

Healthwatch Kingston Board Meeting (Part A)	Wednesday 29 January 2020
<h2>Activity Report</h2>	<p>Contributors: Stephen Bitti (SB), Chief Officer, Jaimy Halliwell-Owen (JHO), Communications and Engagement Officer, Scott Bacon (SBA), Projects and Outreach Officer (Disabilities), Candy Dunne (CD), Projects and Outreach Officer (Compliance and Communities), Persephone Pickering (PP), Time to Change Hub Coordinator, Rona Topaz (RT), Learning Disabilities Support Officer, Graham Goldspring (GG), Chair, Hospital Services Task Group, Tony Williams (TW), Chair, Mental Health Task Group, Nigel Spalding (NS), Acting Chair, Community Care Task Group and Scott Bacon (SBA), Acting Chair, Learning Disabilities Task Group.</p>
PART A Agenda Item 7	Appendices: 7A, 7B, 7C, 7D
<p>This report updates the Board on progress made towards delivery of our top five work areas for 2019/20. The report will include updates from the Chief Officer, Project and Outreach Officers, the Communications and Engagement Officer and Task Group Chairs. There is an additional section at the end for updates about additional items and activities.</p> <p>The Board is requested to:</p> <ol style="list-style-type: none"> 1. Note this Activity Report content. 2. Endorse the approach being explored by the MHTG in support of the CAMHS Transition project. 3. Endorse the approach to submitting a proposal to CQC for the workshop with people with Learning Disabilities and Autism. 	

TOP FIVE WORK AREAS FOR 2019/20				
Priority	Aim	Update	KPI (?) Impact	RAG
1. Mental Health				
1a. Review the transition of young people from Child and Adolescent Mental Health Services (CAMHS) to Adult Services, with a particular emphasis on the experiences of neurotypical and neurodiverse young people	Provide evidence that supports improved experience of young people transitioning from CAMHS to Adult Mental Health Services	<p>It had been determined that the scope and nature of the CAMHS Transition project exceeds the capabilities available to the MHTG and discussions had been initiated with Kingston University (KU) to identify an estimate so that the project could proceed with their involvement on a funded basis. HWK would then approach partner organisations for funds with a proposition based on this estimate.</p> <p>TW and SBA met with Dr Evanthia Lyons, Dr Ana Nikcevic and others from KU on 11th December and discussed this project (amongst other issues). SBA brought figures from CAMHS on the size of cohorts in pre-transition (up to 17 years) and in transition (17-18). These were both in the area of 50 individuals.</p> <p>In view of this it was strongly suggested by KU that the HWK project abandon the idea of an initial questionnaire to determine major issues and to progress instead directly to qualitative phenomenological interviews. EL indicated that the minimum sample for analysis using IPA (interpretative phenomenological analysis) would be 7 per cohort.</p> <p>This was discussed at MHTG in Dec and KU's suggestion was accepted.</p>		

		<p>Kingston CAMHS needs to be approached about the practicalities of reaching these cohorts (and those in post-transition) if interviews are not to be prefaced by a questionnaire stage (which would self-identify interviewees). Subject to feasibility of reaching 21 interviewees, KU will be asked to supply an estimate for data collection and analysis.</p> <p>If KU are to be employed as agents for delivery of the project it will also be necessary to achieve ethical approval for the project design (arguably HWK should be doing this anyway).</p> <p>KU also suggested that NIHR (https://www.nihr.ac.uk/) and MQ (https://www.mqmentalhealth.org/) might provide sources for investment in HWK project delivery.</p> <p>YourHealthCare should by now have completed their analysis of the experiences of neurodiverse youngsters in transition, and should be approached for their findings.</p>		
<p>1b. Continue online service user experience review of the iCope Kingston Psychological Therapies Service:</p>	<p>Provide evidence that supports improved experience of people using psychological therapy services</p>	<p>KU have supplied a volunteer post-graduate student who will undertake the analysis and draft a report by the end of February 2020. With a view to publish the final report before the end of March 2020.</p> <p>The iCope service needs to be updated on progress of the project.</p>		

<p>1c. Time to Change Kingston Hub Coordinator - supporting Time to Change Champions and events, and promoting 'sign up' to the Time to Change Employer Pledge (now as a funded Hub):</p>	<p>Change attitudes about mental health in our communities and workplaces</p>	<p>Time to Change (TTC) Hub Coordinator, Persephone Pickering (PP), has been meeting with TTC Partners and Champions to establish what can be done together. PP has met with the Waltham Forest Hub Coordinator and attended a Time to Change meeting in Waltham Forest to get a better understanding of how another established hub is run. PP has been recruiting new Champions through partners and events and holding stalls and events to raise awareness about mental health and reduce stigma such as the Self-care event at Kingston College where we had 34 engagements. She facilitated the January Steering Group meeting chaired by James Martin. PP ran the second and third TTC Champions Network meeting which gave Champions and Partners a platform to discuss their ideas and plan as a group for an event for Time to Talk day. She has been reviewing how both of these meetings with feedback from attendees and Time to Change and been putting in place these changes. She is supporting the Principal of South Thames Colleges Group and several other partners to sign the pledge. She facilitated the Champions Fund Assessment Panel meeting for the first round of applicants where 2 applicants were successful and 4 were requested to resubmit. PP has been advertising for the second deadline for the Champions Fund application process (7th Jan). This has received two new applications and one resubmission in the second round which will shortly be assessed by an assessment panel. The next round for applications will be early March. She has been advertising all the events and the Champions Fund on social media, on the new website, via email updates and creating promotional packs for partners to use to widen the reach. She is coordinating the Champions to make their idea for Time to Talk Day on 6th February happen. She has also created a work action</p>		
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		<p>plan (Gantt chart) for the next 8 months to help with planning and has submitted the quarterly report to Time to Change.</p> <p>TW discussed measurement of TTCK with Dr Evanthia Lyons (KU). Dr Lyons is concerned about the size and immediacy of the commitment. She suggested that an initial step should be to develop a Theory of Change (ToC) for the project, on which any measurement should be based. TW has asked Lucy Bailey (TTC) for a ToC model from the National Project. TTC have undertaken to supply examples of metrics from other Hubs for our information.</p>		
<p>1d. Chair and administrative support for the ‘Thrive Kingston Mental Health Strategy Planning and Implementation Group’ (year 2):</p>	<p>Provide independent facilitation for community scrutiny of progress against mental health strategy priorities</p>	<p>It had been agreed that the Mental Health Strategy Planning and Implementation Group (MHSPIG) should be suspended until a coherent narrative based on reliable performance information could be supplied in a consistent format from the partners (principally the CCG and RBK).</p> <p>Meetings have been held with stakeholders to this issue and performance information and a narrative have been agreed. The MHSPIG is due to meet again on 3 February 2020 using this information. An assessment of the resulting meeting is intended to follow.</p> <p>The absence of effective governance for Thrive Kingston was discussed at the MHTG in December 2019 (it was the main substantive item on the agenda). By this means it is hoped that expectations have been managed and engagement maintained. A means to keep community engaged and participating, whilst keeping dialogue focused and purposeful needs to be established and will be included in the Agenda for the next MHSPIG.</p>		

<p>1e. South West London and St George’s Mental Health Trust Partner Fund - supporting a partnership approach to mental health awareness events in the community:</p>	<p>Raise awareness about mental health in our communities</p>	<p>Before the end of March 2020 (the end of the agreement period), HWK are planning to add Korean subtitles to the YOL! video ‘Self-harm/being a good friend’ made by and for young people. The plan is to either ‘piggy-back’ an existing Korean community event or run an event at a school attended by young people from Korean families. This event will need to be co-branded with the South West London and St George’s Mental Health Trust Partner Fund and other key partners.</p> <p>An approach needs to be made to the Korean Community early February to progress adding Korean subtitles to the video ‘Self-harm/being a good friend’ and identifying a suitable event location.</p>		
<p>1f. Monitor progress of specialist service provision to people with Emotionally Unstable Personality Disorder (EUPD):</p>	<p>Ensure EUPD service is provided as agreed</p>	<p>Following correspondence from former users and descriptions of the new EUPD pathway at the Tolworth Hospital Stakeholder Meeting, there are concerns within the MHTG that the service provided may not be commensurate with the requirement expressed to the HoP and accepted by the CCG.</p> <p>As a first step it has been agreed that the CCG should be approached for the service specification used to stipulate the new pathway.</p> <p>A request to amend the EUPD report received from SWLSTG, at the end of last year, to include the role of HWK and the MHTG in the process that identified the need for service improvement needs to be made.</p>		

2. Learning Disability				
<p>2a. Capacity building Healthwatch Kingston to improve access and support meaningful engagement with local people with a learning disability (year 2):</p>	<p>Ensure HWK is “Learning Disability friendly”</p>	<p>“Learning Disability friendly” HWK website Ideas for the HWK website, from people living with a learning disability, have been sent to JHO and are due to be implemented before end of January. The biggest request is to have a ‘button’ that is clear on the front page of the site, indicating a fast track way to get to the Easy Read “Learning Disability friendly” part of the HWK website. This poses a challenge. The approved template provided to us by HWE is not designed to do this. We have now requested HWE explore introducing this for all Local HW. In the meantime, we will use one of the three rotating front page promotional areas to signpost people to the Easy Read “Learning Disability friendly” part of the HWK website.</p> <p>Review and Development of the Partnership Board A survey has been created, <u>to be completed by people living with a learning disability, their families, carers and advocates</u>, on how we can improve the Learning Disabilities Partnership Board, is being converted into Easy Read by the Peer Advocates at Involve (HWK’s Learning Disability Support Officer, RT will be included, if dates work). Involve have agreed to will take this survey to service providers that they visit, requesting it be disseminated to provider service user mailing lists.</p> <p>We have a similar survey for service providers and professionals who have not yet been attending. These will be collected, reviewed and analysed. A report with recommendations will go to the ‘End of Year’ Partnership Board community event in April. The aim is to improve the</p>		

		<p>Partnership Board and make it more accessible to those not yet engaging meetings.</p> <p>A similar piece of work is intended for the next Partnership Board to see what existing members can offer to help us encourage more people with learning disabilities to attend meetings and improve the way the meetings run.</p> <p>An interactive workshop structure is one idea being discussed. I liked this when the Peer Advocates visited the Surrey Partnership Board in November last year. Other changes made to date have included the set-up of the room and where the chair/co-chair sits. The meeting tables were in a ‘horseshoe’ shape, but now are set up in “café style” with chair and co-chair facing people, next to the screen.</p>		
<p>2b. Develop a new Learning Disability Task Group of people living with a learning disability, their families and carers:</p>	<p>Support people with a learning disability, their families and carers to have a say in their health and social care services.</p>	<p>HWK held our last Learning Disability Task Group engagement meeting at HFT (a local service provider for people with learning disabilities). Unfortunately, the meeting time clashed with a few other events which meant some pre-existing members of the LDTG weren’t able to attend. HFT members did not join the meeting either but did wander in and out and it was felt that if the LDTG was a little longer, HFT members would have joined in. This was intended as an exercise in familiarising us with different groups.</p> <p>For our next LDTG meeting at Kingston Mencap (Wednesday 12th February, 10am to 12noon at the Searchlight Centre), we are planning to send out information to Kingston Mencap’s members prior to our meeting. Pictures and Easy Read staff introductions so it’s more</p>		

		welcoming for members to join in.		
2c. Chair and administrative support for the 'Kingston All Age Learning Disability Partnership Board' (year 2):	Provide independent facilitation for community scrutiny of progress against All Age Learning Disability strategy priorities	<p>Our last meeting had arranged a presentation from Working Well Trust and the Surrey Learning Disability Partnership Board. Surrey Partnership board was to tell us about their experiences, e.g. What went well, where they struggled and how they improved. Unfortunately, an emergency meant their representative could not attend. However, Involve (peer advocates) had attended the previous Surrey partnership board meeting and fed back their thoughts. Some of these had already been mentioned to HWK and changes for our meeting in December made.</p> <p>Working Well Trust is the recently contracted provider of supported employment for people in Kingston living with a learning disability. Support with employment was an item request made by the Involve peer advocates at a previous LDPB meeting.</p> <p>The next All Age Learning Disability Partnership Board is on Tuesday 4 February, 12 noon to 3.30pm at the Kingston Quaker Centre. The LDPB 'End of Year' community event is being organised for Monday 27 April, 11am to 2.30pm at the Searchlight Centre (Kingston Mencap).</p>		
3. Hospital Services				
3a. Create an online hospital services patient experience survey:	Provide an independent digital solution to capture	The Hospital Services Task Group (HSTG) presented work done on and proposed a structure of an online survey at the last HSTG meeting on 3 rd October. The staff team are now exploring how this might best be included on the new HWK website. We have not yet had a chance to		

	patient experience of hospital services	discuss this with the HSTG as the last meeting in December was cancelled due to the staff team and volunteers being involved in the Enter and View of Adult Inpatient Wards at Kingston Hospital. The next HSTG meeting will be held on Thursday 13 th February, when we will discuss next steps for the survey.		
3b. Research patient experience of inpatient wards at Kingston Hospital NHS Trust:	Provide evidence that supports improved inpatient experience of wards in Kingston Hospital	<p>The Enter and View visits at Kingston Hospital, aimed at gathering patient experience on adult inpatient wards are now complete. The last visit took place on Wednesday 15th January. A big THANK YOU to all the patients we engaged and staff Kingston Hospital and our volunteers for your support with this project.</p> <p>In order to standardise the way we approached this work across the two Boroughs, Healthwatch Richmond (HWR) kindly agreed for us to use the methodology for their own Enter and View of Adult Inpatient Wards at Kingston Hospital, to carry out our visits to the remaining six wards. We will also follow the established HWR report framework so that the two reports will provide a compatible resource for continued improvement.</p> <p>JHO, who will now collate the findings of our HWK Authorised Representative Enter and View volunteers, is aiming to have an initial draft for review at the Hospital Services Task Group (HSTG) meeting on Thursday 13th February. With a view to publish the final report before the end of March 2020.</p>		
3c. Continue to monitor Kingston Hospital NHS	Ensure continued	This January, Healthwatch England published ‘Shifting the Mindset: A closer look at hospital complaints’ . This has been shared with the		

<p>Trust complaints and procedures:</p>	<p>robust complaints procedures are available and learning from complaints informs hospital improvements</p>	<p>Hospital Services Task Group for review and promoted through our HWK social media channels.</p> <p>Key findings from the ‘Shifting the Mindset’ report:</p> <p><u>Local reporting on complaints is inconsistent and inaccessible</u></p> <ul style="list-style-type: none"> • All hospital trusts are reporting to NHS Digital on the numbers of complaints they receive; however, only a minority of trusts report any more meaningful data at a local level. • Our analysis shows just 1 in 8 hospitals trusts (12%) are demonstrating that they are compliant with the statutory regulations when it comes reporting on complaints. <p><u>Staff are not empowered to communicate with the public on complaints</u></p> <ul style="list-style-type: none"> • All hospitals must produce an annual statutory complaints report but they are only required to make it available to people upon request. Yet we found that hospital complaints staff were often not aware of the reports or who could access them. <p><u>Reporting focuses on counting complaints, not demonstrating learning</u></p> <ul style="list-style-type: none"> • Only 38% of trusts make public any information on the changes they’ve made in response to complaints. • Much of this reporting is still only high-level, telling us little detail about what has changed and only stating that “improvements were made”. 		
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4. Community Care				
<p>4a. Examine the impact of Kingston Coordinated Care on service users, patients and where possible, their carers. During the year, individual services that are established or have been revised by the KCC programme will be considered for review, with the initial focus being on Connected Kingston.</p>	<p>Gather service user experience of components of Kingston Coordinated Care to gauge improvements to their health and well-being</p>	<p>Community Connector Service (Staywell) As at 13 January 2020, a total of 21 consent forms have been received from users of the Community Connector service. 17 have so far been contacted by phone and 2 by post. As a result, 17 people have provided information on the activities they have taken up as a result of using service and the impact of these activities on their health and wellbeing. The data is being entered onto Survey Monkey so that an analysis can be produced for the task group meeting on 17 February and a final report by the end of March 2020.</p> <p>We have received a further 5 consent forms and will be continuing to conduct telephone interview with a cut-off date being the end of February.</p> <p>Connected Kingston Digital Tool (https://www.connectedkingston.uk/) Efforts are continuing to find a way of obtaining feedback from users about their experience of using the tool; the activities they have taken up as a result and the impact of these activities have had on their health and wellbeing. The Evaluation Sub-Group meeting w/c 13 January has been asked if organisations listed on the digital tool can be asked to send out a questionnaire - in April 2020 - to people using their services as a result of finding information on (or being referred through) the digital tool. A response is awaited.</p> <p>Social care dashboard In response to a request from HWK, the RBK Director of Adult Services</p>		

		<p>provided HWK with a draft social care dashboard in November 2019. HWK's comments were invited. The draft was review by the task group and it is anticipate that comments from HWK will sent back to the Director of Adult Services around 18 January.</p> <p>Liaison with KCC Programme Director An ongoing liaison meeting with the KCC Programme Director is scheduled for 16 January.</p> <p>Liaison on Home care and Reablement A planned liaison meeting with the Corporate Head of Service - Specialist Commissioning and the Corporate Head of Service for Early Intervention and Prevention, RBK Adult Social and Housing scheduled for 16 January has been postponed for a later date to ensure that both are able to attend.</p>		
<p>4b. Explore developing the Community Reference Group for adult safeguarding to become a sustainable adjunct to the Kingston Safeguarding Adults Board.</p>	<p>Gather service user experience of safeguarding to inform service developments and support positive personal outcomes</p>	<p>The Kingston Community Reference Group (CRG) has now met five times since its launch in November 2018. The previous Safeguarding Adults Board (SAB) report described how its purpose and function had been reviewed and how proposals were being developed about how Healthwatch Kingston (HWK) could offer a wider service to the public, focussing more attention on examining how far service recipients judge whether Making Safeguarding Personal (MSP) aspirations had been achieved.</p>		

		<p>CRG meeting on November 30th On this occasion 3 members of the public attended and shared some of their experiences as service users or carers. This was a very helpful meeting as it underlined the basic operational validity of the CRG process since there were stories to tell with one in particular testing issues of consent to share current information about a concerning situation. As the proposed developments to expand HWK’s remit in this area take shape it will be important to retain this open access arrangement that allows for the safe telling of stories that illustrate where service improvements may be made or in the case referred to above, where issues of informed consent and public interest intervention can be considered.</p> <p>Future Developments (Kingston Making Safeguarding Personal Pilot) For the background to what is currently being explored with stakeholders, see the ‘Report on Safeguarding and Community Reference Group - Healthwatch Kingston’ provided separately as part of the Jan 2020 HWK Board papers. The proposal which now aims to focus on one safeguarding stream is with Learning Disability team manager and an Easy Read questionnaire is being developed.</p>		
5. Young People				
5a. Support Youth Out Loud! (YOL!) to review health and care services (we will do this in	Support young people to have a say in their health and care	A 15 Steps Challenge at Wolverton Sexual Health Clinic (Kingston Hospital) is being organised for half term in February. JHO covering for SBA. A similar project is being set up for Richmond services.		

<p>partnership with Healthwatch Richmond):</p>	<p>services</p>			
<p>5b. Support delivery (with other partners including Healthwatch Richmond) of the Digital Youth Project (year 2) to complete a series of short health and care films by young people for young people:</p>	<p>Develop a library of health and care films made by young people for young people</p>	<p>The Youth Out Loud! (YOL!) video on ‘self-harm/being a good friend’ is being finished and a strategy for sharing the video being written. The video was shared (incomplete) at the HWK volunteer Christmas party and was well received. It has also been shared with professionals who are impressed with the work of YOL! on this.</p> <p>YOL! has also met with sexual health professionals and have started writing the script for their next video. We also took this work to Achieving for Children’s SEND participation group to see what they would like from a video.</p> <p>YOL! understand that they can’t cover sexual health in a 2 minute video and have opted instead to focus on a few different subjects in one video. The video will be supported by yolweb.com and YOL!’s social media outputs.</p> <p>The suggestion for the final video topic is “access to services for young people living with a disability”. We need to include young people living with a disability in this project. Initial contact (to check interest) has already been made with Achieving For Children’s SEND participation group and Dramatize.</p>		

<p>5c. Support YOL! develop its online and social media.</p>	<p>Support young people to safely communicate via social media</p>	<p>Writing and putting together seven weeks of social media for Hootsuite was not practical as it takes too long (more than the two-hour YOL! session). So, a form was designed for YOL! members to create their social media message for various national awareness days.</p> <p>We have not had good response to the social media ideas form and so it looks like we will need to create the social media posts for Hootsuite as part of future YOL! sessions as members have not done this outside of YOL! meetings. This may need to include prewritten ideas from HW staff which will be amended and agreed by YOL!</p>		
<p>ADDITIONAL ITEMS AND ACTIVITIES</p>				
<p>Item/Activity:</p>	<p>Update:</p>			
<p>Communications Report For period 26 Nov 2019 - 21 Jan 2020</p>	<p>Jaimy Halliwell-Owen (JHO), Communications and Engagement Officer has drafted a Communications Report for the period 26 Nov 2019 - 21 Jan 2020 detailing statistics on traffic to our new HWK website, social media engagement, Mailchimp email engagement and click-through rates and campaigns we are supporting along with our future plans.</p> <p>Please see Appendix 7A</p>			
<p>GRID (Group Resource Information Directory)</p>	<p>The GRID is used in our weekly team meetings to forward plan, assess feasibility, manage our demand and capacity. The GRID works as the Communication and Engagement forward plan with team members updating it with upcoming activity. JHO can then use this as a tool to know which content needs to be generated to support the projects and events activity of the rest of the team. The process still needs to become fully embedded and is sometimes tricky to keep up to date with conflicting priorities.</p>			

<p>Strengthen HWK interaction with Patient Participation Groups</p>	<p>HWK staff team met with LM on Tuesday 14th January to discuss and agree a plan of action to progress this work. LM has since received responses to her emails to key Primary Care Network stakeholders. SB and CD to pick up actions from these and progress the next steps with Kingston CCG Engagement colleagues.</p>
<p>London Annual Safeguarding Conference Hilton London Metropole Thursday 6th February, 2020</p>	<p>Event overview The annual safeguarding event brings together professionals who work within adult safeguarding across the Capital. This will be the third annual event and is organised by the London Safeguarding Adult Board</p> <p>London Safeguarding Adult Board is a partnership group seeking to identify and disseminate good practice as well as addressing complex cross borough issues. The London SAB supports local Safeguarding Adults Boards (SABs) through the SAB Chairs network.</p> <p>Overarching theme We would like to ensure that the voice of the person is threaded throughout the conference programme. At the start of the conference the Chair Dawn Wakeling (London Safeguarding Adult Board Chair) will pose three questions:</p> <ol style="list-style-type: none"> 1. Why are we here? 2. How will this conference make a difference to me? 3. How will you know it has made a difference to me? <p>The voice of the person Alvin Kinch (HWE) / Stephen Bitti (HWK) will introduce conference delegates to developing work to ensure people with lived experience of safeguarding is integral to safeguarding work across London.</p> <p>A breakout session at the conference (facilitated by AK and SB) will include Mind in Harrow and also Grahame Snelling sharing the work of HWK’s Community Reference Group and our role supporting recent Making Safeguarding Personal pilot developments in Kingston.</p>

	SB has also been asked to host a ‘chat show’ styled session focusing on the experiences from the conference of people with lived experience of safeguarding.
NHS Leadership Academy: 3-day Leadership for Personalised Care Programme	The Personalised Care Group and the NHS Leadership Academy have announced a series of regional leadership programmes to support the rollout of Personalised Care. The programmes are for those who want to meet the new challenge of making personalised care a reality in the NHS as set out in the Long-Term Plan. The aims are to ensure that services are planned and delivered based on ‘what matters’ to people, to develop expertise in partnership working across boundaries and co-production with people and communities and do more to build community capacity. Kingston has put in a bid (lead by Hilary Finnegan, Programme Director of Kingston Coordinated Care). The aim is to have a group of representatives from Kingston attend. The programme would suit senior voluntary leaders, Directors and Heads of Transformation, Integration, Personalised Care, Finance or Medical Directors in CCGs, hospital trusts, PCNs or senior council leaders, including councillors. If the bid is successful, SB to attend on behalf of HWK. London dates are: 26th February, 4th March, and 8th April 2020.
Trustee’s Annual Report to Charity Commission	2018-19 Trustees Annual Report submitted online to Charity Commission on Monday 26 th January 2020.
Staff and Volunteer /Board DBS	<p>As part of our meeting with the DPO and in relation to GDPR all files have been updated and current stratus of DBS logged. Once confirmed our Volunteering Policy will be sent out to all current volunteers along with a current contact information review sheet.</p> <p>There are a number of current volunteers whose DBS are about to run out. All volunteers who need a new DBS will be contacted individually to arrange a time to come in and process. Further information about what additional policies we need to consider is contained in the Compliance Report being tabled in PART B of this meeting.</p>
Regional Engagement project - Improving how	Building upon the CQC’s pilot project that undertook with Lincolnshire Healthwatch to inform CQC’s work on engaging with people with Learning Disabilities and Autism. Healthwatch Lincolnshire facilitated coproduction

<p>CQC identifies closed environments</p> <p>Engaging with people with Learning Disabilities and Autism workshop proposal</p>	<p>with a group of people who use adult social care services in what was an interesting, engaging and insightful workshop. People said they felt listened to and understood how their contribution will help us improve the ways in which we gather people’s experiences of care.</p> <p>CQC and Healthwatch England would like to build on what has been heard from people in Lincolnshire and would like three more Local Healthwatch from across different regions to engage with people in their communities on this topic. This will be funded by CQC, with the successful Healthwatch designing and delivering the engagement. The deadline for interest in this opportunity is 31st January 2020.</p> <p>This pilot is in response to hearing from Local Healthwatch last year that it would be good to work in this way and have the expertise and relationships to engage people locally and to gather rich and robust insight.</p> <p>The pilot undertaken is just one of the ways that CQC and Healthwatch England work together and work with the local network. The work is part of closer collaboration as part of CQC’s strategy commitment to work in partnership with the Healthwatch network, other organisations, and people e.g. CQC’s State of Care report, the Declare Your Care awareness campaign, and intelligence sharing between the two organisations.</p> <p>Please see Appendices 7B, 7C (and 7D the draft proposal to be tabled in PART B)</p> <p>CQC #DeclareYourCare campaign (running 14th Jan - 4th Feb) HWK are supporting the CQC #DeclareYourCare campaign which is encouraging people with a learning disability or autism, their family, carers and advocates to feedback on care. Research reveals that people with a learning disability are more likely to regret not complaining about poor care than those without.</p>
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