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.	