

Healthwatch England Committee Meeting Held in PUBLIC

Online

Minutes and Actions from the Meeting No. 35 - 9th June 2021

Attendees

- Sir Robert Francis - Chair (SRF)
- Andrew McCulloch - Committee Member (AM)
- Lee Adams - Committee Member (LA)
- Helen Parker - Committee Member (HP)
- Andrew McCulloch - Committee Member (AM)
- Sir John Oldham - Committee Member (JO)
- Danielle Oum - Committee Member and Chair of Healthwatch Birmingham (DO)

In Attendance

- Imelda Redmond - National Director (IR)
- Chris McCann - Director of Communications, Insight and Campaigns (CM)
- Jacob Lant - Head of Policy and Partnerships (JL)
- Gavin MacGregor - Head of Network Development (GM)
- Sandra Abraham - Strategy, Planning & Performance Manager (SA)
- Jenny Clarke - Deputy Head of Engagement and Sustainability (JC)
- Felicia Hodge - Committee Administrator (minute taker) (FH)

Apologies

- Phil Huggon - Vice Chair and Committee Member (PH)
- Amy Kroviak - Committee Member (AK)

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	<p>Agenda Item 1.1 - Welcome and Apologies</p> <p>The Chair welcomed Committee members and other attendees. Apologies for absence from Phil Huggon and Amy Kroviak were noted.</p>	
1.2	<p>Agenda Item 1.2 - Declaration of Interests</p> <p>There were no declarations of interest.</p>	
1.3	<p>Agenda Item 1.3 - Presentation on Integration Index</p> <p>Sandie Smith (SS) of Healthwatch Cambridgeshire and Peterborough, Katrina Broadhill (KB) of Healthwatch West Sussex and JL gave a presentation to the committee on the Integration Index.</p> <p>JL explained that the 2019 NHS Long Term Plan set out an expectation that ICSs should have a method of measuring the impact of integration. He told the committee how a national index is being prepared by the Picker Institute and a local Index of quantitative approaches was being reviewed by the King's Fund by using citizens panels and citizens juries. HWE was commissioned to develop a qualitative methodology for specific focus groups and brought together five local Healthwatch to co-design and test the approach.</p> <p>Reviews of national policy documents and local relevant plans were undertaken, and existing evidence was analysed, including local Healthwatch insights in the test areas.</p>	

	<p>What Next</p> <ul style="list-style-type: none"> • West Sussex is building a new campaign called “Hash tag confusing comms” to make systems more user friendly and to help people navigate more easily to find the support and information they need. • Findings have been summarised into short reports and circulated locally and it is hoped that in time it will be published. • Feedback from the diabetes and mental health workstreams have committed to embedding the learnings into their work plans with the ICS going forward. • Cambridgeshire HW will be working on issues around autistic people experiences • NHSE are pushing HW methodology. <p>The Chair and committee thanked KB, SS and JL for the work they had done and noted the report</p>	
1.4	<p>Agenda Item 1.4 - Minutes and actions from 9th March 2021 Committee Meeting</p> <p>The minutes from the meeting held 9th March 2021 were accepted without amendment.</p> <p>There was only one outstanding action on the action log that was reported as suspended. action log</p> <p><i>20191113 1.4 - IR to bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments</i></p> <p><u>ACTION</u> - IR to update the committee on what CQC is doing in relation to this work and possibly invite the CQC lead to the next meeting.</p>	IR
1.5	<p>Agenda Item 1.5 - Chair’s Report</p> <p>The Chair gave a short verbal update on activities since the last meeting, he informed the Committee that he has given evidence to the Health Select Committee. He has met with several parliamentarians and ministers. He highlighted the meeting he had had with the minister Jo Churchill MP about dentistry and had seen the impact the Healthwatch report had made, and the support received for urgent action and a longer-term fix for the issues in that area. He paid tribute to HW in continuing to press for change around this issue.</p> <p>The chair reported he had had regular meetings with ADASS on several issues including care home visiting.</p> <p>The Chair expressed increasing concerns around funding for LHW and the realities of financial pressures on the system just as HW is demonstrating its vital importance in the communities they serve.</p> <p>The Chair stated that the HW Vaccination Hesitancy report was impactful and highlighted lessons that could be applied broadly in the work HW do and placed strategic emphasis on health inequalities that could really make a difference. The report was positively welcomed by the people who received by policy makers.</p> <p>The Committee noted the report.</p>	
1.6	<p>Agenda item 1.6 - National Director’s Report</p> <p>IR presented the National Director’s report updating the committee on some of the main activities that have been worked on since the meeting in March 2021 and asked the committee to note the report.</p> <p>IR reported that the work undertaken last year in setting the foundation to the change of direction in strategy in shifting to in-depth insight and focusing on inequalities is starting to pay off as demonstrated by the earlier presentation by KB and SS and the work that has been done on the vaccines roll-out.</p>	

	<p>IR highlighted the work done on vaccine research with people from African, Bangladeshi, Caribbean and Pakistani backgrounds in which HW partnered with Traverse (a social research organisation), NHS Race Observatory, NHSE, DHSC, PHE and cabinet officials to ensure that the work scoped was useful to people rolling out the vaccination programme. In depth conversations with 95 people from this group was performed and learnings from the exercise was that people wanted transparency and evidence-based information. They also wanted ambiguity to be addressed, a more localised approach and independence of institutions. The report was well received and has been put to immediate use.</p> <p>IR mentioned a campaign run in partnership with Care Quality Commission (CQC) about getting the public to share their experiences of health and social care. 54,000 people responded and the insight received is already feeding into HW briefings. This work has increased HW reach and provided an extra level of evidence to carry forward.</p> <p>Other highlights and areas of work mentioned were:</p> <ul style="list-style-type: none"> • People’s experience of care homes is still ongoing • Hospital discharge work continues • The Queens Speech - Although the NHS Bill on integration was weak on social care, a lot of work is taking place behind the scenes at which HW has been involved • The Bill on Integration is expected to receive Royal assent in the Autumn to become operational April 2022 and HWE will continue to work strongly on this to ensure that the public service user voice is heard. • Regular meetings with DHSC continues at a strategic level in relation to HW funding. • There has been 53% reduction on LHW funding since 2013, but there is greater demand on LHW & HWE services • HWE is supporting LHW through the commissioning process • Dentistry report was picked up well by the press and Parliament • GP Access Report - 200,000 people’s experiences received coverage from the press. • Parliamentary engagement is growing and is having impact on all our stakeholders. • Stronger links with academic partners has not yet started but HWE are building links. • More work is being done around change management and equality, diversity and inclusion and in capturing demographic information • Brand language is being changed and ways of embedding HWE values in everything we do <p>The chair mentioned that CQC had just published their strategy which is about listening to people and communities and using what they hear to inform what regulation is needed. There is interest in this for HW and strategies are much aligned.</p> <p>The committee commented that the vaccination report was an excellent piece of work that will have ramifications in many areas. HWE can make a huge impact very quickly and a lot of people will be wanting this insight which should be shared with all the relevant people.</p> <p>The committee enquired what was the rate of growth of the Quality Framework. GM responded that it was very positive. There has been another 30 uptake and the aim is to get as many HW completing it by April 2022. Commissioners have been encouraged to use it from the start, but there have been challenges due to COVID.</p> <p>The committee were pleased to see a dedicated resource on the digital project management and congratulated Laura Blower on this appointment.</p> <p>The committee were pleased that the new strategy has brought about a sense of coming together.</p> <p>DO mentioned that in Birmingham and Solihull the LHW were working with the ICS to develop an approach that ensures that the voice of the community is being heard at ICS level. She offered to share updates with the committee.</p> <p>The Committee noted the report and thought it was impactful.</p>	
1.7	<p>Agenda Item 1.7 - Committee Members Update</p> <p>The Committee members had nothing to report.</p>	

<p>1.8</p>	<p>Agenda Item 1.8 - Strategic Risk Register</p> <p>SA presented the draft strategic risk register for 2021-22 highlighting the potential risks to Healthwatch England’s revised strategy, the network and the business plan for 2021/22. The committee were asked to review and approve the risks presented in the register.</p> <p>Because the register had already been scrutinised by the Audit, Finance and Risk Sub-Committee (AFRSC), the committee requested SA concentrate on the new risks and changes to the register required by the sub- committee.</p> <p>SA explained that the updated register included ten new risks and five carried over from the previous year. The post-mitigation risks with the highest levels were SR24; SR01; SR20; SR25 and SR28. The AFRSC had suggested that the committee considered risk appetite in groups, and this will be discussed at the next committee workshop.</p> <p>When presented to the sub-committee they considered that SR23 relating to the focus on seldom heard voices covered two different points and asked for the risks to be separated. These are:</p> <p>SR33 - A failure to clearly articulate the context and rationale behind our focus on Equality Diversity and Inclusion risks Healthwatch England being seen as a voice for minority issues and perceived as not representing the concerns of all users of health and social care. The committee provided no further comment to this change.</p> <p>SR36 - A failure to effectively implement and communicate our work on Equality Diversity and Inclusion, in line with explicit commitments outlined in our refreshed strategy, risks damage to our reputation and credibility, particularly among the seldom heard groups that we need to reach.</p> <p>The committee queried why this risk is considered medium. CM responded that a lot of the groundwork had already commenced in mitigating this risk and HWE is already demonstrating its commitment to EDI and is being seen to do what it said that it would do. The committee accepted this risk.</p> <p>Relating to SR28, the sub- committee considered ICS funding project to be a much greater risk and a bigger opportunity than had been presented, and that it would have a knock-on impact on the network and to HWE reputation. The sub-committee considered the full committee would have the lowest appetite for this risk and requested the rating be raised to reflect this. The pre-mitigation rating has been raised from 12(medium) to 20 (High), and post-mitigation raised from 8 (medium) to 15(high). The committee agreed that this was the correct approach.</p> <p>DO mentioned that the AFRSC are now at the point that it is needed to get a sense from the whole committee about risk appetite and which risks, and mitigations should HWE prioritise and suggested that this is discussed at the workshop.</p> <p>The committee expressed their appreciation of the work done so far and agreed to discuss Risk Appetite at the earliest opportunity.</p> <p>The Committee approved the Risk Register and agreed to discuss risk appetite at the next committee workshop.</p> <p>Action JC to prepare briefing for committee to discuss risk appetite at the next committee workshop.</p>	<p>JC</p>
<p>1.9</p>	<p>Agenda Item 1.9 (a) - Equalities Diversity and Inclusion (EDI) Action Plan 2021/22</p> <p>CM presented the refreshed EDI plan outlining the proposed activities for 2021/22. The committee were asked to approve the plan for publication.</p> <p>CM explained that this is the second work plan and has been built on the work plan produced. The objectives follow the revised strategy ensuring we seek the views of seldom heard from people and the barriers they face, whilst recognising that some people and communities face multiple layers of disadvantage and discrimination, with a view to ensuring that HWE approach to their work reflects the intersectional inequalities that people face.</p>	

	<p>The committee thought it was an excellent plan for an area that people find hard to articulate. They asked that if it could be accommodated, mental health through an EDI lens be considered. CM responded that it may not be possible depending on what issues come up this year, but it could be one of the priority policy areas to be looked at in year two of the strategy.</p> <p>AM mentioned that the focus shouldn't be solely on people of protective characteristics, but it must be recognised that there are multiple layers of disadvantage and discrimination that lead to inequality that can be about poverty and deprivation.</p> <p>The committee agreed that the most vulnerable people experienced the same issues as other users and lessons learned from one group can be shared to a wider audience and if issues were corrected in relation to minority groups, it will be beneficial to everyone.</p> <p>The committee approved the plan.</p> <p><u>Agenda Item 1.9 (b) - Delivery and performance Report Update</u></p> <p>IR presented the delivery and performance report for Q3/Q4 (202/21) summarising the delivery and performance against the business plan and KPIs as at the end of year 2020/21 (Mar 2021). The committee were asked to note the report.</p> <p>IR explained that the report showed the trend over 3 years on key performance based on business plans, set against the previous strategy approved by the committee in 2017 and covered years 2018-2021. The report highlighted key milestones and initiatives and will form a useful start for the annual report.</p> <p>The committee considered the report to be very useful and wanted to know what methods were being used to raise the completion of staff surveys to where they would like it to be and for staff engagement to ensure staff feel like they are being listened to. IR responded that the next survey will be co-designed with the Staff Engagement Group as the aim is to hear from 100% of staff, plus staff engagement has increased over the past year through regular staff and team meetings. Staff were involved in the work on brand values and there is an all-staff conference planned.</p> <p>The committee noted the report.</p>	
2.0	<p>Agenda Item 2.0 - Audit, Finance and Risk Sub Committee Meeting Minutes</p> <p>Referring to the minutes of the AFRSC meeting held on 13th May 2021, DO (Chair of HWE Audit, Finance & Risk Sub-committee (AFRSC) asked the committee to note the minutes and the following:</p> <ul style="list-style-type: none"> • Changes to the strategic risk register had already been mentioned at this meeting. See 1.8 above • The sub-committee had noted that work was underway to address issues identified through the last staff survey and DO and HP will meet with IR to discuss outcomes and impact requirements for the next annual workforce review. • Last year concluded with an overspend of 1% which was much larger than anticipated due to the distribution of grants to LHW and failure to obtain an expected recharge from CQC, which is still in discussion. The sub-committee has asked IR to feedback CQC's response to the overspend at their next meeting. • Going forward, the sub-committee has suggested that in the likelihood that an overspend may occur, an extra-ordinary meeting is held to address the issue. • Budget agreed at 2% reduction overall, savings have been found by reduced travel expenses and staff working from home. In order to make comparisons with last year, JC has been asked to produce a report for the next AFRSC meeting and to provide an update of where HWE are in the CQC recharges discussions. <p>The committee noted the report and actions.</p>	
2.1	<p>Agenda Item 2.1 - Forward Plan</p> <p>The Chair presented the Forward Plan for the next 12 months containing the standard agenda items.</p>	

	<p>The Chair questioned if meetings would still be remote in September. IR responded that this would need to be discussed, taking into consideration travel and preferences, but a room in London at the new office could be considered if they could meet in person. They might need to consider a blended meeting if people do not want to travel.</p> <p><u>ACTION</u> FH to tentatively book a room at Stratford Office</p> <p>JO mentioned that by December there will be more clarity on the bids for ICS and asked if an item can go on the agenda at a propriate moment. IR agreed to include an item for update on the next agenda and the Chair suggested that it can be an item at a workshop.</p> <p><u>ACTION</u> FH to include ICS Bids on next workshop or January workshop agenda</p> <p>The committee noted the plan</p>	<p>FH</p> <p>FH</p>
	<p>AOB</p> <p>No other business</p>	
	<p>Comments from the public</p> <p>There were no comments from the public.</p>	
	<p>The Chair thanked everyone for attending</p> <p>The chair closed the meeting at 14:00 pm</p>	
	<p>Due to COVID-19 the next meeting will be held via Teams Meeting 30th September 2021. Further details to follow.</p>	