

Healthwatch England Committee Meeting Held in Public

Online on MS Teams and in person in
Westbourne Room, 2nd Floor 2 Redman Place, Stratford

Minutes and Actions from the Meeting No. 43 – 23 May 2023

Attendees

- Belinda Black – Interim Chair (BB)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Lee Adams – Committee Member (LA)
- Pav Akhtar – Committee Member (PA)
- Phil Huggon – Vice Chair and Committee Member (PH) Online
- Umar Zamman – Committee Member (UZ) Online

In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Ben Knox – Head of Communications (BK)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Guests

- Urte Macikene – Policy & External Affairs Manager
- Sarah Tingey – HW Cambridgeshire & Peterborough, Information and Research Manager

Apologies

- Sandra Abraham – Head of Operations, Finance and Development

Item	Introduction	Action
1.1	Agenda Item 1.1 – Welcome and Apologies The Interim Chair welcomed Committee members and other attendees. Apologies from Sandra Abraham were noted.	
1.2	Agenda Item 1.2 – Declaration of Interests LA declared that she is Chair of Healthwatch North Yorkshire.	
1.3	Agenda Item 1.3 - Minutes and actions from 23 February 2023 Committee Meeting The minutes from the meeting held 23 February 2023 were accepted without amendment. There were no outstanding actions from the meeting held 23 February and all were marked as complete and addressed within the agenda. Matter Arising There were no matters arising.	

<p>1.5</p>	<p>Agenda Item 1.5 – A Review of Our Winter Support Work</p> <p>BK gave a presentation of the work HW did over the winter period with guidance issued by HWE on how they could play their part in helping keep patients safe.</p> <p>BK explained that HW made themselves more visible by promoting our services to professionals and the public with the focus on providing advice to help people stay well and use services more effectively. A huge increase in the number of people viewing our advice and information was seen compared with three months earlier. Some of the work involved monitoring the implementation of ICS winter plan activity and feeding back about the impact of the initiatives and supporting people with social care assessments and hospital discharge to avoid emergency re-admissions.</p> <p>HW ran several campaigns, including one in partnership with CQC to encourage feedback from older people on the impact of the cost of living and social care. BK informed the committee that our insight has fed into national debate and policy and In January, was used in a House of Lords report which called for urgent action to address the issues with emergency care. The NHS welcomed HW support, and our feedback has helped inform national recovery plans, but the impact is yet to be seen. Lessons learnt and best practice will be shared with the network during the summer.</p> <p>The committee felt that the presentation captured the essence of HW tactical and strategic approach and clear messaging, but evidence of impact is mixed and possibly needs greater emphasis on the work GM leads in supporting the network. Consideration should be given to making it an annual fixture and for more funding to give it leverage, possibly through ICBs.</p> <p>PA offered to assist with facilitating a couple of sessions for councillors open to the network about what makes good engagement with them, and the same for local MPs, especially with the general election coming up.</p> <p>The committee noted the report thanked BK.</p>	
<p>1.4</p>	<p>Agenda Item 1.4 – Presentation by Healthwatch Cambridgeshire and Peterborough on Maternal Mental Health</p> <p>Sarah Tingey (ST) – Information and Research Manager, HW Cambridgeshire and Peterborough (HW CambsPboro) presented the committee with an overview of the project they had carried out on maternal mental health, with the aim of highlighting key issues to NHS leaders and stakeholders where support was lacking for women and their families. ST conveyed that it was a positive experience and HW CambsPBoro appreciated working with other LHW on a rewarding project in allowing local women's voices to be heard at a national level.</p> <p>ST explained that although the project was small and consisted of five interviews, it was challenging. There had been a lot of local interest and an over-subscription of people wanting to be involved in the project, and a challenge was having to rearrange no shows for interviews. There had been a real desire by participants to share their experiences to drive change. Participants wanted to be kept up to date with the findings and to read the final report, as did Local health professionals and residents.</p> <p>The project highlighted:</p> <ul style="list-style-type: none"> • Patients with pre-existing mental health conditions were less likely to get the support that they needed than those who had recently had a traumatic birth experience. • The 6-8 week check-up concentrated on the health of the baby, rather than the mental health of the mother. <p>UM mentioned that alongside the LHW work a national survey had been done on 2700 women who had had a baby since April 2020 to establish if the policy of the 6-8 week checks were being carried out since our last study on maternal mental health. It was found that only 1 in 5 mothers were satisfied with the service they had received and 16%</p>	

	<p>reported that they had had no service at all. Respondents confirmed that GPs often did not cover mental health checks in favour of baby welfare checks.</p> <p>There have been positive policy responses to our work in that in their 3-year plan, NHSE committed to publishing guidance for GPs for 6-8 week checks monitoring.</p> <p>The committee noted the presentations and thanked ST.</p>	
1.6	<p>Agenda Item 1.6 – Chair's Report</p> <p>The Interim Chair (BB) reported that 5 members would be leaving the committee at the end of this year and recruitment for replacements led to nearly 150 applications. Interviews will take place the coming Thursday.</p> <p>BB informed that JO would stay on until the end of December when his first term ends in July and BB is going to stay on the committee when the new Chair is appointed to ensure stability and continuity. The committee will be reduced to six members including the Chair. The new HWE Chair was due to be announced on the 1 June on the Gov.uk website.</p> <p>The interim Chair reported that over the past two months she had met with Helen Buckingham, Chair of National Voices, Eddie Crouch Chair of the BDC, Sir David Warren, Chair of NMC and others.</p> <p>The Chair reported that she had been looking at the HWE budget and whilst it is at a standstill, in real terms it is a cut which is an ongoing concern.</p> <p>The Committee noted the report and thanked the Interim Chair</p>	
1.7	<p>Agenda Item 1.7 - Adoption of Our Future Focus – Healthwatch England Strategy 2023-26</p> <p>LAN mentioned that although there wasn't yet a start date for the new Chair, this was probably the last time that BB would be chairing a HWE committee meeting and formally thanked BB for stepping in as interim Chair and for agreeing to remain on the committee when the new Chair has started.</p> <p>LAN presented "Our Future Focus", the new strategy which was being launched that day and asked the committee for approval. The last strategy agreed was for 2018-23 and was refreshed in 2020. Since the last strategy an analysis of what has been achieved has been undertaken including changes in practice and the network since the pandemic. The new strategy considers the effects from the pandemic, cost-of-living and other factors and experiences not known about at the time of the last strategy and was developed following extensive consultations with committee, internal and external stakeholders. Health equity will feature throughout, and the focus will be on the healthcare and social care systems, in these three areas:</p> <ol style="list-style-type: none"> 1. Access to primary Care 2. Social Care 3. Women's health <p>LAN also mentioned that we would be looking at financial sustainability and a review of the Healthwatch model in addition to considering the challenges of cultural change from CCGs to ICBs and the financial constraints they are facing.</p> <p>The committee welcomed the comprehensive and inclusive process that had been taken in the production of the new strategy and expressed pride in the final document in terms of context and language used, although they did voice concerns about resources available for delivering the strategy. They recognised the challenges and that LHW would need support to deliver their statutory requirements.</p> <p>LAN thanked the committee for their engagement and support.</p> <p>The committee approved the new strategy.</p>	

<p>1.8</p>	<p>Agenda item 1.8 – Chief Executive’s Report</p> <p>LAN presented the Chief Executive’s report updating the committee on some of the main activities that have been worked on since the last committee meeting in February 2023 and asked the committee to note the report.</p> <p>LAN informed that there had been a change in her title from National Director (ND) to Chief Executive Officer (CEO) to bring it in line with Local Healthwatch (LHW).</p> <p>LAN highlighted 2 sections of her report, 1.2 Maternal Mental Health and 1.4 Primary Care. People are still experiencing problems in these areas, and they are embedded into our plan and HWE will be working with LHW to monitor progress.</p> <p>UM advised that the publication of the Accessible Information Standards is now in its final stages and expected to be published late July/August. Healthwatch and their evidence is featured throughout. HWE will be issuing further materials as the standard rolls out to track impact.</p> <p>The committee welcomed the focus on inequalities and suggested that the challenge was in getting policy response on how inequalities is addressed.</p> <p>Whilst accepting that sometimes referrals are lost, JO expressed concerns about what could be conceived as negative information about GPs. The committee also expressed concerns that 50% of GP practices do not have effective digital systems and suggested increased focus to monitor what is done with the data LHW provide to drive forward improvement.</p> <p>LAN summed up that demand for GP services have increased considerably since the pandemic. HW reflect people’s experiences who do not understand the medical pathways and will give support where required.</p> <p>The Committee noted the CEO report</p>	
<p>1.9</p>	<p>Agenda Item 1.9 – Committee Members Update</p> <p>Nothing to report</p>	
<p>2.0</p>	<p>Business Items 2022 - 2023</p> <p><u>Agenda Item 2.0 (a) - Delivery and Performance Report for Q4 (EoY 2022/23)</u></p> <p>CM updated the committee on our performance against our KPIs and Business Plan for Q4 2022/23. The committee were asked to note the report.</p> <p>CM focussed on the projects that did not end the year on track. These included:</p> <ul style="list-style-type: none"> • DHSC and DLUHC investing in Healthwatch and ensuring that HW are included and properly resourced in the emerging ICS network structure. Discussions are ongoing. • Delay on the digital transformation work. Phase One delivered but uptake from the network is still ongoing. Targets have been set for 2023/24 at 50% uptake by mid-year and 75% uptake by year end. The network report that the system is more user friendly than the previous CRM. • Other targets not met were based on historic research v more recent, and difficulty in getting engagement from LHW. <p>The committee sought clarification on the progress reported for the % of LHW reporting they are confident of using the views of local people to shape decisions around integrated Care. The target was 80%, but only 77% achieved, although marked as</p>	

	<p>complete. GM explained that a change in the baseline cohorts led to the target not being met.</p> <p>The committee also suggested that the failure to meet the target for Black, Asian, and Minority Ethnic people giving feedback could be due to the design of the survey and consideration should be given to the use of partnerships to assist with collecting data. CM confirmed that this area is being investigated and monitored.</p> <p>The Interim Chair and committee noted the report and thanked staff.</p> <p><u>Agenda Item 2.0 (b) – Diversity & Equalities End of Year Update</u></p> <p>CM Updated the committee on the progress of HWE plan in delivering HW commitment to equalities, diversity, and inclusion (EDI) and asked the committee to note the report.</p> <p>CM explained that the report was a highlight of the key projects and work around EDI and addressing inequalities over the past 12 months in terms of policy, communications, etc.</p> <p>The committee discussed intersectionality, the structure of prioritisation, social care, and the work various HW had been involved with both nationally and locally, citing Salford and Bolton as examples. They questioned what was being done about people with sight and hearing impairment and were informed that the publication of the Accessible information Standard is due out mid-August, which should go some way to addressing this. The conclusion was that the equalities framework for the network will be reviewed, and a deeper dive taken into intersectionality and the areas identified through feedback and the national data set.</p> <p>The committee noted the report.</p>	
2.1	<p>Agenda Item 2.1 – Business Items 2023-2024</p> <ul style="list-style-type: none"> a. Business Plan b. Budget Plan c. Strategic Risk Register 2023-24 d. KPIs <p>CM presented a 6-month business plan that outlines the top-level deliverables of the new strategy that HWE aim to deliver, along with the budget plan for 2023/24 and asked the committee to approve the plan and the budget.</p> <p>CM also presented the draft Strategic Risk Register (SSR) for 2023/24 outlining the threats against the delivery of HWE's three strategic aims and the mitigating actions, plus the Key Performance Indicators (KPIs) for 2023/24 which allows for monitoring the efficiency and success of the business plan in alignment with HWE Strategic aims. The committee were asked to approve the SSR and KPIs.</p> <p>BB, The Interim Chair explained that the committee had been involved and had discussed the plans and registers at previous meetings and workshops and CM confirmed that the budget had been proposed to Audit, Finance and Risk Sub-Committee for recommendation of approval by the full committee.</p> <p>The committee questioned the progress of sharing HW data with CQC, as this would be an ideal resource to assist CQC in targeting inspections. CM said that although discussions are ongoing, CQC were not yet able to share data with HWE and still were still clarifying how they would use HW data. He also noted HWE would require additional resources from CQC to be able to assist in sharing data for CQC purposes.</p> <p>Action – SA to prepare proposed business plan Sept 2023 – Mar 2024 for approval at next committee meeting.</p> <p>All papers were approved.</p>	SA

2.2	<p>Agenda Item 2.2 – Audit, Finance and Risk Sub Committee (AFRSC) Report including EOY Finance Report 22/23; Budget for 23/24; AFRSC Terms of Reference (ToR).</p> <p>HP gave a brief overview of the AFRSC meeting which took place in April 2023. She asked for the minutes to reflect that she was acting Chair at that meeting.</p> <p>HP informed that the sub-committee discussed a light touch review of the effectiveness of the committee considering the reduction in the number of members at the end of the year and the suggestion that HWE contemplate a format for handover to new members in Autumn 2023. The AFRSC Terms of Reference which had been discussed at the committee workshop in April was presented for full committee approval.</p> <p>HP Updated the committee on the following:</p> <ul style="list-style-type: none"> • That digital transformation funds which had been held by HW Norfolk, is now fully utilised. • The workforce Annual Review was looked at and concerns raised regarding the staff turnover compared to CQC rate and the primary driver for this. Turnover will continue to be monitored. Committee members had been included within the overall figures, but the sub-committee asked that they be removed as they distorted the actual staff figures. • The sub-committee looked at the finance report and budget closure for 2022/23 and were pleased with the results and oversight carried out throughout the year in managing the budget. They commended SA and the leadership team. • The sub-committee felt encouraged by the positive comments made by Jonathan Nartey, the CQC finance partner who has taken over from Ryan Mills. <p>DO expressed the sub-committee's appreciation of the progress HWE has had in their improved working relationship with CQC and the overall management of the finances and in ensuring clear processes are in place. LAN supported this.</p> <p>The committee noted the report and approved the AFRSC ToR. The Interim Chair thanked the sub-committee and SA for their work.</p>	
2.3	<p>Agenda Item 2.3 – Forward Plan</p> <p>The committee were pleased to see that the Annual Conference was taking place in person in September. LAN explained that the conference was being held at Congress House, in Central London on 19th September and the committee meeting will be held the following day at Stratford.</p> <p>PA suggested that HW take the opportunity talk to health unions as stakeholders if possible. LAN welcomed the suggestion.</p> <p>The committee noted the forward plan without further comment.</p>	
	<p>AOB</p> <p>No other business was discussed</p>	
	<p>Questions from the public</p> <p>There were no questions from the public.</p>	
	<p>The Chair ended the meeting and thanked everyone for attending.</p> <p>Meeting concluded 14:22 pm.</p>	
	<p>The next meeting will be held 20th September 2023 in Stratford, London Guests can join in person or online via Teams. Details to follow.</p>	