

OPERATIONAL PLAN

April 2014 to March 2015

Contents

Purpose and key objectives

Action plan 01.04.14 to 31.03.15

Appendices

1) Decision making procedure

Introduction

Healthwatch Cornwall is the people's champion of health and social care in Cornwall. It is one of 152 local Healthwatch bodies established under the direction of, and reporting to, Healthwatch England. Created by the Health and Social Care Act 2012 it is as a way of increasing and enabling service user voice.

Local Healthwatch are corporate bodies, and within the contractual arrangements made with their local authority must carry out particular activities. These activities include:

- Function One: Gathering views of people about their need for, and experiences of, their care services and enabling them to monitor the commissioning and provision of their care services.
- Function Two: Making people's views known to those responsible for commissioning, providing, managing or scrutinising local care services.
- Function Three: Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services.
- Function Four: Informing and advising the Care Quality Commission (CQC), other regulators, Healthwatch England and other Healthwatch bodies about people's views and experiences to help them carry out their roles.
- Function Five: Providing advice and information about access to local care services and about the choices that may be made.
- Function Six: Making the views and experiences of people known to Healthwatch England and provide a steer to help it carry out its role as national champion.

To facilitate these functions local Healthwatch organisations have a number of statutory powers:

- The power to 'Enter and View' services, announced and unannounced (not children and young people's social care)
- Request information from a commissioner or independent provider - must respond within 20 working days
- Make a report or recommendation to a commissioner or independent provider - must respond within 20 working days
- Pass information and recommendations to Healthwatch England and Care Quality Commission
- Escalate matters to Health and Social Care Scrutiny
- Right to attend Health and Wellbeing Board
- Respond to Quality Accounts (report re: Quality of NHS Services)

Healthwatch Cornwall listens to the experiences of adults and children who are receiving publicly funded care, whether good or bad, and uses this evidence to influence the commissioners and providers of services to bring about positive change.

It works as a critical friend to commissioners and providers of services.

Organisational Structure

The Governance of Healthwatch Cornwall CIC is through a volunteer board of directors, which has a Chair and Vice Chair.

The Operational staff team comprises the Chief Executive (CEO); a Research and Evidence Officer; an Outreach Officer; a Communication, Marketing and Events Officer; and a Volunteer Officer.

In addition there are 5 expert partners, who each have a Healthwatch Cornwall Champion - Age UK Cornwall; Disability Cornwall; Young People Cornwall; and Cornwall Rural Community Council's Health and Wellbeing Service and Carers Service.

A Steering Group help to decide and prioritise activity. It is comprised of two directors, the operational team, expert partners and SEAP (advocacy), as well as other volunteers.

Healthwatch Cornwall work with volunteers who go through recruitment, selection and a training programme. Individual volunteers may carry out different functions such as Enter and View, outreach activity, specific research activities , individual project work or office support.

Healthwatch activity

Healthwatch Cornwall targets its activity based on intelligence received from the public, our partners, providers or reputable organisations. It aims to be credible, informed and reliable and avoid duplication, by working with a wide section of the health and social care sector to gather information about their interests.

Healthwatch Cornwall activity can be a research project, Enter and View visit, a request for data or a response from a commissioner or provider or an escalation to Healthwatch England, Overview and Scrutiny Committee or Quality Surveillance Group.

The Steering Group discuss and agree activity priorities.

Other reactive activity will arise because of a specific intelligence or a news story and the operational team react to this in accordance to the decisions making procedure (Appendix 1).

Each individual work stream has its own specific work plan, which does not form part of this operational plan, but is used through supervision to show compliance to it. These are:

Outreach plan

Enter and view plan

Research plan

Marketing, media and communications plan

It is the individual responsibility of the designated team member to complete the work plan with achievable short and medium term targets and reviews. Monitoring occurs through supervision and performance management with the CEO. The team contribute to the planning process via planning days. The Board will review progress at board meetings and “away days”.

| Function | Objective | What we need to do | Targets and measures | Review dates |
|----------|---|---|---|---|
| 1 3 | Gain views and experiences of all the people of Cornwall in relation to publicly funded health and care services | <ul style="list-style-type: none"> • Expand outreach activity by recruiting volunteers. • Increase capacity for outreach work by employing extra staff member • Enlist volunteers and staff to reach their local communities. • Record and monitor volunteer outreach activity. • Identify hard to reach communities and form a “map” • Negotiate specific grant agreements from agencies that work with hard to reach groups to collect views and experiences. • Aim to start data sharing arrangements with other data collectors e.g. Adult Social Care • Aim to collaborate with other providers to listen to people’s views at their events • Create an outreach plan of all activity | <ul style="list-style-type: none"> • Recruit 10 volunteers to take part in outreach events and talks • Employ an extra outreach worker • Record on outreach plan • Have specific grant agreements with agencies working with hard to reach groups identified on the “map” • CEO record of discussions with providers e.g. Cornwall Foundation Trust (CFT), Health Care Advocacy Service offered by SEAP, Patient Advice and Liaison Services (PALS) and Adult social care. • Outreach plan in place | <p>September 2014</p> <p>September 2014</p> <p>December 2014</p> <p>December 2014</p> <p>March 2015</p> <p>December 2014</p> |

| Function | Objective | What we need to do | Targets and measures | Review dates |
|---------------|---|---|---|------------------------------------|
| 1 3 | Aim to engage with people who are traditionally hard to reach | <ul style="list-style-type: none"> • Include a section in the outreach plan to connect with those individuals who are hard to reach. | <ul style="list-style-type: none"> • Analysis of data to determine which groups are under-represented and quarterly review of this to record progress • Arrangements to address recorded in Outreach plan | September 2014 |
| 1, 3 and 5 | Develop accessible and easy read information for groups with additional communication needs | <ul style="list-style-type: none"> • Specific literature and resources developed for engaging with young people and those with communication needs | <ul style="list-style-type: none"> • Identify process of testing information through use of an expert reference group | March 2015 |
| 1, 3 and 5 | Develop Healthwatch Cornwall communication resources suitable for use in community and educational settings | <ul style="list-style-type: none"> • Develop a Young Healthwatch plan as part of the outreach plan. • CEO with team to initiate and formulate structure | <ul style="list-style-type: none"> • Set out proposals in Young person section in outreach plan • Young person friendly page on website | December 2014 December 2014 |

| Function | Objective | What we need to do | Targets and measures | Review dates |
|----------|---|---|--|--|
| 3 and 5 | Be known to the people of Cornwall - by name and function | <ul style="list-style-type: none"> • Develop the marketing plan following input from a number of sources in this field. • Respond to media in a timely way by ensuring there are a number of people able to undertake this activity. • Obtain Healthwatch evaluation tool and assess suitability | <p>Marketing plan.</p> <p>Continue to measure media activity quarterly and evaluate trends.</p> <p>Evidence of people other than CEO speaking to media</p> <ul style="list-style-type: none"> • Completed assessment of suitability of the tool | <p>December 2014</p> <p>March 2015</p> <p>March 2015</p> |

| Function | Objective | What we need to do | Targets and measures | Review dates |
|--------------|--|---|--|--|
| 2,3, 4 and 6 | Produce and publish reports that are credible, suitable for audience and lead to positive change in health and social care provision or services | <ul style="list-style-type: none"> • Have a fit for purpose, regularly updated database, which generates reports that we can use for influence. • Create a process for data inputting that is prompt and monitored and ensure appropriate action taken. • Develop a research plan that includes all activity. • Circulate and promote reports from research and enter and view activity widely, for response and awareness raising, to commissioners, providers, scrutiny and inspection organisations, MPs and local councillors, the public, Healthwatch England. | <ul style="list-style-type: none"> • Reports produced to be highlighted at Board and Steering group meetings • Process identified, agreed by the board and steering group • Research plan. • Provide evidence through quarterly contract report and at steering group and board meetings | <p>September 2014</p> <p>September 2014</p> <p>September 2014</p> <p>December 2014</p> |

| Function | Objective | What we need to do | Targets and measures | Review dates |
|----------|--|---|--|--|
| 3 | <p>Become effective “change” champions in relation to health and social care provision and services</p> | <ul style="list-style-type: none"> • Contribute effectively to external boards • Review effectiveness of representation on external boards • Liaise with the sector to inform on issues, concerns and public views and inform scrutiny and inspection organisations and Healthwatch England • Feed into the Joint Strategic Needs Assessment so that the views and needs of the people of Cornwall are represented • CEO to establish candid and honest relationships with commissioners and major providers, MPs and councillors and encourage them to feedback issues to us • Build on links with media • Address issues of national concern in the local context after guidance and direction from steering group | <ul style="list-style-type: none"> • Recording spreadsheet to show influence at meetings and summarise reports. • Agenda item on board meetings to report to board • Team to report back at team meetings • Agenda item and report at steering group • Meetings log and contact list • Monitor media activity • Review influence through actions taken and responses from providers and commissioners • Work with Healthwatch England on prioritised topics such as discharge • Report back through steering group and board meetings | <p>December 2014</p> <p>December 2014</p> <p>December 2014</p> <p>December 2014</p> <p>December 2014</p> |

| Function | Objective | What we need to do | Targets and measures | Review dates |
|----------|---|---|--|---|
| 5 | <p>Become an effective vehicle for the people of Cornwall to use for information about services, complaints and where to access information in relation to health and social care services</p> | <ul style="list-style-type: none"> • Arrange specific listening events • Maintain up to date and easily navigable website. • Provide a responsive telephone service • Use CQC scale to identify adult social care quality. • Become a county wide service to advise on how to complain about health and social care publicly funded services | <ul style="list-style-type: none"> • Outreach plan • Marketing plan • Phone log • Feedback to providers on positive feedback received about their services, which is made known to the public | <p>December 2014 December 2014 December 2014 March 2015</p> |
| 2 and 3 | <p>Establish the role of critical friend with a range of service providers and commissioners</p> <p>Establish working relationships with providers.</p> | <ul style="list-style-type: none"> • Arrange a schedule of private meetings with key providers and commissioners that will enable honest exchanges. • Attend forums to meet with provider groups. • Be open to take on commissioned activity from others where it suits the functions of local Healthwatch | <ul style="list-style-type: none"> • Record all meetings on spreadsheet. • Report appropriate items in the newsletter. • Note forums attended and feedback to board through CEO report. • Report to board and through all other routes | <p>December 2014 September 2014 December 2014</p> |

Appendix 1

Healthwatch Cornwall Decision-Making and Involvement Procedures (the ‘Required Procedures’)

This is a Statement of Intent about how Healthwatch Cornwall plans to decide on specific activities and focus. It has been adopted by the Board as a Working Document (June 2014), and is subject to possible amendment on review in June 2015.

Introduction

Healthwatch Cornwall wishes to secure broad-based views on its activities wherever possible. These Decision-Making and Involvement Procedures set out how the Board of Healthwatch Cornwall will involve others, particularly the public and volunteers, in its governance and decision-making on how it runs Healthwatch Cornwall. Engagement work with local people on particular health and social issues will take place in addition to these Procedures for how Healthwatch Cornwall is run.

To Which Decisions Will These Procedures Apply

At least one of the key involvement mechanisms set out below will be used to feed into governance decisions made on any of the following matters, which are known in the statutory regulations as Relevant Decisions:

- how Healthwatch Cornwall undertakes its activities;
- which health and/or care services it plans to look at;
- the amounts (budget) for its activities;
- whether to make a formal request for information;
- whether to make a formal report or recommendation;
- which premises to Enter and View and when to visit those premises;
- whether to refer a matter to an overview and scrutiny committee or health scrutiny authority;
- whether to report a matter concerning its activities to another person;
- whether to sub-contract any of its activities

The Required Procedures

Healthwatch Cornwall will draw on the methods below to ensure broad input into its governance and decision-making. The methods shown could each be used singly, or in combination, to help Healthwatch Cornwall gather input to enable it to make well-informed decisions. At least one of these methods will be used to help to inform any important decision-making about how Healthwatch Cornwall is run.

- Annual Report to public
- Steering Group input
- Board member input
- Task group input
- Expert Partner input
- Volunteer Involvement
- Healthwatch Cornwall Organisational Members
- Healthwatch Cornwall Individual Members
- Public consultation

Annual Report

Healthwatch Cornwall will hold an Annual Conference where it will share its annual report to the Department of Health, together with a financial summary and outreach and research activity reports and the plan for future work. This will be done in the interests of transparency and openness - reporting back on recent work; and also as an engagement exercise, inviting views on the coming period of work. Healthwatch Cornwall will want to involve the Voluntary and Community Sector in the Annual Conference as much as possible, for example, by inviting groups to attend and will advertise the event and agenda in advance with opportunities for public views and questions. Board members will attend the Conference, and a summary of key points will also be produced for the Board.

Steering Group input

The Healthwatch Cornwall Board has established a Steering Group that consists of 2 directors, the operational team, and representatives from our expert partners, representatives from SEAP, volunteers and other representatives from local organisations that decide on priorities with respect to planned activity for research and Enter and View. This group meet bi-monthly and receive updates on progress, reports of database activity and trends, updates on other issues and feed in their own intelligence of concerns in their respective sectors. Papers are provided in advance. Members are invited to send their input by email if they are unable to attend. For intra-year issues, the Steering Group may be consulted by email to secure their input on smaller or more pressing topics. To optimise how representative the Steering Group is, the membership will to be kept under review. Any feedback is summarised and reported to the Board.

Board member input

Other issues may be referred directly to appropriate directors for comments or steer as they occur. This can happen by email or telephone.

Task Group input

For each research activity a task group of interested parties, which should include one director and the CEO and Research Officer, will be convened to meet and decide focus and direction and contribute to the action plan. This may include expert reference participants from outside of the Steering Group or volunteer membership.

Expert Partner input

This can happen through Steering Group, through CEO supervision meetings and invite for comment or by direct comment from partners at any time.

Volunteer involvement

Healthwatch Cornwall will seek input from its volunteers on how it is run. Volunteer views will be sought mostly through meetings and training events but also during supervision sessions and via email. These are recorded through minutes and used to inform the Steering Group or the operational team. The Board are advised of their comments and activity at board meetings.

Healthwatch Cornwall Organisational Network members

To try and generate broad-based contact with all communities across Cornwall, Healthwatch Cornwall will seek to build up its contacts with, in particular, the local voluntary and community sector (including community groups, charities, residents' groups, and patients' groups). It will want to:

- hear from them about the views and experiences of their members and clients;
- arrange through them to hear direct from their members and clients about their views and experiences; and,
- ensure that Healthwatch Cornwall co-ordinates what it is doing is not duplicating effort.

Any non-statutory body operating in Cornwall that is happy to interact is eligible to join the Organisational Network.

Healthwatch Cornwall is aware that some Organisational Network members may also provide health or social care services locally, and that they may therefore be subject to review or investigation by Healthwatch Cornwall. Healthwatch Cornwall would of course expect to work with them in the normal way on any such process.

Healthwatch Cornwall will work closely with Organisational Network members to undertake engagement on particular topics (an example might be hospital discharge) and to ensure that it involves specialist interest groups on relevant engagement topics.

Organisational Network members will be important in helping Healthwatch Cornwall to secure a broad base for its engagement work on specific topics.

Healthwatch Cornwall will also seek Organisational Network members' input on issues through its newsletter and website and by invitation to the Annual Conference.

Healthwatch Cornwall members

To try and reach out to people across Cornwall, including those who are not necessarily linked into any specific groups or organisations, Healthwatch Cornwall encourages membership through its website and outreach events. Anyone living in Cornwall is eligible to become a Healthwatch Cornwall member.

Healthwatch Cornwall will contact interested individuals by newsletter, email or social media and invite their comments on topics or activity.

Who makes decisions on the activity for Healthwatch Cornwall?

For any work that will take more than 7 days, the final decision on whether it will be carried out will rest with the Healthwatch Cornwall Steering Group, which includes board representation via its members. Board meetings will be held in public that allows for information to be shared around activity. Subsidiary decisions and decisions about scoping activity will be made by the CEO, who may involve other directors if needed.

If it should be necessary to make decisions under these Required Procedures very quickly and it is not possible to convene the Board speedily, even by email, then decisions may be taken by the CEO and/or the Chair, or, if the Chair is unavailable, another Board member.

How will decisions be published?

To meet the statutory requirement that any 'relevant decisions' made under the Procedures must be published, Healthwatch Cornwall will ensure that Steering Group minutes setting out the decisions taken, and reasons for any decisions, are published on the website within 21 working days.

When do these procedures NOT apply?

These Procedures do not apply to decisions that will result in a relatively small amount of work being undertaken, not exceeding 7 days of staff time. This is known as the de minimis rule. It will enable Healthwatch Cornwall to undertake exploratory work on matters raised with it or of which it otherwise becomes aware, in order to assess how serious or widespread such matters may be, before proposing to devote significant resource to any of them.

Once the amount of time spent on exploring a possible issue has reached 7 days, the Procedures will apply. This means that, at that point, external input must be sought into whether or not to continue to apply Healthwatch Cornwall resources to the topic, if this has not already happened. A summary report will normally be prepared to feed into the Steering Group decision on whether to pursue the topic.

Procedure for dealing with breaches to the Required Procedures

Healthwatch Cornwall is statutorily required to set out a procedure that it will follow if it should breach its Required Procedures. The following procedure will be used if, either:

- it discovers that it has inadvertently breached part of its agreed Required Procedures; or,
- an extraordinary, urgent event necessitates the Board making an immediate decision that should normally follow Required Procedures, but there is either no time to seek wider involvement in the decision, or the matter is too sensitive to do so, so that a breach knowingly occurs.

As soon as anyone identifies a possible breach, they must report it to the CEO, who will immediately notify the Chair.

Breaches will be recorded, reasons for them noted and appropriate action taken to ensure they comply with procedure or have a sanction to fall outside of the scope of the procedure.