# Healthwatch England Committee Meeting
# Held in PUBLIC

Online & Room Thames 35/36, 2nd Floor, 2 Redman Place, Stratford London E20 1JG

## Minutes and Actions from the Meeting No. 36 – 13th October 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)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Amy Kroviak – Committee Member (AK)

**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)
- Joanne Crossley – Head of Operations (JC)
- Jenny Clarke - Deputy Head of Engagement and Sustainability (JCL)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

**Apologies**

- Danielle Oum – Committee Member (DO)

| Item | Introduction | Action |
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| | The Chair opened the meeting. | |
| 1.1 | **Agenda Item 1.1 – Welcome and Apologies**<br>The Chair welcomed Committee members and other attendees. Apologies for absence from Danielle Oum was noted. | |
| 1.2 | **Agenda Item 1.2 – Declaration of Interests**<br>There were no declarations of interest. | |
| 1.3 | **Agenda Item 1.3 – Presentation on Collecting Demographic Data by Dianne Barham- CEO Healthwatch Tower Hamlets (HWTH)**<br>Dianne Barham (DB) and GM gave a presentation to the committee on collecting demographic data in the Tower Hamlets area, which has been shared with the network and could be adopted by other HW. The committee were asked to note the contents.<br>DB explained to the committee that people's experiences of services and institutions differed according to the demographics, life circumstances and equalities. Differences in needs, attitudes and capabilities led to differences in access to services and barriers for some health inequalities.<br>HW Tower Hamlets had carried out a study of people with disabilities in the borough experiences of being informed about the Covid-19 vaccine. The study found that email contact was the most popular option and face to face the least popular. However, when broken down further it was found that only 18% of neurodivergent respondents wanted to be contacted by email and only 19% of blind or sight impaired respondents preferred email contact. A slightly higher proportion | |

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| | of 22% and 23% respectively, wanted face to face contact. 25% of Bangladeshi respondents with a disability wanted face to face contact.<br><br>From their survey, HW Tower Hamlets were able to provide recommendations on the vaccine's rollout early on.<br><br>As a result of their insight, HW Tower Hamlets were able to establish the channels where different members of communities obtained information from and were able to provide recommendations on vaccine communication.<br><br>The insight HWTH provided to GP surgeries helped them to understand the community needs and shape the changes to GP bookings in the area. They were able to identify the people most likely to successfully access medical services online, and those likely to struggle with online services. The strengths and pitfalls of total triage were highlighted which helped GPs respond more rapidly to virtual consultations at the outbreak of Covid, which helped to save lives.<br><br>DB informed the committee that by asking the same questions across multiple projects, they were able to construct a knowledge base and design engagement tools that built upon each other. She gave examples of where questions were based around digital inclusion, general health and financial circumstances and found that since their previous survey in 2019 where 38% of participants were digitally excluded, of the 2020 Covid-19 survey respondents, 14% had no internet access or device to access the internet or were IT literate. These were more likely to be people of black ethnicity, older people, people in poor health or with a disability or people who are not in work and were financially insecure.<br><br>HWTH has shared their learning with the network and have delivered workshops on why it matters to collect demographic data consistently. They have also produced a guidance paper on demographic data collection and an interactive online training resource that is accessible to local Healthwatch.<br><br>The committee wanted to know how the information was gathered and which were the most difficult groups to reach. DB responded that pre-pandemic, respondents approached the LHW, but during the pandemic surveys were conducted online and community insight workers were employed from across different sections of the communities who used their networks, family and friends. No group was difficult to reach, it was a matter of figuring out where they were and using different approaches to go there.<br><br>The committee also wanted to know the size of the surveys and how did HWTH get staff and volunteers to participate. DB responded that it was hoped to get at least 300 people per survey. They also used data from social media and community insight systems, including joint surveys funded by ICS. Staff and volunteers were trained up and took part in role plays to cover all situations.<br><br>**The Chair and committee thanked DB and GM the work they had done and noted the presentation** | |
| **1.4** | **Agenda Item 1.4 – Minutes and actions from 9th March 2021 Committee Meeting**<br><br>The minutes from the meeting held 9th June 2021 were accepted without amendment.<br><br>action log<br><br>**20191113 1.4 -** *IR to bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments*<br><br>Covered on the agenda by Deborah Ivanova – Deputy Chief Inspector at CQC<br><br>**20210609 1.8** - *JC to prepare briefing for committee to discuss risk appetite at the next committee workshop.*<br><br>This action was completed at the Committee workshop on 12th October 2021<br><br>20210609 2.1 *FH to include an agenda item on the January workshop agenda* | |

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| | IR requested the committee members to consider what they would like to include on the committee workshop agenda in January.<br><br>There were no other actions<br><br>**Matter Arising**<br><br>There were no matters arising. | |
| **1.5** | **Agenda Item 1.5 – Chair's Report**<br><br>The Chair gave a verbal update on activities since the last meeting. He informed the Committee that he had met with nine Chairs and CEOs of the new ICSs and found their enthusiasm for engaging with Healthwatch very encouraging.<br><br>He had attended meetings with the Patient's Association and ADASS and had met with Amanda Pritchard, the new CEO at NHSE. He mentioned that he had spoken at a Trust Mediation and NHS Resolution conference and that he has given evidence in the House of Commons on the Health and Social Care Bill.<br><br>Other activities included attending the quarterly Healthwatch CEO and Board meetings and is encouraged to learn how positive Chairs are about Healthwatch.<br><br>He praised the Healthwatch England staff, who despite still mainly working from home have produced fabulous and vital work.<br><br>**The Committee noted the report.** | |
| **1.6** | **Agenda item 1.6 – National Director's Report**<br><br>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 June 2021 and asked the committee to note the report.<br><br>IR told the committee that Healthwatch England was in a good place but is stretched because the work plan agreed has been very challenging. Good quality work is being produced with great outputs.<br><br>IR mentioned that ICS engagement with local Healthwatch needs work in some areas and that the DHSC submitted a bid to the Spending Review to provide an infra structure to support the network to engage.<br>JL updated the committee on work being done in close collaboration with NHSE. Having got the data of what LHW and ICS needs for support, phase 2 is being moved on to. This includes providing LHW with a range of tools to assist in the creation of Memorandums of Understanding and data sharing agreements to help formalise relationships. LHW are being encouraged to develop and present strong, clear, evidence-based offers to ICS leaders and to cement relationships with voluntary organisations. ICSs have advanced at different rates and HWE will be providing 1:1 support programmes for local Healthwatch where there are challenges. HWE are also working with NHS and DHSC on providing guidance for the ICS rollout.<br><br>PH stated that whatever the result of the DHSC spending review, ICS will take priority over some of the projects.<br><br>IR informed the committee that Joy Beishon has been focusing on a work plan to help the network in moving forward with Equalities, Diversity and Inclusion (EDI) programme. This will be a main theme of the conference this year. She praised the work that Joy has done and highlighted what a bonus she has been to Healthwatch.<br><br>IR informed the committee that during Q3 of the current year HWE will be campaigning about the issues around accessible information. HWE wanted to find an issue that was tangible and had parameters that tied into EDI. New ways of working will be trialed, and the network will be included. An agency has been appointed to assist. Feedback has so far been encouraging.<br><br>IR mentioned that the agenda for the online four-days conference 9-12 November is finalised and that there is a strong line up of speakers. The opening speech will be from Ben Page, CEO, Ipsos | |

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| | MORI and the conference features two sessions with patient advocates of which one will be around air quality. She thanked committee members for their help in judging the network awards<br><br>**The Committee noted the report and commented that HWE were using expertise in the network very well.** | |
| **1.7** | **Agenda Item 1.7 – Committee Members Update**<br><br>The Committee members had nothing to report. | |
| **1.8** | **Agenda Item 1.8 – Evaluation of "Because We All Care Campaign"**<br><br>BK and Flora Deshmukh (FD) gave the committee feedback on the joint campaign with CQC to encourage people using services to give feedback on care which ran July 2020 -March 2021. The committee were asked to note the outcome.<br><br>BK gave a recap of what the campaign had set out to achieve, which was to increase real-time feedback by 10% as no face-to-face engagement was possible. The campaign focused on 3 specific audiences.1. People with long-term conditions; 2. Unpaid Carers; 3. Older people.<br><br>BK presented the campaign's timelines and spikes covering hospital discharge, NHS 111 and Covid-19 vaccines and FD gave a breakdown of the top line statistics. These included:<br><br>• 10.8m Social hashtag reach<br>• 16.8m Social reach (Paid)<br>• 781 Media mentions<br>• 500 partners' support<br>• 544.7k social media organic Engagement<br>• 58.1k Website visits<br>• 54.3k views shared (online forms)<br>• 6.3K Partner Toolkit views.<br><br>BK informed the committee that the pooled resources and expertise between HWE and CQC helped to improve the campaign's performance and that the campaign message resonated with the target audience and outperformed past campaigns. Whilst partnership support was strongest amongst charities and the NHS, more focus was needed on local government and social care. Although social media played a key part in increasing audience reach and engagement, particularly Facebook, the risk of relying on one main channel was recognised. Consumer media coverage did not achieve the results that was expected. Greater feedback from the target audience was achieved, but men and people from black and Asian communities were under-represented.<br><br>The committee wanted to know the reason for the under-represented groups. BK responded that men do not usually look after their health and there is a need to look at how the questions were framed.<br><br>**The Committee Noted the report** | |
| **1.9** | **Agenda Item 1.9 -Feedback on Closed Environments by Deborah Ivanova Deputy Chief Inspector – CQC**<br><br>DI introduced herself to the committee as Deputy Chief Inspector for services to people with learning disabilities and autistic people. She informed the committee that she is trying to introduce a programme across all CQC's work that focuses on making sure that they use their influence to make changes happen through their work on improvements and regulation. They have been given good grounding for the changes through CQC's "Out of Sight - Who Cares" Report and the two Glynis Murphy responses to Whorlton Hall.<br><br>DI talked about 3 workstreams that are being taken forward:<br><br>1. **Registration** – To ensure that only the right services are registered that meet the fundamental model they agreed was for people with learning difficulties and autistic people under the mantra "I use services that support me in the I want to live and where I want to live". The focus was on independence, the right care, the right support, choice, culture and control and they are working to ensure that it is understood by providers, | |

planners and commissioners. This includes pre-engagement with providers before they start the planning process and using the model of care in their inspections. They are concerned with supported living and at the point of registration CQC can check where people are going to provide that service and once registered, the care can be provided anywhere. Longer term, there may be changes in the regulation needed to regulate supported living in a different way and they are looking at if supported living regulation cover the right people. There will be some people coming out of long-term hospital stays who don't fit into the model and do not require personal care, where CQC have no authority to investigate services provided to them, but they are working on it.

2. **Taking the Right Action** – Making sure that services are supported to improve and taking the right action if they don't. The two principles are "I will not move into a service that isn't safe" and "I won't be expected to continue to live in a service that doesn't meet my needs". CQC are piloting a new approach to inspections by using a specialist team of staff from the hospital directorate and adult social care, alongside pharmacists and other services that are needed. The team would do ad-hoc and some out of hours visits to ensure a holistic view of what is happening in the services. The team will observe and focus on people's experience of care and how their humanities are recognised and respected. The new approach is proving successful and CQC are focusing on high risks and have used their regulatory powers at quite a few inspections. As a result, three hospitals have been closed, and a fourth is in the process of being closed. They have stopped admissions to four others. CQC have recognised the need to work with commissioners in supporting this to stop people being placed in services that are inadequate. It has been noted that where they act at services not running safe and effective care, there is an absence of enough community services to support people and to stop them going into hospital in the first place. Added to that many services suffered during Covid-19 and have had to close. CQC are working with the Ministerial Delivery Board who are trying to tackle the issues of budgeting and commissioning responsibilities which underlines the services problems.

3. **Pathways** – around influencing health and social care. This is for people to be able to say, "I can access local services that meet my needs and get the right healthcare when I need it". This is about people living in a place that they call home and living the life they choose with the right support available in the community. CQC are probing into acute hospitals looking at the journey of autistic people and those with learning difficulties. They are also looking at primary care services and the support that can be given to primary care doctors, dentists and others and adjustments that are needed to care for autistic people and those with learning difficulties.

The committee thanked CQC for the work they are doing on what seems like a step change to the right strategy. IR questioned if there were opportunities for CQC to have a role to see if commissioners were commissioning the right services. DI responded that with changes in the legislation this may be possible in the future. Presently, it is about influence, but she is involved with NHSE and is regularly involved in discussions with them. CQC are concerned about commissioning as they have devolved responsibility across the country for services that fall under the local authority, and it is hard to get a good grasp of the plan. It will be the ICSs in the future and their knowledge of the people in their area and how they plan to meet their needs.

IR also wanted to know if new targets had been set by the ministerial boards for the reduction of people in assessment. DI responded that they were still working with the old targets that have been set but conceded that there is a need to revisit them. Information is being gathered through CQC's "Out of Sight" report.

The Chair asked if there was anything that Healthwatch can do to contribute. DI responded that Healthwatch should keep asking the questions about how often people have face to face consultations about their care and how are services meeting their needs, so that CQC can get to know the problems early. She asked that when in a hospital or primary care setting, HW think with a learning disabilities lens.

**The committee noted the report and thanked DI.**

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| **2.0** | **Agenda Item 2.0 – Audit, Finance and Risk Sub Committee Meeting Minutes**<br><br>AM (Member of HWE Audit, Finance & Risk Sub-committee (AFRSC)) thanked PH who has recently stepped down as vice chair of the AFRSC for his contribution to the sub-committee and welcomed JO as PH's replacement on the committee.<br><br>Referring to the minutes of the AFRSC meeting held on 8th September 2021, AM asked the committee to note the minutes and the following:<br><br>• The results of the staff survey which commenced on 4th October will be reported at the next meeting<br>• Finance is on track, but the sub-committee will look at the results of the grants structure showing grant allocation and RAG rating in November and assess the risks.<br>• The sub-committee asked for a few risks to be reviewed in the risk register, mainly SR01, SR24 and SR20 and for SR36 post mitigation rating to be re-classified to amber.<br><br>**The committee noted the minutes, and the Chair thanked the sub-committee for their work** | |
| **2.1** | **<u>Agenda Item 2.1 (a) – Update Equalities Diversity and Inclusion (EDI) Action Plan 2021/22</u>**<br><br>CM presented the report and explained to the committee that the report is a snapshot of the work that is being done across the organisation.<br><br>CM informed the committee that HWE has started a campaign about the Accessible Information Standard (AIS) with Mencap and SignHealth to gather insight from users with learning difficulties and sensory impairments. HWE will be focusing on non-English speaking participants and will be partnering with Doctors of the World and six local Healthwatch. The campaign is expected to go live in Q4, and the resulting insight will be factored into NHSE's review of AIS.<br><br>CM reported that there has been media coverage of the work HW partnered with Kings Fund exploring the impact of extended waiting times through an equalities' lens. The findings are supporting broader calls to not only focus on the waiting lists, but to also focus on the support given to people whilst they are waiting.<br><br>CM mentioned that the work being carried out on data collection has highlighted the need to improve the information the network is collecting, and the lack of demographic data being shared. The demographics for the Healthwatch taxonomy have been updated and is currently being rolled out and this should improve the data capture infrastructure and facilitate more consistent recording across the network.<br><br>CM reported that promotional material is being updated and will be available in easy read, BSL and a range of languages. There will also be two campaigns running to reach sections of the community that are seldom heard from. One includes targeting people from ethnic minority backgrounds and people with higher deprivation levels to understand their experiences of waiting for hospital treatment and the other will focus on understanding people's experiences of getting accessible health and care information.<br><br>CM stated the National Development Team will continue to work with the network. A local Healthwatch EDI peer group has been set up which includes LHW staff and Board members, who meet quarterly to support each other and share experiences, successes and challenges regarding equality, diversity and inclusion and to offer practical examples and discuss solutions. Following the work done by Joy Beishon, a 3-year plan to improve performance across the network is being created and is intended to be published in time for Healthwatch Week, 9th-12th November 2021.<br><br>CM reported that HWE strives to provide a happy working environment for their staff and the annual staff survey will be launched on 4th October, which should identify any areas of unfairness or inequalities that need to be addressed. There is also the Staff Engagement Group and the Speak-Up Guardian who represent staff and escalate any issues that staff feel does not align with HWE equalities aims. Referring to recruitment, CM mentioned that EDI is at the forefront of HWE recruitment campaigns.<br><br>The committee wanted to know if David Bryant's observation of Healthwatch lack of vision had been addressed. GM confirmed that it had, and the results should be seen in Healthwatch Week.<br><br>**The committee thanked CM and noted the report** | |

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| | **Agenda Item 2.1 (b) – Delivery and performance Report Update**<br><br>JC presented the delivery and performance report for Q1/Q2 (2021/22) summarising the delivery and performance against the business plan and KPIs to date. The committee were asked to note the report.<br><br>JC explained that most of the projects were on track and highlighted the ones that were delayed:<br>1. **Equality Impact Assessments** due to new systems being introduced<br>2. **% Of Board Members, CEOs and Staff rating HWE support as good or above** survey postponed until January 2022<br>3. **Establish Benchmark to expand understanding of engagement approaches** due to resources being re-distributed<br>4. **Bi-annual report showcasing impact made against strategy.** Report being revisited and now due in Q3<br><br>IR told the committee that she had no concerns about the KPIs as resources had been re-distributed to cover time-sensitive ICS work.<br><br>The committee wanted to know which projects and how projects have been reprioritised. JC responded that projects are currently being reviewed. A heatmap has been created highlighting the pressure points for discussion by the Leadership team on 14th October.<br><br>**The committee noted the report.** | |
| **2.2** | **Agenda Item 2.1 – Forward Plan**<br><br>The Chair presented the Forward Plan for the next 12 months containing the standard agenda items and asked members if there was anything they would like to include on future agendas. The committee responded that they would like to include:<br><br>• Annual Report<br>• Health Inequalities and Levelling Up<br>• Children's Services<br><br>**The committee noted the plan** | |
| | **AOB**<br><br>The Chair mentioned that this was the last committee meeting that IR would be attending before stepping down as National Director for HWE. He thanked her for being a great servant and applauded her for taking the organisation from local to national level. The Chair commended IR and gave her credit for the way services are changing as a result of her leadership.<br><br>On behalf of the committee the Chair wished her well and the other members endorsed his sentiments. | |
| | **Comments from the public**<br><br>There were no comments from the public. | |
| | The Chair thanked everyone for attending<br><br>The chair closed the meeting at 14:18 pm | |
| | The next meeting will be held on 8th December 2021 at 2nd Floor, Redman Place, Stratford E20. Guests can join online via Teams. Details to follow. | |