

HEALTHWATCH WORCESTERSHIRE (HWW) BUSINESS PLAN 2016 - 2017

1. Introduction

Healthwatch Worcestershire have produced a detailed business plan for 2016/ 2017. The plan is ambitious in its scope. It has been co-produced with HWW Reference and Engagement Group and focuses on those areas that patients and service users have said are most important to them. The priorities are set out in Section 5 below.

In order to successfully deliver the plan HWW will need the support and co-operation of patients, service users and carers and all of its wider stakeholders.

2. Background

Healthwatch Worcestershire (HWW) has contracted with Worcestershire County Council to deliver local Healthwatch activities.

HWW has delivered local Healthwatch functions in Worcestershire since April 2013. We have a strong track record and are known by stakeholders across the county as a robust and credible organisation. We are a social enterprise company limited by guarantee. We have a visible local brand and a strong reputation as an independent consumer champion, ensuring that health and social care services put people at the heart of their care.

We summarise the local Healthwatch activities we are contracted to provide as:

- Providing advice and information about access to local health and care services [Signposting]
- Obtaining the views of local people about health and care services to influence the commissioning and delivery of services
- Enabling local people to monitor the standards of local health and care services.

3. Resources

For 2016/17 the Directors have agreed a budget of £289k, the value of the contract for this financial year.

HWW has a Chair and Board of 4 Directors. There is one management post, Chief Operating Officer (COO), supported by 1FTE carrying out administrative and business support duties and 2.85 FTE Engagement Officers. Collectively the Directors and team carry out all HW functions

4. Quality Assurance

We will ensure that HWW is open, transparent and accountable to local communities through mechanisms such as:

- ✓ Reference and Engagement Group (REG) - comprised of 94 local organisations with an interest in health and social care and 12 individual “experts by experience”. The role of the REG is to advise, guide and quality assure our work and cascade information through their networks
- ✓ Registered for Information (RFI) - over 1,200 individuals receive information from and provide information to us, extending our reach into Worcestershire’s diverse communities
- ✓ Task and Finish Groups - guide the detail of work on our business priorities drawing in expertise from the REG and across sectors as appropriate
- ✓ Relevant Decision Making policy - which is publicly available and ensures that lay people are involved in the carrying out of decisions which relate to local HWW functions
- ✓ Holding our monthly Directors meetings in public and quarterly meetings in different parts of the County and at different times to report on HWW activity and enable residents to raise issues with commissioners and providers
- ✓ Having co-opted Company Members with specific expertise so that our Directors are guided by their experience
- ✓ Publishing an Annual Report which is compliant with HWE guidance

HWW is regulated by the Companies Act. The organisation has evidenced that it has the proper systems and processes in place for the efficient operation of the organisation through:

- **Achievement of BS EN ISO 9001:2015 certification.**
- **Achievement of Cyber Essentials accreditation**

HWW received a national Healthwatch award for its work with the Care Quality Commission during 2015 /2016.

5. Business Priorities 2016 / 2017

Given the potential scope of local Healthwatch activities across all health and social care services and the resources allocated to Healthwatch Worcestershire we have identified business priorities to provide a focus for our work. The business priorities set out in the tables below have been agreed by HWW after an extensive period of engagement.

The priorities have emerged in the following way:

- **Continuation or development of existing activity** - for example following through recommendations made in HWW Reports
- **Activity to which HWW has already made a commitment** - for example looking at users experience of social work services
- **Scoping exercise** - patient and public feedback; relevant data and commissioning intentions were all considered and used to build a “long list” of potential areas of activity. These were sense checked by our Reference and Engagement Group, and gaps identified. At HWW Annual Conference participants prioritised the “long list”. The top three priorities from the long list of Big (B), Medium (M) and Small (S) projects presented at the Conference have been included in the business plan.

Each of the priority areas has been mapped against the Outcomes and Key Performance Indicators set out in the WCC Service Specification.

Priorities have been allocated to a lead Engagement Officer and Director. Each priority will have a project plan with the identified tasks cascaded down into individual work plans.

In addition to the priorities below HWW needs the flexibility to undertake work at short notice which may not be an identified business priority, and so we will review the business priorities during the year.

Business Priorities

PRIORITY AREA	PROPOSED ACTIVITY (NOTE HWW will develop engagement / project plans for each project, activities below are indicative only)	WHY THIS ISSUE	Weight	LEAD EO/ LEAD Director	Outcomes this project will contribute to	KPI's this project will contribute to
1. Primary Care						
1.1. Going to the Doctors – the patients experience	Survey Online and face to face at engagement events Reporting Findings and Recommendations	GP services is the issue that is raised most often with HWW by members of the public. Through the Survey we look at issues of availability and quality of GP services, but also test the public's openness to different ways of managing demand, e.g. telephone consultations, going to another local practice and preferences for 7 days services	S	MR / JS	1 2 3 4 5a)	1a) 2b) 2c) 3 4
1.2. As above	New initiative in 2016/17 Engagement with Businesses to understand working age population perspective through promotion of HWW Survey	As above	M	SA & FJ/ JS	As above	As above
1.3. Delegated Commissioning	Attendance as participant observer at CCG meetings to bring patient perspective and check that services are coproduced with users and carers	Commissioning of primary care services has now been delegated to CCG's ¹ from NHS England. Issues include how primary care will work in future and prevention (e.g. Intermediate Care services, Out of Hours, Prime Ministers Challenge Fund etc.)	S	JR & JS	2 3 5a) 6	2c) 6c)

¹ CCGs – Clinical Commissioning Groups (South Worcestershire, Redditch & Bromsgrove and Wyre Forest) are responsible for planning, paying for and monitoring health services in the County

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1.4. Rural access to health and social care	Engagement with rural communities and with Parish Councils through CALC	Issues arising from engagement work in 2016	S	MC / JT	1, 2, 3, 4 5b)	1a) 2c) 1b) 3 2b) 4
2. Adult Social Care						
2.1. Home Care	Postal Surveys and possibly Face to Face interviews – NB This work will require co-operation with WCC and domiciliary care providers	Domiciliary care users are often vulnerable and sometimes isolated, and are a “hard to hear” group. Project builds on work undertaken with BAME communities in 2015/16	B	MR /JT	1 2 3 4 5a) 5b)	2a) 2b) 2c) 3 4
2.2. Adult Social Care	Interviews with people who use social care services about their experience of finding out about, being assessed for and using social care services	People in receipt of adult social care services are not often heard by HWW, a proactive approach is needed to understand their experience WCC ² has introduced new models of Adult Social care, this is an opportunity to understand these changes from a service user point of view. WCC have agreed to work with HWW on this in the second half of the year.	B	MR /JT	1 2 3 4 5a) 5b)	2a) 2b) 2c) 3 4
2.3. Meaningful Activity in Residential Care Homes and Nursing Homes for Older People	Draw together learning from existing visits, consider (with commissioners and providers) how learning can be spread through the sector	HWW has already completed 13 visits looking at this theme. Meaningful activity is key to quality of life in residential and nursing settings	M	MR / JT	3 5a) 6	3

² WCC – Worcestershire County Council is responsible for planning and paying for social care services in Worcestershire. Some services are provided directly by the Council whilst others are provided by private or Voluntary and Community Sector organisations

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3. Mental Health						
3.1. Acute Mental Health - Home Care/Treatment Service	Engagement with provider, service users and carers – would require cooperation of provider.	People receiving care/treatment in their own home are vulnerable and possibly an isolated group. Service users for mental health are often unheard and those treated at home may be considered “hard to reach”.	B	FJ / MG	1 2 3 4 5a) 5b) 6	2a) 2b) 2c) 3 4a) & b)
3.2. Sharing experiences of support for mental health and wellbeing	Follow up on the recommendations in the HWW report on Mental Health services published in March 2016. Continue with the Carers Survey and publish report	Results from HWW survey show dissatisfaction with support for mental health and wellbeing. 14 recommendations were made. These can be followed up with both commissioners and providers to ensure service improvement. Continue with the carers and user survey to see if people’s experiences of services improve following the redesign of 3 mental health services (see below)	S	FJ / MG	2 3 4 5a) 5b)	2a) 2b) 2c) 3 4a) & b)
3.3. Changes within mental health provision including Enhanced Primary Care Mental Health Services; Vocational Centres and Redesign	Attendance as participant observer at CCG meetings to bring patient perspective and check that services are coproduced with users and carers	See above	S	FJ / MG	2 3 4 5a) 6	2c)

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Secondary Care Services						
3.4 Dementia Pathways	Attendance as participant observer at CCG meetings to bring patient perspective and check that pathways are coproduced with users and carers	Worcestershire has a growing older population, with the over 75 age group projected to increase over the next ten years. CCG's are developing the dementia pathway, and looking at diagnosis rates and post diagnostic support.	S	MG	2 3 5a) 6	2c)
4. Sensory Impairment						
4.1 Maintain a watching brief on existing groups and issues arising	Continue to attend Sensory Impairment Consultative Group led by WCC	The impact of budget restrictions to Audiology Services, including provision of Hearing Aids and batteries The impact of budget restrictions on ophthalmology services	S	MC / JR	2 3 4 5a) 6	2c)
4.2 Implementation of Accessible Information Standard	Potential E&V or survey of GPs re implementation of Accessible Information Standard	Encourage and support the implementation of the Accessible Information Standard	B	MC / JR	2 3 5a) 6	3
5. Children and Young People's Services						
5.1 Children, Young People and Parents	Young people and parent surveys to gain feedback on accessing healthcare, support and advice for young people and parents of school age children.	These were the key issues that emerged from work in 2015/16 that require further evidence gathering in order to produce report & recommendations	B	ME / JS	1 2 3 4 5a) 5b)	2a) 2b) 2c) 3 4a) & b)
5.2 CAMHS / Transformation Plan / Starting Well	Participant observer in relevant meetings and forums	To ensure implementation of recommendations and findings from	S	ME / JS	2 3 5a)	2c)

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		HWW CAMHS, Under 5's and C&YP Reports in 2015 / 2016			6	
5.3 Maternity Services	Participation in relevant meetings.	Temporary and proposed future changes to maternity services as part of Future of Acute Hospital Services in Worcestershire. Findings of national Maternity Review.	S	ME / JS	2 3 5a) 6	2c)
6. Public Health / Prevention						
6.1. Understanding the extent to which people living in "Health Hotspot" areas are aware of health improvement messages / NHS Health Checks; identifying barriers to take up and how these may be overcome	TBC – will include face to face engagement in health hotspot areas Group work with young people as part of engagement in schools / colleges	Worcestershire Viewpoint survey identified overweight and obesity; physical inactivity ; mental health and wellbeing; tobacco /smoking and drinking too much alcohol as most important threats to health, there are health improvement messages targeted at addressing these issues, the work would help to assess the reach of these messages in health hotspots. Healthcheck take up is lower in Worcestershire in comparison to national position.	B	All EO's / JR	1 2 3 4 5a)	2a) 2b) 2c) 3 4a) - e)

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		Fits with WHWB ³ priorities. Continues work from Takeover Day				
6.2. JSNA	Attendance when relevant at JSNA Working Group	Keep up to date with relevant data and needs assessment, feed in patient and user experience where available and use to inform HWW work	S	MR / JT	2 3 5a) 6	2c)
7. Autism						
7.1 Implementation of the All Age Autism Strategy / barriers facing people with Autism in accessing health and mental health services.	Engagement with adults with Autism / Asperger Syndrome (via ASPIE and possibly other groups) to ask about issues they have experienced in accessing health / mental health services, including transition from children's to adults services. Survey and engagement with parents of children / young people with Autism / AS about support and information available at and following diagnosis. Survey of GPs / other health services about awareness / training / adjustments for people with Autism.	Individuals reporting issues to HWW / feedback received for HWW response to Autism Strategy and CAMHS survey and received as part of engagement carried out by Young Solutions – suggesting delays in diagnosis and lack of support and advice following. Feedback and discussion with REG members – ASPIE and Aid for Asperger's about issues around lack of awareness of Autism amongst health services and lack of specify mental health support. Concerns about future of diagnosis service for adults.	B	ME / JS	1 2 3 4 5a)	2a) 2b) 2c) 3 4a) & b)
8. End of Life Care						
8.1 Patient and carer / family experience of end of life care	Watching Brief with Commissioners and Providers, potential for this work to develop	CQC Report on End of Life Care - "It is clear that the quality of care for	M	MC / JR	2, 3,4, 5a)	2c)

³ WHWB – Worcestershire Health and Well Being Board

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		some people at the end of their life is still not good enough"				
9. Non-Emergency Patient Transport						
9.1 Non-Emergency Patient Transport NOTE – This does not include public transport	TBC – Call for Evidence about this issue to scope whether further work is required	New models/redesign for some services propose to move from treatment at home to community centres Possible centralisation of some hospital services Services provided in primary care settings (e.g. Doctors surgeries) are not eligible for hospital transport.	M	MC /JT	1 2 3 5a)	2c)
10. Engaging With Black, Asian and Minority Ethnic (BAME) Communities						
10.1 Availability of Interpreting and Translation Services in primary and secondary health care settings	Information request to providers	This was the second ranked ⁴ issue raised as a concern by people from BAME communities during engagement activities in 2015 / 2016.	S	MR / JT	2 3 4 5a) 6	4b)
10.2 Post Mortem arrangements	Information request to Acute Hospital providers	This is an issue that was raised by people during engagement activities with BAME communities in 2015 / 2016.	S	MR / JT	2 3 4 5a) 6	4b)
11. Homelessness						
11.1 Homelessness and Access to Health Services	Keep in touch with VCS / statutory organisations working with homeless people	Follows from work undertaken in 2015 / 2016. Homeless people experience health inequalities and	S	MR /JT	3 4 5a) 2	2c)

⁴ First ranked issue was access to GP services – see Going to the Doctors

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	Continue to attend Community Covenant Group	have poorer health outcomes than the general population.				
12. Equipment Services and Occupational Therapy Services						
12.1. Ensuring commissioning process for Equipment Services is co-produced views of service users	By negotiation as a participant observer in the commissioning process with a focus on user engagement and involvement and check that pathways are coproduced with users and carers.	Equipment Services are being looked at to see how they should be provided in future. Delays / Waiting list for Community Occupational Therapy service, and potential knock on impacts if this results in emergency hospital admissions or entry into residential care	S	MG	2 3 4 5a) 6	2c)
13. Prisons and Justice System						
13.1. Engagement with Prisoners about their experiences of health services in prison	Discussion with commissioners and providers Focus Groups in prison settings	New NHS contract been awarded To build a relationship with Care UK (new provider) Encourage engagement with Prisoners, increase in prisoners contacting HWW and raise awareness of HWW within the prisons	S	MC&FJ / JR	1 2 3 4 5a)	2b) 4b)
14. Sharing information and learning						
14.1 Sharing learning from Independent Complaints Advocacy	Desktop review with ICAS provider	Lessons learnt from ICAS on complaints handling within the NHS	S	SA	2 3 5a)	2c) 3

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14.2 Looking at how feedback about health and social care services can be shared	Pilot project to test information exchange that is allowable within the scope of the DPA	To maximise learning from patient and user feedback	M	JR	2 3 4 5a) & 6	2a) 2b)
15. Service Re-design and Integration						
15.1 HWW is engaged in the following programmes to ensure that the views of patients and service users are taken into account: <ul style="list-style-type: none"> Well Connected Programme Future of Acute Hospitals Review Quality Summit and CQC Inspections & reports Sustainability & Transformation Plan Continuing Health Care 	Varies according to issue – usually participant observer role to bring patient perspective and check that services are coproduced with users and carers	Carrying out HWW function - Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and care services And Enabling local people to monitor the standard of provision of local health and care services and whether and how local health and care services could and ought to be improved	B	Directors	2 3 5a) 6	2c)
15.2 Co-Production	An evaluation of the extent to which Co-Production has become part of the	HWB accepted HWW recommendations in respect of the	M	FJ / PP	2 5a)	2c) 6c)

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	approach used by organisations represented on the Health and Wellbeing Board	Co-Production approach becoming part of the culture across health and social care in the County			6	
16. Relationship Management						
16.1 Building strategic relationships with stakeholder organisations including voluntary sector organisations, local commissioners and providers, NHS England, Healthwatch England, the Care Quality Commission, the scrutiny functions of Worcestershire County Council, and Worcestershire's Members of Parliament.	Review of meetings attended and rationale Continuation of activity where this relates to HWW statutory functions including: <ul style="list-style-type: none"> • Health & Well-Being Board • Health Overview & Scrutiny Cmtee and Children's and Adults Services Scrutiny Committees • R&B CCG, SWCCG, & WF CCG Governing Bodies & relevant meetings • Worcs. Hospitals Acute Trust – Quality Review Insite Group • Worcs. Health & Care Trust & relevant Meetings • Adult and Children's Safeguarding Boards 	Carrying out HWW function Promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and care services And Enabling local people to monitor the standard of provision of local health and care services and whether and how local health and care services could and ought to be improved	B	Directors	2 3 5a) 6	2c) 6c)
16.2 Providing information to Healthwatch England and CQC	Reports, formal and informal information sharing and participation in working groups as appropriate	This is a HWW function	S	SA	2 5b) 6	2c) 6a)
17. Signposting						
17.1 The provision of a signposting service	This service is provided by telephone or online, with a commitment to respond to	Carrying out HWW function -	B	All	1 2	2a) 2b)

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providing advice and information about access to local care services so choices can be made about local care services.	an enquirer within the working day following the day on which the enquiry was received.	Providing advice and information about access to local health and care services and about choices that may be made with respect to aspects of those services			3 5a) 5b) 7	7a) 7b) 7c)
18. Collecting Patient and User Experiences						
18.1 Geographical engagement, summer events etc.	Face to face engagement with hard to reach groups, BAME communities, community groups and people living in "health Hotspot" areas	Each EO and Director has a geographical area that they cover, and are responsible for engaging with people in their area throughout the year, including targeting health hotspot areas and hard to reach groups	B	All	1 2 4 5a) 5b)	1a) 1b) 2b) 4a) – e)
19. Organisational Development						
19.1 Review of Volunteering	Literature Review and using available expertise within the County. Discussion with HWW volunteers	Consideration of recruitment, development and retention of volunteers and the role that they play in HWW	M	FJ / JT		4e)

HWW BUSINESS PRIORITIES - PROJECTS – CALENDAR VIEW

Green = Big Project Blue = Medium Project Orange = Small Project

NOTE – Numbering of projects corresponds to the HWW Business Plan above

	2016	Q1			Q2			Q3			2017	Q4	
Projects - (Start - Continues)	Who	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Being Healthwatch (15.1; 16.1; 16.2; 17.1)	ALL	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
5.1 Parents, Children and Young People	ME	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
15.2 Co-Production	FJ	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
2.3 Meaningful Activity – Maximising Impact of Visits	MR	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
18.1 Geographical engagement	All EO	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
13.1 Prisons and Justice	MC/FJ	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
1.1 Going to the Doctors (Survey)	MR	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
1.3 Delegated Commissioning	JR/JS	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
1.4 Rural Access to H&SC	MC	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
11. Homelessness – Watching Brief	MR	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
6.2 JSNA	MR	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
5.2 CAMHS/Transformation Plans/Starting Well	ME	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
5.3 Maternity Services	ME	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
4.1 Sensory Impairment	MC	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
6.1 Health Prevention and Promotion	ALL					Green	Green	Green	Green	Green	Green	Green	Green
2.1 Home Care Services	MR				Green	Green	Green	Green	Green	Green	Green	Green	Green
7.1 Autism	ME				Green	Green	Green	Green	Green	Green	Green	Green	Green
19.1 Review of Volunteering	FJ				Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
1.2 Going to the Doctors (Business)	FJ/SA				Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
8.1 End of Life Care	MC				Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
9.1 Non-Emergency Patient Transport	MC				Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
14.2 Information Sharing with CABx	JR				Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
10.1 & 10.2 BAME – follow up / engagement	MR				Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange

	2016	Q1			Q2			Q3			2017			
Projects - (Start - Continues)	Who	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Q4	Jan	Feb	Mar
2.2 Adult Social Care – Social Work Service	MR													
3.2 & 3.3 Mental Health	FJ													
3.4 Dementia Pathways														
12.1 OT/Equipment Services														
14.1 Independent Complaints Advocacy	SA													
3.1 Mental Health at Home	FJ													
4.2 NHS Accessibility Standard	MC													
Other Issues as they arise:-														

Peter Pinfield,

Chair of Healthwatch Worcestershire

