

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 23 rd March 2015	Paper No: 8
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Title of Presentation: Annual Report Planning

This paper is for	Discussion		Decision	x	Information	
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<p>Purpose and Executive Summary (if paper longer than 3 pages):</p> <p>This paper sets out the requirements of this year's Annual Reporting process and proposes a process, timescale and budget for this task.</p>

<p>Financial Implications of Paper: Agree a design and print budget of £2000 to be accrued as 2014/15 expenditure.</p>

<p>Action Required: The Board is asked to:</p> <ul style="list-style-type: none"> i. Note the additional complexity of the requirements this year ii. Note the areas it will be hardest for HWO to evidence effectively iii. Approve the proposal that the Marketing Sub Group be given delegated powers to oversee this task iv. Approve the proposal to enter into a design and print contract worth a maximum of £2000 including VAT to help us produce 500 copies v. Approve the production process and timetable set out in para 4.5.
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1 Introduction

- 1.1 Healthwatch Oxfordshire has a statutory responsibility to produce an annual report.
- 1.2 This report has to meet statutory requirements, be on the Healthwatch England template, and showcase our achievements in accessible plain English.

2 The Statutory activities of local Healthwatch

- 2.1 HWE have issued a reminder to all local Healthwatch that this year's Annual Reports must cover all the statutory activities of local Healthwatch. These are:
 - i. Promoting and supporting the involvement of local people in the commissioning, the provision and the scrutiny of local care services.
 - ii. Enabling local people to monitor the standard of provision of local care services, and whether and how local care services could and ought to be improved.
 - iii. Obtaining the views of local people regarding their needs for, and experience of, local care services and importantly to make these views known.
 - iv. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services, and shared with HW England.
 - v. Providing advice and information about access to local care services so choices can be made about local care services.
 - vi. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved, and sharing these views with HW England.
 - vii. Making recommendations to HW England to advise the CQC to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to HW England to publish reports about particular issues^{*1}.
 - viii. Providing HW England with the intelligence and insight it needs to enable it to perform effectively.

3 Things we must report on

- 3.1 In addition to reporting how we have delivered all of the above, HW England have advised that the report must demonstrate:
 - i. The impact of our work on the commissioning, provision and management of health and care services.

¹ * Indicates an area HWO will struggle to evidence effectively

- ii. The steps taken (or not) to get the views of:
 - Those aged under 21*and over 65
 - People volunteering or working in our area but not living here*
 - Disadvantaged people and those we believe to be vulnerable
 - People who are seldom heard.
- iii. The reason we decided to undertake any enter and view activity.
- iv. Any action taken as a direct consequence of enter and view activity*.
- v. How we have provided people with information about local services and helped them to navigate the health and social care system.
- vi. How we have used reports and recommendations to suggest how local care services could or ought to be improved.
- vii. How we have promoted or supported the involvement of local people in the commissioning, provision and management of local health and social care services.
- viii. How we have supported our representative on the Health and Wellbeing Board to be effective.
- ix. Whether or not we have made recommendations to the CQC, either via HWE or directly, to undertake special reviews or investigations.
- x. Whether or not the CQC undertook special reviews or investigations following our recommendations.*
- xi. The number of providers and commissioners who did not respond (even if none) to our information requests.
- xii. How we have shared reports, recommendations, escalations and intelligence with HWE (Healthwatch England).
- xiii. The steps taken to involve lay people and volunteers in :
 - Our governance
 - How we make relevant decisions.
- xiv. The funding received from our local authority to deliver our statutory activities.
- xv. A breakdown of our expenditure.
- xvi. The name and address of our registered office and our contact details.
- xvii. The name and address of the registered office, and contact details, for any organisation subcontracted to deliver any of our statutory activities.
- xviii. That we are using the Healthwatch Trademark (logo and brand), when undertaking work on our statutory activities as covered by the licence agreement.
- xix. How we are going to make the annual report available to the public.

4 Process and timescale

- 4.1 It is proposed that the newly formed Marketing sub group of the Board oversee production of the annual report, and that a design and print company be contracted to assist with production.

- 4.2 The HWE given template will require us to be highly selective about what we include, whilst meeting all the requirements set out above. We will need to write very concisely, and should expect to need an iterative process with a designer once initial copy has been drafted, as final editing will in part be determined by layout and space.
- 4.3 £2000 has been allowed for this process as an accrual in the 2014/15 forecast outturn, and quotes have been received for producing 500 copies that range from £845+VAT including artwork and design to £1200+VAT excluding artwork and design, with the designer we used last year providing the lowest quote. This budget therefore includes a reasonable contingency to allow for the design process to be more complex than initially envisaged.
- 4.4 Last year we produced 500 copies as well as circulating the annual report electronically and this quantity was right for our needs. It is recommended that we produce 500 again this year.
- 4.5 The report must be made available by June 30th 2015 to: Healthwatch England, the CQC, NHS England, the CCGs in our area, HOSC (Health Overview and Scrutiny Committee), our local authority and the public. It is proposed that we work to a timetable with a 2 week contingency built in as set out here:

w/c April 20 th and 27 th	First draft copy Source images	Chief Exec Comms Officer
w/c May 4 th	First draft copy and images signed off Handover to designer	Marketing sub group Comms Officer
w/c May 11 th	Edit text and images in light of first cut of design	Chief Exec Designer Comms Officer
w/c May 18 th	First draft of designed report reviewed	Marketing sub group
w/c May 25 th	Final print ready proof prepared	Designer
w/c June 1 st	Sign off print ready proof	Marketing sub group
w/c June 8 th	Printing and delivery to HWO	Designer
w/c June 15 th	Distribution	Comms Officer

- 5 The Board is therefore asked to:
- i. Note the additional complexity of the requirements this year
 - ii. Note the areas it will be hardest for HWO to evidence effectively
 - iii. Approve the proposal that the Marketing Sub Group be given delegated powers to oversee this task
 - iv. Approve the proposal to enter into a design and print contract worth a maximum of £2000 including VAT to help us produce 500 copies
 - v. Approve the production process and timetable set out in para 4.5.