

## FORMAL MINUTE FOR CIRCULATION

### HealthWatch Programme Board Minutes of meeting held Thursday 24 March 2011

**Present**

Joan Saddler (Chair)	Andrew COZENS	Mary SIMPSON
Malcolm ALEXANDER	Sarah CROSSLAND	Paul STREETS
Jeremy AMBACHE	Ann FARRAR	Jeremy TAYLOR
Mark BENNETT	Jill FINNEY	Patrick VERNON
Yve BUCKLAND	Valerie HARRISON	Miranda WICKSON
Kasey CHAN	Nick KENNEDY	Rebecca BUNCE (secretariat)

**Apologies**

Cynthia BOWER	Richard JONES	Jan SOBIERAJ
Marianne GRIFFITHS	Lucy MAKINSON	Lisa WALDER
Frances HASLER	Glen MASON	

**Not present**

Nil		
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**AGENDA**

**ACTIONS**

This is the 2<sup>ND</sup> meeting of the HealthWatch Programme Board.

**Agenda item 1: Introductions and Welcome**

The Chair welcomed members and opened the meeting with an update from visits she had returned from where there was encouraging evidence of a shift from non-involvement by Local Authorities to engaging LINKs on how to put changes into practice.

The Board agreed the minutes with a minor amendment (as set out in the action tracker). **Secretariat**

The Board agreed that there were no outstanding actions from the last meeting.

**Agenda item 2: A vision and narrative for HealthWatch**

Mary Simpson introduced the first tabled paper on a vision and narrative for HealthWatch. Mary explained that there were four different versions of a vision to date and there was a need for the Board to agree a version, which can be published in the Transition Plan. Mary advised that the version in the paper was a product of some fast work with the Advisory Group, which met on 15 March, to co-design a version for the Board's consideration and approval. Mary also advised that the draft narrative had been developed with communications and local government colleagues for the local authority audience. Mary added that these were work in progress and welcomed comments from the Board.

The Board held a lengthy substantive discussion on the vision for HealthWatch.

The Board commented on the need for a vision statement to be clear in its message so that people at the grassroots can understand the role of HealthWatch, and that a short statement would be more meaningful to different audiences. The Board shared different views on specific words in the statement and the Chair advised members of the need to reach consensus for a statement that was generic, motivational and pragmatic to those who would implement HealthWatch on the ground.

LINK representatives and the Chair of the Advisory Group asked for more time to develop the vision statement.

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Andrew Cozens commented that vision statements set out the Secretary of State policy for HealthWatch, providing shape to what has been proposed whilst acknowledging that fundamentally this could change as it was subject to the passage of the Bill through Parliament. Andrew suggested that the statement could help to put lines in the sand at the local level but that agreement need to be reached about its intent i.e. policy statement of Secretary of State for Health's vision or indication of direction of travel. Yve Buckland commented that a statement should give the policy 'teeth' and set out clearly what difference HealthWatch would make to people.

Mary Simpson advised that timing was critical and explained that the meeting of the Advisory Group was re-arranged at the request of its members and due to unforeseen circumstances of members of the HealthWatch team, this had impact on the time available to develop a fully agreed vision statement. Mary also advised that the Department had committed to publishing the Transition Plan by end of March. Kasey Chan added that this required the Board to approval a statement by the next day to meet the DH gateway process involved in publishing the plan on time.

The Board agreed that the vision should be a statement of intent for HealthWatch and asked the HealthWatch team to bring together the draft vision statements for Local HealthWatch and HealthWatch England for the Board to approve to meet the imminent publication deadline.

**Kasey Chan**

The Chair invited comments on the draft narrative.

The Board commented that the narrative captured the principles of HealthWatch and that it must not be a mandate to local authorities. The Board discussed the importance of Local HealthWatch being democratic organisations with minimal standards set by HealthWatch England, which allowed local flexibilities for how they may operate for their localities. The Board noted concerns on wider issues such as the current performance of LINKs, local authority funding of LINKs and the evolution or revolution to Local HealthWatch, which the narrative for local authorities would need to consider.

Jill Finney advised that HealthWatch England will provide leadership but will not have a role in mandating to Local HealthWatch organisations.

The Chair summarised that the narrative was work in progress and asked that the HealthWatch team continue to take this forward.

**Mary Simpson**

### Agenda item 3: Transition Plan

Sarah Crossland introduced Transition Plan paper, which had been developed with stakeholder involvement from policy colleagues and a subgroup of, as well as, the Advisory Group. Sarah advised that the plan set out the evolution of LINKs starting with a baseline for the effectiveness of LINKs, what Local HealthWatch looks like, and the programme of support through pathfinders and the action learning sets/network. Sarah also advised that the plan was aimed at LINK and local authority audiences to communicate that this was a starter of a series of supporting guidance in the transition year and welcomed comments from the Board.

The Board complemented Sarah on producing a good transition plan and that the development process had been inclusive and the draft plan informed through co-production with stakeholders.

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The Board commented on the balance to be struck on issuing guidance on best practice to local authorities and making the business case about their leadership responsibility to fund LINKs during the transition year to establish Local HealthWatch. The Board also commented if wider issues ought to be captured in the plan such as the involvement of community and voluntary organisations and if the funding issue needs to be addressed. Malcolm Alexander advised of the NALM survey of LINKs funding for 2011-12, which showed that this was a critical issue for transition. The Board agreed on creating the conditions for conversations with local government and Yve Buckland offered to discuss the local authority issue with John Ransford at the LGA to look at galvanising member support.

**Yve  
Buckland**

The Chair advised that specific issues such as funding for LINKs would be addressed by this Board and its Advisory Group through developing supporting good practice guidance. The Chair suggested to the Board to be mindful of the imminent publication date for the transition plan and asked about the plan to launch this.

Sarah Crossland advised that the communication plan would see Earl Howe visit where he would trail the plan on 29 March followed by Secretary of State announcing the publication of the Transition Plan on 30 March at an event.

The Board agreed to the publication of the draft transition plan subject to further minor amendments to strengthen the partnership message to LINKs, hosts and local authorities.

**Sarah  
Crossland**

### **Agenda item 4: Pathfinders and action learning sets**

Kasey Chan introduced the Pathfinders and action learning sets paper, updating the Board on the joint letter issued on 7 March from David Behan (Director General of Social Care, Local Government and Partnership) and Joan Saddler (National Director of Public and Patient Affairs) to invite joint proposals from LINKs and local authorities to be HealthWatch pathfinders. Kasey advised that the approach adopted has been aligned to that for the early implementers of local health and wellbeing boards i.e. bottom up and with no additional costs and there has been to date a number of enquiries from the frontline on the pathfinders. Kasey also advised that the outcome of the department's business planning round was not concluded so there was no further update on the action learning sets/network.

The Board noted the update and commented that the pathfinders provided an opportunity for re-engineering of local provision and joined up working, but that there were some differences of approach and support between LINKs and local authorities to be pathfinders. The Board asked for a further update at the next meeting.

**Kasey Chan**

### **Agenda item 5: HealthWatch Programme Board Advisory Group**

Patrick Vernon, Chair of the Advisory Group, provided an update from the meeting, which took place on 15 March. Patrick complemented the HealthWatch team on supporting the meeting on the day despite the reduced resource, due to the unforeseen circumstances for two key members of the HealthWatch team.

Patrick advised that there was energy and enthusiasm amongst members of the Advisory Group and four task & finish groups were established to focus on the principles and practicalities for HealthWatch England, building a convincing case for Local HealthWatch, creating a good Local HealthWatch, and communications and there will be products for this Board to consider. Patrick also advised that three key concerns emerged, which the members had asked

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Patrick to present to this Board, and these were: clarifying the independence of Local HealthWatch; the evolution of LINks to Local HealthWatch building on the existing foundation of local expertise, knowledge and networks; and the cuts to LINks funding emphasising the need for ring-fenced funding.

The Chair thanked Patrick for the update and invited comments from the Board.

The Board asked about the Transition Board.

The Chair advised members of the DH & Local Government Transition Board, chaired by David Behan, which she attended to represent public and patient engagement and HealthWatch. The Chair explained that the Transition Board focused on aligning the synergies across the proposed reforms and providing co-ordination across the emerging policies. The Chair added that this Board was tasked to deliver the HealthWatch programme and stakeholder representation at this Board was key to achieving this outcome.

The Board noted the advice and update.

### Agenda item 6: A communications strategy for HealthWatch

Mary Simpson introduced the Communications Strategy for HealthWatch paper, developed in response to a request from the Board at the February meeting and on behalf of Frances Hasler, and made clear that this was a working draft. Mary explained that the paper set out a set of ideas on how to develop the strategy and the various modes of communication are available. Mary advised that it would be important to be clear about the HealthWatch brand and within the current financially constraint climate and localism agenda, how this could be communicated effectively at the local level.

The Board acknowledged the lack of resources to run a national campaign and advised on how national communications could help to support the local messages for HealthWatch. That alignment of national and local communication would help raise the profile and build a strong brand for HealthWatch. The Board commented on identifying using existing networks through the Programme Board and its Advisory Group to disseminate to strategic partners including those in the voluntary and community sectors.

Jill Finney commented that it was important to be mindful that resources need to be identified to support this piece of work. Patrick Vernon advised the Board that there will be a Communications Task & Finish group, which could develop the strategy and report back to the Board. Mary added that this would be timely as developments on branding will be reported back at the next meeting.

**Patrick  
Vernon**  
**Frances  
Hasler**

### AOB

The Chair invited comments on the information papers.

The Board asked for a brief discussion on the risk register and asked that this becomes a substantive item on the agenda in future meetings. The Board discussed the risks associated with local authority cuts to LINK funding and its impact on the evolution to Local HealthWatch; the importance of strengthening the role Monitor has in developing a relationship with HealthWatch England; and the impact of cuts to voluntary organisations. The Board asked that the risk register consider these concerns and raise the risk rating, where appropriate.

**Kasey Chan**

The Board had no further comments on the other information papers.

The Chair asked the Board of any other business.

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Patrick Vernon asked the HealthWatch team for clarification on the public duties that will be placed on HealthWatch such as the Equality Act, following the report by the Equality and Human Rights Commission.

**Kasey Chan**

Jeremy Ambache advised of work by the NHS Institute and the Royal College of General Practitioners to improve involvement. Paul added that work was underway to work with the GP consortia pathfinders to embed patient and public engagement and involve clinicians in discussions on involvement.

In summing up, the Chair thanked members for their attendance and contribution, and confirmed that an agreed formal minute will be circulated.

The next HealthWatch Programme Board meeting will be on the 19 May 2011.

*HealthWatch Programme Board Secretariat  
April 2011*