Healthwatch England 9th December 2020

Meeting #33 Committee Meeting held in Public

Location: Teams Meeting

13:00	Public Committee Meeting - Agenda item		Presenter	Action
13:00	1.1	Welcome and apologies	Chair – RF	
13:02	1.2	Declarations of interests	Chair - RF	
13:05	1.3	Minutes of meeting held in September, action log, review of agenda and matters arising	Chair - RF	For APPROVAL
13:15	1.4	Chair's Report: • Chair's Actions(s)	Chair - RF	VERBAL Paper for noting
13:30	1.5	National Director's Report	IR	For NOTING
13:45	1.6	Committee Members Update	ALL	VERBAL
13:50	1.7	Annual Data Return	GM	DISCUSSION
14:05	1.8	Insight Report (Jul-Sept 2020)	CM	For DISCUSSION
14:25		Tea Break		
14:35	1.9	Business Items: a) Equalities Diversity and Inclusion Action Report Q2 b) Delivery and Performance Report for Q3	CM IR	For NOTING
15:00	2.0	Audit, Finance and Risk Sub Committee Meeting Minutes & Risk report	DO	For NOTING
15:15	2.1	Forward Plan	CHAIR	For NOTING

15:20	Questions from the public		
15:25	AOB		
	Date of Next Meeting 10th March 2021		

Healthwatch England Committee Meeting
Held in PUBLIC

Online

Minutes and Actions from the Meeting No. 32 – 9th September 2020

Attendees

- Sir Robert Francis – Chair (RF)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Andrew McCulloch – Committee Member (AM)
- Danielle Oum – Committee Member and Chair of Healthwatch Birmingham (DO)
- Lee Adams – Committee Member (LA)
- Helen Parker – Committee Member (HP)
- Amy Kroviak – Committee Member (AK)
- Andrew McCulloch – Committee Member (AM)

Apologies

- Sir John Oldham – Committee Member (JO)

In Attendance

- Imelda Redmond – National Director (IR)
- Gavin Macgregor – Head of Network Development (GM)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Ben Knox – Head of Communications (BK)
- Flora Deshmukh - Campaigns Officer (FD)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Chair welcomed everyone to the meeting, particularly those attending from the public. The Chair noted apologies for absence for Sir John Oldham	
1.2	**Agenda Item 1.2 – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item 1.3 – Minutes from 10th June 2020 Committee Meeting** Karen Kelland (KK) – Healthwatch Rochdale volunteer asked that the wording in Comments from the public be changed from "Interim View Team" to "Enter and View Team". **Action -** FH to amend the wording in the comments from the public "Interim View Team" to "**Enter and View Team**" Subject to the above amendment, the minutes were **APPROVED** as complete and accurate and signed off digitally by the committee.	**FH**

	The action log was noted – action log	
1.4	**Agenda Item 1.4 – Equalities & Diversity Statement and Action Plan** CM presented the updated Public Statement and Equalities and Diversity and Inclusion (EDI) workplan. It was noted that the Committee had approved the paper by email between meetings and the statement and action plan were now published on the Healthwatch England Website It was noted that the workplan relates to work that we will be undertaking in this financial year and that we will build on this foundation in future years: 1. Identify best practice on equality, diversity and inclusion in local Healthwatch and support the network to understand their duty in this area. 2. Research on the impact of COVID-19 on Black and Asian communities The committee congratulated CM on this. They were pleased with the importance HWE had given to this work both internally and externally. CM assured committee that the next six months would be spent building relationships with stakeholder representatives and community organisations to form a solid foundation to take this work forward. **The Committee confirmed their approval of the action plan.**	
1.5	**Agenda Item 1.5 – Chair's Report** The Chair gave a verbal update on his activities since the previous meeting. He mentioned Healthwatch England's work in the development of the new contact tracing app and the productive impact HWE are having with NHSX who are creating the app in the hope of increasing public confidence and therefore greater take up The Chair appeared before the Health and Social Care Select Committee to set out what we had learnt from COVID-19. In July, RF also appeared before the Public Administration and Constitutional Affairs Committee about the framing of a possible enquiry into COVID-19. The reports are due to be published soon. Due to the work HWE has been doing with the Parliamentary and Health Service Ombudsman, on a complaints standards framework and a consultation being launched, he was interviewed by Rob Berhens (the Health and Parliamentary Ombudsman) for his radio channel. RF mentioned the sudden reorganisation of Public Health England with the concern that; as he had found in his review of Mid-Staffordshire Hospital, that the focus is not lost on the vital work these organisations do. RF mentioned the importance of the insight Healthwatch England has received from the public about health services and social care services in the context of COVID-19 and it is part of their role to ensure that issues raised by the public are bought to the attention of those who can change their practices where that might be necessary. He also referred to digital appointments for assessing health care services, noting that although it is an encouraging development, not everyone will be able to access to it, and those who cannot, should not have their health service access prejudiced. **The Committee noted the report.**	
1.6	**Agenda item 1.6 – National Director's Report** IR presented the National Director's report and asked the committee to note the report. The following matters were highlighted: IR provided more details on HWE's inequalities programme for this year and for the future. This included discussions with staff and communications with the network around the Black Lives Matter campaign and particularly about the inequalities that have shown up during the COVID-19 pandemic and our roles in tackling those inequalities. This will be the theme running through the conference this year. We are delighted that Sir Michael Marmot will be opening the conference and looking back at his report of 10 years ago when he highlighted health inequalities. IR reported that we are utilising expertise across the network and have seconded a person from Healthwatch Sunderland who is developing some best practice policy and guides to provide	

	guidance to local Healthwatch. We are currently seeking another secondee to assist with improving Healthwatch approach to equality, diversity and inclusion. IR reported that responding to COVID-19 remains a high priority and we are regularly feeding back information and insight that we get from local Healthwatch and the public into the system such as the transport review, A&E response time and digitalisation. We have launched a joint campaign with CQC to reach a wider audience to receive greater feedback. IR confirmed that the hospital discharge programme is now in its final stages and an update was provided later during the meeting. 107 Healthwatch engaged with HWE on this piece of work and the learning will feed into hospital discharge guidance for the winter. IR summarised some of the other work undertaken in addition to supporting the network. This includes contributing to the review of the NHS volunteer programme run by the Royal Voluntary Service; "The doctor will zoom you now", which is forming the foundation for our digital exclusion programme; track and trace; input into the reset of the NHS; involvement in the Social Care Sector COVID-19 Task Force, chaired by David Pearson and feeding into eight sub-committees on social care; political engagement continues and IR sits on a number of Boards and presents the views of the public to high level bodies. She has also met with Sheffield university with a view to future collaboration on projects, supporting the need for a review and a proper consultation of the NHS mandate and our contribution to the Health Devolution report. The Chair commended IR on the fantastic job done by her and her staff. The committee thanked IR for an excellent report and observed that Healthwatch voice is getting stronger both locally and nationally. **The Committee noted the National Director's report**	
1.7	**Agenda Item 1.6 – Committee Members Update** The Committee members had nothing to report	
1.8	**Agenda Item 1.8 – Update on Healthwatch Strategy Review** IR presented an update on Healthwatch's strategy review and the schedule of activities planned to carry out the review. The Committee were asked to approve the direction of travel set out the report. IR updated the committee on what has taken place since their workshop in July and the work presently going on that will influence the higher-level strategy that they will receive in October. This work involves matters relating to data collection, data analysis and ensuring that we have the right tools and digital systems to support it; issues around engagement activities; although the insight report is published quarterly, it is used daily and we are looking at ways to do more real time reporting and at other sources of public opinion and views that could help shape our insights. IR assured the committee that the work around the Theory of Change is still ongoing and reiterated that we are doing a lot of work in defining our role in reducing inequalities. We are also having conversations about having academic partnerships and whether international work is something that we want to do. Very soon the idea of a Futures Lab is going to be explored and work is also taking place around STPs and regionalisation. In addition to this we are doing a brand review. RF sought confirmation of the committee's involvement into the strategy review and asked if there will be a consultation. IR confirmed that in discussion with the Chair and LA the committee's formal involvement will be at their workshop in October, where they will be presented with the high-level objectives, and for sign-off of the strategy in December. She explained that this is a refresh of the existing strategy and not a new one. Although there will not be a formal consultation, conversations with colleagues at the conference are expected about how we can use our resources to gain maximum impact. The committee were very pleased with this piece of work which they found very illuminating and agreed with the direction of travel set out in the report. AM offered to assist with response bias	

	and an intuitive way of prioritising groups with the lowest responses and IR suggested that AM and CM form a task force for this. RF thanked IR and her colleagues for this work. **The Committee Approved the Strategy Review workplan.**	
1.9	**Agenda Item 1.9 – Future of Engagement** GM led a discussion to help shape the value offer from a local Healthwatch and what should Healthwatch England do to support local Healthwatch and consider our wider positioning on engagement as we prepare for a review of our strategy. GM explained that engagement and involvement are ill defined, and that terminology is contested, he used a PowerPoint presentation to set out the "ladder of participation" and described how this fits across Healthwatch statutory activities, which is also used by the NHS. In general, Healthwatch is seen as fitting the devolving, collaborating, involving, consulting and informing model and he provided a range of techniques and Healthwatch examples for doing this and their duties under the Equality Act. GM gave an overview of the activities Healthwatch England currently have in place around research and information, what is in the pipeline and what needs to be considered as part of the strategy review. GM explained that because of COVID-19 we have had more opportunity to connect with people on the frontline carrying out engagement activity and respond to the challenges caused by the pandemic. He asked for the committee's input on defining Healthwatch's model of engagement and involvement and learning from the network nationally and internationally; ambition backed up by brand and strategic communications; the need for equality, diversity and inclusion to run across our work on engagement and to consider HWE capacity to support this work effectively; how do we nurture leadership to support others and ensure that we are enabling voices to be heard; how can we ensure that we are using the best digital tools to support local Healthwatch; how do we ensure that Healthwatch is consistent in their scrutiny role with integrated care systems and strengthen the legal basis, whilst recognising the importance of supporting the public voice; and do we amplify our impact. RF responded that GM had made a good job of understanding what engagement is and that it is essential that it runs throughout health and social care and should not be taken for granted. DO commended GM on the thoroughness of his approach and analysis. She stated that over time there have been changes in the political and funding environment and the expertise, science and art of community engagement has stopped, and thought it was necessary to revisit to see what could be applicable. The committee suggested that an expert outside of Healthwatch be considered for the Equality, Diversity and inclusion work as well as external expertise in collaboration with the expertise within the Healthwatch network for other projects. They also suggested that there should be more than one model of engagement to get full impact and this can be drawn from the evidence base as well as external expertise. HP mentioned that HWE is a doer as well as a user, such as using quantitative information for public affairs engagement and presentations at meetings. IR agreed that this was a good strategic point. HWE is very new to this type of engagement and mass gathering types of engagement and exploring other types of engagement for HWE is something to be considered. LA mentioned that to be able to work on a national level, there must be community participation and organisational development that embraces issues from the public. In summary, the committee concluded that consideration should be given to the use of expertise from outside of Healthwatch in addition to those within the Healthwatch network; to consider various methods of engagement for full impact; Equality, Diversity and inclusion should be at the heart of what we do. HWE should consider exploring methods of engagement that they can personally be involved in such as joint campaigns and mass gatherings. **The Committee thanked GM for his presentation**	
2.0	**Agenda Item 2.0 – Intelligence & Policy Report for Q1** CM presented the report setting out a summary of the views people has shared with Healthwatch from April to June 2020 and providing an in focus look at the issues people raised with Healthwatch at different points in the COVID-19 pandemic. The report also covered people's views of digital healthcare and rated people's experiences by sentiment when it comes to primary care, community services, secondary care, social care and mental health services. He asked that the committee note the report.	

	The following matters were highlighted: CM explained that at the early part of the pandemic a lot was heard around confusion issues such as shielding and self-isolation. There were also issues around access to hospital transport and concerns relating to access to prescription medication as people had difficulty accessing GPs and pharmacies by phone. Patients experienced delays in receiving medication, leading to stressful situations. There was lack of clarity and information about what people should do in the changing environment due to COVID-19 as there were changes to planned care including tests and medication reviews. CM highlighted other issues raised throughout the pandemic such as lack of emergency dental care and the impact on families and carers due to the closure of respite and day care centres. Many people felt stressed, isolated and forgotten, which fed into a wider topic of the impact on people's mental health. JL informed the committee that there has been an escalation of issues relating to dentistry and this has become the main issue at the East of England network meeting. He mentioned that he been in touch with DHSC to see what more can be done with the insight we are getting in terms of the access issue and public information provision. CM told the committee that the learning from this was that information needed to be clear, accurate and consistent and people's experience of care and hospital appointments began and ended at home. Transport arrangements need to be considered where the availability of public transport is reduced or where people felt unsafe and that there are issues around the use of technology in response to the pandemic. CM provided the demographics of the respondents to surveys which highlighted the disparity in the profile of those affected by the pandemic and those responding to the surveys. RF thanked CM for the report and asked that we consider how we reach a wider profile. PH asked that consideration be given to the geography as well as the demographics. LA raised concerns that the figures for people being positive about mental health services and primary care were worryingly low and that HWE will need to consider this in future planning. **The Committee noted the Intelligence and Policy report.**	
2.1	**Agenda Item 2.1 – Delivery & Performance Report for Q1** IR presented the report summarising the performance against the Business Plan and KPIs at the end of August (2020/21). The committee were asked to note the report. IR explained that the report is a look back to the start of the year and there has since been time to reflect on what's new in our workplan since COVID-19 and activities put on hold since business plan sign-off in March. She reassured the committee that although there was a lot of work going on, she had no concerns about minor delays or any work that has been paused. The committee asked for an update on the digital platform work. IR replied that the work commissioned from Wildman & Herring is now complete. Matt Sanders is leading on this and has turned the report into a working document. This is feeding into the work that CM is leading on around data collection and will support the review of choosing the right digital platform and content for the future. This will form one of the change management discussions in our strategy. DO asked for clarification of the items that had no KPI. IR explained that where there was no KPI indicated, that item was included in the management report as a performance indicator, but not a key performance - only key performance indicators are reported to committee. She went on to explain the various methods that HWE use to track performance, including the programme management performance. **The Committee noted the Delivery and Performance report.**	
2.2	**Agenda Item 2.2 – Equalities, Diversity & Inclusion Action Report Q1** CM presented an update to Healthwatch activity to the end of August 2020 following the refresh to our Public Statement on Equalities Diversity and Inclusion and published workplan setting out	

	our activities in the area for 2020/21, which he had referred to earlier. The committee were asked to note the report. CM explained that throughout July we were part of the NHS England's Rapid Task Advice Group on health inequality and their report included important issues raised by HWE to be included in their final plan, which will contain: • prioritising those at greatest risk • the emphasis on improving capturing demographic data • setting clear expectations for Board level and leadership on tackling inequality • stressing the need for local and regional NHS bodies to work with local communities to strengthen accountability and scrutiny. • Introduction to a specific commitment to review who is accessing new digital care pathways to help surface potential new gaps opening. CM mentioned that JL was invited to join the NHSE/I Health Inequality Oversight Group, which provided oversight, advice on delivery and further development around inequality issues during the next phase of the COVID-19 recovery. Other work we have been doing is reviewing the demographic data we are collecting. Our first stage report on digital health and equality "The Doctor will Zoom you now", was well received and referenced by NHSE's phase three letter to all NHS providers. The next stage will include deeper dives into communities who have difficulties in accessing remote consultations. CM highlighted the lack of accessible communications experienced by different groups such as those with learning difficulties, sensory impairment and non-English speaking people and RF made this point when he gave evidence to the Health Select Committee on the handling of the pandemic. Referring to the hospital discharge work, we aspired to hear from Black Asian Minority and Ethnic communities, but only had a 5% response from those from a non-white background, highlighting the need to build better links with representative groups. More work is being done on this and BK is looking to research and define how we can improve communications with these communities. We have been working on a project with Mencap and will be using some evidence gathered by Mencap to build on this and will include it in our final report in October. Other pieces of work include the impact of COVID-19 on Black and Asian communities, this was discussed at the London Network Meeting. We received useful feedback about the need for the work to be very focused on a specific community to ensure we don't spread ourselves too thinly and dilute the findings. In July the Leadership Team gave the go ahead to a project Identifying best practice on Equality Diversity and Inclusion in local Healthwatch and supporting the network in this area. We are in the process of recruiting a secondee to help with this important work. We are planning sessions with local Healthwatch on equality and diversity, including their approach to their public duty. We have strengthened the questions on equality on our data return and will be analysing the findings this month. We are going to promote at least one volunteer case per quarter. A brief reference was made to the "Because we all Care" campaign, which will feature later at this meeting and CM gave a list of projects planned for later in the year covering seldom heard groups and detailed what HWE was doing internally to measure performance as an organisation around inequality. DO asked CM if we can be confident that we know what best practice looks like and should we not be looking at experts in this field. She also highlighted that the Black Asian Ethnic Minority groups all had different experiences and the need for us to talk about intersectionality. CM agreed with both points and will factor this into our plans and the work we are doing and that we will continue to be specific in the work we have been doing on COVID-19. **The Committee noted the report and thanked CM for the work that has been done**	
2.3	**Agenda Item 2.3 – Because We All Care Campaign Evaluation** BK and FD presented an evaluation of "Because We All Care", a joint campaign with CQC, highlighting recaps on the campaign aims, an evaluation of the first month and lessons that will inform future activity. BK explained the background to this digitally led campaign which was launched on 8th July with a view to promoting the benefits of feedback both nationally and locally. The campaign launch	

	focused on people with long-term conditions, unpaid carers and older people because primarily they were the ones most affected by COVID-19. There were barriers to overcome such as because of COVID-19 people didn't want to be seen expressing concerns about health services. FD explained planning and timeline for the campaign and the key ingredients that were focused on to ensure its success. This included making it emotive by tapping into the all-time high appreciation of the NHS and overcoming the barrier of the fear of criticising the NHS, by making it a positive act. The aim is to make a campaign that works for both service providers and users and providing a flexible platform that works for all partners, using a strapline that accompanies a call for action, "tell us about your experience". The outcomes from the first month since launch are as follows: • Over 13m reach on social media • Hashtag reach of over 50 million • At least 23 outlets of media coverage • Strong partnership support from Healthwatch, charities, NHS and health organisations • 277,000 Social engagements • Over 54,000 website visits to HWE and CQC's campaign pages. • 6,500 views shared • Lack of support from local authorities and social care sector Findings to date is that paid for social is important for extending our reach and Facebook is far outperforming all other channels in reaching people, but we must not risk becoming too reliant on this channel. There has been an increase in people searching for Healthwatch online, however audience engagement had an under representation from men, people aged under 50, and those from non-white backgrounds. When targeting men specifically, it was found that the message wasn't resonating with them and is something to be investigated, as well as the language used for Black Asian Minority Ethnic communities. Pooled resources and learning between CQC and HWE helped to improve campaign performance by bringing expertise together. The committee thanked BK and FD for a great presentation with some encouraging results. BK assured committee that there will be further spikes of activity over the year and we will be feeding back stories and case studies on how people's views are being used. The committee welcomed the pooled approach with CQC and can see how it has worked and how we now have a wider partnership and suggested that the tone of messaging is considered, and the language tested on focus groups. **The Committee Noted the Presentation.**	
2.4	**Agenda Item 2.4 – Audit, Finance & Risk Sub Committee Meeting Minutes** DO presented the draft minutes from the Audit, Finance and Risk Sub- committee meeting held in July 2020. DO reported that the sub-committee will be provided with an evaluation on the grants funding at the next meeting including a report on the grant awarded to Norfolk HW. They will also receive an update on how CQC use their Equality Diversity and Inclusion data. The impact of COVID-19 has exacerbated underspend on non-pay and agreement was given for a £140,000 virement to fund projects for local Healthwatch to deliver. The sub-committee requested that the remaining underspend be allocated and presented to them at their next meeting. **The Committee Noted the Audit, Finance and Risk Sub-committee draft minutes**	
2.5	**Agenda Item 2.5 – Risk Reports** DO presented the updated risk reports to the committee, highlighting the following matters: The sub-committee had scrutinised the register to ensure that they recognised the risks described and made suggestions around re-wording and rescoring of pre and post mitigations. They will be getting feedback from GM at the next meeting around the impact of the Quality framework in terms of mitigation to strategic risk one. There will be a deeper dive into the digital programme to see what the impact is on the mitigations for strategic risk 18, and on	

	reviewing the COVID-19 risk register agreed, that risk COR09 (*Due to local Healthwatch not supporting the local COVID-19 response effort the network finds its resources (either in the short term or the long term) rediverted to other priorities*) scoring should be reduced but may need to revisit this at the next meeting. RF thanked DO for all the work that she does for the committee. **The Committee noted the changes to the Risk Reports**	
2.6	**Agenda Item 2.6 – Forward Plan** There was nothing to add to the forward plan. **The committee noted the plan**	
	Comments from the public Karen Kelland – Healthwatch Rochdale, wanted to know how leadership was going to represent the challenges being faced moving forward with further devolution, referring particularly to Greater Manchester and the importance of this and Healthwatch as an independent voice. RF thanked KK for her question and assured her that in this fast-changing environment, it is something that preoccupies us in relation to how we deal with these issues. IR further responded that leadership must come from within the devolved structure and confirmed that considerable resource has been put into the Greater Manchester network of 10 Healthwatch in the form of money, and consultancy into getting some governance structures that can be used right across the Greater Manchester area. IR offered to meet with KK in the near future to discuss the issues raised further.	
	AOB There was no other business to discuss	
	The Chair thanked everyone for attending. The chair closed the meeting at 15:57 pm.	
	Due to COVID-19 the next meeting will be held via Teams Meeting 9th December 2020. Further details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

9th September 2020

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20191113 1.4	Imelda Redmond	**Matters Arising:** To bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments	This work was suspended due to COVID-19. CQC are doing some significant work on this and we are in conversation with them. The work is now ongoing	Mar 2020	In Progress
20200311 2.2	Chris McCann	Review KPI 1 at the Strategy Review in October 2020 - Develop and approve a strategy to transform our communications with the public		Oct 2020	In Progress
20200610 2.1	Gavin McGregor	To look at deliverables within the local Healthwatch grant giving programme to ensure that HWE is getting value for money to be presented at the next AFRSC meeting	DO agreed to this being postponed to Nov meeting of AFRSC. We have working group working on process	Nov 2020	Complete
20200909 1.3	Felicia Hodge	FH to amend the wording in the comments from the public "Interim View Team" to "**Enter and View Team**"		Sep 2020	Complete

HEALTHWATCH ENGLAND –COMMITTEE MEETING HELD IN PUBLIC

9th December 2020, 13:00 pm – 15:30 pm

AGENDA ITEM No 1.4

AGENDA ITEM: Chair's Actions

PRESENTING: Sir Robert Francis QC

PREVIOUS DECISION: None

EXECUTIVE SUMMARY:

This paper provides an update to the Committee on the following:

AFRC received a paper from the Executive asking them to recommend to the Chair of Healthwatch England (HWE) that he uses Chairs Action to approve two projects

RECOMMENDATION:

1. AFRC recommended to the Chair of the Committee that he takes chairs action to the release of the £58k held by Healthwatch Norfolk to pilot some innovations in engagement with digital public and survey tools

2. AFRC recommend to the Chair of the Committee that he takes chairs action to release up to £130k from the underspend in budget to commission a data store

Decision :- Sir Robert Frances took Chairs action and approved the recommendations set out above.

Background

Healthwatch England has been carrying out a digital review to understand Healthwatch needs and the corresponding solutions which also allow increased sharing of data and insight with Healthwatch England.

Reason for change

Currently less than 50% of local Healthwatch share data with HWE on a regular basis and we want to provide Healthwatch with the tools to make it easier for them to fulfil their obligations.

There is currently a review of HWE engagement with the network and what is realistic from local Healthwatch. It has been established that we cannot continue to fund the full cost for a system that only half of the network are using regularly.

Purpose of Review

Our existing digital system for collecting, managing and sharing data and insight are not delivering the functionality that both Healthwatch England and Local Healthwatch require and not providing a sufficient return on the finance and resources that we commit to them. We need a digital platform that can be used by all Healthwatch regardless of size, to share data with HWE to fulfil their statutory obligations, and to share information with other Healthwatch.

There are few products that fit the bill and we do not have the expertise or resources to create a bespoke platform. We propose to test a few different approaches to see what work best for Healthwatch.

We have a variety of local Healthwatch with different needs, so we seek a solution that fits best with this complexity, with affordability and scalability in mind.

Approaches

The preferred model emerging from the review undertaken by digital agency Wildman and Herring earlier this year is a hybrid model consisting of a survey/feedback set of tools plus a centralised data store for HWE to capture and analyse the data.

During the strategy workshop on **29th October** Chris McCann presented ideas about improving the digital support we give to the network and quality of the data we receive from the network. Taking this work forward will need two main actions:

- Piloting online engagement tools and survey tools
- Developing a data warehouse

Investment

Both approaches require investment as follows:

For the first proposal we asked the sub-committee to recommend that we release the **£58,000** funds currently held by HW Norfolk which was allocated to them in March 2020 with Norfolk's full agreement. As the complexity of Healthwatch is not to be under-estimated, the pilot will test large and small Healthwatch with different capabilities.

The second proposal we asked the sub-committee to recommend the release of up to **£130,000** of underspend to take forward the centralised data store work.

The Committee expressed their agreement with the direction of travel and a paper was presented to Audit Finance and Risk Committee meeting on **12th November.**

During the meeting the AFRSC asked the HWE Executive to do more work on the proposal and be more explicit with the narrative, ensuring that we had properly considered the risks. The paper was updated and presented to sub-committee on **20th November** for review and approval.

The committee sought reassurance that HWE were secure in the use of Healthwatch Norfolk grant for the pilot, that they had the local grant giving expertise, HWE project management resources, and that a risk assessment had been carried out. The assurance has been given that HWE will be working closely with HW Norfolk and providing support through the process. A risk assessment has been drawn up around the Norfolk innovation grant funding. The Data Warehouse project will be led by HWE Digital Systems Development Manager Matt Saunders, with support and oversight from Chris McCann. There is a task and finish group in place which has been operating since September and will provide additional resource where required at each stage.

Financial Implication:

Due to the limited time left to spend the £130,000 by March 2021, the request for approval of the £130,000 has been brought to the Chair to authorise so that the procurement process can begin. If the £130,000 is not spent in the current financial year there is a risk of an adverse impact on delivering the revised strategy and a projected higher underspend.

Recommendation:

The Audit Finance and Risk Committee has confirmed they agree that HWE can move forward with both proposals and therefore the Audit Finance and Risk Committee recommend that the Chair take action to approve the release the **£58,000** held by Healthwatch Norfolk to pilot some innovations in digital engagement with the public and survey tools, and the release of **£130,000** from the underspend in our budget to start the procurement process to commission a data store.

Chair's Response:
I am reassured that AFRC have considered the relevant risks and the mitigation of those risks and accept their advice that these risks are being managed to an acceptable level.

Therefore, I am happy to use my authority as Chair to authorise you to proceed as you have proposed. It is, however important that we report this to the next Committee meeting and that thereafter I receive regular reports on progress.

AGENDA ITEM: 1.5

AGENDA ITEM: National Director's Report

PRESENTING: Imelda Redmond

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Committee on some of the main activities that we have worked on since the last meeting in September.

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Since we last met in September a lot has happened both at Healthwatch and in the country

Below I set out our major pieces of work we have been engaged in this quarter

1. Responding to COVID-19

1.1 Covid-19 Stakeholder Updates

Since we last reported to the committee, we have continued to produce regular updates on what we are hearing on covid-19. These cover what sort of information people are requesting from us in relation to the pandemic and what sorts of experiences of care they are reporting. In Q1 we were sharing these weekly or daily but as developments in the pandemic slowed down over the summer, we took the decision to consolidate the updates into a monthly publication.

In recent months we have used this route to raise issues around:

- The challenges people have faced getting tested for covid-19 including
- The lack of understanding around how and when to get tested
- The problems accessing tests including booking systems not working for technical reasons, as well as people being advised to travel very long distances or there simply being no capacity available.
- The issues caused by delays to testing, including some patients needing a covid-19 test before being able to get treatment in hospital struggling to access the tests they need.
- And whether or not the Government is going to introduce routine testing for supported living environments and sheltered housing as part of the programme for routine testing in care settings.

- The continuing issues people are experiencing in access to GPs. In particular, we are hearing from people struggling to get through on the phones and this issue has been compounded by the dual pressures of more GP appointments being done over the phone and more people than ever trying to book slots for their flu vaccine over the phone. This raises important lessons for the Covid-19 vaccine roll-out which we have raised with the DHSC and NHSE.
- The rapidly increasing issues around access to dentistry. We have seen feedback about dentistry rise by 452% in Q2 on the previous three months and it was already significant then in Q1. We have escalated these concerns with DHSC and NHSE policy colleagues.
- Maternity services not following guidance around allowing partners to join appointments.
- Examples of NHS services not accepting exemptions for people wearing masks.

1.2 Hospital Discharge Project

During Q2 we carried out the research on our hospital discharge project. Over a 4-week period we gathered 529 experiences from patients and carers. We also worked with 8 local Healthwatch to interview 47 health and care professionals.

Throughout September we carried out an extensive stakeholder engagement programme with our partners, the British Red Cross. This saw us share the following findings with 26 organisations and experts including NHSE and the DHSC.

Key findings included:

- 82% of respondents did not receive a follow-up visit and assessment at home **and almost one in five of these reported an unmet care need.**
- Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
- Over a third (35%) of people were not given a contact who they could get in touch with for further advice after discharge, despite this being part of the guidance.
- Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.
- Around a third (30%) of people faced an issue with delayed COVID-19 test results, potentially putting family and carers at risk, or in a care home, other residents and staff.

Our recommendations included:

To help hospitals manage a second wave of COVID-19 hospital admissions ahead of winter, we have made several recommendations based on the experiences of people and staff, including:

- **Post-discharge check-ins and assessments:** Services should follow policy and ensure people are offered follow-up support soon after discharge, whether by phone or in person.
- **Discharge checklists:** Patients should be asked about the support they need, including any transport home and equipment required.
- **Communication:** Patients and carers should be given a single point of contact for further support or questions, in line with national policy.
- **Medication:** Waiting for medication can often lead to delays being discharged from hospital. Linking patients to voluntary sector partners or community pharmacists who can deliver medicine could avoid delays.
- **Boost community care capacity and recognise the value of the voluntary care sector in hospital discharge:** The current discharge policy depends on follow-up assessments and care being available. Longer-term, more investment is needed to ensure this happens, including in the voluntary care sector.

The report secured media coverage in key national outlets including the Independent, Mirror, Telegraph, Guardian, Metro and the Mail Online. We also secured regional/local coverage in 40 titles and key trade coverage in the HSJ and BMJ.

We understand that the findings are now being considered as part of the review of the national guidance and have been submitted as part of the DHSC's considerations ahead of the spending review.

1.3 Digital Health and Equalities Project

Following on from our successful Dr Zoom report, published in July, we have kicked off our second phase of research on digital/remote consultations. This next stage will explore the experiences of people who are at risk of being excluded from care because of the changes in way it is being delivered.

We had 30 applicants from network to be involved in this phase from which we have selected five to grant fund. Each of these Healthwatch are now working in partnership with a local PCN to recruit and interview patients from the following three groups that previous research has identified as being at greater risk of digital exclusion:

- People aged 65 years or older

- People with disabilities - especially people with sensory impairments, learning disabilities, or dexterity/mobility issues; and
- People with language barriers - whose first language isn't English.

We have also targeted this work at areas affected by socio-economic factors that mean residents already face inequalities when it comes to their health and care.

We have co-designed the methodology with the five local Healthwatch and made it available to the wider network for others to get involved. Fieldwork will be completed in January. This is slightly later than planned but recruitment has been hampered by the second national lockdown.

1.4 NHS Test and Trace App

In September NHS Test and Trace launched the App to support the covid-19 response. Thanks to our input the App now meets all the data security requirements people said they wanted to see to have trust in it.

We have been supporting the comms campaign at national level and sharing resources to help local Healthwatch get the message out to local communities. The app has now been downloaded over 19 million times.

However, there have been teething issues and we have continued to feed in what we hear from local Healthwatch including:

- Notifications not working properly with people clicking on the links and it not taking them anywhere.
- People also receiving multiple and contradictory notifications - i.e. a message saying there has been a contact and then seconds later saying there hasn't. This has left people feeling uncertain about what action to take and limited avenues to seek reassurance.
- A snap poll from Rotherham which showed 80% had downloaded it, 7% still thought it was infringement on their privacy.
- A survey from Tower Hamlets suggested 63% downloaded it v 36% hadn't with some suspicion about privacy amongst local Black, Asian and Minority Ethnic respondents.

1.5 Elective Care Taskforce

We have joined NHSE's elective care taskforce to help them understand what people are currently experiencing in terms of waiting for care and how the NHS needs to respond in terms of communicating with patients and setting expectations.

To help shape wider thinking around this we also fed in to a National Voices report which sets out a number of core principles about how the NHS should support people waiting for care.

Throughout this work we have been stressing the need for the NHS to work with the care sector and the voluntary sector to ensure people are provided with more and better interim support options if they are faced with waiting longer for treatment.

We understand NHSE are now in the process of turning the contributions from the taskforce into a set of expectations for services on how they should all be communicating with patients.

1.6 Care Act Easements

In October the TLAP Insight Group (of which Healthwatch England are members) published its report on to how the first phase of the pandemic had affected people who use social care services. The final report drew heavily on evidence from the Healthwatch network.

Key findings

- People working in social care have done their very best to respond to the pandemic.
- Existing problems with social care, such as lack of investment, and practices that do not support personalisation, were exacerbated.
- The experience of people accessing care and support (and unpaid family carers) was mixed. While some reported pro-active, flexible and personalised approaches to their care and support, others fared less well.
- Unpaid family carers took on significant additional caring responsibilities, leading in many cases to increased stress, financial burden and risk of burn out.
- Families with a relative living in a care home experienced loss of contact and fears for their loved one's safety.

Recommendations

The report makes a number of recommendations, four of which Healthwatch England and the Healthwatch network have a role in supporting.

- **Improving communications at local level** – including councils ensuring they have up-to-date systems in place for communicating with care users and co-production groups in place who can advise on issues arising.
- **Care Act Easements** – continuing to identify and learn from councils who used the easements and those who did not enacted them formally but where service users experienced issues.

- **Mobilising communities** – helping to urgently re-open community support services like libraries, recreation facilities, arts and culture and using these to promote neighbourhood activity and involvement.
- **Going digital** – helping local care services to understand what aspects of digital technology used during the pandemic should be retained and ensure that new methods of delivery are not exacerbating digital exclusions.

1.7 Guidance on visiting care homes

The arrival of COVID-19 resulted in many rapid changes across health and social care services, with one of them being the suspension of visits to care homes to protect residents, their loves ones and staff.

However, despite care home visits being permitted from July 2020, the sad reality for many is that visits have continued to be restricted, resulting in detrimental effects on people's health, welfare and wellbeing.

On 8 October 2020, we wrote to the Secretary of State for Health and Social Care Matt Hancock to express our concerns in partnership with the Association of Directors of Adult Social Services (ADASS) and the Care and Support Alliance.

In reply, the Department of Health and Social Care has invited Healthwatch England, ADASS and the Care and Support Alliance to sit on a working group for the recently announced care home visiting pilot and to continue to share recommendations for future updates to the visiting guidance. You can read more about the specific points we raised here.

The guidance issued on 1December 2020 goes some way to answering our points but doesn't go far enough yet. The roll out of the vaccine and rapid testing will be a game changer for people in care homes.

1.8 The opening up of elective Services

As you know elective surgery and diagnostic tests were either put on hold or greatly reduced during the earlier part of the pandemic there is now an enormous backlog of people waiting for services. The NHS is working hard reopen services and we have been working them with a focus on two main priority areas. 1. The communication with people on waiting list and 2 that in opening up services again that attention is paid to ensuring there is no widening in health inequalities by the way services are allocated.

2. Key non-COVID-19 activity

2.1 Quarterly meeting with the DHSC Director General

Since we last met with our Director General in August, we have had a series of meetings with the sponsor team within DHSC to progress the agreed actions.

Most notably we have produced a number of documents for the DHSC to support them in reviewing the policy direction behind Healthwatch, to ensure it is properly resourced and that the DHSC gets best Value For Money.

These have included landscape maps of the health and care sector and Healthwatch's place/role within this for 2013/14 and 2020. We have also discussed how this might change in future in light of the increasing shift towards decision making at ICS level. We have also developed a risk profile of what happens if the DHSC takes no action to ensure an effective voice for communities in new regional

decision-making structures (ICS/NHSE regions), and an outline of what levers for change are at the DHSC's disposal.

Our next meeting with our DG is scheduled for 1 Dec.

We have engaged in a number of meetings with the DHSC and NHSE on the proposed NHS legislative that has two main features one is to consider whether ICS should be put on a legal footing and two to remove the internal market from the commissioning of NHS services. We have made representation on the need for public, patient and service users voice to be at the heart of nay new legal entities.

2.2 NHS 111 First

We updated last time that following the recommendations in our February report on what people want from A&E, the NHS is now testing a way for patients to book in for urgent care appointments via NHS 111. This will help to reduce crowding in A&E departments and enable people to spend their timing waiting for care at home rather than in hospital waiting rooms.

This approach has been piloted in a number of areas and we have been supporting the local Healthwatch in each area to engage. We understand the programme is now set to roll out nationwide from 1 December.

NHSE confirmed in a recent meeting that the booking facility means those who speak to 111 will:

- Be advised whether they should attend A&E straight away or not
- If not, they will be given a booked slot

- If they do not require A&E they will be booked in to an alternative service including local same day GP services.

They have also confirmed that no one will ever be turned away from A&E if they have not called 111 first.

An additional £24 million is also being invested in the 111 service to increase both the number of call handlers and clinical support staff.

We have raised concerns with NHSE about the level of patient engagement in the testing period and stressed the need for an equalities impact assessment to be done to avoid this change to the 'front door' of the NHS introducing or exacerbating any current access issues for particular groups of people.

NHSE assure us they have been speaking regularly with the test sites and are confident about roll out plans. To support them and track user experiences of this new approach HWE is now developing a survey which will be available to the whole network to gather views as this new approach develops.

2.3 NHS Mandate

Since we last met, under Chair's action we have made our formal submission to the DHSC on the setting of the mandate to NHS England for 2021/22.

We have developed a number of principles which should shape how the Government sets its performance expectations for the NHS over the next 12 months. These principles balance the need to urgently get growing waiting lists back down, being realistic about what care will look like in the meantime and ensuring the NHS has the resources it needs to both fight covid-19 and support any interim support measures for those having to wait longer for treatment.

We have also pointed to specific issues Ministers will want to address which have been identified through our engagement with the public, patients, care users etc over the last 12 months. This include:

- **Accessible communication** - in particular learning from how services have often failed to meet the Accessible Information Standard during the pandemic.
- **A&E targets and the roll out of NHS 111 First**
- **The roll out of digital and remote consultations** (drawn from the Dr Zoom work)
- **Discharge from hospital** and the lessons that need to be learned to ensure the Discharge to Assess model is properly resourced and everyone gets the help they need to recover effectively.
- **Dentistry** – and the huge growth in information requests we have had around access.

As updated last time, we have also reissued our call
for the DHSC to formally consult on the Mandate once the pandemic is over. This has not been done since 2015 and is now overdue.

2.4 Political engagement

We continued with our programme of engagement with key parliamentary audiences.

We have provided written evidence to a number of select committee and APPG inquiries including HSCSC on Maternity and future of social care funding.

We also supported the Public Services Committee by organising a focus group and evidence session for them, brining people's views directly to them. The subsequent report referenced our contribution in a number of places, and it was very encouraging to see them recommend greater emphasis be put on involving communities in the design of local services.

We also saw the HSCSC publish their report on handling of the pandemic and other NHS services. This drew heavily on our evidence with the number 1 recommendation being around communication with patients and public.

We also gave evidence to the Lords Covid Committee – Life beyond Covid.

3. Support to the Network

3.1 Healthwatch Week (HWW)

Every year, Healthwatch Board members, staff and volunteers attend the National Conference. In response to Covid-19, we decided to go online and delivered a highly successful 4-day event in early November when Healthwatch shared, learned and celebrated their work.

There was a strong equalities theme to the week. Keynote speaker Sir Michael Marmot discussed health inequalities in England ten years after his renowned report; panels of health and care sector leaders focused on Covid-19 and health inequalities, social care and how the health and social care system is responding to the new normal; sessions were led by local Healthwatch and Healthwatch England on topics such as research and underrepresented groups, communicating impact, volunteering and equality, diversity and inclusion. The Week also gave an opportunity for Healthwatch England to set out its strategic direction over the next three years.

The Week saw 516 attendees from 136 local Healthwatch – our largest event. We are carrying out a thorough evaluation and will share highlights at the next meeting

3.2 Effectiveness

Workshops have been run with local Healthwatch to introduce the Quality Framework which enables a Healthwatch to understand its effectiveness. 40 local Healthwatch will be supported to complete the Framework by March 2021. Healthwatch England is asking all Healthwatch to complete the Framework by March 22.

Margaret Curtis, secondee from Healthwatch Sunderland has been developing template policies, drawing on Healthwatch examples. These are being match against the Quality Framework so Healthwatch can adapt and adopt where there are gaps. The first such policy is decision-making – a key requirement, particularly important for Healthwatch who have such a wide remit and competing demands on limited resources.

3.3 Sustainability

Much of Healthwatch England's work with local authorities goes under the radar as we seek to protect Healthwatch income and support effective commissioning. Considerable work was undertaken in 19/20 with events and a new resource pack on commissioning Healthwatch.

Against a very difficult funding environment, these efforts are paying off. Targeted engagement with 41 local authorities where the Healthwatch contract is under consideration are resulting local authorities issuing longer length contracts - better for staff retention and planning work; several have incorporated the Quality Framework, reinforcing a consistent approach to understanding Healthwatch effectiveness. There has also been a tendency for local authorities to extend contracts rather than carry out a retender exercise. By and large, contract amounts have seen a small reduction, although the cut for some Healthwatch has been more significant.

Considerable work was undertaken in 19/20 to support local authorities with effective commissioning of Healthwatch, including events and a new resource pack. Against a very difficult funding environment, these efforts, plus targeted engagement with 41 local authorities where they are paying off.

3.4 Equality, Diversity and Inclusion

Healthwatch England's plan on equality, diversity and inclusion includes gaining a fuller picture of local Healthwatch's approach. Healthwatch England has seconded Joy Beishon, Chief Executive of Healthwatch Greenwich to lead work to help build the foundations for this work.

This project will look at the work undertaken by Healthwatch with their local communities, including creating a baseline of Healthwatch activity across

protected characteristics and seldom heard groups,
identifying positive examples and providing opportunities for peer support and learning from both inside and outside the Healthwatch network. The work will also inform Healthwatch England's approach to equality, diversity and inclusion, including our future support to local Healthwatch.

3.5 Engagement

Gathering the views and experiences of people is core Healthwatch business which has been affected by Covid-19, curtailing face to face engagement. We have been developing a number of approaches to support local Healthwatch with engagement and the challenges they face:

a) Healthwatch England commissioned the Consultation Institute to co-produce a training resource with Healthwatch Cumbria and Healthwatch Peterborough and Cambridgeshire on online engagement techniques.

b) We provided small grants to Healthwatch Leeds, Healthwatch Wiltshire and Healthwatch Croydon to produce 'how to' guides on three successful engagement, involvement and co-production approaches that other Healthwatch could adapt and replicate. Each was showcased during HWW and received a great response and focused on the use of video diaries, engaging with people with dementia and how to co-produce with seldom heard groups.

c) Healthwatch England has set up a staff network for people carrying out engagement. With over 110 members, it provides a place for staff to share good practice and challenges and test products and resources to support engagement activities. A similar network has been established for staff managing volunteers – particularly important with the challenges of Covid-19.

d) We have put in place a new project to pilot online engagement platforms over the first six months of 2021 with 10 Healthwatch and five Healthwatch to test a survey tool, as part of the Digital Transformation project.

4. Supporting more people to have their say

Our digital campaign #BecauseWeAllCare launched in July, in partnership with CQC, to encourage more people to feedback their experiences of health and care support during the COVID-19 pandemic.
To date the campaign has been supported by over 300 charities, NHS services, local Healthwatch and other organisations and contributed to the strongest year

Healthwatch England has had to date in terms of our digital reach and engagement.

Eight months into the financial year and the reach of our social media messages stands at 8M – double the 4M reach we achieved in 2019-20. The effectiveness of our social messages has also improved, with 295K engagements to date -nearly treble the engagement we saw 2019-20.

This, in turn, is has resulted in more people visiting our website to access information and act. From April to November 2020, 483K people visited our website– this is 200% higher than the same period in 2019.

We have also seen actions taken on our website increase. For example, over 8,600 people have shared their experiences of care to date via the Healthwatch England website. This insight is not only adding to the data available to local Healthwatch but has significantly boosted the real-time insight available to Healthwatch England.

Providing advice and information

The introduction of our national on-line information and advice service has played a critical role in our response to COVID-19. Since the pandemic started, we have produced and updated a host of guidance in response to Government initiatives, as well as queries from the public. Advice topics covered include:

- Accessing dental care
- Understanding shielding advice
- Visiting care homes
- Being discharged from hospital
- Planning for end of life care
- Using the pharmacist rather than GPs, and
- Dealing with grief.

As a result of this work, over 250K people have accessed our advice and information online since April 2020. This is more than double the advice and information that was accessed via our website in the whole of 2019-20.

5. Supporting Healthwatch to engage their communities

We have continued to develop with local Healthwatch the resources they need to engage and support their communities. Examples of this support include:

- Resources to help support NHS awareness campaigns focussed on the COVID-19 tracing app, the NHS being open for business and the national vaccinations programme.
- New guidance and training, for example, how to develop a communications strategy, as well as resources to help local Healthwatch improve their communications.

As a result of the resources provided by Healthwatch England to local Healthwatch, traffic to our network site is at an all-time high. By the end of November 2020, the actions taken on the site (such as downloading guidance) were also 40% higher than all the actions taken on the network site in 2019-20.

Healthwatch England has also run over 80 events and training session since April, which have been signed up to by nearly 1,500 delegates.

We have also continued to market the role of Healthwatch via our channels, and as a result of this work through paid-for search and social media advertising, we have seen 63K people using our website to find their local Healthwatch. This figure from April – November 2020, it 30% higher than the same in 2019.

We have also continued to roll out our standard website to local Healthwatch to help them improve their digital engagement and increase brand consistency. Our website is now used by 40% of local Healthwatch services.

An audit of the Healthwatch brand has also been carried out to assess its use by us and by a sample of 30 local Healthwatch services. This work has provided some valuable insight that will help inform an update to our visual brand guidance, as well as our project to review our brand promise, values and tone of voice.

Since April 2020, we have seen 16K downloads of our reports and other documents and specific reports covering digital healthcare, hospital discharge and our quarterly intelligence have been downloaded over 1K each.

Key Meetings Attended since the last Committee meeting

September	
Local Government Association & Partner Roundtable	
NHS Assembly	
National Quality Board	
ADASS	
EHRC	
Leaders Adult Social Care Interview	
DHSC- Quality Matters	
NHS Health Check Review	
Elective Task Force (Fortnightly)	
Human Tissue Authority – Introductory meeting	
NHSCC	
Resetting the NHS – Govconnect Webinar	
Integrated Care Delivery Partners Group	
Better Care Fund Programme Board	DHSC
NHSE/NHSI – Remodelling Healthcare in London	
National Voices	
NHS Confederation – Health for Care Coalition	
Karen Kelland	
October	
Workplace Live Video for Healthwatch Network	
People Business	Andrea Gregory
CQC Quarterly meeting	
Age UK	
Video Introduction for Healthwatch Northamptonshire Annual Meeting	
HSJ Virtual Summit	
Professional Standards Authority	

NHSE/NHSI – Remodelling Healthcare in London	
BASW England-Adult Social Care meeting	
Nutrica	Kate Hall
ADASS quarterly meeting	
November	
Social Care Reference Group	
NHS Assembly	
NHS Citizen Advisory Group	
NHSE/NHSI Stakeholder Forum	Specialised Services
Pandemic Patient Experience	Rachel Power – Patients Association
Patient Engagement & Experience in a Post Covid-19 World	SE England NHS and LA staff
DHSC Quarterly Strategic Meeting	Lee McDonough-DHSC
National Quality Board	
Suzy Lamplugh Trust	
NHS Reset Conference	
Non-Emergency Patient Transport Review	
CQC and HWE Strategy meeting	Ian Trenholm
Interview on Patient and User experience during COVID-19	Academic Sciences Network
Quarterly HWE & CQC meeting	
NHSE/I	Roger Davidson
Governance & Place Roundtable	Mark Butler- National Commission

AGENDA ITEM No: 1.7

AGENDA ITEM: Annual Survey and Satisfaction Survey

PRESENTING: Gavin Macgregor

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: Each year Healthwatch England runs a survey with local Healthwatch to understand their work and organisational priorities and information to provide a national picture of Healthwatch activity, feeding into several of our key outputs such as our Annual Report. We communicate this information to Parliament, Government and the public to demonstrate the impact of Healthwatch.

We also run an annual survey on how staff, volunteers and Board members rate Healthwatch England's support and the extent to which they feel part of the wider Healthwatch network.

The results are shared in the accompanying presentation.

RECOMMENDATIONS: Committee Members are asked to note the findings.

AGENDA ITEM: 1.8

AGENDA ITEM TITLE: Intelligence and Insight Report Q2 2020-21

PRESENTING: Chris McCann, Director of Communications, Insight and Campaigns

EXECUTIVE SUMMARY: This paper:

- Set out a summary of the views people have shared with Healthwatch from July to September 2020
- Provides an in focus look at the issues people raised with Healthwatch about:
    - Access to dental care
    - Care homes
    - Access to COVID-19 testing
- Examines the top advice and information people are seeking from Healthwatch
- Rates people's experiences by sentiment when it comes to primary care, community services, secondary care, social care and mental health services.
- The following sets out our findings. The final external report will be published on the 8th December 2020 when the committee meets publicly and disseminated to health and social care policy makers.

RECOMMENDATIONS: National Committee are asked to note this report

Contents

About this report

Each month, thousands of people share their experiences with Healthwatch about NHS and social care services.

This report forms part of the regular updates we provide to NHS and social care service leaders about the key issues that the public are telling us about.

What is in this update?

In this update we look at the specific issues people have raised in relation to:

- Accessing NHS dental care
- The support provided in care homes
- Getting COVID-19 tests

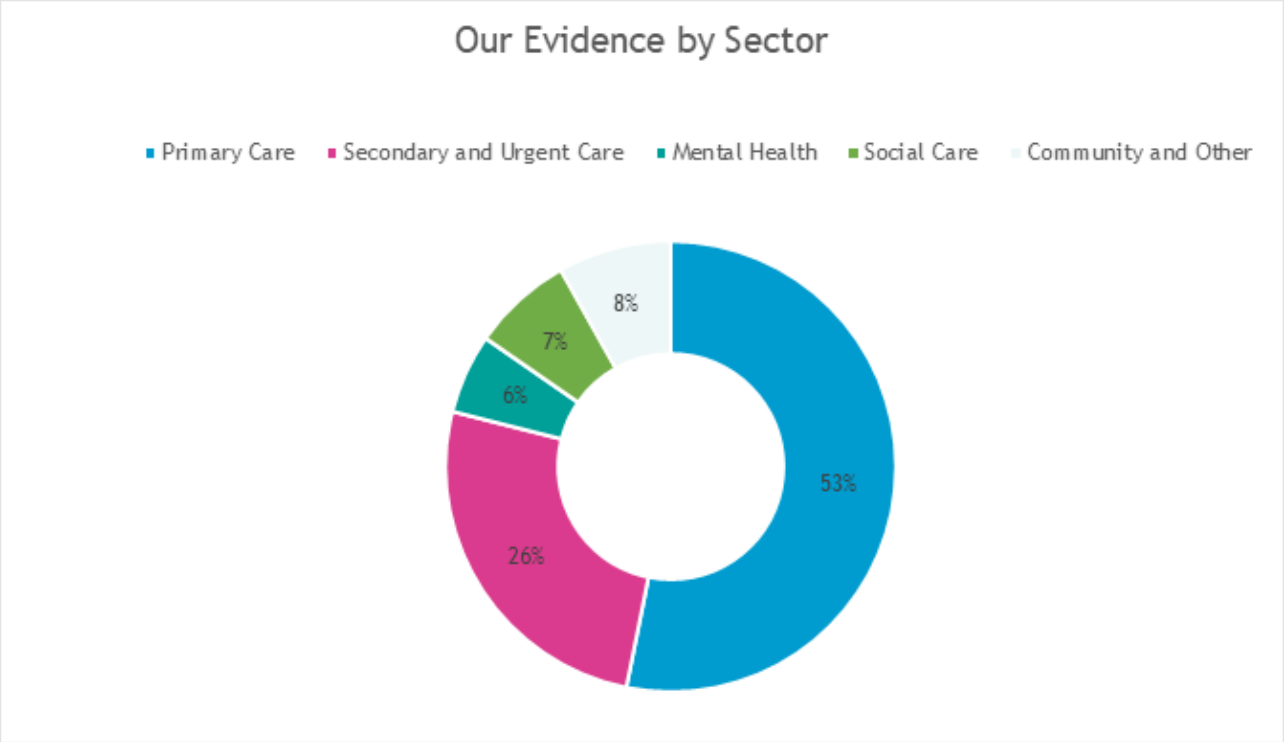
The report also provides an overview of:

- The online advice and information the public are seeking from Healthwatch England
- The sentiment of feedback we have received by health and social care service area

What does our evidence cover?

This report covers the period July - September 2020 and is informed by 38,082 people's experiences of care. This is an increase of public feedback of 172% compared to the same period in 2019. It reflects additional data sources and an increase in engagement due to the pandemic.

People's views are taken from 217 local Healthwatch reports published to our reports' library about local NHS and social care services, as well as individual feedback we have received from the public. The graph below shows the proportion of all our evidence by sector.



Who are we hearing from?

The following information provides a snapshot of the people who completed our national survey about their experiences of health and social care during July – September 2020.

- 77% were women, and overall 93% were cisgender.
- Three-quarters were aged between 50 and 79 years.
- 73% told us they were White British, English, Welsh, Scottish or Northern Irish.
- Nearly three-quarters identified as heterosexual.
- 23% were carers.
- 62% had a long-term condition.

We recognise that our data is not representative of many people living in England. We are committed to hearing from the people and communities who face multiple layers of disadvantage and discrimination and ensuring that their views and needs are better represented. *Our equality, diversity and inclusion statement and action plan.*

Dentistry: Ongoing issues & the impact of COVID-19

We have seen a significant increase in the number of people telling us about the problems they face accessing dental care. Dental services across England are provided by NHS, private, and combined providers.

Between July and September 2020, the number of people who provided feedback about dentistry was 452% higher when compared with the previous three months.

A recurring issue

Since 2013, access to NHS dentistry is one of the recurring issues we have reported on:

- In 2014, we highlighted to the NHS concerns around the poor information available to help people find a dentist across the Yorkshire region, with particular issues in Kirklees and Bradford.
- In 2016, our national *report* found that things had not improved when it came to the information available via the NHS website . The report highlighted a lacking clear, consistent guidance about the dental treatments people can access through the NHS. More local Healthwatch across the country also raised concerns about access. Our evidence highlighted three particular groups most at risk of missing out on dentistry:
    1. People who lived in areas where the population had grown significantly but contract rules for dentistry meant that the NHS had not introduced additional capacity;
    2. People who couldn't easily access high street dentists such as care home residents; and
    3. People who were out of the habit of going to see the dentist regularly and were struggling because of poor information on where to find one taking on NHS patients.
- In 2019, evidence we submitted to the Health and Social Care Select Committee's planned inquiry into dentistry indicated that access to dentistry continued to get more acute in areas that already faced problems and that the issue was spreading to new areas.

Feedback has increased

Between July and September 2020, we have continued to hear similar concerns, but the number of people providing feedback has risen fivefold.

During this period, 1,313 people from 142 council areas across England shared their experiences of NHS dentistry - compared to 238 over the previous three months.

Feedback about other health and social care areas has increased but by a much less significant amount.

What are people reporting?

- More than 7 in 10 people (73%) found it difficult to access help and support when they needed it compared to just over 1 in 10 (11%) who could access care easily.

- More than half of people (51%) expressed negative sentiments about dentistry compared with fewer than 1 in 20 (4%) who said something positive. These trends are similar to what we heard in the previous quarter.

The affordability of dental treatment

The affordability of dentistry was an issue before the COVID-19 pandemic. In a YouGov poll carried out for Healthwatch England just before lockdown in March 2020, we heard more than 7 in 10 people (73%) felt that NHS dental treatment charges are expensive and more than 2 in 5 (42%) said they either struggle to pay or avoid any dental treatment because they cannot afford to pay the costs. When people can't get NHS dental appointments, they may have to pay much higher costs for private treatment. This issue appears to have been further exacerbated by the impact of COVID-19 on dental services.

What are local Healthwatch telling us?

Several local Healthwatch have informed us that they received numerous, daily requests for "NHS dentists", including Healthwatch Cumbria, which estimate that 1 in 2 people who contacted them in the last six months were struggling to access NHS dentistry. The issue was so acute that in some areas it led to local Healthwatch contacting NHS England and their local MP to raise concerns about lack of access to NHS dentistry in their community.

We did a poll of our network of which 71 local Healthwatch responded (half the network), which showed that in the last twelve months:

- Over half (52%) of the local Healthwatch which responded reported having seen a significant rise in the number of people contacting them about dental issues.
- More than nine out of ten (92%) of these Healthwatch leaders report that the situation has got much worse as a result of the COVID-19 pandemic.

What issues did people raise?

Access to routine and urgent NHS dentistry

The pandemic has made it difficult for most people to access both routine and emergency dental services - for some it was even harder because they were shielding and therefore could not book an appointment.

People reported not being informed when their dental appointments were cancelled. They were not sure when they would be seen by their dentist again as practices either did not provide them with any information or the information was inconsistent. Some found it difficult to understand how to access urgent dental care during the pandemic, particularly people with learning disabilities, while others didn't know whether treatments they had started before March would continue following relaxation of lockdown.

Treatment for many stopped and, even though many dentists are now open, the backlog and ongoing restrictions continue to cause problems when it comes to:

- Booking routine care
- Restarting treatment which began prior to the pandemic
- Accessing emergency treatment

Booking routine care

While many dental practices have now reopened for routine services, we hear that people are still unable to get an appointment for routine check-ups, hygienist appointments or for fillings. This is because dentists are either still not carrying out routine treatments or are treating only those they deem to be at a 'dental risk'.

People have reported struggling to access NHS dentistry because practices are either not taking on new NHS patients or have no available NHS appointments. There is a mixture of cases where some individuals have been told to wait until the new year to book an appointment, while others have told us that their dentist has put them on a waiting list and will contact them when they can offer an appointment - with an indefinite amount of time to wait. There are some people who will in effect have to wait a year to book an appointment because their appointments keep being cancelled or postponed.

"I lost a filling right at the start of lockdown - phoned my dentist and was told to buy some temporary tooth repair paste. I had a check-up appointment for May which was postponed to December. The dentist re-opened in June but was only dealing with emergencies. I have phoned them a few times but still get told they are only dealing with emergencies. Yesterday (9th September) they told me that (a) they are not dealing with anyone on 'my' list (i.e. needing

treatment but not in pain) and that (b) they will have to cancel my December appointment. I am in despair." Experience reported to Healthwatch England

Many people have requested help from local Healthwatch to find an NHS dentist after unsuccessfully ringing around several local practices.

"Caller wanted to find out how they can register with an NHS dentist. They stated they had tried 20 different dental practices in the area, but no one was willing to take them on. They wanted to know what else they can do to register with an NHS practice." Healthwatch Hertfordshire

As part of their research into this issue, *Healthwatch Havering* contacted 27 local dental practices. Of those who responded:

- Two dental practices said they were likely to start accepting new NHS patients before December 2021,
- One dental practice said that they were likely to be accepting NHS patients after 2021, and
- The remainder of practices either did not answer the question or said they would not be accepting NHS patients at all.

People also reported being unable to book any new appointments, as dentists were only seeing those patients who had booked an appointment before the lockdown.

Restarting treatment

In some cases, dentists have refused to continue treatments that were started before the lockdown. Some people were given advice about their dental problems by the practice receptionists as there were no available dentist appointments. When people's symptoms were not severe enough to meet the requirements for an emergency dental treatment, they were left with no choice but to put up with toothache or broken teeth and filings.

"The patient was undergoing dental treatment pre-Covid-19 (fillings and root canal) but due to the outbreak the treatment was paused. She then had toothache. The pain was manageable, but the patient felt that the longer she left it her teeth could get worse. The practice has only been seeing emergency patients, but the dentist did prescribe antibiotics. He said that once the pain subsides, she could have an appointment. At the appointment her teeth were x-rayed, and it was confirmed that she needed root canal treatment. The dentist said that he wasn't going to do it and that she should have this treatment privately at another practice. His reason was that root canals take

too long, and he wanted to focus on seeing patients that required fillings, check-ups - basically short appointments." Healthwatch Birmingham

Accessing emergency treatment

We continue to hear about the difficulties people are facing when trying to access urgent dental treatment. People have said that they either can't get through to their dentist on the phone when they need urgent care or are being refused treatment if their dentist deems their symptoms to be non-urgent. While some have been denied a referral to the emergency dental hubs by NHS111 or by their practice because their symptoms did not fit the criteria for urgent care, others have been advised to buy temporary dental filling kits from chemists and take painkillers. Even when people were seen for an emergency dental appointment, some were offered only extraction or antibiotics with no follow-up care.

"Before COVID-19 lockdown, caller was due to have root canal treatment, but his appointment was delayed because of the pandemic. He has been experiencing pain in that tooth for the last few weeks. He has been given antibiotics twice when he called NHS 111 to get an emergency appointment, but there weren't any available. He was told to call his own dentist for an emergency appointment. He did this and his request has been rejected twice by the dentist. He is very unhappy about this and the dentist is still refusing to see him. He is incredibly frustrated and is not sure what to do next." Healthwatch Essex

Consequences of no access

People who struggled to access dental treatments during the pandemic, often experienced inconvenience, anxiety, worsening problems requiring further treatment or worse. Some people were left in debilitating pain, while others feared that they would lose their teeth when they couldn’t access care. The consequences we heard about include:

- Young adults who couldn’t get orthodontic braces because they were unable to access the necessary preceding treatments required.
- Pregnant women entitled to free NHS dental care who were unable to book an appointment with an NHS dentist. As they couldn’t take medication, their only option was to bear the pain. Some even worried if their dental issues might affect their unborn child.
- Parents who were unable to get dental treatment for their children and were worried how it will affect them. In one case, a child who needed specialist treatment to their teeth before lockdown ended up having extractions due to delays in treatment.

- People with ill-fitting dentures or broken fillings who developed ulcers, bleeding gums and infections. They were not only struggling to eat and speak, but lack of dental care also affected their self-confidence and their mental health.
- People who were passed from one service to another without addressing their problems and, in one extreme case, it dangerously affected their health and led to their hospitalisation.

Case study: The dangerous consequences of no access to dental treatment

"On the 12th August [Wednesday] I called my local practice where I am a registered patient, as I was experiencing mild toothache. I was advised that the dental practice could not carry out aerosol generating treatment due to COVID-19 restrictions, so they extended an upcoming appointment to 9th September with a view that this treatment would likely be available by then.

In the early hours of Saturday morning [15th August], I woke with excruciating pain which worsened through the day and I experienced swelling around the lower jaw. Late afternoon I called NHS111 who had a dental consultant call me back. This person advised that there isn't any emergency treatment in the local area until 9am minimum the following day and gave me a number to call, which I did.

The pain worsened by the evening and a NHS111 call left me with the option to go to A&E which I was advised would result in a long wait as it would not be treated as priority and they probably would just give me stronger pain killer and so it would probably be best if I sat it out until morning.

I managed to see an [emergency] dentist on Sunday 16th August, who advised I would need root canal to treat a suspected tooth abscess. They referred me back to my dentist with a prescription for antibiotics which I immediately acquired and started to take. I tried numerous times the following day from 8.45 am to get through to my dentist and it went to voicemail straight away. Eventually late afternoon someone picked up the phone as I was leaving a message and said they couldn't provide any more emergency appointments that day and to call in the morning but booked me an appointment for Friday 28th August.

The evening after I noticed a red patch down my neck and called NHS111 again. The doctor I spoke to advised I had developed cellulitis and prescribed stronger painkillers and additional antibiotics which my husband collected immediately, and I started to take straight away. I called my dentist in the morning and the receptionist arranged a call back. The dentist was reluctant to see me but offered to have a quick look. I went and she said I did need urgent treatment, but was unable to do root canal, and referred me back to the emergency

dentist - who called me and said the best option was an extraction at my own dentist.

I called my dentist and she said that they could not do an extraction due to the swelling and she didn't think the anaesthetic would work. By the afternoon I had developed a temperature and tried calling my own GP for advice and was told that the best option would be to try NHS111 or go to A&E as they didn't have capacity to call me back even though it was an emergency. So, I went to A&E. After a 2 hour wait to see a triage nurse, they admitted me. I was X-rayed, the infection drained, and then put on IV antibiotics overnight and the following day and put on the emergency surgery list.

Fortunately, I didn't need to go for emergency surgery, but they had to put me through 4 courses of antibiotics with a potential 2nd night for observation. The doctors allowed me to leave on the grounds the dentist had agreed to treat the tooth within 7 days. I managed to book an appointment for the Wednesday 26th August. I have just received a text saying this appointment is cancelled and again all I get when I call is voicemail.

I wanted to highlight this case to you as there seems to be a failing in the local emergency provision which is having undue impact to individual's health but also massive undue burden on the already stretched A&E and hospital services. If the emergency dentist had treated me, it is unlikely that the follow-on events would have happened." Healthwatch Gloucestershire

We have heard a few extreme cases when lack of access to dentistry pushed people to take steps which put their health and wellbeing at risk. A resident from Derbyshire, for example, shared in our national survey that their son who has learning disabilities pulled their teeth out as they couldn't access a dentist. In *another case*, a person used pliers at home to remove their teeth.

Affordability and the prioritisation of private care

Our evidence suggests that when practices reopened in June 2020, some dentists were prioritising private patients over the NHS ones when dealing with the backlog from the lockdown. For example, people reported that some dentists were refusing to see them as an NHS patient but were willing to offer them private care immediately. It is not clear from our evidence why there should be a lack of NHS capacity at this stage.

When some practices shut or decided to go fully private, their patients struggled to find any other practice in their area where they could access NHS dental services. However, they felt they could access dental care easily if they were willing to go private.

Feedback indicates that some people are being denied NHS dental treatment if their symptoms are non-urgent and are instead being asked to pay privately if they wanted to get treatment. One local Healthwatch has received calls from concerned residents who

have been advised by local dentists that "none of them are accepting new NHS clients as there is no NHS funding for them".

"A lady called for advice in relation to COVID-19 dental access for her friend who had been up all night in agony. Her friend had been advised by her dentist that a root canal and a crown is needed but that 'due to Coronavirus this is not available on the NHS and only available to you privately', at a cost of over £1,000." Healthwatch Central Bedfordshire

People are also unclear about how much they must pay for their NHS dental treatments. They are unsure how the costs are affected if they have completed a course of treatment but need more treatment not long afterwards. The results from our YouGov poll also suggest that nearly 3 in 4 people (72%) feel that it's not easy to find information about NHS dental treatment charges and many are not aware of their rights as a patient.

Information about dentistry

While people were struggling to access dental care, inaccurate information from the NHS often left people even more frustrated and confused.

Some people reported contacting NHS111 to help them find a dentist, only to be told to check the "NHS- find a dentist" website, despite no practice being listed in their area. Others reported being told by NHS111 about dental practices who would see NHS patients, only then to discover that they were not.

Out of date information on dental practice websites or provided by dentists was also an issue people told us about. When practices shutdown due to COVID-19, their patients were informed they would be receiving information regarding how to find a replacement dentist. However, they were given a generic letter directing them to the NHS website, which was not kept up to date.

Healthwatch East Sussex and *Healthwatch Coventry* carried out focussed work to find out what information was available to the public on practice websites, once they reopened for care provision in June. They found that whilst some dental practices had updated their website and phone information in response to COVID-19, many were still out of date or the messaging was inconsistent.

"Patient needs an appointment after two courses of antibiotics during lockdown, which haven't resolved the issue. They are unhappy that practice websites are out of date as they say they are accepting NHS patients and when you call, they say they haven't accepted any for a long time." Healthwatch Suffolk

The lack of information about which dental practices are accepting NHS patients has also had an impact on signposting services like Healthwatch.

Local Healthwatch services rely on the central NHS database of which services are currently accepting new NHS patients. The information is meant to be maintained by each practice. Issues with the accuracy of this database has forced some local Healthwatch to contact every dental practice in their area to ensure that they have up-to-date information. This is not only a time-consuming process, but data can also go out of date quickly.

If no local practices are accepting NHS patients, our staff and volunteers are often left being unable to support those who need help to find the dental care they need.

How are local Healthwatch helping improve communication between dental practices and the public?

Partnership work with the Local Dental Committees (LDC) in London

In London, the LDCs have been working with some local Healthwatch and supplied them with information for the public about how dental services are operating during the pandemic, and what patients should do if they need a dentist. Local Healthwatch involved with the LDC project producing the public facing text include; *Hillingdon*; *Kingston*; *Richmond*; *Camden*; *Islington*; and *Merton*.

Case study: Healthwatch Milton Keynes

Healthwatch Milton Keynes worked with their regional NHS England and Improvement Head to clarify access issues and manage public expectations.

Getting in touch with their Regional NHS England and Improvement Head of Commissioning, Healthwatch Milton Keynes outlined the issues people were having with accessing dental care and asked what was being done to improve the situation.

This allowed Healthwatch Milton Keynes to understand the pathway of accessing a dentist; and the pressures and constraints of dentists during this time.

Healthwatch Milton Keynes shared this information with the public in various ways:

- Updated their website and social media with the correct information and an explanation of why it was tough to get a dentist, and how and when to seek treatment.
- Developed a template email response to save hours spent on all the calls and emails regarding the issue.
- Posted an 8-minute video on their website explaining the issues, covering topics they were discussing with members of the public up to 20 times a day. They review and update with any changes e.g. the NHS111 triage process.

As a result of the initial contact, all Healthwatch in the East of England are now able to meet weekly with the NHS East of England and Improvement team to clarify any issues and address concerns.

Healthwatch Milton Keynes also agreed to seek consent from people with specific complaints (rather than concerns) and the Dentistry Team would contact them to investigate further.

"Having the information to be able to effectively and appropriately signpost people has lessened the calls and emails we were receiving by 90%. The East of England team were helping to hold dental practices in our area to account."

Tracy Keech, Interim Chief Executive Officer, Healthwatch Milton Keynes

Confusion about 'registration'

According to *NHS England*, there is no need to register with a dentist in the same way as with a GP because you are not bound to a catchment area. All someone needs to do is find a dental surgery that's convenient, and phone them to see if there are any appointments available. Although someone may be required to fill a registration form, the purpose of this is to be added to the surgery's database. This does not mean that the person has guaranteed access to an NHS dental appointment in the future.

Where does the problem arise?

Because of this, people presume that if they are on a dental surgery's patient list this means they can book an NHS dentist appointment with them when they need dental treatment. Dental surgeries will not always have the capacity to take on NHS patients – people may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

You cannot be de-registered

When people have tried to book a dentist appointment after a long gap since their last visit, they have been informed by the practice that they cannot because they have been "removed" from the surgery list for not making any appointment recently. Instead they are asked to "re-register" with the practice. The actual reason for not being able to book an appointment is because there are no available NHS appointments. This issue further highlights the lack of clarity about information related to NHS dentistry.

We would discourage dentists and dental practices from using the term 'de-registered' – as this reiterates people's presumption about being 'registered' with a dental practice and creates further confusion and delay in treatment.

"I am having difficulty in finding a dentist. I was previously registered with XX dental surgery. Before COVID-19, I telephoned to make an appointment and was informed I was no longer registered with them as I hadn't booked an appointment with them for some time. I explained that I hadn't received a letter informing me of this, where they said they had emailed. Unfortunately, the email address that was used was for my previous employer. Again, I explained I hadn't received the email and asked if I could re-register to which I was informed 'no'. I have now had a filling come out and the tooth is very sharp." Healthwatch Swindon

Restarting COVID-19 secure treatment

Due to COVID-19 guidelines, dental practices had to adapt once they reopened in order to provide safe care for their patients. However, our evidence suggests that some providers were unsure about re-opening their services and felt that the information from the Government was inadequate.

"Feedback from a dentist. They were given no advance warning of the government's plan to reopen dental practices - they were confused about the guidance and said there was no PPE for them to use in order to reopen safely as they were not given time to prepare." Healthwatch Sheffield

On some occasions, practices either did not understand how their new ways would impact some groups of people or didn't follow all the measures to make people feel safe.

For example, an individual with hearing impairment found it challenging to book an appointment over the phone. Before the pandemic, they could visit in person; however, due to COVID-19 measures, they couldn't, and the practice did not offer online bookings. In another case, a person with Ehlers-Danlos syndrome was asked to wait outside the practice for their appointment which was very difficult for them due to their long-term condition.

Although most people have said that practices have followed infection control measures, when some practices didn't, it made their patients feel very unsafe.

"Yesterday I visited my dental practice because one of my teeth had started to crumble. Their COVID-19 procedures were great from the moment I got there...until my actual appointment. I went in to see the dentist (wearing my mask) who wasn't wearing a mask. I proceeded to tell the dentist my issue assuming he would put on a mask or visor to look at my tooth, this included mentioning my health condition (IBD) and that I am pregnant. I was taken aback and too anxious to say anything, but the dentist did not put a mask on at

any point and therefore examined my teeth with no protection for him or me. I am now very concerned that if he had the virus without symptoms that he may have passed it on to me. I have gone to great lengths to keep myself and my diabetic husband safe during the pandemic and will be furious if that was the incident that makes me unwell." Healthwatch Shropshire

Dental surgeries have relied on access to Personal Protective Equipment (PPE) to ensure safety for their staff and patients. However, we have heard that some dentists couldn't provide timely care due to inadequate supply of PPE. People couldn't book an appointment, or their appointments were cancelled due to lack of PPE at their dental practice.

Some dentists couldn't even offer extractions due to risk of infection while other practices could offer extraction but not aerosol generating treatments, such as tooth fillings, without proper PPE. We have also heard that some patients have been charged extra for treatments or to cover the costs of PPE.

"My husband uses an NHS dentist. He has been advised he will be charged an additional £7 for a check-up and £35 for a filling - to cover PPE costs!" Healthwatch Gloucestershire

Reopening practices particularly impacted people when scarcity of NHS appointments meant that people faced the choice of either going private or having no treatment at all. It was particularly challenging for people already on low incomes and for those whose income has dropped due to COVID-19.

"A British family who were living in New Zealand, moved back to Bristol in August 2019, but have failed to find an NHS dentist even before the COVID-19 pandemic. They paid privately for their older son to have two extractions. The family are claiming Universal Credit due to job loss from COVID-19. They feel that the cost of treatment has significantly been eating into their family's reduced income. Besides dental problems, their son also has jaw and ear problems that affect his quality of life. They were advised by the hospital to take their son to a dentist, but they were unable to afford private dental care because of the cost of ongoing treatment which would be needed." Healthwatch Bristol

What went well?

It is important to note that fewer than 1 in 20 (4%) people who fed back about dentistry said something positive. However, people were grateful for the emergency dental hubs and had a positive experience when they received timely urgent dental care.

Clear, regular information

People praised staff who kept them informed when their appointments were rescheduled due to lockdown and provided well organised and safe care to the returning patients following relaxation of the rules. Some dentists even provided a video to their patients to help them understand the new rules and infection control measures - this reassured their patients greatly.

Resident of Devon: **"I had to make a few calls about a dental problem and after talking to two nurses and one dentist I was seen within a week. I waited in the car, they called me on my mobile, I was met by a nurse at the side door, given sanitiser for my hands and was offered a mask. The dentist was extremely thorough and explained the procedure in detail. Removal of a very decayed, very loose back tooth was painless and quick. Aftercare pack was explained, and I was given a number to call if I was worried about anything. Well done our NHS!"** Healthwatch England

Staff attitude

People have also valued helpful staff during these extraordinary times, especially for the elderly and those with additional needs. We have heard that some dentists contacted the pharmacy and arranged the delivery of necessary medications, and others delivered dental repair kits to their patients. Staff have also been kind and considerate with people who are more anxious under the current circumstances.

Resident of Leicestershire: **"I had broken my crown. Went two weeks ago- dentist and dental nurse were amazing. I'm terrified of the dentist, but they were so professional and kind. PPE was fantastic, I felt so safe."** Healthwatch England

What have we learned?

The Government, NHSE commissioning, dental practices, and other stakeholders such as industry bodies and regulators, all have a role to play in improving dental care.

Looking at the issues people reported from our data, there can be four key learnings when it comes to dentistry:

Information to be made clearer

The lack of any or accurate information about whether there are dentists taking on NHS patients is a real problem and is masking potentially bigger issues around shortage of provision.

The Government needs to make it a legal requirement for dentists to regularly update information on their websites and on NHS.UK. NHS England must also ensure that their

"Find a dentist" website is kept up to date and both dentists and patients are clear about the NHS dental treatment charges.

Patient registration

Steps need to be taken to address the confusion caused by the current approach to the issue of “registration”. What does it mean to be registered with a dental practice? This is the question NHS England need clarifying to dental practices, and dentists need to clarify to their patients and the public.

While the NHS website clarifies that people don't register with a dentist as you do with a GP, dentists then ‘de-register’ patients for a variety of reasons, which causes confusion and isn’t consistent with NHS messaging. Although this is clearly being driven by dentists finding practical ways to manage patient lists in line with the current dental contract, this is actively penalising those who may go to the dentist less often for whatever reason.

This issue is incredibly frustrating for patients and has created an unnecessary point of tension between patients and dental practices. This cannot continue. The new dental contract, which has been in development since 2009, needs to be finalised and rolled out to ensure dentists are supported to help those who need their help most.

Access to be improved

We have seen access to NHS dentistry grow steadily as an issue over the last seven years, but the pandemic has brought matters to ahead. We are now witnessing access issues across England and huge growth in enquiries from people looking for help. It is now clear that the current offer is not meeting either the routine or urgent care that people require. The Government must make more resource available for the dental sector to both get the backlog down and help turn around what has now become a major problem for the NHS. No one should have to face being in unbearable pain or resorting to extremes because care is not available.

Affordability to be reviewed

The Government and the NHS should review the cost of NHS dental treatments. Many people struggle even to afford the NHS charge. To prevent increasing health inequalities, charges should be reviewed to ensure a that essential dental service are affordable for all. No one should be denied access to clinically required dental treatment based on cost. In the climate of the pandemic, when people have lost their jobs and have less money than ever before, the need to look at the issue of affordability of NHS treatment is even more important. Ultimately, not helping people to look after their oral health can lead to a whole host of other medical issues that will cost the NHS and the country more in the long run.

Care homes during the pandemic

Care homes have faced incredible challenges during the pandemic, with coronavirus disproportionately affecting residents.

At the start of the pandemic Healthwatch received reports from residents, their families, and care home staff, that many patients were being discharged from hospitals into care homes without test results - due to urgent moves by hospitals to free up bed space. In some homes, this led to coronavirus outbreaks and devastating loss of life.

Other issues fed back to Healthwatch at this time included:

- The availability of personal protective equipment (PPE) and testing for residents and staff;
- The accessibility of GP appointments for residents;
- Concerns that some care home providers may have applied do not attempt resuscitation (DNAR) forms to groups of residents without sufficient discussion or explanation with the individuals or their families. Healthwatch escalated this issue in April leading to clarification from NHS England that DNAR forms "should only ever be made on an individual basis and in consultation with the individual or their family".

Care home visiting guidance

Although these issues have now started to be addressed, an ongoing concern for many remains the process for arranging visits to and from care homes for residents.

All visits were paused across England in March, and though guidance for limited visiting was introduced in July, Healthwatch have heard that the reality for many residents and their families is that visits have continued to be severely restricted.

This restriction in visits to and from friends and family is leading to increased isolation, loneliness and the physical and mental deterioration of care home residents. With some residents not receiving any visits at all since March, it is more important than ever that the health, welfare, rights and wellbeing of residents are prioritised.

"I would like to bring to attention the awful situation of care home visiting restrictions. Even my mum's care home isn't allowing them outside for fresh air and sunshine. As far as visiting goes. We and our loved ones need contact. It is unacceptable the way the elderly are treated during all this. I would ask everyone to get involved with putting the residents in care homes first for a change." Healthwatch Sunderland

As we move into a second wave of the pandemic and the additional difficulties of the winter period, Healthwatch is working with national and local partners to ensure that visiting policies moving forwards are centred around the human rights and individual needs of residents.

What are people telling us about COVID-19 testing?

The public have shared their views and experiences with us of getting tested for COVID-19. This analysis draws on data from 42 local Healthwatch services across England, collected between August and September 2020.

Key issues

We share what people have told us about the following key issues raised with testing for COVID-19.

Information about tests

People shared that the lack of information around testing left them feeling confused and frustrated. People contacted local Healthwatch because they didn't know how to book a test, the opening hours of test centres and how long they'd have to wait for results to arrive. People are unsure when to get tested; whether experiencing symptoms or asymptomatic.

We also heard that people needed a test for other reasons like travel abroad and visiting relatives in care homes, but there is a lack of information on how to get a private test.

People also told us that they got conflicting information from GPs, hospitals and NHS 119 about where they could get tested.

Accessing COVID-19 tests

In some cases, people could not access a test even a week after the onset of symptoms. If unable to access, this left people unsure about what they should do next. People were struggling to book a test: equally hard by phone or via the website - and people were unable to access home testing kits or walk-in/drive through tests. If they were offered tests, these were at centres a long distance away from their home.

"I'm a carer for my wife who is disabled & high risk if gets Covid she as Covid symptoms needs a test today otherwise no test available either home kits or drive through. She's not long out of hospital recovering from sepsis there's no test available other than Aberdeen!" Healthwatch North Yorkshire

Some people who didn't have access to the internet found it particularly hard to get a test appointment, as appointments at some local testing centres could only be booked online.

We heard that even if people were able to book a test, some were unable to get it. Some people didn't receive an NHS QR code and were turned away by the test centre staff. People reported that they couldn't find the test centre because they were given the wrong address. Others who asked for home testing kits to be sent to them didn't get one.

We also heard that people had their elective care cancelled because they could not get a test. Some people were not given a priority for testing even though they were awaiting a major procedure, such as a lung transplant. People couldn't go into a care home for respite care because they were refused a test.

Care home residents were put at risk due to delays in testing for staff and residents or because people were discharged from a hospital to a care home without being tested

"The hospital tried to discharge me without testing if I no longer had COVID-19. They kept saying I have got to go as I was medically fit. The government had changed the rules which insisted NHS hospitals test people before they were sent back to care homes. They did not do this. My daughter stated the law to them on several occasions. My care home refused to take me back until they had carried out a test." Healthwatch England

Delays with tests

People shared they felt anxious and stressed when tests were delayed. Children with symptoms had to miss school - some parents had to take unpaid leave to look after children, and lost income as a result. Keyworkers were unable to go to work.

On occasions, centres have also lost the test results of people.

Reasons for not having a test

Healthwatch Bolton in partnership with Bolton Public Health surveyed people about COVID-19 testing. They found that some people would not get tested even if they developed symptoms of coronavirus. Reasons for this included:

- Lack of confidence in the system to protect personal data.
- Lack of trust in the accuracy of results.
- Finding the information about testing confusing.

- People were put off when they couldn't access a test easily e.g. not wanting to use public transport to travel to the testing site.
- Thought the testing procedure would make them uncomfortable.
- Some did not want to test positive and then have no choice but to self-isolate.

What went well

People had a positive experience when testing centre staff were friendly, provided a fast service and people received timely results. They valued the help they got to book a test and felt safe when hospitals tested patients before admitting them.

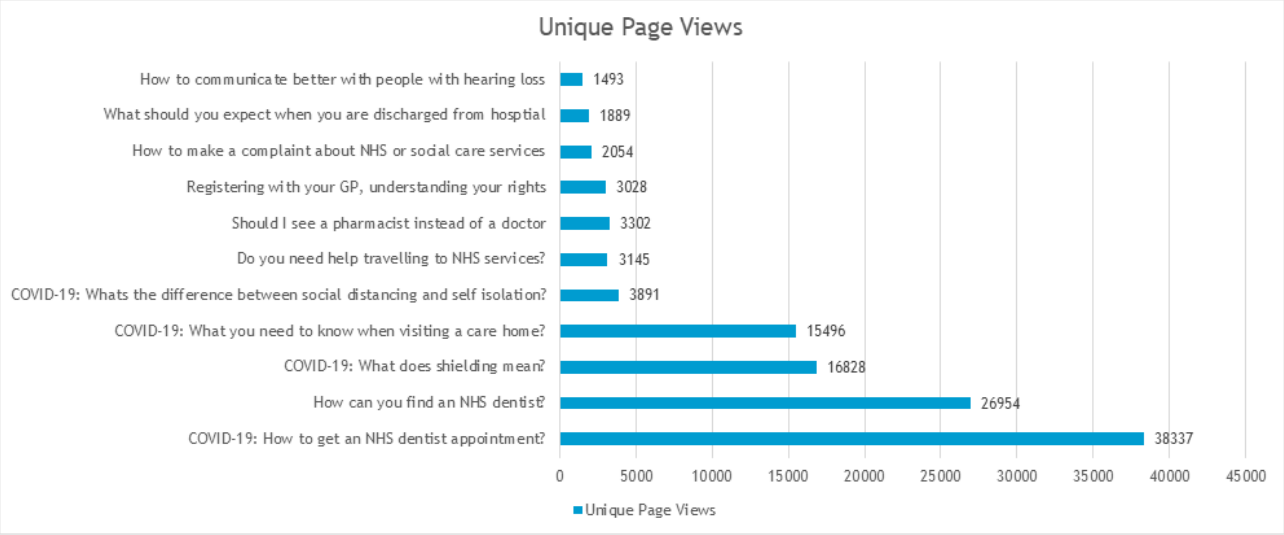
Top advice the public is seeking

People turn to Healthwatch locally and online when they don't know how to get the information they need about services.

Since the outbreak of COVID-19, we have seen views of our online advice and information content increase significantly[1].

Since last quarter, the type of information people are looking for has changed. During early lockdown, we received less views on accessing dental care, but since the easing of restrictions, views on this topic are 35% higher.[2] Between July and September 2020, the two most popular online advice articles by far were about how to access an NHS dentist.

Between July and September 2020, these are the ten most commonly viewed advice and information articles on the Healthwatch England website:



[1] Unique views of our advice and information content from May-Sept 2020 were 400% higher when compared to May-Sept 2019.

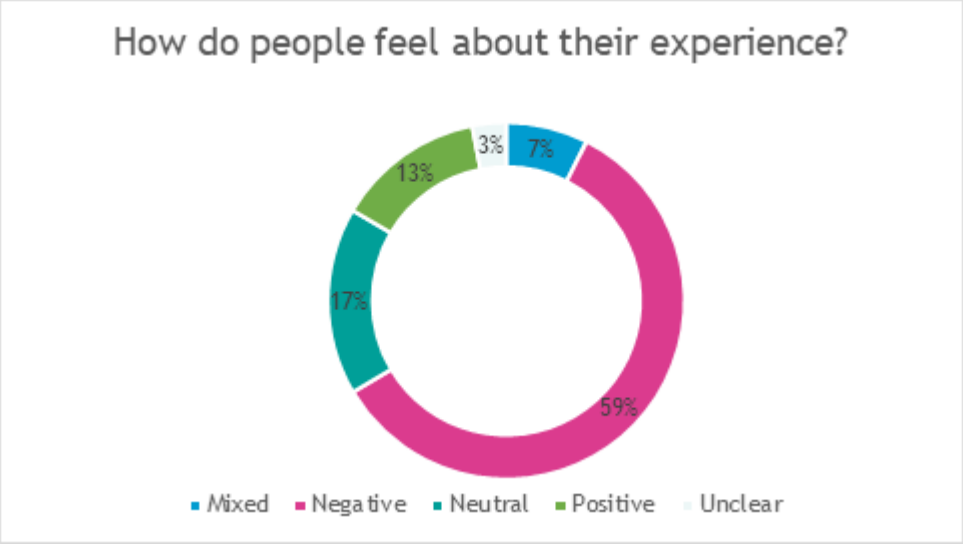
[2] Quarter 1- 2 of 2020/21 compared to Quarter 3 and 4 of 2019/20.

How do people feel about their care?

Here we provide an overview of how people feel about their care. We do this by using sentiment scores by sector, using data reported by local Healthwatch. This outlines whether the public feel mainly positive or negative about the care they receive, or whether they have neutral or mixed views.

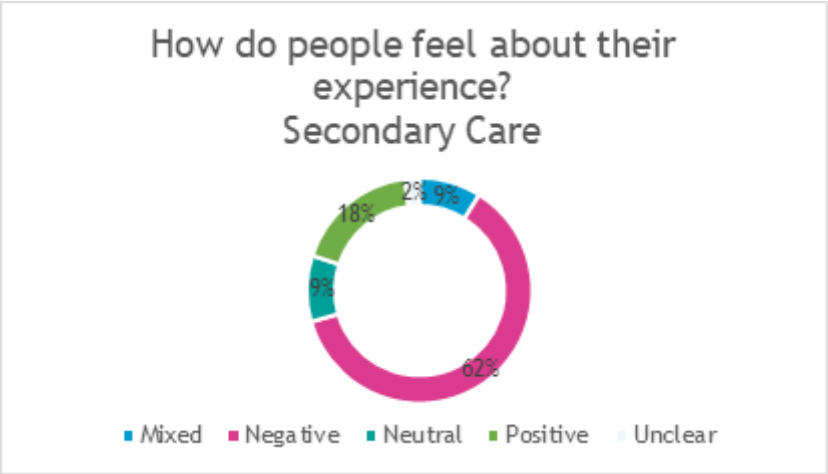
Primary care

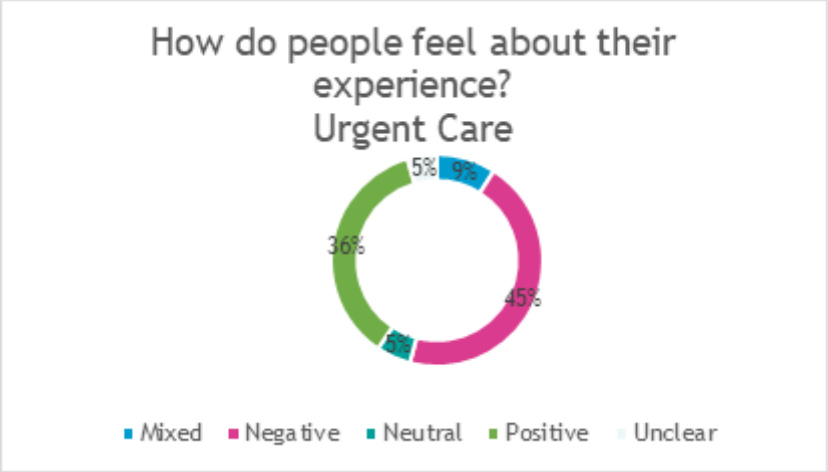
9,203 people's experiences informed this section – 4,276 from local Healthwatch reports and 4,927 directly from the public.



Secondary and urgent care

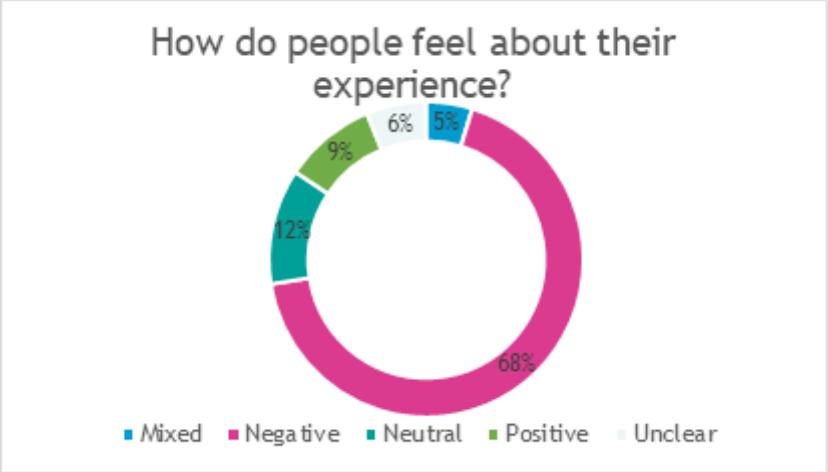
5,604 people's experiences informed this section – 3,232 from local Healthwatch reports and 2,372 directly from the public.





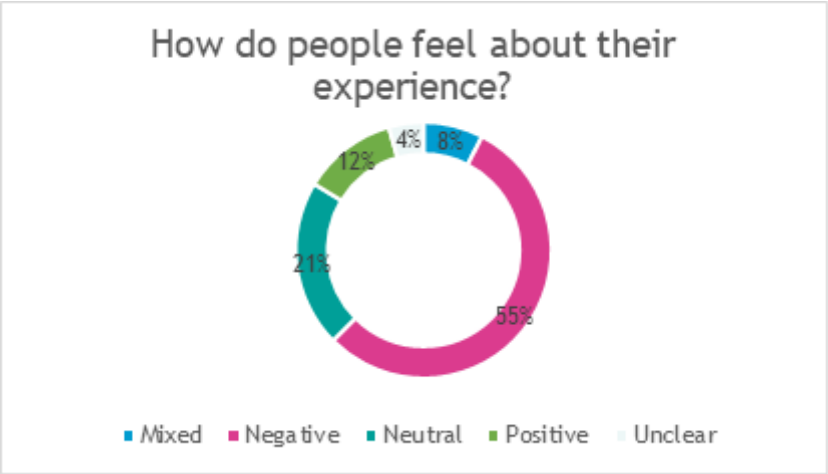
Mental health services

2,536 people's experiences informed this section – 2,020 from local Healthwatch reports and 516 directly from the public.



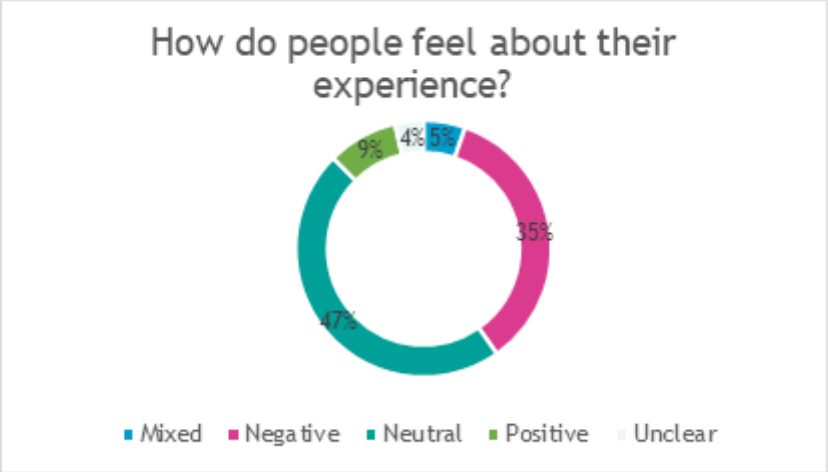
Social care

1,275 people's experiences informed this section – 629 from local Healthwatch reports and 646 directly from the public



Community and other services

20,719 people's experiences informed this section – 20,072 from local Healthwatch reports and 647 directly from the public. We have a significant proportion of people talking to us about community and other health services. This is because the Local Healthwatch network have conducted a significant volume of engagement relating to people's views over the Coronavirus pandemic this quarter.



AGENDA ITEM: 1.9 (a)

AGENDA ITEM: Update on HWE Plans to fulfil our Equalities and Human Rights Duty
PRESENTING: Chris McCann
PREVIOUS DECISION: To refresh our Public Statement on Equalities Diversity and Inclusion and publish a workplan setting out our activities in the area for 2020/21
EXECUTIVE SUMMARY: This paper sets out our activity on Equalities Diversity and Inclusion up to mid-November 2020.
RECOMMENDATIONS: Committee Members are asked to note this report.

Background

In August we published our Equality Diversity and Inclusion workplan for 2020/21, it outlined two key programmes of work which have a specific focus on equalities and also articulates how we will place an equalities lens on our approach to the entirety of our work throughout the year.

It's important to note that workplan is only related to work that we will be undertaking in this financial year and that we will build on this foundation in future years.

Policy and influencing

The analysis and use of our evidence over the last quarter has seen focus on three groups covered by the protected characteristics:

- **Maternity** – in particular the issues still being faced by couples with partners who are being prevented from/being advised not to attend appointments. This is despite guidance being issued that clarifies this matter after Healthwatch and others had raised concern about the impact it was having on new parents. We have therefore submitted further evidence on this to the Health and Social Care Select Committee inquiry into maternity services and made a specific recommendation in our stakeholder update for NHSE to further push the guidance.

- **Care home visits** – After working with ADASS and the Care and Support Alliance, we wrote to the Secretary of State to raise concerns being share by local Healthwatch about the impact of visiting restrictions on the quality of life in care homes and the fact that current rules are a contravention of the Human Rights Act. This has led to us being invited on to a working group with the DHSC to further refine national guidance, support the testing of visitation pilots etc. We continue to raise concerns about this to ensure **older people** and **working age adults with disabilities** living in care facilities are able to see their loved ones again. We have referenced this work in the Q2 Insight report.

- Although not a protected characteristic, those living in poverty are also heavily affected by health inequalities. One area in particular where we have seen this is in relation to **NHS dental services**. This features as an 'In Focus' topic in the Q2 report, raising in particular the triple problems of:
    - Rising costs of NHS treatment pre-pandemic
    - The additional costs being passed on to people – e.g. PPE or indeed being forced to go private
    - The impact on people's own financial position – e.g. growing unemployment, furlough etc.

  We have been embarking on a series of stakeholder meetings with the DHSC, NHSE, CQC, BDA etc to ensure these concerns are heard and that a plan is forthcoming.

Reactive policy work
We continue to support the work of the NHSE taskforce on equalities. Most recently the group has been looking at the issue of accountability and how the group ensures highest levels of leadership in system take responsibility for implementing the necessary changes.

Research and insight

We are now reporting in the quarterly report the demographic breakdown of data we are capturing and analysing. However, we recognise there is still significant work to be done to ensure this is happening consistently across the network. We have therefore reviewed the fields on the CRM and requested the necessary updates to developers to ensure our primary data capture route is fully in line with our strategic prioritisation of equalities issues. These changes will be fully implemented and rolled out to the network in Q4.

- **The Digital Health and Equalities project** is now in the field working with five local Healthwatch areas, each conducting the research in areas affected by broader socio-economic factors which already leave residents facing certain health inequalities. They are carrying out a total of 100 interviews with the following four groups:
    - Primary care staff
    - People aged over 65
    - People with disabilities – especially people with sensory impairments, learning disabilities, or dexterity/mobility issues
    - People with language barriers – e.g. English not first language

  We are looking to understand who might be getting left behind by the rapid transition to remote GP consultation. We also want to know:
    - How people's interaction with primary care services has changed alongside the shift to digital service delivery?
    - What the potential equalities and access issues around digital appointments are?
    - What changes and improvements could be made to address these?

  To support the LHW to engage effectively we have allocated £1,000 of the grant specifically to support engagement of translators or other support to help with the engagement.
  We are also working to align this work with similar projects being undertaken by National Voices and BRACE looking at the experiences of digital health services among inclusion health groups and people with long-term conditions respectively. All three projects will follow a core question set and we aim to align publication for maximum impact.
  The impact of the Dr Zoom report we published in the summer continues to be felt. On Tuesday November 24th, we gave evidence to the House of Lords Covid-19 Committee on the impact of the shift towards digital technology in the provision of health services during the pandemic.

Partnership research project on the impact of COVID-19 on Black men

- We have been exploring a range of approaches and focuses for this work since the summer.
- As well as extensive discussion internally, we have engaged with key stakeholders including NHSE, EHRC, Race Equalities Foundation, Runnymede Trust and local Healthwatch (both 1-2-1 and at a network meetings). We have also more recently

reached out to PHE, Race Disparity Unit and the Healthwatch England National Committee has also fed in to draft proposal.

- There is broad agreement that we need to be quite targeted with this work – so we will identify one ethnic group and explore their experiences in some depth, rather than spreading our efforts too thinly. A good piece of qualitative work will be more valuable in this space than cursory piece quantitative work.
- For the reasons outlined in the draft paper that was previously brought to committee we have decided to focus in on Black men – as they are arguably the group most affected by the pandemic:
    - Direct chance of death from COVID-19 they are second highest risk group
    - Highest group in terms of overall excess deaths – suggesting more affected by restrictions to other services
    - High exposure rate due to employment
    - Heavily impacted by economic fall out of the pandemic
- In a Healthwatch England context it is also logical to focus on this group as it is one that we hear relatively little from at the moment.
- We are currently looking at a range of potential partners for this piece of work including large employers/representatives of key workers as they will be able to facilitate access to members of our target group who are potentially most at risk from covid.
- We then propose to arrange interviews/focus groups with the target groups we identify. These would be delivered by local Healthwatch helping them to build local connections and ensuring capacity to deliver them.
- This approach would allow us to deliver some early findings to give insights now and establish meaningful engagement with the NHS Race and Health Observatory or another long-term strategic partner.

Working with Local Healthwatch

- We have strengthened the equalities element of the annual data return local Healthwatch provide to Healthwatch England and explored different methods to collect this information and results have been shared with the committee.
- We have analysed the data return to understand the priorities of local Healthwatch and how this relates to 'seldom-heard' groups or those with protected characteristics. The top five priorities identified for LHW have been identified and inequalities has entered this list for the first time.
- At least 18 LHW specifically mention Black and Minority Ethnic groups in priorities – as opposed to inequalities.
- A Volunteer Managers survey has provided a picture of LHW on volunteers and protected characteristics – analysis of the responses is underway.
- Our first volunteering case study was due to be promoted on International Volunteering Day December 5.

Project to identify best practice on equality, diversity and inclusion in local Healthwatch and support the network to understand their duty in the areas of EDI project.

- Secondee, Joy Beishon HW Greenwich in post with workplan and has run two sessions with LHW. Working with 12 Local Healthwatch CEOs Joy is two Action Learning sets on sharing examples of best practice to facilitate learning from some of the high-quality work on equality, diversity and inclusion that is being delivered by Healthwatch locally.

- A working group set up, and there has been input from National Director and National Committee
- Proposal sent to potential consultant who will advise and bring external perspective
- Consultation Institute potential supplier for training on public equality duty – co-produced with LHW in Q4

How we communicate

- **Content accessibility:**
    - We have continued to roll out our website for local Healthwatch that meets W3C AA standards for accessibility. This is now being used by over 1/3 of local Healthwatch services. We are currently exploring ways in which we can make our on-line content more accessible by testing an online translation tool.
    - We have continued to ensure that our reports and videos are made available in accessible format such as in large print and with subtitles
    - We have undertaken, as part of our brand review, an audit of issue like accessibility by looking at 30 local Healthwatch services. The findings will inform future improvements, like simplifying our visual guidance to local Healthwatch to ensure we continue to make our information accessible.
- **Campaigns:**
    - We have appointed a media manager, who is starting in January and will lead on campaign #BecauseWeAllCare spike to (a) raise awareness of our brand in Black and Minority Ethnic Communities via PR and (b) encourage more people from these communities to share feedback on care.

As an employer

- All staff have completed their e-learning on Equality, Human Rights and Diversity. This was done in June and will be repeated again for completion by end March 2021.
- The Equalities Impact Assessment Template has been completed and available for use in our programmes of work.
- Managers have a deadline to complete their unconscious bias training by end March 2021 and will be reminded to complete this as soon as possible.
- 85% of staff completed the full staff survey. 79% of staff completed the mini-survey in September. A number of actions following both surveys are under way.
- Staff have a deadline to complete their mandatory objective by end March 2021. Staff are being reminded to complete this as soon as possible.

AGENDA ITEM No: 1.9 (b)

AGENDA ITEM: Delivery and Performance Report – November 2020/21

PRESENTING: Imelda Redmond

PREVIOUS DECISION: The Committee NOTED the delivery and performance report for Q2 (2020/21)

EXECUTIVE SUMMARY: This paper summarises the delivery and performance against our Business Plan and KPIs at the end of November (2020/21).

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report.

Background

The report below provides an update on our delivery and performance at the end of November 2020. The update includes:

- Our progress against business plan deliverables
- Performance updates against KPIs
- Highlights on what we have delivered since the last report to end of November and what we aim to deliver in Q4.

Delays to our work including delays caused by Covid-19, have been indicated in red text.

The committee are asked to note this report.

Performance Report on Business Plan & KPI Q3 2020/21

SECTION 1 - UPDATE TO BUSINESS PLAN 2020/21

RAG Status: Completed | On Track | Minor delay | Severe delay

Aim 1: Support you to have your say - Transforming our communications with the public

Business Plan Deliverables	Update - (End of November 2020)	Benefits and Impact Achieved	RAG Status
New cross team campaigns approach and Priority Policy Campaigns increases brand awareness. The design and implementation of campaigns programmes will facilitate the Healthwatch network and their networks to participate in campaigns Implementation of Priority Policy Campaigns will increase public feedback. **COMMUNICATION**	**Campaign resources:** We have provided local Healthwatch with two waves of communications guidance and templates PR and social media templates to support public engagement around COVID-19. **Public feedback campaign:** In partnership with local Healthwatch and CQC we have developed and launched 'Because we all care' a campaign designed to support us, our services and health and care providers encourage more public feedback. Key pre-launch activities included: • Focus group testing with public and professionals • Consumer research into public attitudes to feedback • Development of brand resources and toolkits for local Healthwatch and providers. • Stakeholder warm-up The campaign was launched in July 2020 and included promotion via PR and social media and stakeholder outreach (with a strand focussing on black.Asian and minority ethnic people) **Hospital discharge:** Our first issue specific campaign spike focussed on collecting people's experiences of hospital discharge. This has been identified as it was a major point of change in how the system operates in	**Campaign resources:** Our COVID-19 communications guidance was the most viewed resource on the network website in Q1, our second wave of COVID-19 campaign guidance is the most viewed resource in Q1-Q2 viewed over 1.2K times. From Q1-Q2 we have saw 1.1K communications resources created using our brand centre. **Public feedback campaign:** Our launch phase saw us, in partnership with CQC, achieve: a 50.3M social reach, 277K engagements with our social messages, support from 395 charities, NHS services, local Healthwatch and other partners, 54K website visits and 6.5K experiences shared by the public. We also saw a 100% increase in people looking for their local Healthwatch. As a result of our campaign launch and subsequent activity our social media reach and engagement in Q1-Q2 has exceeded our results for the whole of 2019-20. **Hospital discharge:** The campaign spike to collect people's views was supported by	Minor Delay

KPIs	2020/21 Target	Current Update	RAG Status
Brand awareness programme: Public brand awareness will increase by 3% year on year	39% awareness	Brand research results expected in Q4	Minor delay
Public feedback programme: 100% increase in people sharing their views with Healthwatch England year on year	100% increase (Healthwatch England 51K) Totals: • Healthwatch England 12,750 (2019-20) • Local Healthwatch 336K (2018-19)	Totals: • 7.9K views shared with Healthwatch England (April-Oct 2020) • Local Healthwatch 350K (2019-20)	Minor delay

Business Plan Deliverables	Update – (End of November 2020)	Benefits and Impact Achieved	RAG Status
	light of covid-19. This work was carried out in partnership with British Red Cross and the report finding were published in October 2020. **Other spikes:** In partnership with CQC we are running further spikes to activity to target different audience groups including: • Sept-Nov 20: People with long term conditions & Older people • Jan 21-Mar 21: Carers, Learning disabilities & black, Asian and minority ethnic people.	over 200 partners and 111 local Healthwatch and resulted in over 500 patients and carers sharing their views. The launch of the report achieved national coverage in Independent and Mirror and to date our report has been downloaded over 800 times.	
We will increase use of our Advice and Information programme. We will develop and syndicate to Healthwatch network content that people can find via search & social, driving uptake through new campaigns approach. **COMMUNICATION**	**COVID-19 advice and information:** • We have developed a host of advice and information content in response to COVID-19 public questions. We have also continued to update this guidance as and when it has changed and issue new advice when new initiatives have emerged or to support our insight communications. • We have also developed Q&A scripts on key issues to support local Healthwatch advice and information • We have also shared guidance on the key information local Healthwatch need to have on their websites and social media and rolled out updates as this information has changed. • We are also testing functionality that enables website users to rate our content from 1-5 in terms of usefulness.	Our public advice and information on-line articles have been viewed over 256K between April and September. This is more views than we received in the whole of 2019-20. Popular content items: • shielding advice • how to protect your mental health • how to access dentist services • how pharmacists can help • help travelling to NHS services • making a complaint • support when someone has died • GP registering rights • What you can expect from hospital discharge We have learnt that advice content is also a key way of prompting people to provide feedback about that issue. We have also had feedback from local Healthwatch that the advice we have provided has been useful supporting their advice and information activities. Data about what advice and information people are seeking, now also from part of our quarterly insight report for stakeholders.	On Track

KPIs	2020/21 Target	Current Update	RAG Status
Advice and information programme: Website views of Healthwatch England advice and information content increases by 10% year on year.	10% Increase (154K) Totals: • Healthwatch England 140,000 (2019/20) • Local Healthwatch 413,319 (2018-19)	Views of advice and information Totals: • Healthwatch England **256,000** (Apr-Oct 2020) • Local Healthwatch 960,000 (2019-20)	Completed (Target reached)

Business Plan Deliverables	Update - (End of November 2020)	Benefits and Impact Achieved	RAG Status
		The average user rating for our content is 4 out of 5 in terms of usefulness.	

KPIs	2020/21 Target	Current Update	RAG Status

Aim 2: Providing a high-quality service to you

Deliver on the transformation plan to help the network to be more effective

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status
The review of digital requirement is complete in March 2020. We will consider the recommendations and respond. Our response will be reported to Committee in June 2020. **DIGITAL**	Based on the findings of the findings of the Wildman and Herring report which identified a hybrid model consisting of a survey/feedback set of tools plus a centralised data store for HWE to capture and analyse the data. The four key requirements identified were as follows. 1. Information gathering - A survey tool for local information gathering - A feedback too for national information gathering 2. Information management, processing & analysis. 3. Information storage, access, viewing. 4. Administration and management. **Engagement and Research Pilot** Following an extensive piece of scoping from a Task and Finish Group comprising representatives from across we will carry out an Engagement and Research tool pilot to test systems the key needs of local Healthwatch using the £50K underspend held as an Innovation Fund by Healthwatch Norfolk 1. Gathering views and experiences and analysing 2. Managing community and stakeholder relations 3. Sharing data with Healthwatch England **Central Datastore** We should use the majority of the projected budgetary underspend	The user research phase is highlighting key areas Healthwatch England should investigate for its digital product offer, the way it communicates and its leadership role in the wider network.	On Track

KPI	2020/21 Target	Current Update	RAG Status
Performance Indicator (PI) has been assigned			

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
	(£130K) due to the impact of Covid-19 this year on our activities on developing a data warehouse solution with a set of supporting tools to facilitate the amalgamation and analysis of the health and social care data. This will also allow the network to provide real time information on local issues and compare available data to regional and national views.						
We will improve the quality and volume of evidence we collect from the network with focus on equality and diversity data. We will review the type of data we collect from the network via the CRM and assess is this is fit for purpose. We will maximize the use of existing systems to ensure we are collecting good quality insight from the network to inform our influencing activities. We will also focus on our feedback loop to the network and the public. **RESEARCH & INSIGHT / DIGITAL**	We are supporting the network with webinars and guidance on the research process. We have finished the engagement part of the data quality and evidence review. We have completed a comprehensive review of the data we are getting in from the network – volume, source and quality. This work is feeding in to the strategy review. We have reviewed the demographic data for the CRM. We were aiming to roll this out in Q3 but due to delays due to the complexity of the task and the need to communicate the changes to the network properly delivery has been shifted in Q4 but has been marked as a top priority. Three of the four changes to the National Reports Library requested by the network have been made. These are making it easier for local Healthwatch to upload their own reports to the reports library. These will be fully rolled out to the network in Q4. The new interface for the CiviCRM and roles and permissions are being rolled out to the network and is currently 66% implemented, with one server left we expect it to be completed in Dec 20. Local Healthwatch Performance Reporting is being integrated into the transformation project.	The demographic category listing was completed by the Digital and Research and Insight team by the end on of August 2020. The Digital team are now working with our developers, Network Development Team and Research and Insight team move the project forward, notify the network and to make changes to our systems before local Healthwatch can use them. National Reports Library modifications means the network will be able to take control of their own reports in the library, empowering the network and reliving time pressures on internal teams at Healthwatch England. The new interface and roles and permissions modernise and simplify the interface to the CiviCRM improving user experience and usability. By integrating the Local Healthwatch Performance Reporting into the transformation project we will see an improved user experience and gains through automation of tasks saving staff time for the network and Healthwatch England over the current approach.	On Track	Additional list of socio-economic categories to be used by Local Healthwatch in both the Civi-CRM and the reports library. *(Above KPI amended from "Roll out of new data collection process with 30 Healthwatch").*	Categories to be available to local Healthwatch by end of March 21	Developers have provided feedback on requested changes. These are to be discussed with Research, Digital and Network Development Team to plan a way to move forward on the project. The deadline has been moved to end of year. This has been made a top priority for Q4.	Minor delays

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status
We will deliver a proactive engagement plan with local government to improve understanding of our role and perception of the value we bring. We will Increase regularity of engagement with local government and stakeholders. **NETWORK DEVELOPMENT**	With new Regional Managers in post and led by the Deputy Head of Network Development, we have continued to strengthen relationships with commissioners, especially those considering contract changes. The Deputy Head is often having high level conversations with senior officers to understand contract intentions and seek to protect Healthwatch income.	The Sustainability Programme is seeking to protect Healthwatch income through engaging with local authority funders and ensure Healthwatch have a strong case for investment by demonstrating their effectiveness (Quality Programme) and impact. The Guide to Effective Commissioning published in May is paying off with several local authorities incorporating the Quality Framework into commissioning arrangements switching from outputs (e.g. number of meetings) to outcomes (the change achieved by the Healthwatch). Several interventions by Healthwatch England have meant contracts do not contravene legal requirements. Against a very challenging environment, we are seeing only small reductions in budget, with some exceptions. Contract terms have also seen improvements with longer terms – a key objective of this programme and testament to relationship management. This picture may change in 21/22 due to impact of local authority budget pressures. Comments from local authority commissioners include: Commissioners' resource pack seen as his "bible". One local authority based their contract specification on the resource pack and used Quality Framework to set outcomes. "*Our Legal team gave me the go head to vary the current contract … for a maximum of 12 months, same funding. Thanks for your support*".	On Track

KPI	2020/21 Target	Current Update	RAG Status
KPI 5 Sustainability Programme Healthwatch England have engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions Composite of: • Stakeholder Perception • Number of local authorities incorporating the Quality Framework as part of commissioning	Plan in place for 100% of applicable local authorities	Engagement Plan in place with 100% of commissioners where contracts are being retendered or have planned extensions	**On Track**

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
Sustainability Programme We will provide advice to the Healthwatch network on commissioning and income generation. We will provide support to Healthwatch network on contracts where we have concerns on the impact on sustainability (funding reduction, terms). **NETWORK DEVELOPMENT**	We continue to support Healthwatch as they prepare for tendering. We monitor and mitigate risk to the Healthwatch brand on an ongoing basis. We have collected summary contract info for 20/21 and indications for 21/22 to inform engagement and our State of Support Document.	21 Healthwatch have been supported on matters such as governance, staff matters and contract continuity. Healthwatch England use this information to support our engagement and contract influencing work. DHSC released LRCV funding to Local Authorities. This year has seen the shortest delay for several years – such a delay can affect Local Authorities releasing Healthwatch funding and in turn affect Healthwatch staff retention and planning.	On Track	**KPI 5** Sustainability Programme Healthwatch England have engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions Composite of: • Stakeholder Perception • Number of local authorities incorporating the Quality Framework as part of commissioning	Plan in place for 100% of applicable local authorities	Engagement Plan in place with 100% of commissioners where contracts are being retendered or have planned extensions	**On Track**
We will provide horizon scanning, policy briefings and one-to-one support to the Healthwatch network to equip them to engage in national policy issues at local and regional level. **COMMUNICATION / POLICY**	**Covid-19:** Q2 has seen us continue to brief the network on a variety of Covid related issues including local lockdown measures, the development and roll out of the test and trace app and the restart of NHS services including Simon Stevens' Phase 3 letter. We have continued to use the insight we have gathered from the network in return to produce a now monthly Covid bulletin for stakeholders. **Non Covid:** We have also kept the network informed about other system developments including the CQC Provider Collaboration Reviews, the planned introduction of things like 111 first and engaged extensively on how the network are finding development of ICSs.	Regular stakeholder holder comms (albeit on a monthly basis now rather than daily/weekly) continues to show the benefit of sharing early insight rather than producing detailed reports on every issue. Specific wins secured in Q2 around data security for the test and trace app, and the focus of NHSE equalities action plan.	On Track	**KPI 7** Create a baseline of Board members and volunteers who report feeling part of one Healthwatch.	Baseline to be set	80% report strongly agree or agree with feeling part of the network	**Completed**

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
We will deliver the brand resources and training the Healthwatch network need to engage audiences and communicate their annual impact. **COMMUNICATION**	**Training:** We have established a year-long training programme. We have delivered training on annual reports, impact communication, PR skills, impact communications, website development, strategy development and campaigns **Resources:** We have continued to develop the resources local Healthwatch need to communicate and engage their local communities. New guidance includes how to develop a communications strategy, as well as support for our own (e.g. #BecauseWeAllCare) and external campaigns (e.g. Flu vaccination) **Promotion:** We have updated our social media and paid for content plan to reflect COVID-19. We have supported the network to support external health and COVID-19 campaigns with resources and key messages. We ran a join micro campaign to support volunteer's week, celebrate our volunteers and raise awareness of the brand.	**Training**: During April -October 2020 over 300 staff and volunteers signed up for communications training. **Resources:** From April-October staff and volunteers created over 1.1K resources using communications templates and downloaded 4K resources and 14K images from our communications centre. **Promotion:** • Engagement with our social media messages is 159% higher than all the engagements we got in 2019-20 (275K Apr-Sept 2020 versus 106K 2019-20) • Visitors to our public website from April-October 2020 is 50% higher than all traffic for 2019-20 (430K v 284K). Traffic is 200% higher the same point last year (430K visitors Apr-Oct 2020 versus 166K Apr-Oct 2019). • We have also seen an increase in public actions. For example, the number of people using our website to find their local Healthwatch between April and October 2020 is currently 30% higher than the same point in 2019.	On Track	**Performance Indicator (PI) has been assigned**			
We support more Healthwatch to adopt an improved website and better content. **COMMUNICATION**	**Local Healthwatch websites offer:** Despite internal capacity issues caused by staff changes and the capacity of the network, we have continued to roll out websites to local Healthwatch. We have also launched our first group of Healthwatch taking up the website offer in 2020-21. We have also held two user group in 2020 and agreed potential developments including the creation of website benchmarking tool to help local Healthwatch understand how different	**Local Healthwatch websites:** 58 websites are now live and 9 are in development to be completed by the end of Q4. **Channel review:** Our approach to testing and reviewing communications as we go has helped to contribute to the highest social media reach and website traffic since Healthwatch was established.	On Track	**Performance Indicator (PI) has been assigned**			

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
	aspects of their websites (such as where visitors are coming from and what content is working best). **Channel review:** We have introduced a communication dashboard to track work. We have continued to test and refine our use of our digital channels and have started a deep dive review of email marketing.						
Through our Internal Communications Programme we will deliver information, training and support to the Healthwatch network staff and volunteers. **NETWORK DEVELOPMENT / COMMUNICATION**	Analysis of the Satisfaction Survey and Annual Healthwatch Survey has been completed. Learning will be shared with LT and to inform our support to local Healthwatch **Network site:** Visits to our network site and actions taken on the site from April-October 2020 have passed the total number of visits and actions we saw in 2019-20. We have also now initiated a project to review performance on the network site to ensure that this high performance is maintained.	**Channels and content:** Active users on our workplace increased during the COVID-19 crisis and remain contacts. Email open rate and click rates have increased and remain well above the industry norm. Visits to our network site and actions take on the site are more than double the same point last year.	On Track	**Performance Indicator (PI) has been assigned**			
Impact Programme. We will deliver a change programme to ensure the Healthwatch network understand, evaluate, communicate and report impact. **NETWORK DEVELOPMENT**	We have delivered 8 webinars for 38 participants from 35 Healthwatch on impact and outcomes using a theory of change approach and designed with small groups to maximise interaction. We are introducing one-to-one support for Healthwatch to develop a Theory of Change for one of their projects to support rapid adoption. We have published new tools to support Healthwatch capturing impact and will review how Healthwatch implement them: Impact Tracker, Equality Impact Assessment and Theory of Change diagram. We have interviewed six selected Healthwatch Chief Officers for the first phase of the 'What Makes for Success' Project to understand key success factors to support the case for investment.	19 evaluations of webinars completed by participants with 79% rating their confidence in the topic having increased on a 5 point scale. All gave positive free-text comments. We intend to provide a way for Healthwatch to report their outcomes to Healthwatch England using a digital platform/Tracker. This work will support the case for investment in all Healthwatch and seek to protect Healthwatch budgets against very difficult environment. By understanding Healthwatch value, Healthwatch England can support other Healthwatch to articulate their	On Track	**Impact and Quality Programmes:** 40 local Healthwatch reported on the improved quality of their impact reporting and effectiveness as a result of Healthwatch England intervention	40 local Healthwatch	We will report on the number of local Healthwatch in Q4. We will produce a report comprising short, medium and longer term outcomes achieved by Healthwatch England intervention	In progress

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
		value and share learning to improve effectiveness. Following write-up of initial findings, we will develop the project to a further stage.					
Quality Programme We will enable all Healthwatch to demonstrate their effectiveness through adoption of the Quality Framework. Healthwatch England Teams will capture where they have used the learning from the Quality Framework to inform their work or improve the support offer. **NETWORK DEVELOPMENT**	We have delivered 5 webinar sessions on the Quality Framework. Presentations have also been given to local Healthwatch Boards and Staff Teams focused on Top Tips for the self-assessment process. Revised Quality Framework documentation has been distributed to invited Phase 2 local Healthwatch **Good Practice** Five new template policies have been produced and disseminated. A good practice has also been developed mapping different Healthwatch England resources to the Quality Framework domains.	The Quality Framework enables a Healthwatch to understand their effectiveness and produces an action plan on areas for improvement which is reviewed with Healthwatch England in the following year. Healthwatch England use the collective results to inform our support offer to Healthwatch and wider work of Healthwatch England. One Healthwatch used the results of their Quality Framework to underpin their bid for a new contract which resulted in a local authority to have the confidence to offer a much longer term contract. **Good practice:** As part of the Quality Framework process, Healthwatch identify gaps and best practice. Margaret is using this to produce templates which will be used to support adoption by Healthwatch – something Healthwatch asked for. The content will be on refreshed network website to meet request from local Healthwatch.	On Track	**KPI 6** Impact and Quality Programmes: 40 Healthwatch reported on the improved quality of their impact reporting and effectiveness as a result of Healthwatch England intervention	40 local Healthwatch	We are on track to sign up Healthwatch to achieve the KPI. We will be following up Phase 1 Healthwatch to find out if they have acted on areas identified in their Action Plans.	On Track
Partnerships and Collaboration Programme Delivery of projects which require Healthwatch network collaboration including: • CQC • Kings Fund • NHSE Healthwatch England will be the broker and support	**National Projects:** Healthwatch England have so far allocated grants to 18 separate local Healthwatch during 20/21 for delivery of projects. These projects include Hospital Discharge (British Red Cross as partners), Integration Index (NHSE) and Digital Exclusion (NHSX)	8 local Healthwatch contributed rich insight for Hospital Discharge project while 30 proposals were received for the Digital Exclusion project. We want to use such examples to build a portfolio and become a partner of choice 5 local Healthwatch will be working with us on the digital equalities project.	On Track	**Performance Indicator (PI) has been assigned**			

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
Healthwatch network collaboration to influence change outside of Healthwatch network boundaries. NETWORK DEVELOPMENT	We also produced a hugely successful report in July in partnership with National Voices and Traverse. The Dr Zoom report was an in kind partnership but has now been incredibly widely shared by stakeholders and frontline professionals. **Regional structures:** Emerging regional health structures (Integrated Care Systems) present challenges and opportunities for local Healthwatch. We have gained an understanding of where Healthwatch are collaborating to influence those structures.	5 local Healthwatch will be working in next six months with us and NHSE on Integration Index. We negotiated preferred bidder status for 8 local Healthwatch in London who won contract to carry out research on Covid recovery for East London Health and Care Partnership					
Volunteering Programme: We will develop L&D resources and identify best practice in volunteer management and support its adoption. We will identify core volunteer roles and accompanying competencies NETWORK DEVELOPMENT	Volunteering is an integral part of the Healthwatch model. This programme has been focused on supporting response of staff managing volunteers in context of Covid. Volunteer Management survey produced including pilot testing with several Healthwatch to understand types of volunteer, diversity and formal & informal support provided to volunteers. 87 Healthwatch responded to survey. Volunteer Management Guide in production, including template Volunteer Handbook and Agreement. We have experienced slight delay with publishing the guide and missed original target of publishing during Healthwatch Week. Two volunteer related Healthwatch Week sessions were held in Nov; Volunteering in 2020 with British Red Cross and A Volunteer Story with volunteers and staff from Healthwatch Sefton.	For the first time we have an indication of figures relating to ethnicity, age groups etc. and feed into our wider work on Equality, Diversity and Inclusion work. Also, gives us information on support given to volunteers and systems used to management administrative tasks whilst informing support offer to volunteer managers. **Good practice:** The network has been asking for templates related to volunteer management. Template policies are under production to support local Healthwatch. Networking and sharing of knowledge and experience between Healthwatch enhancing volunteer management abilities. Peer to peer learning between volunteers presenting and attending session.	On Track	**Performance Indicator (PI) has been assigned**			
Learning and Development and Events Programme We will deliver a blended learning and development programme, including National	Our **Learning and Development Programme** has been largely over subscribed. We have Q3 and Q4 programme in place covering all Learning Needs Survey 2019 priorities.	We have run 50 sessions with 733 booked participants July - Oct with topics; engagement, Quality Framework, impact, policy topics, research and communications skills	On Track	**KPI 7** Create a baseline of staff and volunteers who report feeling part	Baseline to be set	80% of respondents (board, staff and volunteers) report strongly	**Completed**

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status
Conference and events to support core competencies, knowledge requirements and delivery of our transformation programme. NETWORK DEVELOPMENT	**Tools and resources:** We have developed an online induction for CEOs which has been user tested ready for publication November 2020 We have grant funded Healthwatch to work with the Consultation Institute on an e learning module – Online Engagement techniques published November 2020 and Offline engagement techniques planned for January 2021 **Engagement:** We have introduced a strand of work on engagement with a co-production approach with local Healthwatch . Set up an Engagement Leads Network to support staff in delivering core statutory activities and through challenges of Covid with 110 engagement leads signing up. Meetings took place September and November 2020 Three models of engagement published and showcased to 95 Healthwatch during Healthwatch Week. Invited by NHSE to present 'rapid local insight' with three local Healthwatch at national Engage 2020 conf **Healthwatch Week** We had a full line up for Healthwatch Week, including Secretary of State and Sir Michael Marmot (2 -5 Nov) with sessions from local Healthwatch plus Awards showcasing impact made by local Healthwatch.	**Tools and resources:** We used the learning from webinars on Online engagement and Engaging Digitally Excluded to produce top tips briefings. Investing in co-production with the network to meet their requested support needs ensures their expertise is included, we meet our 'providing a quality service to you' aim and people will be bought into the resources **Engagement:** Learning Needs Survey 2019 identified gap in support for this group. Supporting you said, we did approach This group helps us test new products and tools, provides insight and peer support Profile of Healthwatch engagement is being raised and shown as good practice externally Support Healthwatch England positioning and provide opportunities for Healthwatch to learn and network	
Campaign Programme NETWORK DEVELOPMENT	This Programme supports delivery of the Campaigns Projects, including support for the Because We all Care and hospital discharge campaigns	Widespread national and regional media coverage secured as a result of relationship-building with Press Association re dentistry and press release	On Track

KPI	2020/21 Target	Current Update	RAG Status
of one Healthwatch		agreed with the statement that they feel part of the Network	
Performance Indicator (PI) has been assigned			

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update	RAG Status
		accompanying Healthwatch England's Quarter 1 Report. Support for "Because we all Care" and "discharge" campaigns resulted in widespread national and regional media coverage. 8 pieces in health sector media, 9 national stories & 41 pieces of regional coverage). 87 local Healthwatch participated in the discharge project, responses received from 93 different localities and 40 out of 42 STP/ICS footprints covered.					
Business Support: We will develop business infrastructure to support delivery of Network Transformation Strategy. We will postpone identification of preferred suppliers. **NETWORK DEVELOPMENT**	We have been working on a project to pilot two digital engagement platforms which is ready to roll out in Q4. Work has commenced on developing a database to support the work of the Network Development Team We have developed a new grants process to provide full transparency, accountability and evaluation	To test whether they support Healthwatch responding to challenges of Covid, whilst having deeper conversations with the public to gain deeper insight To help us understand the impact of our work and how we are engaging with individual Healthwatch	On Track	**Performance Indicator (PI) has been assigned**			
Equalities, Diversity and Inclusion Project (Healthwatch Network**)** **NETWORK DEVELOPMENT**	Joy Beishon, Healthwatch Greenwich CEO, has been seconded to work on the Equality, Diversity and Inclusion project A working group, project plan and consultant brief are in place.	We want to understand the Healthwatch approach to equality, diversity and inclusion, understand what works and gaps to support local Healthwatch and use the learning to inform Healthwatch England's strategy	On Track	**Performance Indicator (PI) has been assigned**			

Aim 3: Ensuring your views help improve health and care

We will further develop our insight to influence policy at a national, regional and local level

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update – End of August	RAG Status
We will carry out stakeholder perceptions research for check-in at year 3 of strategy. This is key to measurement of a number of KPIs.	Budget was formally approved for this in August. Procurement has been delayed slightly. This is due in part to CQC but also the decision to go with Comres, but this will	Healthwatch will be able to track progress and impact of engagement approach with key stakeholders. This builds off the stakeholder perceptions research carried out in year 1 of strategy.	On Track	**KPI 5** Sustainability Programme Healthwatch England have	Plan in place for 100% of applicable local authorities	Engagement Plan in place with 100% of commissioners where contracts are	**On Track**

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
POLICY	save significant amount of money and will have continuity in research. Research will now commence in Nov/Dec rather than October.	The insights will also help to inform tactical approaches following the strategy review.		engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions Composite of: • Stakeholder Perception • Number of local authorities incorporating the Quality Framework as part of commissioning		being retendered or have planned extensions	
We will carry out stakeholder perceptions research for check-in at year 3 of strategy. Significant focus in 2020/21 will be on engagement with health and care professionals (through their representatives) and local leadership (commissioners and service managers). This will also cover horizon scanning activity, bringing intel into the organisation from partners across the sector. **POLICY**	Review of approach to stakeholder management carried out with all teams and completed in Q2. Decision was that account management model will not work and that we need a blended approach that facilitates teams being free to work with their own stakeholders but a central approach for monitoring engagement. Plan for revised approach now being rolled in to the strategy review. Scoping started on updating contact lists. Intel from horizon scanning is now being discussed at the cross team planning meeting on monthly basis.	The partnership approach and early sharing of findings (rather than waiting until final reports) has seen our work shared much more quickly, in particular among those who have more direct links with the front line. E.g. The phase 3 letter is a good example.	On Track	**KPI 5** Sustainability Programme Healthwatch England have engagement plans in place for 100% of Local Authorities where contracts are being retendered or have planned extensions Composite of: • Stakeholder Perception • Number of local authorities incorporating the Quality Framework as part of commissioning	Plan in place for 100% of applicable local authorities	Engagement Plan in place with 100% of commissioners where contracts are being retendered or have planned extensions	**On Track**

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status
We will collect and analyse data from other stakeholders through partnerships. **RESEARCH & INSIGHT**	This project has been paused for the year due to the need to prioritise other work on Covid-19		
We will carry out two new policy focused research projects to shape emerging national thinking. We will carry out two policy influencing campaigns based on existing Healthwatch insight. Our policy priorities are: • Access to primary care • Digital NHS services and equalities • Social care reform • Is integration working for people? **POLICY**	**Primary Care:** Following the options paper at Leadership Team we have progress conversations for partnership. Most promising of these has been our conversations with the Practice Managers Association who are very keen to work with us and would give us reach into the frontline managers we need to engage. After further consideration the PMA have requested to postpone the project due to additional pressures of the second lockdown and the plans around rolling out the Covid vaccine. On reflection we feel that the PMA are still the right partners for this work therefore we propose pausing until Q1. Cross Team Planning group has agreed the delay to the main project on condition pre-work starts in Q4. In the meantime, we will continue to support other activities in primary care including support for CQC's proposed thematic review on access, the Q2 report insights on NHS dentistry, and support for NHSE's development of a real time patient experience metric for GPs. **Social Care:** Despite the broader project being paused we have continued to support the National Director in feeding in to Pearson Taskforce. We have also fed in to the DHSC winter plan for social care. We have fed our insight into the TLAP report on Care Act Easements featuring 28 references to our work. Most recently we have escalated concerns to the Sec of State around visits to care homes and current guidance. This has seen us added to the advisory group for the visiting pilots that	The Dr Zoom work showed the real benefit of doing quick projects. We were essentially the first out there with findings on this topic which resulted in phenomenal sharing. Not only was it referenced in the phase 3 letter, it also led to presentations at multiple conferences (such as the King's Fund Digital conference), sector boards, and a meeting with the No 10 Policy Unit. Hospital discharge work has also followed approach of sharing results as we go. We have seen this help influence thinking around revised guidance from DHSC/NHSE in September. This was really important as we want to be helping to influence the approach ahead of winter. The Integration Index is another example of how external stakeholders are recognising our expertise and paying for it. Important to note the price point of this work is higher than previous commissions, again showing how others value our expertise.	On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
Performance Indicator (PI) has been assigned			
2 research projects successfully completed to influence national policy thinking	Complete 2 research projects	Digital Research Project stage 1 completed and stage 2 ready to go in to field in Q3.	On Track
Healthwatch England successfully influence 2 health and care sector issues	2 health and care sector issues successfully influence by Healthwatch England.	Results due in Q4	On Track

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update – End of August	RAG Status
	have been set up in response to our concerns. We also continue to support the work of the Health for Care Coalition including contributing articles to latest research report. **Digital Project:** In July we published the Dr Zoom report which was widely shared by stakeholders. It has now been downloaded over 1200 times. In Q2 we have also kicked off the next phase of this work on digital exclusions. We had 30 applicants from network to be involved in this phase from which we have selected five to grant fund. We have worked with these Healthwatch to co-design the interview guides and we are now in the recruitment phase. All local Healthwatch have formed excellent partnerships with local PCN and/or GP practice, with the PCNs helping to contact practices and patients on behalf of local Healthwatch. We have also made the methodology available to all local Healthwatch on Workplace as we heard that some would like to independently replicate the project or adapt the methodology locally. Within the project team we have also agreed to conduct a focused evidence review of local Healthwatch research and data on similar topics over the pandemic period. **Integration:** The **Hospital Discharge** research was completed and ready for publication in Oct. 529 patient views gathered and 47 staff interviewed. Extensive stakeholder engagement with NHSE, DHSC, think tanks, vol sector, EHRC, ADASS etc. Also secured commission from NHSE on supporting the development of the **Integration Index**. So, this is now starting earlier than planned due to client needs. We will be working with 5 partner Healthwatch over next 2						

Business Plan Deliverables	Update – End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update – End of August	RAG Status
	quarters to create 5 patient personas and their experiences of integration. • CYP with mental health conditions transitioning to adult services • People of South Asian Ethnicity with diabetes • People with learning disabilities and their carers • Black men with multiple conditions including experience of cancer • Women with multiple conditions including experience of a cardiovascular condition. This work is grant funded by NHSE and will be central to how they use people's experiences to support integration.						
We will introduce new software to improve the quality and timeliness of how we report on people's experiences of health and care. We will focus on proactive research and improved analysis. **RESEARCH & INSIGHT**	Research team used Power BI to present the business intelligence gathered through the data return. This has been well received by colleagues. We will be looking at other uses for data visualisation. We are dependent on CQC for procurement of NVIVO for teams for qualitative analysis and on access to face to face training to use RStudio. This means there are delays to implementing this that are beyond our control at the moment. This is being reviewed as part of the digital transformation work.	Our data analysis will be more accessible by use of these programs	On Track	**Performance Indicator (PI) has been assigned**			
We will carry out a review of our engagement with a range of professionals. We will ensure that our policy priority campaigns effectively target professional audiences. **COMMUNICATION**	**Professional engagement:** We have paused our review of this work due to the need to focus on COVID-19 comms but will revisit in Q4. **Insight communications:** Promotion of Q3 & Q4 reports paused because of insight relating to pre COVID-19. The focus has shifted to only promote intelligence that reflects the current environment.	Because did not produced any new public facing reports until Q2, we have seen a significant fall in downloads of our reports. However, we do know that the stakeholder briefings we have been producing for key sector leaders have been well received and well shared across Government and ALBs. With the publication of our first wave of reports in Q2, we have	Minor Delays	**Performance Indicator (PI) has been assigned**			

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
	We have developed a regular COVID-19 intel bulletin to stakeholders and the network. We have also produced a Q1 report to communicate out insight to system leaders and promoted our two external reports to date (Hospital Discharge and The Dr Will Zoom You Now) Planning is underway to communicate our Q2 Insight report which will focus on the issues people have raised when it comes to accessing a dentist.	seen performance improve and we expect to narrow the gap during the remainder of the year. However, we do not expect to match the 31K downloads we saw in 2019-20.					
A campaign/series of activities to support the system's response to Covid-19 **POLICY**	We have conducted ongoing dialogue and engagement with NHS on system's response to Covid-19. In particular we have support thinking around the system re-starting services, particularly around elective care. We have supported the development of the 111 first pilots - following on from our recommendation this approach should be trialled in our Feb report on A&E. We have also worked with NHS Confed on the Reset campaign - to bring views of local Healthwatch leaders into the debate through blogs, webinars and a joint report.	Our work raising privacy concerns about the NHSX COVID-19 tracking app help contribute to the shift in gov policy and the creation of an app that now meets people's expectations around use of their data. We have also mobilised our network to support promotion of the App - helping Test and Trace achieve 16 million downloads. T&T have thanked us for our support which they consider vital as it is local community voices who are securing buy-in rather than national campaigns.	On Track	**No indicator assigned**			
We will continue to step up our political engagement to build awareness and improve the value placed on us by Gov Ministers, Shadow ministers, MPs interested in health and social care as well as Select Committees and APPGs. We want to see the number of debates in the house where Healthwatch evidence is used double over this year. **POLICY**	We continued with our programme of engagement with key parliamentary audiences. We have provided written evidence to a number of select committee and APPG inquiries including HSCSC on Maternity and future of social care funding. We also supported the Public Services Committee by organising a focus group and evidence session for them, brining people's views directly to them. We also saw the HSCSC publish their report on handling of the pandemic and	Healthwatch intelligence and recommendations has contributed to scrutiny of the system's response to Covid-19 and kept parliamentarians informed of peoples' experiences of health and social care. We are progressing very well with objectives about engaging with Select Committees and APPGs. Mentions in parliament are also on track. However, there is still some work to do re engaging with the opposition front bench.	On Track	**Performance Indicator (PI) has been assigned**			

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status
	other NHS services. This drew heavily on our evidence with the number 1 recommendation being around communication with patients and public. We also fed into the Devolution Commission report which again heavily referenced our work and recommended the need for Healthwatch to be replicated across all decision-making levels in the NHS.	We have significant opportunities in Q3 to focus on stepping up parliamentary engagement further but will be very focused due to Public Affairs Officer being seconded to Test and Trace for 2 months.	

KPI	2020/21 Target	Current Update - End of August	RAG Status

Aim 4: Organisational Management

We will be a well-run high-performing organisation

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status
Our staff will maximise use of the CRM or equivalent system to ensure that we capture information to help provide insight to the Leadership Team on the Healthwatch network stakeholders, partners and MPs. **OPERATIONS / NETWORK DEVELOPMENT**	The group have seen demos of three suppliers who may offer alternatives to CiviCRM. We are discussing the pros and cons of each offer to present to leadership. The project team will present to staff the CRM process and how the system helps to support our work The Group has expressed concerns about low take-up of the use of CRM and prioritising work involved to update the system. We have agreed to pause the group for time being to review its purpose.	Healthwatch England staff will have greater insights on what is happening in the network and with our stakeholders.	On Track
We will review the organisational Strategy. Consultation will begin October 2020 **OPERATIONS**	A high level draft of the strategy was reviewed by the committee at the Committee workshop meeting on the 29th October. Following the workshop suggestions and amendments are currently being made to draft strategy before being presented to committee for approval on the 9th December.	Our strategy review will help us re-align our focus with the current health and care issues to ensure we have relevant impact and meet our vision in 2023. It will also enable us to decide where best to target our staff resources and budget in order to deliver on our strategic aims.	On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
Performance Indicator (PI) has been assigned			
Performance Indicator (PI) has been assigned			

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status	KPI	2020/21 Target	Current Update - End of August	RAG Status
All programmes of work will start from the basis of how we promote equalities and diversity. All programmes and projects will have this at the heart of our work. Equalities and diversity impact assessments will provide evidence and insights to facilitate our aims to influence our stakeholders. **OPERATIONS**	Equality Impact Assessment template has been updated and approved by Executive Team. Guidelines on how to use the template has been completed.	The Equality Impact Assessment ensures that by default we consider equalities in our work programmes.	Completed	**Performance Indicator (PI) has been assigned**			
All staff have regular 1:1s with their line manager and have a learning and development plan in place. **OPERATIONS**	Joanne has now been given access to obtain evidence of staff accessing their performance on ED. The percentage of staff using ED to report on performance will be reported in the November LT management performance report.	Tracking the usage of ED portal. The tracking of staff accessing the ED portal will ensure that we can see that staff reviews are taking place regularly in order to manage individual objectives and organisational aims.	On Track	**Performance Indicator (PI) has been assigned**			
Our improved financial controls will ensure that we spend our budget allocation effectively. **OPERATIONS**	There has been virement of underspend in Pay costs to non-Pay activities relating to Equalities and Quality assurance projects with the local Network. We had a review meeting of our budget in September. In October We have a projected underspend which we have agreed to use £130k for funding to support the digital programme and £35k to support the digital exclusion project, via grant funding to local Healthwatch.	The flexibility of virements between Pay and Non-Pay has enabled us to respond quickly and redirect funds to support key projects which are part of our strategic ambitions.	On Track	100% of budget allocation spent	100%	50% of budget spent as at the end of October £1,725,560 against budget of £3,472,243	On Track
94% of programme will be on track **OPERATIONS**	2(4%) projects have now been completed, 39 (68%) of projects are currently on track with 9 (15%) projects reporting a minor setback although they are on track to be delivered within this financial year. 5 (9%) of projects are on hold due to Covid-19 with 2 (4%) projects not yet started	With the majority of our programmes on track we will be able to deliver our business plan in year.	On Track	94% of programmes on track	94%	88% (includes projects completed, on track but with minor delays)	Minor delays
Staff survey completed by all staff	We have sourced a facilitator for further leadership training and development with training dates now confirmed to	The 360 feedback has enabled Leadership to see how they reflect back to staff in their role as leaders, and to focus in where	On Track	**KPI 12** 100% of staff completing the	100%	78% of staff participated in the Mini Staff Survey	To start - March 2020/21

Business Plan Deliverables	Update - End of November 2020	Benefits and Impact Achieved	RAG Status
OPERATIONS	take place between Dec 2020 – March 2021. The mini-survey took place at the end of September.	there can be improvements, so that the performance of the organisation is also improved.	
95% of staff engaged with the overall objectives of Healthwatch England OPERATIONS	The mini-staff survey results have been returned and we have scheduled three workshops for staff to attend in Jan, Feb and March 2021 to address some of the issues raised.	Staff will see their contribution to the business plan and the wider strategic aims of the organisation	On Track

KPI	2020/21 Target	Current Update - End of August	RAG Status
staff survey 2020/21		March 2020/21 Staff survey due after Q4	Staff Survey Completed August - Mini Staff Survey
95% of staff engaged with the overall objectives of Healthwatch England	95%	Results due in Q4 86%	On Track

SECTION 2: NOVEMBER (Q3) HIGHLIGHTS & WHAT TO EXPECT DURING QUARTER 4

RAG Status: Complete | On Track | Minor delay | Severe delay

Aim One - Support you to have your say

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
• Evidence use programme: We are planning to communicate new insights that result from our priority policy programmes. We also aim to start our review of engagement with professionals.	• We will have worked with local Healthwatch and local British Red Cross contacts to share the findings our Hospital Discharge research with hospitals, local authorities and local discharge teams. • We will continue to share our top tips on getting the most out of digital appointments with front line professionals via speaking events and stakeholder communications.	On Track
• Brand Awareness, Resources and Training Programme: We will undertake a review of the Healthwatch brand.	• We have conducted an audit of how the Healthwatch brand is being applied by Healthwatch England and a sample of 30 local Healthwatch • We are currently commissioning an agency to support the development an updated brand promise and values.	On Track
• Information and advice programme: We will continue to develop content to support our wider campaigns (e.g. digital exclusion) and in response to the evolving COVID-19 situation. We will also report on our test of the ability of users to rate the usefulness of content.	• We continue to develop new content, including advice on the new NHS111 booking service and guidance for those who a clinically highly vulnerable to COVID-19.	On Track

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
• Public feedback programme: We deliver new campaign spikes focussed on (a) new intelligence that Healthwatch England wants to collect on policy priorities (b) specific sections of the population whose views are underrepresented in our evidence.	• In partnership with CQC we have run spikes targeting people with long-term conditions and started the spike to target older users. We will plan our further campaign spikes for 2021.	On Track

What we aim to deliver in Q4

- **Evidence use programme:** We will produce new reports highlighting what people are telling us about services. Planned activity currently relates to dentistry and NHS111 booking service.
- **Brand awareness programme:** We will initiate engagement on an updated brand promise and values. We will simplify and update our visual guidelines and continue to roll our resources to local Healthwatch.
- **Information and advice programme:** We will continue to update and develop new content in response to our evolving insight and developments in the Governments response to COVID-19. We currently envisage issues such as the COVID-19 vaccine and support for those who are clinically at high risk to be key issues.
- **Public feedback programme:** In partnership with CQC we will run further campaign spikes targeting carers, people with learning disabilities, as well as people from Black British Backgrounds.

Aim Two - Providing a high-quality service to you

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
• Healthwatch Week: Conference reimagined for Covid. Top speaker line up; opportunities to celebrate the work of local Healthwatch and share learning; new audience of Commissioners	• We delivered an outstanding Healthwatch conference attended by more than 530 people over the four days. We had a superb line-up of high-profile speakers, each of whom really demonstrated their understand of our network in their presentations.	Completed
• Volunteer programme with new handbook and staff group to share practice. Volunteer management survey to network to find out additional staff support needs.	• Handbook experienced slight delay but will be available early 2021. Staff group has met and shared practice, including response to Covid. Volunteer management survey is being analysed.	Minor delay
• Impact Programme which is piloting local Healthwatch impact reporting and carrying out detailed analysis of impact of select number of local Healthwatch to create their narrative for success	• Healthwatch week sessions delivered: (i) Better identifying and articulating the impact of attending meetings, for senior leaders; (ii) Impact and Theory of Change for board members. • Selection of Healthwatch have agreed to share with us their usage of the new Impact Tracker so we can evaluate its usefulness and refine.	On Track
• Full suite of good practice and learning materials on the local Healthwatch 'intranet'	• The Good Practice Guide has been disseminated Decision-Making Policy, Whistle Blowing Policy, Conflict of Interest Policy and Code of	On Track

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
	Conduct as well have been distributed via workplace to Local Healthwatch for feedback.	
• Work underway to understand Healthwatch approach to equality, diversity and inclusion	• The secondee is now in post and has produced a comprehensive work plan. Joy has facilitated a session at Healthwatch Week as well as promoted opportunities for local Healthwatch involvement in her work. Independent consultancy support is also being secured to take forward this work	On Track
• Phase 2 of Quality Framework underway to achieve KPI of 40 Healthwatch	• Follow ups to all Phase 2 local Healthwatch who have been invited has been made to deduce readiness for implementation. Presentations have been delivered to several Boards and staff across the country looking at practical ways of implementation. This includes The London Regional Network meeting. • New resource of an Action Plan template based on the framework in Word has been produced. • The review of Phase 1 Early Adopters has also started with 3 local Healthwatch demonstrating clear improvements based on the Quality Framework self-assessment process. Agreement has been reached by NWDT members about how we want to capture and present this at the end of the year. • 5 webinars on the Quality Framework were facilitated and fully attended with feedback so far very good. • The session at Healthwatch Week on the Quality Framework was well attended by local Healthwatch and feedback good with clear enthusiasm for local implementation.	On Track
• We will enable more local Healthwatch to upload their own reports to the National Reports Library	• The changes to the system have been made but these will now be rolled out in Q4.	Minor delay
• Digital engagement programme: We will continue to roll out the website to local Healthwatch. We will commission a digital tool that will help local Healthwatch benchmark their website traffic with other services and help us measure traffic across our estate of local Healthwatch websites.	• 58 websites are now live and 9 are in development to be completed by the end of Q4. We have also held two user group and agreed potential developments including the creation of website benchmarking tool to help local Healthwatch understand how different aspects of their websites (such as where visitors are coming from and what content is working best).	On track

What we aim to deliver in Q4
• **Impact Programme:** Greater focus on impact in Annual Report template provided for Healthwatch; peer support network available for Healthwatch who have participated in prior impact activity; further webinars and resources. • **Quality Programme:** The Review of Phase 1 will be completed, with both achievements and learning for Healthwatch England in terms of improving our support offer will be identified. There will be more discussion based, problem solving webinars with local Healthwatch. The first of these sessions will focus on Decision Making and is scheduled for early December. The one-to-one support offer to local Healthwatch on implementation of the QF will continue. • Healthwatch will be selected for the pilot to test two Digital Engagement Platforms. • Refresh of the Healthwatch Network website with new content, such as policy templates. • Baseline information collected about Healthwatch approach to equality, diversity and inclusion and action learning sets held with Healthwatch staff

Aim Three - Ensure your views help improve health and care

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status

• We will set strategic direction of our digital strategy along with the LT and Committee	• Based on the findings of the findings of the Wildman and Herring report we presented a set of recommendations on plan for delivering the digital tools that HWE and LHW need to carry out their work effectively. The report identified a hybrid model consisting of a survey/feedback set of tools plus a centralised data store for HWE to capture and analyse the data.
	• A report was presented to AFRSC following which spend was approved to deliver a pilot to test Engagement and Research tools.
	  ○ Gathering views and experiences and analysing
	  ○ Managing community and stakeholder relations
	  ○ Sharing data with Healthwatch England
	• Approval was also given to develop a data warehouse solution (Central Data Store) with a set of supporting tools to facilitate the amalgamation and analysis of the health and social care data. This will also allow the network to provide real time information on local issues and compare available data to regional and national views.
		On Track

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
• We will write and deliver webinars on qualitative and quantitative data analysis and will re-run the seminars on research planning and survey design	• Due to gap in staffing we will now deliver the new research skills webinars on qualitative and quantitative data analysis in Q4. However, in Q3 we have continue deliver the existing programme and produced a number of new written research guides to help translate the Research Governance Framework into practice.	Minor delay
• We will complete the review of the work and functions of the Research and Insight Team and start to implement its findings	• We completed the review and the findings have been rolled in to the strategy review to make to ensure we are getting more data from local Healthwatch but also making the process of cataloguing and analysing this data more manageable and sustainable. This will also enable us to respond faster to research requests coming in to the team and Healthwatch England.	Completed
• Hospital discharge final report	• The report was published in October and secured widespread media coverage including in the Independent, Mirror, Telegraph, Guardian and Mail online. Coverage in PA also saw us hit over 40 local/regional titles and we had positive coverage in the HSJ, BMJ and other trades. We also had positive response from stakeholders with positive responses from DHSC and NHSE about how this will feed in to upcoming revision of the guidance. CQC's inpatient survey also referenced our research as they found very similar themes to our work.	Completed
• Kick-off second phase of digital NHS services and equalities work	• By the end of the quarter the research will be in the field and literature review of local Healthwatch activity will have been completed. The findings will be reported back to Healthwatch England by local Healthwatch in Jan.	Set to be completed at the end of Q3
• Primary care project kick-off	• Due to request of the key partners (the Practice Managers Association) this proactive project will be delayed until Q1 next year. But by the end of the Q3 we will have helped CQC to scope a joint project on access to primary care and support NHSE with the development of their real-time user experience metric for primary care.	Minor delay
• Feed in to the Government's spending review	• We will have supported the DHSC on its submission providing insight into the current funding of the Healthwatch and the need for future investment, particularly in relation to our work at regional level. Our evidence on topics like hospital discharge are also feeding into the DHSC's thinking.	On Track

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
• King's Fund Admin Project publication	• Due to King's Fund timelines this now looks set to be published in Q4.	Minor delay

What we aim to deliver in Q4

- We will complete the field research for our digital exclusions project and have started a stakeholder engagement exercise to share the findings. We will seek to do this in partnership with our friends at National Voices, Traverse and NIHR.
- We will deliver a draft methodology to NHSE for the Integration Index and have tested it in the field with five local Healthwatch.
- We will have scoped our contribution to Social Care in 2021.
- We will monitor the development and introduction of possible new health legislation.
- We will complete our year 3 stakeholder perceptions research
- We will have launched our research/engagement project with Black men.

Aim Four - Organisational Management

What we said we would aim to deliver in Q3 (Oct-Dec)	What we delivered at the end of November 2020 (Q3)	RAG Status
• Mini Staff Survey	• The mini-staff survey results have been returned and we have scheduled three workshops for staff to attend in Jan, Feb and March 2021 to address some of the issues raised. Leadership Team will be attending coaching and mentoring sessions from November-March	On Track
• Refresh of strategy continues	• Draft strategy has now been produced and shared with Committee. Pending amendments draft strategy due to be approved by committee on the 9th December	On Track

What we aim to deliver in Q4

- Following approval of the Strategy we will review our business plan for 2021-22 and decide which programmes of work to take forward
- The workplan for staff will be completed and individual objectives for 2021-22 will be in place
- Budget plan for 2021-22 completed by end March
- Learning and development needs for staff identified to take forward into the next financial year

AGENDA ITEM 2.0

AGENDA ITEM: Audit, Finance and Risk Sub Committee (AFRSC) meeting minutes
PRESENTING: Danielle Oum
PREVIOUS DECISION: N/A
EXECUTIVE SUMMARY: The minutes of the AFRSC meeting held in November are presented to the Committee
RECOMMENDATIONS: Committee Members are asked to NOTE this report

AUDIT, FINANCE AND RISK SUB-COMMITTEE MEETING

Audit, Finance and Risk Sub-Committee (AFRSC) Meeting
Minutes of meeting No. 12
Meeting Reference: AFRSC201112

Minutes of the Audit, Finance and Risk Sub-Committee (AFRSC) 12 November 2020
10am-12pm
Teams Meeting

Attendees:
Danielle Oum (DO) – Chair
Andrew McCulloch (AM) – Sub-Committee Member
Helen Parker (HP) - Sub-Committee Member
Phil Huggon (PH) – Sub-Committee Member

In Attendances:
Imelda Redmond (IR) – National Director – (Left meeting at 11:12 am)
Chris McCann (CM) – Director of Communications, Insight and Campaigns
Joanne Crossley (JC) – Head of Operations
Sandra Abraham (SA) – Strategy, Planning and Performance Manager
Gavin MacGregor (GM) – Head of Network Development
Felicia Hodge (FH) – Committee Administrator (minute taker)

Apologies
None

No.	Agenda Item	Action and Deadline
1.1	**Welcome & Apologies:** Danielle Oum (DO) welcomed everyone to the Audit, Finance and Risk Sub-Committee meeting (AFRSC). No apologies were noted	

1.2 1.3	**Draft Minutes of Meeting of May 2020:** Minutes of the last meeting were AGREED. **Action Log** All actions completed or being presented under their own agenda item. Please see Appendix Action Log. **Matters Arising** Staff Mini Survey CM informed the subcommittee that the Leadership team is reviewing the results from the staff survey and a series of staff workshops have been arranged to discuss ways of working. A meeting with the Staff Engagement Group has also been arranged to discuss the results. The AFRSC will be updated as part of the HWE Workforce Annual Review at the end of the financial year. **ACTION – JC include the staff survey results in the HWE Workforce Annual Review**	**JC**
2. 1	**Finance and Procurement** **Finance Q2 2020/21** JC reported that as at the end of September a total of nearly £1.471m had been spent, 43% of budget. She presented a summary of expenditure and highlighted the following: • Adjustments have been made for virement from Pay to Non-Pay • Recharges remain the same. • Key expenditures attributed to Pay, Public Engagement Expenses and FM Computer Contracts • Non- Pay – agreed funds virement of £140k from Pay underspend to be used for EDI activities and good practice projects • From the Non-Pay underspend we propose allocation £130k to the digital project led by Chris McCann and £35k to digital exclusion grant project led by Jacob Lant. • Total underspend of £131.2k has been attributed to vacancies, reduction of staff travel and meetings. The HWE Conference was significantly under the original allocated budget as it was presented online. • Training budget for local Healthwatch under review. IR assured the subcommittee that plans were being made to reduce the underspend. She mentioned the possibility of putting more money into the EDI programme, the grant to local Healthwatch mechanism is still in place and spend on projects can be scaled up. In addition, three of the vacancies have been filled, which will reduce the Pay underspend. A	

	definitive figure for the underspend is due by end November and the sub-committee will be provided with recommendations for spend. **Procurement** JC reported that apart from business as usual, there has been procurement for work around brand review (£17k but may increase to £25k) and stakeholder research. There may be more procurement required after the strategy review has been signed off. There is a proposal to extend our digital contract and to spend a further £130k on work to support the digital programme. Both will be discussed later at this meeting. **Grant Funding** JC referred to the summary of grant funding to the end of Q2 from our own budget, which included secondments for the good practice work, EDI programme and digital exclusion projects. JC explained the RAG status within the summary. The subcommittee noted that there were no dates for the items showing as red in the summary and JC assured the subcommittee that this would be updated, as the grant agreement process had just started, and contracts were being signed off. **<u>ACTION</u> – JC to update the summary and include the start date of the new grants listed in the summary** The committee found the grants summary format very helpful and noted that there were large gaps of time between date grant agreement returned from LHW and the date PO raised for LHW grant for some of the amber coded entries. JC explained that there had been some delay, but this was expected to change soon. **Office Move Update** JC informed the sub-committee that the final figure for desk allocation had not yet been established, although it was estimated that 12 desks would be required. The final number will be based around the results of the poll conducted about staff preferences for working from home or the office. The committee wanted to know if it was HWE's intention to accommodate every staff member's working arrangement requests. JC informed the committee that all staff requests have been considered and flexibility will be used to accommodate them as best we can. The subcommittee raised concerns that there would be a risk to the business if it the option to work from home was staff preference led. IR reassured the subcommittee that our teams are dispersed across the	**JC**

	country and meeting space to get the teams together was very important. Staff will not be expected to work entirely from home and will be expected to attend meetings in person. The technology enables staff to work with much more flexibility and teams can meet away from the office. The committee was comfortable with this approach. **The committee noted the report.**	
2.1a	**<u>Management Recharges Update</u>** JC reported that the management recharges of £451K covers HR services provided by CQC and office costs including infrastructure, furniture, IT systems and equipment. We had expected the recharges to be reduced in year following the move to the new offices at Stratford, and CQC had agreed to review the costs after 12 months following the move. CQC were asked to review our costs and in particular estate costs, as staff have been working from home since March 2020 and will not be moving into the new office until March 2021 at the earliest. CQC has maintained that although there has been no office occupation at 151BPR, they have incurred costs in preparing a safe working environment due to COVID-19 for any staff who needs to be able to work away from the home environment, and there is no guarantee that we will get a reduction, but conversations are still ongoing. IR informed the subcommittee that although the number of desks allocation has not been finalised, our costs should be lower when we move to Stratford. **The sub-committee noted the report and the chair thanked JC for her work.**	
3.1	**<u>Digital Transformation Investment</u>** **Approach to developing improved digital systems** The committee sought clarification of their requirements in relation to the report. CM explained that the project was discussed in detail at the Committee Workshop in October on the Strategic Plan and received agreement to the direction of travel. CM clarified that he was asking the AFRC to agree with the recommendations and recommend to the chair of the Committee that he takes Chair's action as the spend is over £100k. The proposals set out in this plan were also discussed at conference and those at the session were strongly in favour. We are seeking approval prior to the full committee meeting in December so that procurement can start as soon as possible, for £130,000 budget allocation for central data store, and £50,000 release of funds held by HW Norfolk for the LHW engagement pilot to support the digital project.	

Purpose of Business case

To have a digital platform that can be used by all Healthwatch regardless of size, to share data with HWE to fulfil their statutory obligations, and to share information with other Healthwatch.

There are few products that fit the bill and we do not have the expertise or resources to create a bespoke platform. We must give Healthwatch the tools that gives value to them and to make it easy for them to provide data to us.

Reason for change

Currently less than 50% of local Healthwatch share data with HWE on a regular basis and we want to provide Healthwatch with the tools to make it easier for them to fulfil their obligations. This project aims to address this issue.

There is currently a review of HWE engagement with the network and what is realistic from local Healthwatch. The costs of continuing the current system is neither sustainable nor effective.

Direction of Travel

To create a central data store allowing the network to provide real time information on local issues and compare available data to regional and national views, in addition to other benefits.

To pilot engagement platforms from Engagement HQ and Citizen Lab and see which one best matches Healthwatch requirements.

A major part of our work is engagement LHW. They want to engage with us but need the means to do it. As the complexity of Healthwatch is not to be under-estimated, the pilot will test large and small Healthwatch with different capabilities.

Research

HWE commissioned external experts Wildman and Herring to carry out research through the network to establish the most appropriate model for digital engagement with the network. We have taken the key recommendations from the report to build our business case.

The Wildman and Herring report recommended a hybrid model approach and we want to test the funding model. We have a complex situation of a variety of local Healthwatch with different needs, so we seek a solution that fits best with this complexity, with affordability and scalability in mind.

Engagement and Research Tool Pilot

Costs

One option has an annual payment from HWE. Another option during the pilot has Healthwatch contributing between £1.1k and £2.4k depending on their size. We will be looking at the viability of those costs and they

	will determine the direction in which we proceed. If the Engagement HQ platform were to test slightly better, but if the Citizens Lab meets most of our requirements without any cost to the network that would be a factor in choosing our direction of travel. There is a projected cost savings of about £80k per year on organisational spend dependant on which solution is taken. **Funding** The committee wanted assurance that HWE were secure in the use of Healthwatch Norfolk £50,000 grant for the pilot and that a risk assessment had been carried out. They also wanted to know if we were happy that Norfolk had the skills and expertise to carry out the work and did HWE have the proper project management resources to see this through. IR explained that the terms of the Norfolk grant had been framed to allow some flexibility in the spend on innovation. It was called an innovation grant. It is now proposed to be used for innovation around digital and technology to gain more insight. A risk assessment of Healthwatch Norfolk has not yet been carried out and this will be arranged. JC confirmed that it would be Norfolk who would account for the spend and that she couldn't see an issue with this. GM assured the committee that HWE has the expertise on the grant giving process and we will be working alongside Healthwatch Norfolk and supporting through this process. There could be an issue as Norfolk will hold the contract for the two providers and not HWE as they currently hold the grant. The reason for taking the engagement platform route is that Healthwatch needs to have better digital engagement due to COVID-19 and the restrictions that this imposed on face to face engagement we need to test quickly for them to benefit from it as soon as possible. This route for using HW Norfolk is a pilot and does not commitment HWE to longer term costs He explained the Engagement HQ is a relatively small risk of £16k up-front costs and the grants will be used for the Healthwatch element on that. Citizen Lab is again around that level of funding. He felt that this was proportionate and sought the sub-committee's guidance. IR informed the sub-committee as the contract is held locally between Norfolk and the suppliers HWE has less control and therefore poses an increased level of risk. Legally, HW Norfolk will use the grant money. They are a big organisation that is very well run, with a very senior programme manager who will work on this. **<u>ACTION</u> - JC** to arrange a risk assessment around the Norfolk innovation grant funding. Whilst understanding the drivers, the committee also wanted to see the language around the use of the Norfolk money amended to reflect that NW Norfolk will be acting as an independent agency and will be in control of the money and that the legal responsibility for managing the money	**JC**

	would sit with them. They would like to see as a minimum that contractual, legal and risk issues are articulated, and HWE executive can demonstrate that they have fully thought through these issues. **<u>Survey Tool – Pilot</u>** **Costs** No financial cost to LHW. **Funding** £10k of the £30k grant given to Greater Manchester from underspend DO asked the executive to consider if Greater Manchester is getting a disproportionate amount of grant funding as there are other parts of the country where there could be collaborative approaches between Healthwatch. They asked that this is considered in the future. DO summed up what is being proposed is, more usable and more flexible to the needs of different Healthwatch and different approaches will be tested. **<u>Committee Summary</u>** The committee asked for the report to be amended to more explicitly show the link between the business case to the independent report and to expand on the issue of sustainability of the models. The committee support the approach and reiterated the need to make the rationale more explicit by linking back to the previous review. They asked for justification for the project to be more explicit, and that the report is read in conjunction with the minutes from this meeting. The Chair thought that the idea of a model where responsibility and decision making is devolved to local Healthwatch to act on behalf of the network is a good one and one that needs exploring. The subcommittee thanked HWE for their honesty and agreed to recommend the proposal to the Chair for chair's action, following amendments to the proposal document, with approval by email prior to the recommendations going to the Chair. **<u>ACTION</u> – CM** to review proposal and present revised document for approval to DO for committee approval by email. **CiviCRM** CM requested an extension to HWE current data system contract by a year in order to avoid creating a gap in data sharing whilst implementing the digital transformation programme. He explained that there will be no risk involved. Training is still required, to get new people up to speed until the new site is ready and development on our website will continue. Although we may move away from CiviCRM, our website will remain.	**CM**

	In terms of value for money, CiviCRM provides the mechanism for LHW to share data with us and helps to feed into reports, but it is not currently being used to its full capacity. Our costs are marginally down on last year and there is no other supplier on the market that can provide our legacy systems. The committee was happy to approve the request based on the report provided and the answers supplied by CM during this meeting.	
4	**<u>Small Grants Programme</u>** At a previous meeting the sub-committee had asked HWE to carry out value for money review of HWE small grants and provide assurance on grant making process HWE began making small grants in 2019. Since then, we have delivered several projects using small grants. GM provided a paper to the subcommittee that reviews their value and reported that measures have been taken to strengthen the grant making process. He asked that the paper is noted. GM explained that we now have a grants tracker and have full transparency of the audit and approval process. The new grants process was taken to the leadership team and it has given us a real focus on the thinking of what differences are being made at both national level and to local Healthwatch, by getting them to reflect on the outcomes of their stakeholders and the difference it is making. The Healthwatch secondees have been of real value. The committee thought that it was a really good report that had good solid outcomes and highlighted the cohesion with the network, such as secondments and collaborative working. They would also like to see the captured learnings built in and applied to future plans. The subcommittee thanked GM, JC and the rest of the team for all the hard work that went into producing this document	
5.1	**<u>Risk Review</u>** **<u>Strategic Risk Register</u>** SA presented the revised Strategic Risk Register 2020/21 to the sub-committee. The register included the following 3 high risks with a post mitigation rating in the red and further changes made to the register since the last presentation. • **Risk SR24 -** *Due to reduction in funds from local authorities, local Healthwatch are unable to deliver some or all their statutory activities, affecting their; viability/result in gaps in England coverage by Healthwatch, their impact and the wider reputation of the Network.* **(Rating: 25, very high)**	

	• **Risk SR01 -** *Failure to provide the Network with sufficient support and advice on funding and commissioning will affect our reputation with Healthwatch and stakeholders and affecting our USP and impact.***(Rating:15, high)** • **Risk SR20 -** *Failure to demonstrate the difference we make and to show the broader value of our work and impact, both locally and nationally, risks cuts to the network funding, reputational damage and people having less trust in the brand.* (**Rating: 15, high)** Subcommittee felt that the following new risk SR25 was more operational and suggested adding a more strategic risk around CQC processes to support homeworking is not fit for purpose. • **New risk SR25** – *Due to the delay in replacing staff laptops while working at home (due to Covid-19) there is a risk that staff are less effective as they have no suitable alternative equipment to access emails and join Teams meetings.* The sub-committee reviewed the risks presented in the register and will recommend the amendments to the full committee.	
5.2	**<u>COVID-19 Risk Register</u>** SA presented the revised Covid Risk Register 2020/21 to the sub-committee. No high risks were noted. The sub-committee reviewed the risks presented in the register and no further amendments were made.	
7	**<u>Forward Plan</u>** To include the standing items in addition to the following: • Digital platforms- guidance on practice- strengths and weaknesses of engagement – Gavin • Review across LHW – work on black, Asian and ethnic minority communities for a future full committee • Budget review 2021/22 • Staff survey	
8	**AOB** No other business to report **The Chair thanked everyone for their attendance** **Meeting concluded**	

SUMMARY OF ACTIONS FROM 12 NOVEMBER 2020					
AGENDA ITEM	**LEAD**	**ACTION**	**UPDATES**	**DEADLINE**	**STATUS**
1.3 Matters Arising	**Joanne Crossley**	To include the staff survey results in the HWE Workforce Annual Review		Mar 2021	
2.1 Finance & Procurement	**Joanne Crossley**	To update the Grant funding summary and ensure the start date of all grants are included in the summary.	Dates will be added as soon as the grant agreements have been signed by both parties	Feb 2021	
3.1 Digital Transformation	**Joanne Crossley**	To arrange a risk assessment around the Norfolk innovation grant funding.	Risk assessment has been drafted for committee to review and approve	Nov 2020	**Complete**
	Chris McCann	To review proposal and present revised document for approval to DO for committee approval by email		Nov 2020	**Complete**

AGENDA ITEM:2.1

AGENDA ITEM: Forward Plan

PRESENTING: Sir Robert Francis

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This forward plan sets out Committee meeting agenda items for the next 12 months

RECOMMENDATIONS: Committee Members are asked to **NOTE** this report

Healthwatch England Public Committee Meeting Forward Agenda 2020/21

Dec 2020 Public Meeting	• Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Healthwatch Strategy Review • Delivery and Performance Update • Equalities, Diversities and Inclusion Update • AFRSC Minutes • Intelligence Report • Questions from the Public
Mar 2021 Public Meeting	• Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Insight Report • Delivery and Performance Update • Business Plan & KPIs 2021/22 • Draft Budget 2021/22 • Diversity and Equalities Update • AFRSC Minutes • Questions from the Public
June 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Insight Report • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Minutes • Strategic Risk Register - Approval

	• Questions from the Public
Sept 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Insight Report • Delivery and Performance Update • Diversity and Equalities Update • Speak up Guardian • AFRSC Minutes • Questions from the Public
Dec 2021 Public Meeting	• LHW Presentation • Welcome and Apologies • Declarations of Interests • Previous Minutes, Actions and Matters Arising • Chair's Report • National Director's Report • Committee Member Update – verbal • Insight Report • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Minutes • Annual Report • Annual Data Return • Questions from the Public

Healthwatch England Committee Workshop Forward Agenda 2020/21

Jan 2021	Deliverables for 2021/22; Budget 2021/22