



## 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:** 07.11.2017

**Time:** 14:00-16:00

**Place:** Kendal Town Hall - Georgian Room

**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)
Ted Cole (TC)	

### Supporting Officers:

David Blacklock (DB)	(Chief Executive Officer)
Sue Stevenson (SS)	(Chief Operating Officer)
Andrew Gibson (AG)	(Research and Data Officer)
Sue Hannah (SH)	(Senior Engagement Officer)
Carolyn Carrol (CC)	(Sessional Engagement Officer)
Elaine Ralph (ER)	(Information and Administration Officer - Minutes)

### 1. Apologies for absence

**2. Declarations of interest**

**3. Draft Minutes, paper enclosed**

To confirm the minutes of the meeting of the **08.08.17**

**4. Action Log, paper enclosed**

Action Log to be reviewed

**5. Matters arising**

**6. Chair's Report, verbal update**

Helen Horne, Chair

**7. Everyone has a Voice Project , presentation**

Sue Hannah, Senior Engagement Officer

**8. Eden Valley Hospice, presentation**

Andrew Gibson, Research and Data Officer/Carolyn Carrol - Sessional Engagement Officer

**9. Operations Report, paper enclosed**

Sue Stevenson, Chief Operating Officer

**Future Meeting Dates:**

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

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Tuesday 23<sup>rd</sup> January 2018 - Workington Best Life Building - 2-4pm

Tuesday 17<sup>th</sup> April 2018 - Carlisle - 2-4pm

Tuesday 07<sup>th</sup> August 2018 - Barrow - 2-4pm

Tuesday 13<sup>th</sup> November - Kendal Venue TBC - 2-4pm



# healthwatch Cumbria

## Draft Minutes Board of Directors

**Date:** 08.08.17

**Time:** 14:00-16:00

**Place:** Best Life Building, Barrow in Furness

**Tel:** 01228 550696

### Board Members:

Helen Horne - Chair  
Gilda Wells (GW) (Board Member/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:

Sue Stevenson (SS) (Chief Operating Officer)  
Elaine Ralph (ER) Information and Administration Officer (Minutes)  
Oliver Pearson (OP) - Senior Engagement Office  
Jane Irving (JI) - Research and Data Officer (By VC)

### 1. Apologies for absence

None.

### 2. Declarations of interest

DB declared an interest in Item 11 Buildings.

### 3. Minutes of last meeting

There was a small amendment to be made to the minutes of the meeting of 09<sup>th</sup> May 2017. The ECLO acronym was to be written in full on page 2.

### 4. Action Log, Paper Enclosed

The Action log was reviewed and updated.

### 5. Matters arising

The Board agreed that a future project involving Mental Health Services would be discussed at a future Healthwatch Cumbria (HWC) Board Development Session. This would clarify what the project would focus on.

### 6. Chair's report - Verbal update

The Chair informed the Board that she had attended a North West Healthwatch Chairs and Chief Officers Network meeting in Carlisle on 14<sup>th</sup> June. Some of the themes emerging from the meeting were "What does a successful Healthwatch look like?" and changes or merges to Healthwatch organisations to align with Sustainable Transformation Partnerships (STP's) in each area. All members of the Board are invited to the next meeting at HW Warrington on 14<sup>th</sup> September where Healthwatch England's National Director Imelda Redmond will be attending. Any Board member who wishes to attend please contact ER.

Action: Board members to contact ER if they wish to attend.

### 7. Operations Report - Sue Stevenson

SS presented the report to the Board.

#### Key points included:

- **Young Healthwatch** - CS updated the Board on the distribution of the ballot for young people aged between 11-25 which had been sent to schools and colleges in Cumbria and was available also as an online survey. The survey will continue until the beginning of October in order to capture those returning to schools and colleges during this period. The survey asks young people what is important to them, i.e. mental health services, hospitals, social care, etc. GS suggested that HWC contact CASH (Cumbria Association of Secondary Heads) to help publicise the survey and inform them of the Young HWC project.

**Action - ER to find contact for CASH-** S. Hannah to contact and enquire how we could work with them to promote Young HW.

- **Co-Production Group** -SS explained the premise of the Co-production Group to the Board, highlighting the intention of the North Cumbria Clinical Commissioning Group (North Cumbria CCG) to work collaboratively with the public. HWC has attended the Working Together Group in Workington which has met twice and focusses on

maternity and children's services in west Cumbria. SS highlighted that there was a commitment from Stephen Eames, Chief Executive of North Cumbria University Hospital Trust (NCUHT) and Jon Rush, Chair of North Cumbria CCG to hear issues from the public and that there were two sub- groups of co-production under the headings of recruitment and engagement and participation.

- **Sustainable Transformation Partnerships (STP's)** -SS thanked GS and LG for meeting with her to discuss how best to work together to support the STP in the south of the county on behalf of HWC. The STP's bring the leaders of health and care systems together to discuss how to improve services. These involve the four Healthwatch's in the Lancashire and south Cumbria STP footprint.
- **Enter and View Visits-** GS updated the Board on the review meeting on 3<sup>rd</sup> July of the Enter and View visits which had been carried out in 18 residential/care homes throughout Cumbria. At the review session there was a discussion on what the difference is between an official inspection and what Healthwatch aims to achieve through Enter and View. Some issues highlighted at the review session included the capacity of the residents in many of the homes to engage, as many had dementia and therefore it was inappropriate to approach them to give feedback. The consensus from the review meeting was that Enter and View visits might be more appropriately carried out when part of a HWC project in order to get specific views/information from patients/residents.  
The HWC Board were pleased that the 18 Enter and View reports are completed and agree it had been useful for awareness raising but acknowledged the challenges around engagement, especially with a high proportion of residents with dementia. HWC has carried out these visits in line with National Healthwatch guidance, however, it was agreed that the Enter and View tool might be better utilised within specific HWC projects in the future.
- **Cumbria Participation, Inclusion and Engagement (PIE) pilot** - SS updated the Board on the pilot. HWC has recruited a volunteer, Sue Gallagher, to participate in the Integrated Care Communities Steering Group (ICC). Sue Gallagher will be attending the ICC Steering Group meeting with SS on Thursday 10<sup>th</sup> August.

The report was noted.

## 8. Learning Difficulties Project - verbal update

OP updated the Board on the project and highlighted the project aims to explore some of the possible shortcomings of services provided to people with Learning Difficulties but also some of the good practice in Cumbria. OP highlighted some of the background literature relating to Learning Disability services and explained HWC were using the expertise and resources within People First Independent Advocacy to help with the project. OP presented the project plan to the Board, and DB explained the project plan layout. OP informed the Board of the useful development sessions that the HWC team have been having, especially with regards to project development and creativity. DB said that the planned Symposium to present the findings/report would be an event to include all participants and key stakeholders and would signify the start of the next phase, to change and challenge what is of key importance to those with learning difficulties and their family and carers. DB explained that PFIA have put in a funding bid to Disability Research on Independent Living and Learning (DRILL) which will include this project as part of a larger research project on people with learning difficulties in Cumbria.

## **9. Eden Valley Hospice - verbal update**

Jl updated the Board on the progress of the project. The Patient Charter, which includes Eden Valley Hospice pictures and logos, had been drafted and sent to the hospice staff, volunteers, patients and family for comment. Jl explained that there was a Steering Group which consisted of 4 HWC staff and 4 Eden Valley Hospice participants. This will ensure a constant exchange of information and involvement in the project between the two organisations. Aims are to launch the Patient Charter on 01<sup>st</sup> November 2017. DB mentioned that Steering Groups are integral to running a project comprehensively and successfully and are part of all future project plans and Service Level Agreements (SLA's).

## **10. Healthwatch England Conference**

SS informed the Board that she and Senior Engagement Officers, Oliver Pearson and Sue Hannah had attended the HW England Conference in Nottingham on 06-07<sup>th</sup> July 2017. OP said that he had found it really inspiring and it was good to exchange ideas and information with other Healthwatch and make contacts for future collaboration and information sharing. HH gave feedback from the HW England analysis on the conference that SS was "excellent" at the workshop she presented. SS said she had talked about the commissioning of Healthwatch projects.

## **11. Buildings - verbal update**

DB updated the Board on the planned changes to PFIA buildings. DB explained the background to the decision to look for other office accommodation for all offices. Barrow will be moving to an office with more useful space, such as separate meeting areas, on one floor and which costs less than the current premises.

The Carlisle office is running out of space and plans are in place to lease a much larger building in Milbourne Street, which was previously the resource centre for Cumbria University. A large part of these plans is to open a Conference Centre with a restaurant which will be run by people with learning difficulties, supported by job coaches. This aims to enable people to train in the hospitality industry and gain the skills, experience and confidence for employment. DB has been in talks with key stakeholders regarding using the facilities for meetings, events etc. Lease negotiations are ongoing. DB also explained that the PFIA Board were considering whether the organisation should be changed to Charity status from the current Social Enterprise status. This would mean certain financial benefits with regards to rates, etc. The PFIA Board will decide at the next meeting on 23<sup>rd</sup> August 2017. It is anticipated that PFIA move to the new building at the end of September beginning of October.

## **12. Finance Paper - GW**

GW presented the Finance Paper to the Board. The PFIA Finance Group meets quarterly and last met on 26<sup>th</sup> July 2017. GW wished the Board to note that there has been much less income since end of January 2017 due to smaller income generating commissioned projects. DB explained that each senior leadership team manager is now responsible for their own budget as part of a new management

process which includes income generation targets for new business.

**Future Meeting Dates**

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

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Tuesday 07<sup>th</sup> November - Kendal - venue to be confirmed.

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DRAFT

## Healthwatch Cumbria Board Meeting Action Log

Meeting date: 07.11.17

Green (G) - Completed

Amber (A) - In progress

Red (R) - Unable to proceed/Action required

Actions from Board Meetings			
	Action	Responsible	Progress
<b>08.08.17</b>	Board members to contact ER if they wish to attend toe NW Network meeting on 14 September	<b>Board/ER</b>	The meeting took place and was attended by HH and SS - no other Board members wished to attend
	Young Healthwatch - Contact to be made with Cumbria Association of Secondary Headteachers to help promote YHW Project	<b>ER/SH</b>	ER contacted the Executive Officer Sandy Todd at CASH. YHW survey promoted by Sandy via email to all secondary school heads involved in CASH.
	Dates for next year's Board meetings in public and Development Sessions to be send out to Board Members	<b>ER</b>	Provisional dates sent and rooms booked - tbc
<b>09.05.17</b>			
<b>2</b>	SH to send copy of Young Healthwatch letter to Donna Story	<b>SH</b>	SH sent to Donna Story

Healthwatch Cumbria Board Meeting	Agenda Item: 9
7 November 2017	

### Operations Report

<b>Purpose of Report:</b>
The purpose of this report is to provide the Healthwatch Cumbria Board with an update of operational activity during the second quarter of Year 2 (of our 4 year contract) from 1 <sup>st</sup> July until the 30 <sup>th</sup> September 2017.
<b>Key Issues / Considerations:</b>
The Board is asked to note that work during this period has focused on both core and commissioned activity.
<b>Recommendations:</b>
The Board is asked to note this report.

<b>Presented By</b>	Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria
<b>Contact Details</b>	sue@peoplefirstcumbria.co.uk
<b>Report Written</b>	Andrew Gibson, Research and Data Officer

## Introduction

This report provides Board members with a summary of activity for the 2nd quarter of Year 2, 1<sup>st</sup> July until the 30<sup>th</sup> September 2017.

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. 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 and volunteer representatives 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.

### Engagement & Promoting Awareness

During the 2<sup>nd</sup> quarter of year 2 we have continued our engagement with individuals throughout Cumbria in a variety of situations, including roadshows, meetings, and presentations and also through email and telephone correspondence. The direct personal engagement figure stands at 1450 people from 1<sup>st</sup> July to 30<sup>th</sup> September 2017. It must be noted that this figure fluctuates in accordance with the nature of current projects.

Social media is an important means of ensuring that HWC is accessible to as many people as possible. To ensure that HWC is accessible we use social media as a form of communication. The number of Facebook likes and Twitter followers remain stable at 806 and 1738 respectively<sup>1</sup>.

Planning is under way to refresh and reshape the HWC website to reflect its importance as a source of information and signposting that is available '24/7'. For many it is the first contact people have with us; it provides details of our activities and a range of contemporary content, information and photographs. A member of HWC staff is now the dedicated lead for the development of our website and web presence.

### Generic Engagement

- Members of HWC staff regularly attend volunteer fairs around the county to promote and raise awareness of HWC and encourage new volunteers to come forward.
- HWC has attended events to promote awareness of HWC and hear patient experiences. These include the Animation Café (Barrow) and Listening Event (Dalton), both of which were well attended by the public. Attending these events contributes to the development of our experience of improving communication and patient participation using an informal setting. We are also attending selected local community bases groups when appropriate to raise awareness of the role and activities of HWC.

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<sup>1</sup> As of 18<sup>th</sup> October 2017

- One of our HWC volunteers continues generic engagement with patients and visitors at the Cumberland Infirmary Carlisle (CIC) to capture their experiences. The volunteer attends CIC on a fortnightly basis.
- HWC has also visited several ‘interest’ groups (knitting, sewing etc.) and given talks about HWC ‘Hubs’. Two groups are currently interested in becoming local Hubs.

## Core Work

Following the recent structural change for the Clinical Commissioning Groups (CCGs) in Cumbria the core work of HWC is increasingly delivered in relation to two health and care economies.

- North, west and east Cumbria which is strongly linked to the health and care economies in the North East of England. The key organisations are North Cumbria CCG, North Cumbria University Hospitals NHS Trust (NCUH), Cumbria County Council (CCC) and Cumbria Partnership NHS Foundation Trust (CPFT).
- South Cumbria which is directly linked to the health economy of north Lancashire through the shared Morecambe Bay CCG and is strongly linked to the health and care economies of the whole of Lancashire and the north west of England. The key organisations here are MB CCG, University Hospitals of Morecombe Bay NHS Trust (UHMB), CCC and CPFT.

Two separate Sustainable and Transformation Partnerships (STP) are in place; one for north, west and east Cumbria and one for Lancashire and south Cumbria and our work in relation to these is described in more detail below. These are extensive change programmes and HWC is involved as a means of ensuring that the voice and experience of people is heard and can influence the changes being considered in each.

Nevertheless, HWC also has a countywide remit and so some projects are delivered across the whole county through our three office bases in west, north and south Cumbria.

In this report countywide projects are described first, followed by area specific work and then commissioned work. Finally there is a summary of future projects that are being scoped for delivery in the coming months.

## Countywide activity

### **Everyone Has a Voice: An inclusive approach to understanding quality of life for people with learning difficulties**

Referred to in the previous operations report under the title ‘*What does a good life look like?*’ this HWC substantive project has been taking shape and gathering momentum this quarter, and is now at the stage of public engagement and data collection. Five sets of survey questions have been developed, each of which is tailored to groups of individuals involved at all levels in the social care system for people with learning difficulties in Cumbria: service commissioners, social workers, service providers, parent or family carers and people with learning difficulties themselves. These questions went live on the website Survey Monkey on the 18<sup>th</sup> of September and so far have generated fifty two responses<sup>2</sup>, with respondents spending an average of five minutes completing the survey.

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<sup>2</sup> As of 18<sup>th</sup> October 2017

Throughout the report, a particular emphasis will be given to the voices of people with learning difficulties. It is recognised that the perspectives of this group are routinely underrepresented in decision making surrounding the services they use, as well as in research more generally. A core aim of this project is to explore the means by which this can be redressed; indeed, it is likely that discourse surrounding the final report will make a significant contribution. During the initial stages of engagement, in particular with focus groups comprising service provider staff, articulating this aim has proven useful in garnering their support, enthusiasm and willingness to engage with the project and with HWC as an organisation.

Cumbria County Council, Parent Carer Forums and Provider Forums have all been consulted and want to participate. The engagement period has been extended to the end of November to increase the time available to build our network of contacts and solicit the participation of a broader range of individuals. This also provides additional room to adapt the research strategy in accordance with information arising from initial engagements with key stakeholders. Subsequently, the report will be more sensitive to and inclusive of the perspectives of each participant group. Over the longer term, the report has the potential to serve as the basis for ongoing discourse between respondent groups and other stakeholders in learning difficulty support services in the county, with the aim of strengthening the governance of these services.

### **Young Healthwatch (YHW)**

The number of avenues of engagement is being expanded; HWC staff are attending Fresher's Fairs to talk to individuals face to face and we have an ongoing online survey hosted on the platform Survey Monkey where young people are able to use a QR (Quick Response) code to access the survey with their mobile phones. The deadline of this survey has now been extended indefinitely to gather information throughout the extended engagement period.

In our extension of YHW, we have written to a number of schools and are now receiving invitations to give presentations regarding the work of HWC and how young people can ensure that issues important to them are duly considered. A Member of the HWC Board is now Board Lead for Young Healthwatch and is actively promoting this work.

### **Healthwatch Hubs**

To support the rising awareness of HWC and increase both the quantity of intelligence received and the number of volunteers, HWC will set up HW Hubs across the county. These will utilise existing community groups as our eyes and ears to help us gather intelligence. HWC will identify lead representatives from the Hubs to liaise with an identified HW member of staff. The lead would then be considered a HW volunteer along with group members, thus increasing our volunteer base. The hubs would be expected to report any intelligence received by them to HWC once a quarter as a minimum.

### **Enter & View Programme**

Staff and volunteers met to conduct a review of the recent Enter and View programme. Overall, it was determined that the process of carrying out a number of Enter and View visits as a stand-alone piece of work was time consuming and that the intelligence generated did not necessarily justify continuing this as a planned regular activity. However the team agreed that the use of the Enter and View mechanism as part of a larger project could be immensely useful. Our capacity, skills and knowledge to conduct Enter and View visits now constitutes a well-developed resource that can be deployed within the context of specific projects as needed in future.

A further training session was held for volunteers and sessional staff to increase the number of HWC representatives officially qualified to undertake Enter and View visits when required.

### **Clinical Services Quality Measures (CSQMS)**

HWC continues to support our local Hospital Trusts by participating in the various inspections/visits (PLACE, CQR, QUASS etc.) primarily focussing on the views of patients, families and carers. These are intended to improve service quality, safety and environment. HWC provides an independent patient perspective of these issues.

### **Quality Surveillance Group (QSG)**

HWC and other local Healthwatch organisations are members of the Cumbria and North East Quality Surveillance Group. Following national guidance issued earlier this year the QSG has been reviewing how it operates and recently held a Webinar discussion regarding possible improvements. Previous HW attendance has not proven to be worthwhile due to the focus on largely specific safeguarding issues arising in clinical settings. The guidance expresses the view that the QSG should be inclusive of the wider issues of quality, which presents greater opportunity for HW input and HWC will continue to lobby for this.

### **Cumbria Health and Wellbeing Board and Public Health Alliance**

The CE of HWC attends the Cumbria Health and Wellbeing Board and HWC also continues to attend the Alliance meetings. A recent meeting included a very interesting presentation regarding the need to ensure risk assessments regarding the impact of building developments and major infrastructure works on public health matters.

### **Cumbria Health Scrutiny Committee (CHSC)**

CHSC held its first meeting following County Council elections on Monday 24th August. Prior to that meeting the Chair and CE of HWC met with the new Chair of CHSC to review the relationship between HWC and CHSC. It was agreed that HWC is not there to be scrutinised by members of the CHSC but to provide additional information and intelligence to assist members of CHSC to scrutinise service delivery. It was agreed that the Chair and CE of HWC should attend pre-meetings of the committee and that appropriate reports would be provided when HWC had intelligence relating to specific agenda items.

## **West, North and East Cumbria**

### **Success Regime (SR)**

The SR concluded with the decision making meeting held by Cumbria CCG on 8<sup>th</sup> March but the work continues under the banner of the STP for west, north and east Cumbria.

### **Sustainable Transformation Partnership North**

The work to develop this change programme is carried through an extensive governance structure. Board members and HWC staff are engaged with key parts of this to develop and sustain key strategic relationships, and also to create opportunities for increased engagement and involvement of the public.

Coproduction is a key theme of this work and a number of working groups have been established. HWC is now actively represented on 2 of these; Working Together Maternity and Paediatrics Group, which has two sub-groups focused on Recruitment and Governance and the Transport Group (TAD).

Representatives of HWC also regularly attend;

- System Leadership Board
- Provider Alliance Group
- Senior Responsible Officers Delivery Group
- Implementations Referee Group
- Primary Care Commissioning Group
- Integrated Care Communities (ICC) Steering Group
- North Cumbria CCG

HWC has been successful in securing a role for a HWC volunteer to sit on the ICC Steering Group and is supporting that person to attend and contribute to these meetings. Building on this a second place has been offered for a HWC supported individual to sit on the Mental Health ICC Steering Group.

### **Co-production Group**

Following the consultation “The Future of Healthcare in West, North and East Cumbria” there were decisions made by Cumbria Clinical Commissioning Group (CCG) to increase collaboration between the system and people through greater co-production.

HWC has continued to support and attend the CCG hosted Working Together Group which is focused on involving people in considerations to deliver Option 1 for Maternity and Paediatric Services at the West Cumberland Hospital (WCH). These meetings are independently chaired by Archdeacon Richard Pratt. Two sub groups have also been established to consider issues related to recruitment and governance and both have had initial meetings hosted by HWC at its Workington office.

### **West Cumbria Community Forum (WCCF)**

The WCCF is entering a new phase of activity, prompted by a request from senior health and care leaders, in which it will continue to provide a vehicle for coproduction conversations about 3 key aspects of the change programme in west Cumbria. These are broader than the more focused Working Together coproduction work on maternity and paediatrics mentioned above and provide a real opportunity for members of the Forum to get involved in shaping service delivery for the future. The topics to be explored are;

- Phase 2 of the redevelopment of West Cumberland Hospital
- The potential development of a health and care campus at West Cumberland Hospital which could incorporate primary care, social care and academic facilities with UCLan
- Mobilising Communities for Health and Wellbeing in West Cumbria

Forum meetings, which continue to be chaired by Archdeacon Richard Pratt, will also provide updates on the coproduction work that has been facilitated through the Working Together Group.

### **CIC Parking and Transport Group and Treatment at a Distance Groups (TAD)**

HWC continues to have representation on the Parking and Transport Group for CIC, focused on improving parking provision on both sites. Work is also progressing to consider the patient and family implications when receiving treatment at a distance through the TAD group.

## **South Cumbria**

### **Local Healthwatch Collaborative**

HWC is working closely with HW Lancashire, HW Blackpool and HW Blackburn with Darwen to coordinate and strengthen our influence across Lancashire and south Cumbria.

### **Healthier Lancashire and South Cumbria Sustainability and Transformation Partnership (HL and SC STP)**

The HL and SC STP is a complex partnership that brings together the leaders from across the health and care system throughout Lancashire and south Cumbria. Its role is to consider how to achieve the triple aims of improved population health and better services delivered within available resources. This STP has recently conducted a governance review, which has resulted in a refreshed and smaller STP Board supported by a wider STP Partnership. It is anticipated that seats will remain for representatives of all four local Healthwatch organisations on the STP Partnership. A single representative nominated by the HW Collaborative sits on the Joint Committee of Clinical Commissioning Groups (JCCCG) which has delegated decision making authority on behalf of the eight CCGs that operate across the full STP.

### **Morecambe Bay Clinical Commissioning Group**

Following the recent Clinical Commissioning Group (CCG) changes, in particular the merging of North Lancashire CCG with South Cumbria to form the Morecambe Bay CCG (MBCCG), Healthwatch Cumbria has been pro-active in developing collaboration with Healthwatch Lancashire and MBCCG, meeting with the HWL CEO and the CEO of MBCCG to develop working relationships.

Representatives from HWC, Healthwatch Lancashire and Healthwatch Blackpool met with representatives of MBCCG to consider how local Healthwatch organisations can add value to the development of an Accountable Care System (ACS). Scheduled to come on stream during 2018/19, the aims of the ACS are to enhance the involvement, inclusion and engagement of local people in healthcare governance. Achieving this will utilise core work, improved inter-organisational alignment and coordination, and possibly bespoke commissioned work.

## **Commissioned Projects**

### **Eden Valley Hospice**

A final draft report, patient charter and set of survey questions have been accepted by EVH's Head of Care and are scheduled to be presented to the EVH board at their meeting on the 31st of October.

In order to ensure the project achieves and maintains its maximum impact, HWC will continue to work with EVH to determine:

- Whether amendments to the current version of the survey will be necessary prior to its deployment,
- The means by which survey data will be recorded and analysed,
- The nature of guidance provided to volunteers to ensure consistent application of the survey
- The roles of personnel involved in its oversight
- Working with new management to embed the patient charter as a governance tool within the EVH SLT
- Re-iterating the commitment of HWC to conduct formal reviews of the charter and questionnaire implementation at specific points in the future (i.e. 6 & 12 monthly)
- Offering some kind of ongoing support in the deployment of the survey and charter, and in the cataloguing and analysis of survey data as they are gathered

On completion of the project, HWC will reflect upon the manner in which our project delivery has been impacted by the changes within the management of EVH. The project offers valuable lessons for HWC regarding the means by which we can maximise the impact and relevance of our work over longer timescales.

### **Great North Care Record**

The Great North Care Record (GNCR) is a regional Integrated Digital Care Record programme for the people of the North East and Cumbria, covering a population of 3.6 million people. The GNCR aims to produce a platform to join up records in front line care with an analytics platform to be shared by the NHS, Local Authorities, Universities and other health and care related organisations. The improved access to information for care will help make the North East and Cumbria the safest place in the world to get care and the best place in the world to do research.

The GNCR has 3 principal aims:

- i) Deliver an individual's important healthcare information, at the point of care, from whichever relevant organisations are involved in their care, irrespective of organisational boundaries.
- ii) Provide better information for clinical audit, service redesign and commissioners of care, so that health care systems can be transformed and improved, and run more effectively.
- iii) Provide data for health and care research in a research environment trusted by the citizens of the North East and Cumbria

Healthwatch Cumbria is collaborating with Connecting Health Cities and Teeside University and 11 other local Healthwatch on this work and is organising 3 Focus Groups (Workington, Carlisle and Barrow) to facilitate the views of patients, carers and the public regarding information sharing and consent.

### **Broadening Communication Channels within the NHS**

The Communication and Engagement lead for Better Care Together has commissioned HWC and HW Lancashire to work together to identify previously unused modes of communication within Cumbria and to establish contact with those who preside over them.

The initial commission is to compile a comprehensive list of parish newsletters in the county and contact details for their respective editors. Parish newsletters have significant untapped potential as a means of publicising opportunities for members of the public to

become involved in coproduction activities and for disseminating information more generally about changes in the provision of health and social care services.

The work will include obtaining permission for contact details to be shared and will also seek permission for contact details to be included in the HW databases, thus extending our reach into communities.

Successful completion of this project will provide us with an extremely valuable resource to extend our outreach and engagement in future work.

### **Support to Staffordshire Healthwatch**

HWC and colleagues from People First Independent Advocacy were approached to provide support to Staffordshire Healthwatch to prepare a tender response for a major contract they wish to bid for. One day was spent reviewing the specification with their representatives and two further days were spent reviewing their draft responses and offering advice based on our knowledge and understanding of the tender process.

### **IT Project development (Pan Lancashire and Cumbria Healthwatch Collaborative)**

The Collaborative has been asked to a brief for a project that would involve local Healthwatch organisations working with local people to explore how computers and other IT technology could be employed to achieve better health and care outcomes. This incorporates how technology might enable increased participation and democracy in health and care service design and improvement. HWC has taken the lead with this and produced a draft of the project plan, mandate and service level agreement for consideration by the Collaborative.

### **STP Engagement Programme**

Healthwatch Cumbria, in collaboration with Healthwatch Lancashire, Healthwatch Blackpool and Healthwatch Blackburn with Darwen, is arranging a series of public events across the STP area to raise awareness of the public, third sector and other organisers and service providers, facilitating discussions and questions.

### **North Cumbria University Hospitals (NCUH) Accident and Emergency Commissioned Project**

We have now heard that the extensive change programme has meant that this anticipated commissioned project will not take place at the moment.

## **Future Projects**

### **Revisiting Community Hospital Action Groups**

HWC is set to work with Community Hospital Action Groups to assess whether they perceive the concerns they raised during the strategic review to have been addressed. The work will comprise:

- A simple attitudinal survey to monitor the extent to which Leagues of Friends and community groups are satisfied with progress
- Focus groups with each of the community-based stakeholders to explore in greater depth any concerns

Findings will be presented to the ICC in the form of a short report, to which a response will be solicited in accordance with the statutory powers of HWC. The potential exists for HWC to act as a facilitator in continuing discourse surrounding the governance of community hospitals.

### **Preparing for winter: Access to influenza vaccinations and winter check-ups amongst clinically at risk individuals**

A recent message to the [info@healthwatchcumbria.co.uk](mailto:info@healthwatchcumbria.co.uk) email address brought to our attention the case of an individual with learning and physical disabilities for whom accessing an appointment for an influenza vaccination was made extremely difficult by a conflict between their schedule of care and that of their GP's surgery. Furthermore, the individual expressed concern that they had not received adequate information regarding the provision of influenza vaccinations. The nature of the case suggests that its causes are systemic and deserving of a preliminary investigation by HWC. The aims of the work will be to establish:

- How GPs and pharmacies are communicating with groups of clinically at risk individuals about the need for and means of accessing influenza vaccinations
- How GPs and pharmacies are ensuring that influenza vaccinations are available to all who need them
- The level of uptake of influenza vaccinations by clinically at risk individuals
- The experiences of clinically at risk individuals in accessing influenza vaccinations
- The perception of the quality of influenza vaccination service provision by groups of clinically at risk individuals.

Influenza vaccination uptake among adults aged 65 years was 70.5%, and among clinically at risk individuals between the ages of six months and sixty five was 48.6% in the winter season 2016 - 2017<sup>3</sup>. Effective methods of identifying and communicating with eligible patients are associated with significantly higher rates of flu vaccination<sup>4</sup>. Therefore, HWC can make a significant contribution to flu vaccination rates within the county by comparing the experiences of patients with the strategies of GP surgeries and pharmacies to: i) identify barriers to flu vaccination uptake; and ii) to identify areas of best practice.

### **Older Adults and Mental Health**

Following the completion of the substantive project *Everyone Has a Voice*, key projects on Older Adults and Mental Health will be brought on-stream. A Project Mandate of the Older Adults project has been drafted.

## **Staff and Volunteer Representatives**

### **Security & Data Protection Training**

HWC staff attended awareness training delivered to the parent company People First Independent Advocacy (PFIA) regarding information and data storage and security. This is particularly important as HWC handles a large volume of personal and sensitive information about patients and other members of the public.

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<sup>3</sup> Source: Public Health England report: '*Seasonal influenza vaccination uptake in GP patients: winter season 2016-2017*'

<sup>4</sup> Dexter et al. 2012: *doi:10.1136/bmjopen-2011-000851*

## **Children Safeguarding Training**

Many of the HWC staff attended a training session as part of the rolling training programme to ensure 100% compliance with current safeguarding requirements.

## **Volunteers**

HWC volunteer numbers have increased to 23 and opportunities to recruit more are being pursued. The volunteers are included in the Children and Adult Safeguarding Training programme and each of the 3 offices now has a dedicated volunteer to assist with administration tasks.

HW continues to be supported by 8 sessional staff who can provide additional capacity and skills to support commissioned work. Some sessional staff have also become involved in the core work of HWC as volunteers.

One volunteer regularly attends the CIC in Carlisle gathering intelligence for HWC on a fortnightly basis, and has helped us to redesign our feedback form so that the intelligence gained can be better recorded and analysed. This engagement approach is being rolled out to West Cumberland Hospital (WCH) Whitehaven, Furness General Hospital (FGH) Barrow, and Westmorland General Hospital (WGH) Kendal and will be supported by volunteers from the West and South of the county.

**Sue Stevenson**  
**Chief Operating Officer**  
**Healthwatch Cumbria**  
**23 October 2017**