC inspection. The Wards are scored as per the CQC Characteristics and given a notional 'CQC' rating. Areas for improvement are actioned immediately.

PLACE – Patient-Led Assessments of the Care Environment:

Focuses exclusively on the environment in which care is delivered and does not cover clinical care provision or how well staff are doing their job. The assessments take place every year, and results are published to show how hospitals are performing both nationally and in relation to other hospitals providing similar services. The assessments involve local people (known as Patient Assessors) going into hospitals as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia.

CQC – Care Quality Commission

Monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish findings, including performance ratings to help people choose care. Not all the services that are provided by NHS trusts are inspected, there are eight services that are always inspected at every NHS acute hospital where they are provided: Urgent and emergency services (A&E), Medical care (including older people's care), Surgery, Critical care, Maternity and gynaecology, Services for children and young people, End of life care, Outpatient services and diagnostic imaging (such as x-rays and scans). The inspection team uses the key lines of enquiry and information from the planning stage to structure their visit and focus on areas of concern or areas where the service is performing particularly well. The provider of care must display their CQC rating in a place where it can be seen. They must also include this information on their website and make the latest report on their service available.

15 Step Challenge and Variations

Refers to first impressions when first arriving on a ward: What does it look, sound and smell like? Does it inspire confidence and trust? This tool has been developed to align with a number of core quality standards of the Care Quality Commission and the National Institute for Health and Clinical Excellence. Similar to a RAISE visit it is used by some Trusts when preparing for a CQC inspection or to inform the annual Quality Account.

Other methods of collecting the views regarding their care of patients include:

I want great care

Friends and Families

How did we do today?

(These are paper-based questionnaires made available to patients.)

Electronic 'How did we make you feel today?' keypads (most usually in Pharmacies)

Patient Participation Groups (also used by many GP Surgeries)

These methods are usually used for internal purposes as part of a continuous monitoring process. Service user satisfaction levels are often displayed on Ward Boards and updated regularly and may be cited in Hospital Trust publications and Annual Quality Accounts.

Healthwatch Cumbria Board Meeting	Agenda Item: 8
31st January 2017	

Enter and View Programme

<p>Purpose of Report:</p> <p>The purpose of this report is to provide Board Members with an update of the details of the forthcoming Enter and View Programme programme.</p>
<p>Key Issues / Considerations:</p> <p>A Working Group has been established to develop and deliver the project plan which will guide the Enter and View Programme.</p> <p>The Working Group would like to invite a Board member to join the group to provide leadership, advice and guidance to the Group and thus the programme.</p> <p>Visits will begin the week beginning 6th February.</p>
<p>Recommendations:</p> <p>To agree the proposed Enter and View activity programme to Care Homes and to nominate a Board member to provide leadership, advice and guidance to the Working Group.</p> <p>To approve the planned Enter and View programme.</p>

Presented By	Sue Hannah, Senior Engagement Officer, Healthwatch Cumbria.
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Report Written	18/1/17

Enter & View

The Board had previously agreed that a programme of Enter and View activity should be developed; using the key statutory authority to enter health and care premises afforded to local Healthwatch organisations through the Health and Social Care Act 2012.

The outline project plan which was agreed by the Board at its meeting on 11 July 2016 has now been updated with some of the timelines extended to take account of the unexpected pressures on the team from late summer until Christmas because of the additional impact of the Success Regime.

A number of sessional staff and further volunteers have now been recruited and were trained along with some Board Members in November 2016. A second training session is planned for February 15th 2017 for those who were unable to attend the first session. It is essential that Healthwatch staff or volunteers carrying out Enter and View visits must have completed this training to become “Authorised Representatives” and that they wear an appropriate identity badge during visits.

HWC has set up an Enter and View Working Group which will be responsible for the design and delivery of the project plan to guide the delivery of the programme. This includes research on best practice amongst other local Healthwatch organisations, specifically HW Redbridge as their Enter and View process was deemed to be of an excellent standard by Healthwatch England. The Redbridge CEO, Cathy Turland has been extremely supportive and helpful and has shared templates and resources to support our programme.

The Working Group is made up of HW staff members – Sue Hannah and Robin Powell, sessional officers Ann Chambers and Pauline Hault and Representative Geoff Wilkinson.

An additional suggestion from Healthwatch Redbridge was that it would be very helpful to recruit a HWC Board member to join the Working Group and provide leadership, advice and guidance to the Group, thus enhancing the full programme. The Group would therefore like to extend an invitation to the Board to nominate a member of the Board, who has undergone Enter and View training, to join the group for the duration of the project.

The existing group has met on 3 occasions to scope the programme of Enter and View visits which will be carried out in the Furness and South Lakeland Districts in February. The initial focus will be on 6 care homes identified using intelligence available from HWC, the Care Quality Commission (CQC), Quality Surveillance Group (QSG) reports, our recent Cumbria Health on Call (CHoC) project and from reports in the local and national press.

Good practice suggests that effective Enter and View visits should have a clear purpose over and above an exploration of the residents or patient’s general experience of living there. Our CHoC project highlighted that it would be helpful to explore the extent to which residents in care homes have equitable access to a full range of health and care services whilst in the home. An example of this could be the challenge of the administration of flu

vaccinations to all those residing in care homes, who require a one whether this has an additional impact on staff and carers within the homes.

The questions used by the team will therefore explore aspects of daily life in the home as well as exploring how residents can access other essential services. It is anticipated that this early programme of visits could be a catalyst to provide other service issues which could be the focus for further Enter and View Programmes.

A robust methodology and materials to support this are being developed including;

- Terms of Reference for the Working Group
- Detailed Project Plan including workstream and timescales for preparation and planning, visit programme, follow-up activity including report writing, evaluation
- Rational for the selection of premises
- Letters of introduction, explaining the statutory role of local Healthwatch, the application of the Enter and View function, and the timescales for visits
- Posters that can be displayed in premises to be visited prior to visits taking place
- Checklist to support preparation prior to visits
- Visit plan and question/conversation framework
- Thank you cards to leave with residents and staff
- Visit report template

Once visits are completed reports summarising the findings will be shared with each home, first for factual accuracy checking and then a final report submitted to the home with a reminder that a reply is required to HWC within the 20 day statutory framework.

The intention is to evaluate this first phase, make appropriate improvements to the methodology if required, and then roll out the programme across the rest of the county from March onwards.

Dates for meetings of the Working Group are;

23rd & 30th January 2017

The Project Plan will be forwarded to Board members in advance of the meeting.

Healthwatch Cumbria Board	Agenda Item: 9
31st January 2017	

Business Cases for work priorities

Purpose of Report:
The purpose of this report is to provide the Heathwatch Board with draft business cases for future work for their consideration. Potential projects have been informed by intelligence gathered during engagement work.
Key Issues / Considerations:
<p>The Board is asked to note that work throughout the year has a number of strands which are set out in the paper. These include core engagement activity, responses to requests for information, core projects, building and maintaining strategic and community based relationships, commissioned projects and immediate responses to issues of concern.</p> <p>The papers describes the relationship between core and commissioned work and the decision making processes for each.</p> <p>Proposed projects should be evaluation against the agreed criteria in the decision making matrix and considered against the capacity of the team to deliver them.</p>
Recommendations:
<p>The Board is asked to consider the proposals set out in this report and provide advice and guidance to the Chief Executive to support selection of future priority work areas.</p> <p>The Board is asked to agree that delegated authority be given to the Chair to agree to negotiations for commissioned work to proceed when work required is of an immediate nature.</p>

Presented By	Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria
Contact Details	sue@healthwatchcumbria.co.uk
Report Written	20 January 2017

Introduction

This report provides Board members with a summary of the proposed ongoing and new work priorities for 2016/17.

Board members are reminded that the team continually delivers a number of strands of work throughout the year in line with the statutory functions required of a local Healthwatch organisation, and to satisfy the requirements of the contract with Cumbria County Council. These can be summarised as follows;

- Daily core engagement activity, including the recording and analysis of all intelligence
- Regular responses to requests for information and signposting to services
- Horizon scanning
- Core projects delivered following the presentation to, and agreement of, a Business Case by the HWC Board. Examples include; the Enter and View Programme, Quality in Care Homes Project, Development of Young Healthwatch
- Building strategic and community based relationships and developing and maintaining local and strategic networks, through the attendance of local and strategic meetings etc.
- Immediate responses, agreed through delegated authority of the Chair and/or the CE to address issues brought to our attention which are of immediate concern. Examples include the change to the way that repeat prescriptions are managed in Cockermouth, the implementation of the Accessibility Standards

The core staff team lead on all of the above activity and their capacity can be enhanced through the deployment of a number of sessional workers allowing us to respond to additional commissioned work. Examples of this include the CHoC Project, the Chatty Van November Tour, the additional December 2016 maternity engagement, the STP Focus Groups in south Cumbria.

The Board has previously agreed that new Business cases should be presented for consideration on a six monthly basis, in January and August each year, and this paper presents three possible projects which could be delivered during 2017 as core work.

However, it is not always possible to wait for the January and August meetings when approached to carry out commissioned work especially if it is focused on an issue of immediate concern.

Proposal

It is, therefore, proposed that that delegated authority be given to the Chair to agree to negotiations for commissioned work to proceed when work required is of an immediate nature and when she is assured that delivery of such work will not have an undue impact on the delivery of work already agreed by the Board and/or as part of the core programme.

Business cases for new work

The Board has previously agreed a Decision Making Matrix, which includes a list of key Factors, at its meeting on 15 August 2015 and potential work plan priorities going forward were set out for the Board at its meeting on 11 April 2016.

Each new proposal is described in terms of;

- Consideration of relevance against the Factors
- Justification for doing the work
- Justification for not doing the work
- Simple cost benefit analysis
- Overview of project plan, Inc. resources, timescales, methods and desired outcomes

The Factors are;

- Impact on health and wellbeing for people
- Number of experiences recorded
- Number of people likely to be at risk or affected
- Potential impact on the health and social care system
- Request for information from HW England
- Risk impact to HWC
- Locality specific
- Duplication - Is the issue being picked up elsewhere in the sector/system?
- Is there an opportunity to reduce health inequalities through the work?
- Are we adding value?
- Is there an opportunity to raise our profile and awareness through the work?
- Is commissioned work relevant?

Business case 1

Access to health and care services for people with a learning difficulty

It has become increasingly apparent through analysis of available intelligence that there is substantial variation in terms of access, choice, quality and standards for services for people with a learning difficulty across Cumbria.

This project would identify and engage a number of people with a learning difficulty and explore their experience of accessing services. It would also use established links with strategic decision makers to involve them in the work and to listen to its findings.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded	Current intelligence has been drawn from existing networks of people with learning difficulties		There are 1900 people registered with a learning difficulty in Cumbria.
Number of people likely to be at risk or affected	All people with learning difficulties in Cumbria		
Potential impact on the health and social care system	Yes		This group can have a high impact on resources if

			their health and care are not systematically and proactively addressed
Request for information from HW England	Yes		There has not been a direct request from HW Eng for information on this topic but it is understood to be of national concern We will use the network of local Healthwatch organisations to explore what other work has taken place nationally
Risk impact to HWC		No risk impact associated with this project	There is a requirement in the contract to address marginalised groups across all equality characteristics
Locality specific	Yes – we can focus on a district at a time		It would make sense to focus on one locality at a time but there may well be variation of experience from district to district and it would be helpful to establish where there may be best practice
Duplication - Is the issue being picked up elsewhere in the sector/system?		Not in this way	There is a LD Partnership Board which would be an appropriate place to take a detailed analysis of patient experience
Is there an opportunity to reduce health inequalities through the work?	Yes		
Are we adding value?	Yes		
Is there an opportunity to raise our profile and awareness through the work?	Yes		This is a marginalised

			group, members of which can be isolated and not aware of regular communication channels or networks. This would be a good opportunity to raise awareness of the role of local Healthwatch with a new group, their families and carers
Is commissioned work relevant?			This is not commissioned work

Justification for doing the work

People with a learning difficulty deserve equitable access to high quality services but the evidence would suggest that this may not always be the case and there have been recent high profile cases which have illustrated the sometimes very sad impact of this situation.

As a marginalised group, they are often people less able to speak up for themselves and there is a clear role for HWC to act as their consumer champion, help them to articulate their experiences and support them to drive improvements. This has the potential to impact not just at the point of service delivery but across all aspects of well being.

There are 1900 people registered with a learning difficulty in Cumbria.

Justification for not doing the work

The group is only one of many marginalised groups, all of whom may well be experiencing similar inequalities of service. This project could be considered to have too narrow a focus and HWC should first of all carry out some further research to determine if another marginalised group which should take priority.

Simple cost benefit analysis

Resource implications;

- Staff and volunteer core time

Benefits and outcomes;

- This work has the potential to drive a range of improvements locally in individual health and care premises but could also alert the team to more major concerns. It will raise awareness of this statutory function of HWC and increase the capacity of HWC to increase its knowledge and understanding of a wide range of different health and care settings.

Over view of project plan, including. resources, timescales, methods and desired outcomes

Set up Working Group, agree objectives and develop Project Plan for pilot work in one district	April 17
Identify people with a learning difficulty to support the project	April 17
Identify appropriate commissioners, service providers and other decision makers	April 17
Develop materials	April 17
Field work	May, June, July 17
Write up and send out reports with clear recommendations	August 17
Review and evaluate approach and agree appropriate improvements	August 17
Begin roll out to further districts if appropriate	August 17

Business case 2

Improving the experience of people with eye conditions when attending eye clinics.

This project would explore the patient experience for people with eye conditions in relation to their attendance at eye clinic outpatient appointments across Cumbria.

The proposal is for two HWC Representatives, one being the HWC representative for Eye Health who attends the locality NHS LEHN Eye Health meetings on behalf of HWC, and another Representative, to visit hospital clinics initially in Furness General Hospital and Westmorland General Hospital to talk to patients and gather intelligence regarding their experience of support or lack of support between their clinic appointments. Conversations with patients would be shaped to explore the key criteria for a good experience and be used to develop recommendations for what else may be put in place.

Background

In some places, including at Westmorland Hospital until end of March 2017, patients' attendance is supported by the appointment of Eye Clinic Liaison Officers (ECLO's). The evidence available to HWC suggests that the availability of ECLOs improves the experience of people with eye conditions. ECLOs are Eye Health Officers who offer both practical and emotional support to patients with eye conditions such as age related Wet Macular Degeneration (WMD), Macular Degeneration, Macular Oedema and Retinal Vein Occlusion.

The ECLO gives information and support on a wide range of topics, acts a first point of contact for referral to other agencies such as adult social care and local Blind societies as well as accompanying people to their appointment where appropriate. The ECLO is trained in the completion of Certificates of Visual Impairment (CVI), saving valuable time for Consultants who would only then need to sign off the certificate, therefore reducing their administration work load and speeding up the process for patients. Only a consultant ophthalmologist can issue a CVI.

The completion of the CVI is the first stage of registration of visual impairment so it is important that patients understand the process and what happens next, this is a time consuming process for the consultant's to undertake with patients.

The role of the ECLO is recognised nationally as contributing to the reduction of mental ill health by patients on diagnosis of sight loss. Over ¼ of patients diagnosed with sight loss suffer depression following diagnosis.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded			One of the HWC representatives has limited eyesight and has drawn our attention to the need for this work. Two further people have raised this issue with local HWC representatives at drop in sessions.
Number of people likely to be at risk or affected		Not established at this stage	Impact on whole population likely to attend Eye Clinics. One third of all outpatient visits are to eye clinics
Potential impact on the health and social care system	Yes		
Request for information from HW England		No	There has not been a direct request from HW Eng for information on this topic We will use the network of local Healthwatch organisations to explore what other work has taken place nationally
Risk impact to HWC		There is no direct risk to HWC associated with the delivery of this project	There could be a reputational risk amongst this group if we do not follow up this issue
Locality specific	Initially in the south of the county with a view to being county wide		

Duplication - Is the issue being picked up elsewhere in the sector/system?			Barrow & Districts Society for the Blind is an advocate of the role of an ECLO and one is funded to be at WGH until the end of March 2017.
Is there an opportunity to reduce health inequalities through the work?	Yes		
Are we adding value?	Yes		We plan to share our recommendations with the blind societies and hospital trusts to identify the value of ECLO's to both patients and trusts
Is there an opportunity to raise our profile and awareness through the work?	Yes		The profile of HW in the south of the county would be raised with the public, commissioners, hospital trusts and the local authority which could then be rolled out in the north/west of the county
Is commissioned work relevant?			This is not commissioned work

Justification for doing the work:

HWC attended Barrow and Districts Blind Society's annual awareness raising event in October 2016 with an Information stand. Views/concerns were shared with the attending HWC Representative by both members of the public and the Chief Executive of the Society that some services from the health and social care sector are not providing equality of service for those who are visually impaired.

The concerns shared were that people who are visually impaired are not receiving equality of service by the main 4 hospitals in the county by, for example;

- Not receiving written communication in large print.
- Not having the right practical and emotional support following diagnosis or treatment at all eye health clinics in hospitals.

Often, patients have difficulty in accessing continued support from the clinics between appointments. The ECLO would be able to offer ongoing support between clinic visits which for most patients are monthly. Those with macular eye health conditions dominate with 50% of patients, mainly those with WMD, needing to visit clinics on a monthly basis.

One third of outpatient appointments are for Eye health Clinics. The role of the ECLO is similar to that of the Macmillan nurse based at the hospitals. This model would appear to fit into the Integrated Community Care model currently being rolled out in Cumbria.

During the work currently undertaken by HWC with the Chair of the Blind Societies it was highlighted to HWC that the role of the ECLO has been recognised as valid by NCUHT/MBHT and features in the Success Regime proposed pathways.

The role of the ECLO has featured in deliberative eye health workshops within the Success Regime for the north, west and east of the county and features in the proposed pathways.

This would be an opportunity for HWC to extend its reach to a known hard to reach group-(Visually Impaired).

Justification for not doing the work:

There is a possible risk of raising expectations of this group of service users because the evidence may identify the advantages of ECLOs being appointed but the presentation of this evidence may not result in appointments being made.

There are many similar condition specific groups who may also have views about how their service could be improved. HWC has not explored any evidence from any other groups which could have also led to the development of a project of this type.

Simple cost benefit analysis

The work would be undertaken by 2 HW Representatives, one of whom has already been involved in conversations, workshops including the role and value of ECLO's regarding Eye Health

Overview of project plan, including resources, timescales, methods and desired outcomes

Action	Completion date
<p>HWC Rep' visit FGH + WGH Eye Health Clinic to talk to patients, gather intelligence on issues in accessing support between clinic appointments, accessing/receiving information in large print in line with the "Accessible information Standard". The anticipated costing for this work is estimated at approximately £200 + costs to write the HW Report & Design. The uploading of data recorded could be prepared by the Reps ready to cut and paste into the HW data base.</p>	<p>28th February 2017</p>

Business case 3

Reconfiguration of services for older people

It has become increasingly apparent through analysis of available intelligence that there is increasing demand for quality care for older people at a time when pressures across the health and care system are impacting on the capacity of the system to cope.

This project would identify and engage a number of older people to explore their experience of accessing the services they need and their views about what may be available in the future.

It would also use established links with strategic decisions makers to involve them in the work and to listen to its findings.

Factors	Y/+	N/-	Comment
Impact on health and wellbeing for people	Yes		
Number of experiences recorded	Current intelligence has been drawn from existing networks of older people and from work being carried out by partner projects		
Number of people likely to be at risk or affected	All older people requiring care in the future		There is a growing population of older people in Cumbria
Potential impact on the health and social care system	Yes		This group can have a high impact on resources if their health and care are not systematically and proactively addressed
Request for information from HW England	Yes		There has not been a direct request from HW Eng for information on this topic but it is understood to be of national concern We will use the network of local Healthwatch organisations to explore what other work has taken place nationally
Risk impact to HWC		No risk	

		impact associated with this project	
Locality specific	Yes – we can focus on a district at a time		It would make sense to focus on one locality at a time but there may well be variation of experience from district to district
Duplication - Is the issue being picked up elsewhere in the sector/system?		Not in this way	
Is there an opportunity to reduce health inequalities through the work?	Yes		
Are we adding value?	Yes		
Is there an opportunity to raise our profile and awareness through the work?	Yes		This is a large group. This would be a good opportunity to raise awareness of the role of local Healthwatch with a new group, their families and carers
Is commissioned work relevant?			This is not commissioned work

Justification for doing the work

There are a variety of change programmes being implemented across Cumbria with a range of drivers all of which have the potential to impact on the capacity available to support a sustainable model of care for older people.

The recent consultation “The Future of Healthcare in West, North and East Cumbria” includes options for community hospitals, all of which include a net reduction of beds available.

Cumbria County Council has also consulted on changes to its bed provision which has resulted in a substantial net reduction of beds.

This is at a time when there is national concern about delayed discharge from our hospitals and a well documented rise in people living longer with the associated greater demand for quality care in later life.

This project proposes an in depth exploration of the experience, hopes and concerns of older people when seeking to make plans for their future.

Justification for not doing the work

There are many other groups whose service provision may also be impacted upon as a result of the change programmes. This project could be considered to have too narrow a focus and HWC should first of all carry out some further research to determine if another group which should take priority.

Simple cost benefit analysis

Resource implications;

- Staff and volunteer core time

Benefits and outcomes;

- This work would provide analysis of the views of local older people about their future care options which could be used to help to shape decision making. It will raise awareness of this statutory function of HWC and increase the capacity of HWC to increase its knowledge and understanding of a wide range of different health and care settings.

Over view of project plan, Inc. resources, timescales, methods and desired outcomes

Set up Working Group, agree objectives and develop Project Plan for pilot work in one district	March 17
Identify older people to support the project	March 17
Identify appropriate commissioners, service providers and other decision makers	March 17
Develop materials	March 17
Field work	April, May, June
Write up and send out reports with clear recommendations	July 17
Review and evaluate approach and agree appropriate improvements	July 17
Begin roll out to further districts if appropriate	July 17

Previously agreed Business case

Board members are reminded that they agreed a project to explore people’s experience and views about the role of community hospitals in communities.

This work has not been delivered so far because of the possible conflict it could have had during the consultation “The Future of Healthcare in West, North and East Cumbria” which had a full set of options for Community Hospitals.

Potential Business cases for the future

Mental Health services in Cumbria continue to cause concern for service users. A business case for a project to explore this in more detail will be prepared for the HWC Board meeting to be held in August 2017.

Commisioned Work being delivered or scoped

Focus Groups to support the delivery of the Sustainability and Transformation Plan (STP) in for Healthier Lancashire and South Cumbria.

This project was previously agreed in principle by the Board at its meeting on 10th October 2016 and the papers to support its development have been shared with the Chair.

Treatment At Distance (TAD)

This project being scoped to be commissioned by North Cumbria University Hospital NHS Trust (NCUHT) to ascertain patient experience of Treatment At Distance (TAD) from recent patients at the Cumberland infirmary Carlisle and the West Cumberland Hospital Whitehaven. Many patients have to travel to attend appointments or for stays in a hospitals and the Trust wants us to explore the key support mechanisms which need to be in place/should be provided to ensure that this experience is as positive as possible for both the patient and their family.

There is some urgency about this work because its outputs will help to inform planning both for treatment which happens at a distance within the current service delivery model and also may inform considerations following analysis of the consultation “The Future of Healthcare in West, North and East Cumbria”.

Initial project planning has begun and it is anticipated that the commission will be agreed and implemented over the next few weeks.

North West Ambulance Service (NWAS)

Some early discussion has taken place with representatives about a similar piece of work being done to the CHoC project to explore NWAS patient experience. At this stage no work has been requested.

**Sue Stevenson
Chief Operating Officer
Healthwatch Cumbria**

20th January 2017

Healthwatch Cumbria Board Meeting	Agenda Item: 10
31 st January 2017	

HWC Strategic Plan

Purpose of Report:
The purpose of the report is to provide the Board with the refreshed Strategic Plan for HWC.
Key Issues / Considerations:
<p>The Board is asked to note that the Strategic Plan is presented in two versions;</p> <ul style="list-style-type: none"> • HWC Strategic Plan on a Page • HWC Strategic Plan (a slightly longer version providing more detail) <p>Both are presented in draft for Board approval and once agreed will be used to support the development of a detailed Action Plan for prioritised work going forward.</p>
Recommendations
The Board is asked to discuss the draft plans and provide advice for further improvements so that final versions can be agreed in the near future.

Presented By	Sue Stevenson Chief Operating Officer, HWC
Contact Details	sue@healthwatchcumbria.co.uk
Report Written	20 th January 2017

Our Mission

Healthwatch Cumbria is the consumer champion for health and social care in Cumbria. We are working to ensure that people who live in Cumbria have their health and social care needs heard, understood and met.

Our Vision

Everyone in Cumbria will know that they will be listened to and that their experiences of health and care services can help to shape services to be the best that they can be.

Our Values

- ◆ We are independent and accountable.
- ◆ We listen to the views of all service users.
- ◆ We are transparent.
- ◆ We are credible and reliable.
- ◆ We are inclusive and collaborative.
- ◆ We are influential.

Statutory Functions and Corresponding Actions

Promoting involvement of Cumbrians in the provision and scrutiny of local health and care services by:

- Expanding relationships with groups and networks to gather views and concerns.
- Publicising our activities and reporting outcomes.
- Promoting consultations on health and social care subjects.

Enabling Cumbrians to monitor the standard of provision of services and how these could be improved by:

- Promoting awareness of our roles and functions as consumer champion.
- Conducting Healthwatch Cumbria business openly and transparently.

Obtaining the views of Cumbrians regarding their needs and experiences of local care services by:
Providing the opportunities and using many and varied methods of engagement to gather and record views and experiences.

Making recommendations about how services could be improved to commissioners and providers by:

- Using Healthwatch Cumbria data and research to inform reporting to the appropriate bodies.

Providing advice and information about local health and care services to enable choices to be made by:

- Responding to public requests for health and social care information.

Formulating views on the standard of provision and whether or how these could be improved by:
Engaging, monitoring and influencing the regional and local reconfiguration of NHS services.
Maintaining the respected and influential status of Healthwatch Cumbria with commissioners and providers.

Making recommendations to Healthwatch England to conduct reviews or if justified direct to the CQC by:

- Working jointly with the wider local Healthwatch network.
- Collaborating with the Care Quality Commission to maximise the effectiveness of Healthwatch Cumbria.

Providing Healthwatch England with the intelligence and insight it needs to be effective by:

- Providing reports to Healthwatch England.
- Sharing intelligence, reports and trends.

