

Chair's Report

Purpose

1. This report sets out public activities carried out by the Chair since the last Board meeting. Directors representative activities are maintained in a strategic engagement log.

Key issues

2. Appendix 1 lists the Chair's external meetings from 1 September to 31st October 2018.
3. Paragraph 6 updates on the Healthwatch England annual conference; its key messages about public experience and opportunities for Healthwatch in 2019.
4. Paragraphs 7-10 update on local health and care issues.

Action required by the Board

5. The Board is asked to:
 - Note the report.

Author

Val Moore, Chair

14th November 2018

Healthwatch England and local engagement on health and care services

6. The annual Healthwatch England (HWE) conference welcomed new Chair Sir Robert Francis. He is Queens Counsel and author of the Independent and Public Inquiries into Mid Staffordshire NHS Trust, and non-executive director of The Care Quality Commission which hosts HWE as one of its Committees. Sir Robert Francis described the power of Healthwatch. It is a social movement that can grow its influence through greater identity locally, using our stories that ring a bell, and statistics on patient experience that point to themes. Healthwatch promotes the right languages for engagement, especially about health and care system changes.

Observations and opportunities for Healthwatch, noted at the HWE conference:

Patient experience observations

- Satisfaction with the NHS is dipping, reasons mostly to do with funding. Value for the NHS is high, and people reduce their complaints accordingly, i.e. 'good' care public feedback can mask mistakes and inconvenience. People don't understand social care and are appalled when they find out how it is funded and accessed (ref. Kings Fund)
- Vast majority of care services are good, but there is huge variation and some horrid care (CQC Chief Inspector)
- Baseline for access to mental health services is still low, and people are shocked in comparison to physical health acute services (Paul Farmer, CEO MIND).
- Predominantly negative feedback on mental health (HWE collated 34,000 experiences). Survivor research reveals difficulties making complaints, abuse ingrained in the system and the narrow access window of 'not being mad enough/ too mad/ just mad enough'. People feel better when: safe home, friend support. People feel worse when: contact with mental health services, sleep loss, physical health issues (ref. Alison Faulkner).
- Patient and family experience and outcomes from delays in discharge can be devastating ('Phyllis' - drama production)

Messages about opportunities

- Balance the Healthwatch effort across social care and public health as well as the NHS
- Personalised services represent a stronger vision than for integration
- Finance and planning, yes, but innovation is needed in the implementation of change, where technology has a big role
- The Long-term Plan for the NHS requires a ramp-up of engagement. Local Healthwatch are asked to bid for funds to help.
- Young people are interested in mental health careers, but barriers persist.
- Scrutinise social care 'for my Mum' but also ask 'would I want my child to work there?'
- Zero suicide ambitions can unite communities and systems. Prevention in schools and workplaces have acceptance and potential
- Patient experience in mental health is being valued more in research. The role of trauma, and value of peer support is being acknowledged in service development
- We can support the role of Councils in place-based solutions and asking people 'what would make your life better' rather than focussing on services in isolation.
- Using performing arts can bring multiple perspectives together locally to reflect on acknowledging and improving poor patient experience

Local health and care issues

7. The STP has announced its Board will meet in public from 22nd November. This is welcomed news, along with a tighter focus on priorities for the system, a re-set of communication and engagement and review of the STP groups.
8. NWAFT announced its rating by CQC this month of Requires Improvement, despite 75 Good and 15 Requires Improvement judgements in the whole assessment. End of life care services at Hinchingsbrooke were judged Outstanding. Services at Hinchingsbrooke hospital require continued attention following the merger and ongoing implementation of the clinical strategy across the Trust. Learning from feedback is identified as a challenge going forwards. Healthwatch will join the improvement plan oversight group.
9. Members of the Healthwatch management team and directors took part in the Local Government Association led peer review of Cambridgeshire and Peterborough in September. Our Health and Wellbeing Boards, working jointly, will oversee the action planning and delivery of outcomes. The focus of the review was:
 - Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?
 - The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?
10. Directors and staff members continue to represent Healthwatch at a number of organisations or groups. In October the Board began the process of reviewing governance with the support of Guarantor Clive Morton. A recruitment process for new directors is underway, particularly seeking individuals with interest in Fenland and Peterborough, young people's engagement and on financial governance. Applications are encouraged from people from minority ethnic communities so that the Board can benefit from greater diversity.

Appendix 1- Meetings attended by the Chair 1st September to 31st Oct 2018

Meeting	Purpose	Date
CUH Annual Public meeting	Observer	17/09
Peterborough Health and Wellbeing Board and Cambridgeshire Health and Wellbeing Board	Member	20/09
System peer review meeting	Participant	26/09
Health Service Journal Integrated Care conference	Guest participant	27-28/09
Carol Gronow, Head of Learning Directorate, CCC	One to one	1/10
CUH final post special measures meeting	Participant	1/10
Healthwatch England national conference	Participant	3-4/10
Care Advisory Group	Participant	4/10
Health Committee quarterly liaison, CCC	Participant	18/10
Chair Healthwatch Norfolk	One to one	22/10
Peacock Centre, CCS children's community services opening celebration	Guest	23/10
Natalie Clennell, Head of Partnerships and Engagement, STP Sustainable Development Unit	Induction, with Sandie Smith	25/10

Plus:

Healthwatch Public Board meeting,
Healthwatch Board development meeting.