

HealthWatch Programme Board Minutes of meeting held Monday 7 February 2011

Present		
Joan Saddler (Chair)	Ann FARRAR	Mary SIMPSON
Malcolm ALEXANDER	JIII FINNEY	Paul STREETS
Tony BENNETT	Marianne GRIFFITHS	Jeremy TAYLOR
Eve BUCKLAND	Valerie HARRISON	Patrick VERNON
Cynthia BOWER	Frances HASLER	Lisa WALDER
Kasey CHAN	Nick KENNEDY	Rebecca BUNCE (secretariat)
Sarah CROSSLAND	John LANGLEY	
Apologies		
Andrew CAMPBELL	Jan SOBIERAJ	Miranda WICKSON
Andrew COZENS	Richard JONES	
Not present		
Nil		

AGENDA

ACTIONS

This is the 1st meeting of the HealthWatch Programme Board.

Agenda item 1: Introductions and Welcome

The Chair welcomed members and advised the Board that this was an important time for patient and public involvement; and explained that the purpose of the HealthWatch programme board was to adopt a partnership approach to ensure stakeholder engagement and involvement in the development of HealthWatch. The board would help to ensure readiness for both local HealthWatch and HealthWatch England.

Agenda item 2: Terms of reference

Mary Simpson introduced the first tabled paper on the proposed governance arrangement and terms of reference for the HealthWatch programme board. Mary advised that the purpose of the Board was to not take the place of HealthWatch England but to get the programme up and running so that the board and advisory group can develop the necessary work, which HealthWatch England and the Care Quality Commission can take forward when the HealthWatch England committee has been established by law. In terms of circulating the Board's papers, Mary advised that the formal minutes could be circulated but that papers would need to remain restricted until the Board had agreed them.

The Chair advised that representatives could share the information through conversation and discussion. The Chair then invited comments from the Board.

The Board discussed the proposed terms of reference. The Board recognised the important role it has to play in its advisory capacity to inform developments for the credibility of HealthWatch and that this was an opportunity to provide strategic leadership for the programme of work, to address issues whilst the Bill made it's way through parliament. The Board commented on the need to involve the wider advisory group as much as possible to bring in the range of views and representatives for regions felt that this was an important role for them.

The Board sought clarification on how the Chair of HealthWatch England will be accountable to Ministers and how Local HealthWatch would be commissioning or providing for independent complaints advocacy services.

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Paul Streets advised that Ministers see delivery of HealthWatch as a priority and support the existence of the Board to do this. Cynthia Bower added that the intention is for HealthWatch England to have a distinct identity and formal arrangements would be agreed to enable HealthWatch England to exist as an organisation. Mary advised that issues for the independent complaints advocacy services will be explored at the advisory group.

The Board agreed the terms of reference and specifically that members will attend themselves and not send substitutes, that papers remain restricted until the Board has agreed them with some discretion of limited sharing with LINk representatives of the Advisory Group, and the Board's commitment to diversity and inclusion to be added to the terms of reference.

Agenda item 3: HealthWatch Programme Board Advisory Group

Patrick Vernon, Chair of the Advisory Group, provided an update from their first which took place on 21 January. In summary, the Advisory Group will be influential as a body of expertise supporting the work of the Board. Patrick advised that the advisory group will not have a lobbying role, instead, it will focus on deliverables such as working through what good looks like for HealthWatch. Patrick reported of the advisory group's enthusiasm to explore particular issues on governance, funding and models for Local HealthWatch and to have an engagement strategy to involve others in developing them.

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

The Board commented that the role of the advisory group was vital to articulating what good looks like and for the individuals to work collectively on the topics. The Board asked for sight of the briefing note from the advisory group's meeting.

Secretariat

Agenda item 4: HealthWatch work programme

Mary Simpson introduced the proposed programme of work to deliver HealthWatch and described each product as building blocks to relationships and learning. Mary outlined the key areas of work for the next board meeting. She added that the work programme must set out the work to be undertaken but that it remains flexible to accommodate any changes during the transition year. The approach set by the advisory group was to run activities such as task and finish groups or ad-hoc workshops with a wider audience e.g. through the action learning sets to ensure stakeholder engagement in workplan developments.

Paul Streets added that the work programme is the responsibility of the Department of Health and that the role of the Board was to provide advice and guidance on how best to deliver HealthWatch. He clarified that it was not the role of the Board to mandate.

The Chair invited comments from the Board.

The Board commented that the ordering of the programme of work needs to start with the business case of a HealthWatch vision and narrative, rather than a focus on governance which ought to come later. The Board agreed that this would set the rules of engagement and behaviours, and address issues of monitoring, conflicts of interest and communication. It would also create synergies between the Board and its advisory group.

The Board asked about the HealthWatch pathfinders programme and action learning sets, commented that timing of work with local authorities may need to be earlier to fit in with the local authority procurement process for Local HealthWatch.

Mary Simpson

Kasey Chan



Mary Simpson advised that the intention was to issue a communication about the pathfinders by end-February, which would set out the intention around continuous learning and how important it would be for LINks to be part of action learning sets. Mary added that the pathfinders would be Local Authority-led and run in partnership with LINKs and host organisations.

The Board agreed that the work programme ought to reflect this discussion and asked that the Department and the Care Quality Commission prepare a stakeholder communication strategy to ensure that the approach is communicated clearly to the relevant audience so they know how to feed into the HealthWatch programme.

Agenda item 5: Risk Register

Kasey Chan introduced the risk register for the HealthWatch programme and explained that the Department of Health was responsible for monitoring the risks associated with the overall delivery of the programme. The Board was asked to consider if there were any issues that need to be added that had not been covered.

The Board commented that the risk register was an important part of delivering the HealthWatch programme and had captured the concerns around funding, taking on the independent advocacy services role, conflicts of interests in the scrutiny and commissioning functions.

However, the Board commented that there are issues about the training and support for LINks to develop their advocacy function, possible lack of dissemination of useful learning from pathfinders, loss of expertise and good relationships with voluntary organisations, that need to be covered in the risk register. The Board advised that these issues relate to reputation and legitimacy of HealthWatch and it would be essential that the mitigating actions considered took account of this.

Agenda item 6: Care Quality Commission Governance

Frances Hasler referred to the information paper on the governance arrangements at the Care Quality Commission and explained how public bodies operate. She advised that this would inform the rules of engagement between HealthWatch England and the Care Quality Commission.

Cynthia Bower added that the Care Quality Commission was clear that it is not there to run HealthWatch England but that they share Secretary of State for Health's vision for HealthWatch to be a success. Cynthia advised that there are good models of governance from which to build HealthWatch England and welcomed advice from the Board on models that captured the strong consumer voice.

The Board advised that there are consumer focused models of governance and would be willing to share this with the Care Quality Commission.

Board members to share with CQC

AOB

In summing up, the Chair thanked members for their attendance and

Mary Simpson Frances Hasler

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contribution, and confirmed that an agreed formal minute will be circulated.

The next HealthWatch Programme Board meeting will be on the 25 March 2011.

HealthWatch Programme Board Secretariat March 2011