



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: 10.10.16

Time: 14:00-16:00

Place: 2-4 pm Kendal College, Milnthorpe Road, Kendal, Cumbria, LA9 5AY

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	(Board Member)
Hilary Barker	(Board Member)
Geoff Lamb	(Board Member)
John Robson	(Board Member)

Supporting Officers:

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

Part 1: Public

1. Apologies for absence

2. Declarations of interest

3. Minutes, paper enclosed

To confirm the minutes of the meeting of the **11.07.16**

4. Matters arising, paper enclosed

Action Log to be reviewed

5. Operations Report, paper enclosed

Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria (HWC)

6. Young Healthwatch

Sue Stevenson, Chief Operating Officer(HWC), Sue Hannah, Senior Engagement Office (HWC)

7. Lancashire and South Cumbria Transformation Programme

Sue Stevenson, Chief Operating Officer (HWC)

8. Healthwatch England Report

Helen Horne, Healthwatch Cumbria Board Chair

Future Meeting Dates:

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

Proposed change to Tuesday 31st January 2017, instead of Monday 16th January

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

Tuesday 2nd May 2017, 2pm to 4pm

Best Life Building, 123-127 Botchergate, Carlisle, Cumbria, CA1 1RZ

Tuesday 8th August 2017, 2pm to 4pm

Best Life Building, 12 Duke Street, Barrow, LA14 1LF

Tuesday 7th November 2017 , 2pm to 4pm

Kendal, venue to be confirmed



Healthwatch Cumbria Board Meeting Action Log

Meeting date: 10.10.16

Green (G) - Completed

Amber (A) - In progress

Red (R) - Unable to proceed/Action required

Actions from Board Meetings			
11. 07. 16	Action	Responsible	Progress
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)
2	Healthwatch Cumbria Annual Report to be distributed to key stakeholders	ER	Distributed to all councillors and to key stakeholder (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	SS to look for an example of such a business case(R)
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)

5	Health Inequalities - The Board would like HWC to consider health inequalities when planning new projects	SS/JI	Jl is researching health inequalities in Cumbria so that this can be factored in when considering the potential impact of new projects.(G)
6	Finance Papers - The Board would like the see the accounts at the HWC Public Board meetings twice per year.	DB/SS	DB/SS will include a finance paper on the agenda for HWC Board meeting in January 2017 and thereafter in August and January each year. (G)
7	Healthwatch Board Meetings in public and Development Session dates to be booked for 2017	ER	Dates have now been set for 2017 and are included at the end of the agenda for 10 October 2016. (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 and to pan the programme of activity for 2017.(G)
3	HWC Chair and CEO to meet regularly with appropriate elected members for briefings purposes	HH/DB	The Chair and Chief Executive met with Cllrs Ian Stewart and Beth Furneaux on Monday 5 September 2016 (G)



Draft Minutes of Meeting Board of Directors

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Date: 11.07. 16

Time: 14:00-16:00

Place: Best Life Building, 12 Duke Street, Barrow in Furness, Cumbria LA14 1LF

Tel: 01900 607208

Agenda items and requests to: Elaine Ralph - email: elaine@healthwatchcumbria.co.uk
Website address for copies of documentation and question sheets for questions to the Board: www.healthwatchcumbria.co.uk

Board Members:

Helen Horne (HH) (Chair)
Gilda Wells (GW) (Vice Chair)
Gill Sadler (GS) (Board Member)

Supporting Officers:

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

Part 1: Public

1. Apologies for absence

Tamsin McGlinchey

2. Declarations of Interest

There were no declarations of interest.

3. Minutes

The minutes of the meeting of 11th April 2016 were agreed.

4. Matters arising

The Action log was updated. **Item 3** - a meeting has been set up with two councillors on 05th September and the Board recognised that another meeting was to be arranged with another councillor. GS suggested that it would be good for other members of the Board to also meet with the councillors. DB said that he had offered elected members the opportunity to meet with HWC and Healthwatch England. HWE were happy to come along as part of the Members Development Programme. There might be the opportunity for HWE to present at a full council meeting.

DB informed the Board of the People First Celebration Day which took place on 22nd April 2016. This included a development session with all staff followed by a dinner at The Plough, Lupton. This was to thank all staff for their commitment, especially during the period before the contract confirmation.

GW said that the skills audit would be useful, especially for identifying any gaps in skills within the Board. This will be an item on the next Development Day agenda.

5. Operations Report

SS gave an outline of the business of HWC in the last quarter, highlighting the Kentmere Unit engagement carried out by HWC on the potential temporary closure of the Mental Health Unit at the Westmorland General Hospital in Kendal. The Unit had been assessed as not fit for purpose by the Care Quality Commission. Cumbria Partnership NHS Foundation Trust (Trust) announced in June that the Unit would close shortly. This was followed by an announcement that the Unit would potentially temporarily close and the Trust had asked HWC to engage with the public to find out what they thought about it. This included an online survey which produced 308 responses and a drop-in engagement event held in Kendal on 30th June attended by clinicians from the Trust and facilitated by HWC. Approximately 70 people attended this event.

SS also highlighted the HWE Award which HWC received for the maternity work undertaken in the last year. This work continues with the involvement of HWC engagement work with the Success Regime and the Vanguard project in the south of the county.

Patient Led Assessments of the Care Environment (PLACE) and Review and Inspection of Standards of Excellence (RAISE) visits continue.

The Quality Accounts requirements are still ongoing and are being supported by the Ambassadors/Representatives.

6. Success Regime (SR) HWC Engagement Report

SS presented the SR report which had involved a great deal of work over the last six months for the HWC team. This project gave the public the chance to give messages about the local health services. The feedback from the public has been collated into the full report and presents good feedback on what the public felt. It has to be noted that the lack of responses to a lot of ideas/questions presented from the SR was due to people probably being interested in areas most important to them.

GS indicated that this was a good way to facilitate discussions with the public because the ideas are so difficult and complex. It is difficult for the public to know what these changes to services would look like, i.e. What would an Integrated Care Community look like?

DB agreed that this was difficult to explain to the general public and can depend on the audience. HWC can shape and lead to an extent. GS suggested that HWC produce briefings at consultation. HW Kent has produced a paper on formal consultation. What does a great consultation look like?

GS said there has to be realistic discussions regarding service design, i.e. where does the money come from? It might be useful to produce a pictorial document on what the current health system looks like. This could involve young people as they have a vested interest in the service changes as the current and upcoming patients. It should also be noted that information regarding the health and social care system should now be accessible for all.

HH noted that the analysis of the findings is good.

DB said the lessons learned from the SR report are that we have to be clear on our briefing for next projects. Service Level Agreements need to be more robust, i.e. our brief to the University of Cumbria could have been clearer. The report was two separate documents, HWC and the analysis by the University. As there has now been a Research and Data Officer recruited to HWC then this will be done in-house.

GS - In Bolton they are using (Not in Education and Training) NEAT young people to help with research projects.

DB - Peter Rooney at the Clinical Commissioning Group (CCG) had put the SR report as an agenda item at the CCG meeting. There was a discussion at the meeting that the engagement system needs to be improved with the help of HWC and the need to shape the resources for a better engagement programme. DB is meeting with Stephen Eames (Chief Executive of North Cumbria University Hospital Trust) about engagement around services.

SS said that young people from South Lakeland Youth Council had attended the Kentmere drop-in event on 30th June and have offered to help set up Young Healthwatch in Cumbria.

Action - SH to contact Lucia from the South Lakeland Youth Council to discuss how the progress involvement of young people with HWC.

7. HWC Annual Report 2015-16

SS noted that it has been a busy year and that the result is a maturity within HWC as an organisation. The report was submitted to HWE on 30th June and also sent to relevant organisations as recommended by HWE.

GS said that it was a really good report.

Action - ER to send round to elected members once printed.

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

HH shared with the Board the thinking behind the format of the HWE conference. This year local Healthwatch showcased their own work and priorities.

DB agreed that it was a good conference and that it was good to see other Healthwatch's ideas and to pick some brains.

9. Recruitment and Volunteers

DB - job role vacancies went to advert countywide and included Casual Engagement Officers for HWC, a Research and Data Officer, Quality Checkers and HWC Board members. Lynne Gibbons has been invited to trial as a Board member and we have received further applications for Board members.

Casual Engagement Officers have been recruited in order to be able to carry out larger engagements such as the Success Regime engagement. 10 Engagement Officers have been recruited to cover the geographic area needed for effective engagement. There will be an induction day for all new recruits on the 04th and 05th August which will include more in-depth training for the Casual Engagement Officers in order to be prepared for the commissioned work such as the CHoC project. Each project will have a named Lead in order to manage a smaller team of Engagement Officers. A Research and Data Officer has been appointed, Jane Irving, who will be based in Carlisle.

10. Business Cases

SS presented the HWC business cases to the Board. On the CHoC Project - GS was concerned that HWC do not get involved at point of crisis as this might be inappropriate. DB responded that there will be a meeting with CHoC commissioners to discuss the different options on how to capture experiences and agreed it would not be appropriate to talk to them at that crisis point.

HH asked to ensure that it is recognised in the business which is core work and commissioned work. SS explained that there were 3 key themes:

1. Themes emerging from ongoing core work
2. Commissioned work
3. Core activity in line with statutory functions.

GS stated that it would be useful to note how long finished pieces of work take and to establish a management tool which would quantify work carried out. It would also be useful to know which pieces of work did not meet the business case criteria and show why they did not meet the criteria. An example would be useful.

Action: SS to look for an example of a business case which did not meet the criteria
Action: SS to ask JI to look at HWC work over the last 2/3 years to establish what is

capacity at peak/non peak times.

GS talked of the importance of taking into account health and inequalities when scoping projects and asking questions of the public, i.e. locations/accessibility and provision of services in that area/rurality. This should be a discussion at the start of each project.

SS to ask JI to look into inequalities in areas in Cumbria

11. Finance Paper

GW, Vice Chair and Board Member with responsibility for Finance presented the papers. GW suggested it would be useful to see the accounts at least twice a year at the public meetings. It would also be useful to see costs against core work and against commissioned work.

12. Healthwatch Board Development Day - 12 September 2016.
The next Development Day agenda was discussed.

Next Meeting Dates:

Dates of next Healthwatch Cumbria Board Meetings in Public are listed below

10th October 2016 (Board Meeting in Public)

2-4 pm Kendal College, Milnthorpe Road, Kendal, Cumbria, LA9 5AY

16th January 2017 (Board Meeting in Public)

2-4 pm Noon, Best Life Building, People First Independent Advocacy, 4-8 Oxford Street, Workington, Cumbria, CA14 2AH

Healthwatch Cumbria Board Meeting	Agenda Item: 5
10th October 2016	

Operations Report

Purpose of Report:
The purpose of this report is to provide the Heathwatch Board with an update of operational activity during the second quarter of 2016 - 1 st July to 30 th September.
Key Issues / Considerations:
The Board is asked to note 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@peoplefirstcumbria.co.uk
Report Written	30 September 2016

Introduction

This report provides Board members with a summary of activity for the 2nd quarter of 2016/17.

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.

Engagement & Promoting Awareness

During the 2nd quarter of year 1 we have continued to engage with people throughout Cumbria through a variety of methods, including roadshows, service drop-in sessions, meetings, presentations and also through email and telephone correspondence. The team has engaged with 2035 people from 1st July to 30th September 2016. A full copy of the excel spreadsheet will be available at the meeting.

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 1526 Twitter followers and 803 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.

Engagement activity, projects and reports

Chatty Van Engagement activity in south Cumbria

Board members are reminded that the "Chatty Van" visited South Cumbria for two weeks in May. It visited Barrow, Ulverston, Grange over Sands, Milnthorpe, Kendal, Windermere and Sedbergh. Analysis of the findings has now been completed and can be found at <http://healthwatchcumbria.co.uk/chatty-van-south-cumbria-engagement-report/>

Kentmere Unit, Kendal

Board members are also reminded of the work that took place to capture the views of service users and to facilitate conversations with them and key decision makers of the Cumbria Partnership NHS Foundation Trust (CPFT) about their concerns for the future of the Kentmere Unit mental health in patient unit in Kendal. The Trust had initially announced that the Unit would be closed. This situation had eased to an extent when the Trust reconsidered its position and announced that the Unit would remain open temporarily to allow further in depth discussion to take place to inform service delivery going forward.

A well attended drop-in and an online survey with 319 responses provided HWC with feedback which was summarized in a report which was then subsequently presented to a meeting of the Trust Board on 28 July 2016. There was a clear message that the service provided through Kentmere is very valued by people and seen to be an essential feature of mental health service provision in this district.

At the Board meeting the Medical Director also provided a report summarising further assessment of the situation that had been undertaken by the Trust. It had considered the risks of closing against the risks of remaining open. Having listened to the two reports, the Board decided that the Ward will remain open pending formal consultation of adult mental health inpatient services due to commence later this year.

HWC was thanked for its work and the effectiveness of the approach taken congratulated. CPFT has suggested there will be other service areas that would benefit from HWC using the same methodology to support service improvement from a service user perspective. The work was also applauded by members of the Cumbria Mental Health Service Users and Carers Forum; a member of the Forum who attended the drop-in asked that the team be praised for the success of the work noting in particular HWC staff had made sure that those attending felt welcome and comfortable about being there.

The Kentmere Report can be found at <http://healthwatchcumbria.co.uk/kentmere-unit-to-stay-open/>

Maternity services

Following publication of the HWC Maternity Report and receipt of the national award the HWE National Conference on 9th June 2016, some work has still continued in relation to maternity services. Some of this has been integral to the maternity theme of the Success Regime.

Further in-depth analysis of the data has now taken place providing additional locality based information. A final Locality Analysis paper has now been presented to the North Cumbria Maternity Communication and Engagement Group and it will be published as an addition to the main report in October.

HWC is also pleased to note that the initial site-work has commenced at Furness General Hospital and, at a recent Review and Inspection of Standards of Excellence (RAISE) HWC met with patients and families in the Special Care Baby Unit who welcomed the planned building improvements but more importantly, given the negative history of the Maternity Unit, they were extremely happy with the standard of care that they and their babies were receiving and very complementary of the Unit staff.

The maternity project was a complex piece of work delivered to tight timescales and provided a lot of learning for the HWC team and our colleagues from Maternity Service Liaison Committees, and the NHS. We have now carried out a multi agency evaluation on the processes we used seeking to learn how to improve project management of future large pieces of work. Much of this learning has already been applied to current work.

Success Regime (SR)

The final HWC “Engaging People in the NHS Success Regime” report was presented to the SR Programme Board in July and a formal response requested in line with the statutory framework for local Healthwatch organisations. A copy of the HWC report <http://healthwatchcumbria.co.uk/3400-people-tells-us-their-views-on-success-regime-ideas/> and the SR response can be found at <http://healthwatchcumbria.co.uk/success-regime-programme-board-response-to-healthwatch-cumbria-engagement-report/>

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 more engagement with key stakeholders could take place. Healthwatch Cumbria (HWC) was commissioned to provide facilitation support at three Stakeholder Events and to produce an overarching report summarising the findings from all three. The three stakeholder meetings took place in July and August 2016. HWC staff acted as table facilitators recording the key points raised on specific topics of the SR's emerging thinking. This was the first time that the new team of casual engagement officers had been employed and they rose to the challenge and provided excellent facilitation and note taking in what were at time quite heated conversations. A report is being finalised and will be presented to the SR in due course.

The SR Consultation was launched through a Press Conference on Monday 26 September. This means that we are now in a twelve week consultation period when the HWC role will be to encourage and support members of the public to respond to the options described for each of the service areas in the consultation document. The Chief Operating Officer provided a Radio Cumbria interview on the evening on 26 September reminding the public how important it is to take time to respond and advising that a number of engagement events will be taking place across west, north and east Cumbria which will be opportunities for people to ask questions about any of the options proposed.

Members of the Board are also advised that HWC has been further 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 can be extended in a wide range of communities.

HWC is co-chairing, with the Archdeacon of West Cumberland, the Public Consultation Process Stakeholder Advisory Group. This group brings together representatives of a range of organisations and groups to consider the consultation process and make recommendations to the SR Programme Board for improvements. Under the Terms of Reference, the Board is required to respond to the recommendations, which have included;

- A reminder that the Consultation process should adhere to the conditions set out in the Cumbria Compact
- That hearing loops and sign language interpreters be made available at consultation events
- There should be a "frequently asked questions" section included on the SR Consultation website

Board members will also be interested to note that People First, the contract holder for Healthwatch Cumbria, has been asked to develop an easy read version of the Consultation which will be made widely available by the SR.

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

As has been previously reported, HWC is working with the CCG Quality in Care Homes Group (QinCH) to explore 'what makes great care' in residential and nursing homes. A questionnaire has now been piloted with a small number of residents in the Barrow area and the findings from this have been captured in a short report.

The Chief Operating Officer and Senior Engagement Officer were invited to present the findings to commissioners and providers at an event designed to explore improvements in care home service delivery. The 'Developing a real partnership approach' event was

attended by approximately 70 managers and representatives from Cumbria County Council, NHS, CCG and Care Home providers. The HWC presentation was well received and the methodology and findings were of great interest. The key criteria identified by residents and their families through the pilot work were;

- Preparation (for moving in) is key - it can't begin soon enough
- Involve residents in decision making and choice
- Personalisation matters
- Social interaction is important

The pilot work was discussed again by the QinCH group meeting on the 28th September and it has now been agreed that the pilot should be rolled out across a number of homes across all of Cumbria. The enter and view authority afforded to local Healthwatch can be used to facilitate this in the first instance but the QinCH group is very keen that care home managers should not feel anxious or under any form of scrutiny whilst the work is taking place.

To support this roll out, a letter of introduction to the work is being prepared for care home managers and commissioners will identify a number of homes to be visited, selecting homes to include a variety of levels of performance, different providers and a range of localities.

This work has had a very positive impact so far. It has been noted that the type of criteria that residents cite as being important do not necessarily require additional resources to implement. They are more about the approach and culture developed in the home. One Home Manager, having heard the presentation has gone on to introduce a Welcome Meeting for all new residents. Some staff who heard the presentation and were from the homes where the work was piloted said they felt very proud that their approach had been highlighted as having such a positive impact on residents experience and had been used to inform the key criteria listed above.

Cumbria Health on Call (CHoC)

This project has been commissioned by CHoC and started on 1st September 2016. CHoC is the out of hours GP service in Cumbria the work has been designed to help CHoC gain in-depth understanding of patient experience of its service county wide.

Engagement work has been planned over a 12 week period from 1st September to 30 November and a report of the findings and any recommendations will be submitted to the CHoC Clinical Governance Committee in January 2017.

A Steering Group comprising representatives of CHoC and HWC is meeting regularly to review progress and to consider where changes to the methodology may be needed.

The team of casual engagement officers have been mobilised to do the field work and to make phone calls to those patients who have been visited at home by CHoC but who have also indicated that they are willing to respond to the survey.

Early analysis would suggest that people are happy with the care they receive from CHoC, however there have been a number of negative comments about the 111 aspect of accessing the service.

Engagement officers have been visiting all the CHoC centres, handing out postcards with details of how to access the survey on-line, making phone calls and also capturing

qualitative feedback from service users during site visits which will be used to enhance the final report. Regular Tweets of CHoC facts are also being used to raise awareness of the survey and a Radio Cumbria interview is being planned so that a conversation between the Chair of CHoC and the COO of HWC can demonstrate why CHoC has asked for the work to be done and how HWC can help.

We are keeping the methodology under constant review and have noted that most responses to date are being generated through direct phone calls to patients.

Lancashire and south Cumbria Transformation Programme

A report on the developing role for HWC in this key transformation programme is included as agenda item 7 on this agenda.

Young Healthwatch

A report on the progress of developing young Healthwatch Cumbria has been included as agenda item 6 on this agenda.

Enter & View

A date for Enter and View training has been booked for Wednesday 23rd November 2016 and a programme of work will be designed for 2017.

A Review of Complaints Handling

The Implementation Group is now supporting the development of a generic process flowchart which would help to align the different processes currently in place in each organisation.

Diabetes report

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

Car Parking

Now that North Cumbria University Hospitals NHS Trust (NCUH) has begun to implement changes to how car parking is managed and monitored at the Carlisle site a follow up survey is being carried out to explore how patients and their families are experiencing the changes. A report will be published and shared with the Trust in October.

CPFT Participation Strategy

An engagement officer is continuing to support the work to develop this important strategy.

Ongoing activity, events and meetings:

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 has continued 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.

Patient- Led Assessments of the Care Environment (PLACE) visits focus primarily on the hospital environment.

Review and Inspection of Standards of Excellence (RAISE) visits includes patient care and experience.

Corporate Quality Reviews (QBR) are in essence ‘mock CQC’ visits. These follow Care Quality Commission assessment practices and produce ratings following CQC criteria.

Quality Accounts

Each year the NHS Trusts operating in Cumbria are required to write Annual Accounts of their services. It is good-practice to submit these to Healthwatch Cumbria for comment.

This quarter, HWC has received a Quality Account from Hospice at Home, West Cumbria requesting review and comment. HWC will be responding in the near future. Although Hospice at Home posted the Account as required onto the NHS Choices website by the 30th June they are able to add any HWC comments and feedback after this date.

Cumbria Health Scrutiny Committee (CHSC)

The role of HWC on the CHSC has recently been reviewed and it has been agreed that HWC Chair and the CE or the Chief Operating Officer will continue to attend the regular meetings of CHSC providing intelligence to support specific agenda items as appropriate. The HWC report “Engaging People in the NHS Success Regime” is being presented at the next meeting of CHSC on 10th October 2106.

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 Ambassadors

The newly recruited Board members, representatives, casual engagement officers, volunteer quality checkers and Research & Data officer all underwent a two day induction on 5th and 6th August which covered all aspects of working for People First and HWC.

**Sue Stevenson
Chief Operating Officer
Healthwatch Cumbria**

October 2016

Healthwatch Cumbria Board Meeting	Agenda Item: 6
10th October 2016	

Young Healthwatch

Purpose of Report:
The purpose of this report is to provide the Board with an update of the progress of the implementation of Young Healthwatch Cumbria.
Key Issues / Considerations:
None.
Recommendations:
The Board is asked to note the early progress being made to develop Young Healthwatch Cumbria and provide advice on next steps.

Presented By	Sue Hannah, Senior Engagement Officer, Healthwatch Cumbria
Contact Details	Sue.hannah@healthwatchcumbria.co.uk
Report Written	28 th September 2016

Background

The HWC Board agreed at its meeting on 11 July 2016 that work should proceed to develop an effective Young Healthwatch Cumbria. The staff team has now embarked on recruiting an active group of young people to stimulate and support the effective engagement of a wide range of young people from across the county in all HWC projects. An effective Young Healthwatch would also be able to provide advice and guidance to enhance our communication methodology for this demographic.

Progress

To date a meeting has been held with the Chair of the South Lakeland & Furness Youth Council along with Cumbria County Council (CCC) Targeted Youth Support Officer for the both districts, Lynn Murray, to discuss ways in which HWC could include and encourage young people from the districts to have their say on health and social care services in Cumbria.

Following this meeting, HWC was invited to talk to members of the Youth Council at their meetings in Barrow and Kendal in July. The talks were well received and members have provided HWC with some useful ideas on how to engage with them. An early outcome has been to secure this group's support to HWC and its work by agreeing to disseminate information through their networks.

A second meeting was then held with the Chair of Carlisle Youth Council and CCC Carlisle and Eden Targeted Youth Support Officer, Chris Barry, with similar positive discussions. A date for HWC to visit the Carlisle Group to talk about HWC is being confirmed.

Next steps are to;

- Meet with appropriate Youth Council representatives in Eden, Allerdale and Copeland Youth Councils
- Contact secondary schools across the county during October to arrange for HWC to visit the schools to raise the awareness of HWC and to encourage students to be part of Young Healthwatch with an intention of extending this to 6th form colleges.
- Explore our communication styles in line with the approaches identified by youth councils, including the possible development of a "ballot paper" style flyer with 5-10 health & social care themes to help to identify which topics are of most interest and/or concern to young people. This would help to ensure that effective, targeted engagement by HWC takes place.

Summary

At a time of significant change and challenge for the health and care system it is important that young people are actively engaged in shaping the services for the future. They are already service users today and have many ideas based on their current experiences for how services can be designed to meet their needs.

The young people engaged to date have expressed a strong desire and interest to be involved in this work.

Healthwatch Cumbria Board Meeting	Agenda Item: 7
10th October 2016	

Lancashire and South Cumbria Transformation Programme

Purpose of Report:
The purpose of this report is to provide the Healthwatch Board with an update on the progress of HWC involvement in the Lancashire and South Cumbria Transformation Programme and the development of the Pan Lancashire and Cumbria Healthwatch Collaborative.
Key Issues / Considerations:
This is a substantial programme of work in line with the development of the Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria. The work has helped to develop strong relationships with three other local healthwatch organisations and HWC has been able to provide some advice and guidance to help to shape the work based on its experience of working with the Success Regime in west, north and east Cumbria.
Recommendations:
The Board is asked to note the report and provide advice to support the development of this work.

Presented By	Sue Stevenson, Chief Operating Officer, Healthwatch Cumbria
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Report Written	28 th September 2016

Introduction

The Lancashire and South Cumbria Change Programme (LSCP) is seeking to achieve:

- Better outcomes for all
- Closing the financial gap
- Sustainability

The programme is being developed through a Programme Board which brings the system leaders of the health and social care system of Lancashire and South Cumbria together to have an honest and transparent conversation about what needs to change and shape ideas for how to achieve this. This strategic work is supported and informed by work in a series of topic based work streams each led by a Senior Responsible Officer (SRO) and at a more local level through the five Local Development Plan footprint areas.

Involvement, engagement and consultation with the public

Central to the success of this transformation is the need to ensure that people who use services are actively involved, informed, engaged and, when required, consulted on all aspects of the change process. The LSCP Board has recognised this through its commitment to achieve “proper engagement and consultation with public and patients” set out in its Terms of Reference and engagement is already place in each LDP area and is being progressed by SROs to support work in their work streams.

Increased, effective engagement and involvement of people is needed to involve and engage people to develop a better understanding of what has to be addressed and so that patient experience can inform service design and improvement. People need to believe that this substantial change programme will lead to things being better not worse.

Effective engagement would ensure that:

- Clear and easy to understand information is shared with people
- People are involved, engaged and consulted with appropriately and effectively
- People are listened to and know how their experiences have informed service design and improvements
- People are involved in opportunities for external testing of ideas and models for future service delivery
- People have the skills and knowledge they need to empower themselves
- People can develop a sense of trust that all that can be done to improve the system is being done

Local Healthwatch and Effective Engagement - a way forward

In response to the strategic position set out above, HWC has been instrumental in shaping a joint proposal to deliver expert tailored engagement activity to support this programme and a collaborative with Healthwatch Blackburn with Darwen, Healthwatch Blackpool, Healthwatch Cumbria and Healthwatch Lancashire has been meeting to shape the approach.

A joint paper is being developed to present to the LSCP Board aiming to secure a role for local Healthwatch to deliver appropriate engagement activity. This is based on the premise that Local Healthwatch has a proven track record of delivering effective engagement activity and can use its large network of contacts across communities to ensure that it reaches all demographics taking account of rurality, areas of deprivation and those with protected characteristics.

The paper states that we believe that there is an opportunity for the LSCP Board to commission an effective engagement programme to be delivered collaboratively by the 4 local Healthwatch organisations in all communities of place and interest which support the Change Programme area.

It goes on to clarify that the local Healthwatch role is act as a catalyst linking communities to the system, ensuring that robust and credible engagement takes place with the public so that the public voice is heard. This proposal aims to shape a way of working that would place engagement activities at the centre of the change and improvement process.

Collaboration and adding value to existing engagement processes and roles

The paper also acknowledges that local Healthwatch knows it is not the only mechanism or organisation that supports engagement activity and warmly welcomes the partnerships that are developing with, for example, all communication and engagement leads in commissioning and provider organisations, local authorities, local media, and with key stakeholders in the community. Local authorities and health and care organisations systematically engage the public in all that they do so this proposed activity would seek to add value and enhance what is already known and taking place.

What is being proposed in this paper is an additional and independent mechanism to add value to what is already known and to offer new and innovative ways of reaching out to people in a range of communities of interest and place to directly involve people in the transformation process. This would be a programme of tailored engagement activity, co-designed both thematically by working with each SRO and at a local level in each LDP building on what is already known and being done.

Working collaboratively, the four Local Healthwatch organisations, as independent consumer champions, have said they would welcome the opportunity to help to shape new, inclusive and transparent ways of working across Lancashire and South Cumbria designed to foster a stronger partnership between people and the system and to develop a sense of trust through the timely involvement of people in the

whole change process. We can bring the views and experiences of people to the table but we can also act as the conduit for sharing timely messages and thinking with the community.

The Engagement Proposals

The four local Healthwatch would;

- Establish an Engagement Steering Group working with Sam Nicol, Roger Baker, all SROs and representatives of each LDP, together with appropriate Comms and Engagement staff from participating organisations to provide leadership and guidance for the engagement programme. Terms of Reference for this group would be co-produced.
- Develop phased, independent engagement activity starting, for example, with establishing a base line of public understanding of the current challenges facing the health and care system.
- Provide bespoke support to each Senior Responsible Officer (SRO) to bring peoples' voices and experiences into the design process, providing access to patients who have expressed a willingness to be involved. This would transmit a strong message to communities that the system actively wants to put people at the centre of its thinking.
- Provide bespoke support in each LDP area to enhance engagement activity in line with the needs of each LDP.
- Analyse data and prepare presentations for each workstream, LDP and the Programme Board, thus fostering a better understand the public's perception of the current situation and of the issues being addressed.
- Develop an iterative conversation designed to draw people into the debate as further ideas emerge.

Supporting activity

At the same time HWC has been drawing on its experience of supporting the Success Regime to consider how best to ensure it is appropriately represented across, and can influence thinking in, the Lancashire and South Cumbria Transformation Programme. Consideration is being given to;

- How to respond to requests to attend thematic workstream meetings by SROs. Our advice to the Local Healthwatch Collaborative has been to suggest that we focus our time on the attending the Steering Group as the central place where engagement activity is shaped and agreed and that we invite SROs to inform us with their needs rather than local HW attending many different groups and workshops on each clinical and cross cutting theme

- Continuing to attend the Programme Board and securing a seat at the joint CCG - this latter would be as an observer in line with the observer status HWC has on the Cumbria CCG Governing Body, but would still ensure that the Healthwatch voice is involved in the strategic shaping of the programme.
- To establish a direct link with our LDP, Morecambe Bay and ensure that we are shaping and delivering engagement in the Cumbria part of this

Conclusion

This is a very important programme of work which could have a big impact on how and where services are delivered for people living in south Cumbria. It is essential that HWC is directly involved in this work. HWC is playing a lead role in developing the approach being offered through the Pan Lancashire and Cumbria Local Healthwatch collaborative.

Healthwatch Cumbria Board Meeting	Agenda Item: 8
10 th October 2016	

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. The Board is also asked to note the attendance of the Healthwatch Cumbria Chair at two HWE workshops in London and the key ideas discussed at these workshops are summarised in this paper.
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
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Report Written	28 th September 2016

Healthwatch England Report for the Board 10th October 2016

Involvement on behalf of Healthwatch England

Since our last Board meeting I have been very busy networking and gathering information from a variety of Healthwatch organisations around my patch, which covers a total of 51 Healthwatch across Yorkshire and Humberside, the North East and the North West

Over the summer I met with chairs from across the North in meetings in Leeds and Carlisle as well as our North West Network meeting in Lancashire. The main discussions and requests to Healthwatch England were requests to share more information with the local networks. They felt that local networks were not always aware of which pieces of work Healthwatch England are prioritising nationally. The Northern chairs wished to build positive and consistently useful links between local Healthwatch and Healthwatch England. In this fast moving and complex arena of Health and social care some organisations felt that, having originally been entirely patient based, they were not so well trained for the strategic meetings it was now necessary for them to attend.

I have also attended two Healthwatch England workshops in London, one Regional representatives meeting and a public Board meeting also in London.

Below I have tried to encapsulate some of the key ideas that emerged from these discussions concerning the direction and purpose of Healthwatch England as expressed by the Committee members.

- Promote public engagement/involvement.
- **User led research** is our niche, cash in on it.
- **Co-production** rather than engagement activity.
- More and more go place for expertise in public engagement.
- **STP's** (strategic transformational plans) current big focus for public involvement with same focus as Healthwatch.
- **Place based**/focusing on patient journey across all forms of care.
- But place made up of lots of places so need to work with neighbours and across boundaries.
- How to maintain localism as well as to share.
- **Financial sustainability.** Collaboration or merger. Income generation/ statutory funding.
- Local Healthwatch as honest broker with HWE support in this **complex, fast moving arena.**
- Push positive power of engagement as the **solution**, not the **problem.**
- Need to judge whether to work quietly behind the scenes or shout from the parapets.

- Our independence lies in the independence of our thinking and our voice.
- **Mental health** identified as top issue. 84 out of 148.
- **Systematically gathered and analysed information** from LHW. 600 reports received. Live data feed due 31st August.
- HWE collate, evaluate, analyse and contextualise patient and consumer data.
- Share qualitative insight data with network in collaboration with other stakeholders. Sharing engagement intelligence with National bodies.

