

Healthwatch England Committee Meeting Held in PUBLIC

Online on MS Teams and in person in
Suite 4, Jurys Inn Hotel, Western Way, Exeter, EX1

Minutes and Actions from the Meeting No. 39 – 8th June 2022

Attendees

- Sir Robert Francis – Chair (SRF)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Umar Zamman – Committee Member (UZ)

In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Jacob Lant – Head of Policy and Partnerships (JL)
- Gavin MacGregor – Head of Network Development (GM)
- Sandra Abraham – Interim Head of Operations (SA)
- Marianne Patterson – Learning & development Manager (MP)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies

- Pav Akhtar – Committee Member (PA)
- Lee Adams – Committee Member (LA)

Item	Introduction	Action
	The Chair opened the meeting. He thanked Healthwatch Devon, Plymouth and Torbay for hosting the committee and for the fantastic programme of visits that had been arranged for them, which had been enlightening.	
1.1	<p>Agenda Item 1.1 – Welcome and Apologies</p> <p>The Chair welcomed Committee members and other attendees.</p>	
1.2	<p>Agenda Item 1.2 – Declaration of Interests</p> <p>There were no declarations of interest.</p>	
1.3	<p>Agenda Item 1.3 - Presentation by Healthwatch Devon on joint work with CCGs, ICSs, Voluntary, Community and Enterprise sectors</p> <p>Nellie Guttman (NG), Deputy Head of Involvement and Inclusion for ICS Devon, soon to be called NHS Devon. Pat Harris (PH), Strategic Lead for Healthwatch Devon, Plymouth and Torbay and Darin Halifax (DH), ICS lead for the voluntary, community and social enterprise sector, gave an overview of the collaborative work being undertaken by ten partners in Devon.</p>	

NG explained that the Devon landscape covers a very large area run by three local authorities. The 1.2 million people live in 31 neighbourhoods within 45 towns in rural and urban settings. The area contains:

- 1 CCG
- 4 acute hospitals
- 124 GP practices
- 4 local care partnerships
- 2 mental health providers
- Over 7,000 VCSE organisations

Devon is an exemplar in the way they operate as they process everything through an inclusive lens. The Healthwatch structure mirrors the ICS in Devon, and they can overcome challenges through collaboration with the VCSE sector.

PH explained that the three local Healthwatch in Devon have been brought together under one contract funded by three local authorities (LAs). A partnership was formed with three local organisations to secure the LA funding and work to each other's strengths. Healthwatch steering groups are being set up in each Devon area, and new and innovative ways of engaging with the public are being investigated by the local Healthwatch, including a Healthwatch Assist Network, which enables the collaboration to have a strong representation from a cross-section of the communities. Local Healthwatch continues to work through the Healthwatch England Quality Framework to meet the required standards and have a clear action plan. They have had many achievements over the last 18 months, including:

- Working with the local Trusts on the new hospital programme
- Working with the ICB to develop the People and Communities Strategy and ICS involvement structures
- Developed a sophisticated dashboard which enables feedback to be gathered at a local level and across the wider Devon footprint to be able to create impact and influence reports

PH took the opportunity to thank all the volunteers that have assisted them in the partnership.

DH provided an overview of how the ICS works with the VCSE. He explained that there has been a cultural shift from being providers to partners and believes that Devon is unique in having a VCSE System Lead role. As key partners, the VCSE provide insight and access to hidden communities and supports accessibility needs. They also act as a trusted partner for vulnerable groups and help drive people-led change. Here are some of the VCSE highlights and achievements mentioned:

- VCSE is represented at the ICS Partnership Board, in the ICS system executive group, in LCP leadership and provider collaboration
- Approximately £2.2m of funding was received in partnership with the local VCSE (e.g. Kings Fund, Big Lottery, Govt national spend etc.)
- Buddying arrangements were established between senior NHS/LA organisational leaders and VCSE leaders.
- ICS coordinated the VCSE bid for the Covid Outbreak Management Fund, resulting in £1.2m funding.

DH informed Committee that the VCSE have regular meetings with their ICS equivalent and specific outcomes include collaborative funding bids and co-design of services.

Some of the collaborative activities that NG mentioned were:

- The distribution of consultation documents on Health and Wellbeing services in Teignmouth and Dawlish to people's homes
- An award-winning project that worked with the local Healthwatch to obtain insight and understanding of local population needs following the closure of inpatient beds at Holsworthy community hospital
- Integrated Urgent Care, in which local Healthwatch undertook specific engagement about patient experience of the 111 Service and VCSE evaluated provider responses.

	<p>NG concluded the presentation by stating that the aim is to consolidate the Devon collaboration and to have 'street-level conscience' and that their People and Communities Strategy sets out how the voices of people and communities will be heard within the ICS. She stated that inclusion is the golden thread that runs through all they do and that Healthwatch has been an integral part of writing the strategy.</p> <p>The committee sought feedback on how funding is being achieved. DH responded that by collaborating and focusing on outcomes and how these would be achieved, they were able to have a positive approach to NHSE, to the point that they are now approached to carry out projects.</p> <p>The committee also wanted to know how the success of the cultural shift would be measured. PH responded that with people involved with co-designing their own care, there should be more positive outcomes and public satisfaction. NG mentioned that increasing the inclusion of diverse communities by the NHS would ensure that the right things are measured and use of the power of people's stories, in addition to embedding EDI into the workforce.</p> <p>The committee noted the presentation and The Chair thanked PH, NG and DH for the marvellous work that they are doing and wished them well.</p>	
1.4	<p>Agenda Item 1.4 – Minutes and actions from 9th March 2022 Committee Meeting</p> <p>The minutes from the meeting held 9th March 2022 were accepted without amendment.</p> <p>There were no outstanding actions from the meeting held 9th March 2022 and all were marked as completed.</p> <p>Matter Arising</p> <p>There were no matters arising.</p>	
1.5	<p>Agenda Item 1.5 – Chair's Report</p> <p>The Chair gave notice of his intention to step down as Chair of Healthwatch England (HWE) committee in November. He praised the work done by the organisation and cited how Healthwatch England had matured during his tenure. The Chair mentioned how there is a greater awareness of what Healthwatch is and does and how it is appreciated in the NHS and wider health and social care sector through the value of public voices.</p> <p>The Chair welcomed nominations for the appointment of his successor, who would be recruited through DHSC by appointment of the Secretary of State. They will also be an ex officio member the CQC Board.</p> <p>The Chair mentioned that he had met with partners over the past few months, such as The King's Fund, NHSE, Department of Social care, CQC, Healthwatch Chairs and CEOs. He has also participated in a conference on urgent and emergency care and has consistently supported the National Guardian's Office.</p> <p>The Chair reiterated the importance of Healthwatch England being more inter-connected with decision-makers at a national level due to the efforts of the Healthwatch team. He recommended reading the Fuller Stocktake report on primary care as it provides the seeds of real change for improvement.</p> <p>The Committee noted the report.</p>	
1.6	<p>Agenda item 1.6 – National Director's Report</p> <p>LAN presented the National Director's report updating the committee on some of the main activities that have been worked on since the last committee meeting in March 2022 and asked the committee to note the report.</p>	

	<p>LAN thanked the Devon Collaborative Team for their hospitality and for arranging the visits for the Healthwatch England committee and executive staff. LAN stated that she would like to see the Devon model replicated by others in the network.</p> <p>LAN highlighted the sections within the report on Access to GPs and Dentistry, undertaking to keep up the pressure as Healthwatch insight is starting to bear fruit.</p> <p>LAN praised the Chair for achievements during his tenure and stated he should take more credit for the improvements made to Healthwatch England during this period.</p> <p>Committee members reiterated the vast improvements that have been and continue to be carried out internally by Healthwatch England. Praise was given to the impressive media coverage that Healthwatch has been given, thanks to Anna Galandzj, and SA was thanked for increasing efficiency since stepping up into the Interim Head of Operations role.</p> <p>AM requested an update on waiting times to be provided to him.</p> <p><u>ACTION</u> – JL to provide AM with an update on waiting times.</p> <p>The Chair raised concerns about funding both nationally and locally and stated that the system was not transparent. He suggested that HW funding should be discussed at the next committee workshop.</p> <p><u>ACTION</u> – FH to include HW funding on a committee workshop agenda</p> <p>The Committee noted the ND report and the Chair thanked committee and HWE for their work.</p>	<p>JL</p> <p>FH</p>
<p>1.7</p>	<p>Agenda Item 1.7 – Committee Members Update</p> <p>The Committee members had nothing further to report for this agenda item.</p>	
<p>1.8</p>	<p>Agenda Item 1.8 – LHW Learning & Development (L&D) Offer</p> <p>MP presented the changes that have taken place to its Healthwatch England Learning and Development programme for local Healthwatch since 2019. The presentation set out the range of learning opportunities, evaluation of the programme and next steps. The committee were asked to note the presentation.</p> <p>The following points were noted in the presentation:</p> <ul style="list-style-type: none"> • Healthwatch England now uses a blended approach to L&D, which covers a range of needs-driven courses. Courses are provided in various ways, including e-learning, inductions, webinars, showcases, small group training, action learning and peer-facilitated learning. • Healthwatch England has funded and supported secondments from the network to provide specialised training, and good practice guides and trainers with lived experience are used. • Healthwatch England has further developed an area around forward planning and publication. It has produced a learning and development calendar of all the courses provided throughout the year so the network can pre-plan their learning. • Gathering feedback and evaluation of the courses has been challenging, but a working group has been set up to improve this, and a SmartSurvey learning course has been developed and will be shared with the network. • EDI learning has been challenging, but Healthwatch England will need to influence and encourage commissioners to operate through an EDI lens. A review of the Quality Framework is planned to ensure that EDI is hardwired into commissioning tenders. 	

	<p>The committee asked that EDI training focuses on all areas, not just race. GM confirmed that the next annual survey to all Healthwatch will request the make-up of all staff and volunteers, which will act as a baseline and assist with communication in driving the EDI message. The committee requested a mapping of the quality framework and data sharing.</p> <p>ACTION - GM to provide a map of the quality framework and data sharing, etc. to be shared with the full committee</p> <p>The Chair commended the work done and, along with the committee, thanked MP for her efforts and noted the report.</p>	GM
1.9	<p>Agenda Item 1.9 – Strategic Risk Register</p> <p>SA presented the amended draft strategic risk register for 2022-23, which had previously been presented to the full committee at the April workshop, where suggestions for amendments were made and subsequently reviewed by the AFRSC on 12th May 2022, where further recommendations were made. The committee were asked to review and approve the revised version of the risks and mitigations presented in the register.</p> <p>The committee made the following comments:</p> <p>SR01 - <i>Healthwatch England does not have enough financial resource to achieve the level of ambition set out in our strategy, leading to a loss of credibility.</i></p> <ul style="list-style-type: none"> • SR01 had been discussed at length, and AFRSC will retain light controls on this risk. The National Director should own this risk. <p>SR08 - <i>Failure to identify or respond to EDI issues amongst staff within Healthwatch England can impact staff wellbeing and performance at work leading to low morale and poor culture</i></p> <ul style="list-style-type: none"> • SR08 risk description is too specific and should be more general and broader to reflect organisational culture and mitigations. The National Director should own this risk. Committee to approve the amendments by email. <p>ACTION – SA to amend risk SR01 to National Director owned ACTION – SA to amend risk SR08 to be less specific and more general around organisational culture. Committee to approve by email.</p> <p>The committee approved the Register subject to the amendments mentioned above. The risk register is to be emailed to the committee for formal approval</p>	SA SA
2.0	<p>Business Items</p> <p><u>Agenda Item 2.0 (a) – Equalities Diversity and Inclusion (EDI) Review of 2021-22 and Plan for 2022-23</u></p> <p>CM reviewed the actions taken in delivering the Equalities Diversity and Inclusion Plan for 2021-22 and the next steps for the plan in 2022-23. The committee were asked to note the report.</p> <p>Committee comments and suggestions:</p> <ul style="list-style-type: none"> • Consideration is to be given to people with one or more disadvantages, and intersectionality is to be included. • Would like to see more live examples in the report <p>The committee noted the report</p>	

2.0	<p>Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report</p> <p>DO provided a summary of the AFRSC meeting held in May. She explained that the focus was on challenges around underspend in 21/22 and improving financial processes. DO highlighted the following:</p> <ul style="list-style-type: none"> • The staff survey to look at a broader list of cultural engagement • Underspend last year was higher than expected. • Much progress has been made with financial reporting, and Healthwatch England will be working jointly with CQC on reporting processes. • A mechanism has been adopted to manage spend, assuming a 10% underspend in the pay budget. • Grants will no longer be issued and will be replaced by contracts. Terminology relating to this will also be changed. <p>LAN mentioned that the following items would be discussed at forthcoming committee meetings and workshops:</p> <ul style="list-style-type: none"> • Risk Registers will be on the agenda • Cyber security at the next AFRSC meeting • Review of governance of sub-committee and its effectiveness. <p>The committee noted the report, and the Chair thanked the sub-committee for their work</p>	
2.1	<p>Agenda Item 2.1 – Forward Plan</p> <p>The committee made no comment on the forward plan</p> <p>The committee noted the forward plan</p>	
	<p>AOB</p> <p>There was no other business</p>	
	<p>Questions from the public</p> <p>There were no questions from the public.</p>	
	<p>The Chair thanked everyone for attending</p> <p>The chair closed the meeting at 13:50 pm</p>	
	<p>The next meeting will be held in September 2022 The meeting will be held in Stratford, London Guests can join in person or online via Teams. Details to follow.</p>	