Healthwatch England 27 September 2022

Meeting #40 Committee Meeting held in Public

11:30 am – 14:30 pm

Location: Wandle Room, 2 Redman Place, Stratford, London E20 1JQ

11:30	Public Committee Meeting – Agenda item		Presenter	Action
11:30	1.1	Welcome and apologies	Chair – RF	
11:32	1.2	Declarations of interests	Chair - RF	
11:35	1.3	Presentation by Young Healthwatch - East Sussex	Liz Mackie + 2 volunteers	FOR NOTING
12:05	1.4	Minutes of meeting held in June, action log, review of agenda and matters arising	Chair - RF	FOR APPROVAL
12:10	1.5	Chair's Report	Chair - RF	VERBAL
12:20	1.6	National Director's Report	LAN	FOR NOTING
12:30	1.7	Committee Members Update	ALL	VERBAL
12:35-13:15		Lunch break		
13:15	1.8	Social Care Campaign	CM/ Paul Callaghan	NOTING
13:35	2.0	Business Items a) Delivery and Performance Report for (Apr-Aug 22) b) Quarterly update on EDI	 SA CM	FOR NOTING FOR NOTING
13:50	2.1	Audit, Finance and Risk Sub Committee Meeting	DO	FOR NOTING
14:00	2.2	Forward Plan	Chair - RF	FOR NOTING
14:05		Questions from the public		
14:20		AOB		
		Date of Next Meeting 22 November 2022 in London		

Healthwatch England Committee Meeting
Held in PUBLIC

Online on MS Teams and in person in
Suite 4, Jurys Inn Hotel, Western Way, Exeter, EX1

Minutes and Actions from the Meeting No. 39 – 8th June 2022

Attendees

- Sir Robert Francis – Chair (SRF)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Umar Zamman – Committee Member (UZ)

In Attendance

- Louise Ansari – National Director (LAN)
- 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 – Interim Head of Operations (SA)
- Marianne Patterson – Learning & development Manager (MP)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies

- Pav Akhtar – Committee Member (PA)
- Lee Adams – Committee Member (LA)

Item		Action
	Introduction The Chair opened the meeting. He thanked Healthwatch Devon, Plymouth and Torbay for hosting the committee and for the fantastic programme of visits that had been arranged for them, which had been enlightening.	
1.1	**Agenda Item 1.1 – Welcome and Apologies** The Chair welcomed Committee members and other attendees.	
1.2	**Agenda Item 1.2 – Declaration of Interests** There were no declarations of interest.	
1.3	**Agenda Item 1.3 - Presentation by Healthwatch Devon on joint work with CCGs, ICSs, Voluntary, Community and Enterprise sectors** Nellie Guttmann (NG), Deputy Head of Involvement and Inclusion for ICS Devon, soon to be called NHS Devon. Pat Harris (PH), Strategic Lead for Healthwatch Devon, Plymouth and Torbay and Darin Halifax (DH), ICS lead for the voluntary, community and social enterprise sector, gave an overview of the collaborative work being undertaken by ten partners in Devon.	

NG explained that the Devon landscape covers a very large area run by three local authorities. The 1.2 million people live in 31 neighbourhoods within 45 towns in rural and urban settings. The area contains:

- 1 CCG
- 4 acute hospitals
- 124 GP practices
- 4 local care partnerships
- 2 mental health providers
- Over 7,000 VCSE organisations

Devon is an exemplar in the way they operate as they process everything through an inclusive lens. The Healthwatch structure mirrors the ICS in Devon, and they can overcome challenges through collaboration with the VCSE sector.

PH explained that the three local Healthwatch in Devon have been brought together under one contract funded by three local authorities (LAs). A partnership was formed with three local organisations to secure the LA funding and work to each other's strengths. Healthwatch steering groups are being set up in each Devon area, and new and innovative ways of engaging with the public are being investigated by the local Healthwatch, including a Healthwatch Assist Network, which enables the collaboration to have a strong representation from a cross-section of the communities. Local Healthwatch continues to work through the Healthwatch England Quality Framework to meet the required standards and have a clear action plan. They have had many achievements over the last 18 months, including:

- Working with the local Trusts on the new hospital programme
- Working with the ICB to develop the People and Communities Strategy and ICS involvement structures
- Developed a sophisticated dashboard which enables feedback to be gathered at a local level and across the wider Devon footprint to be able to create impact and influence reports

PH took the opportunity to thank all the volunteers that have assisted them in the partnership.

DH provided an overview of how the ICS works with the VCSE. He explained that there has been a cultural shift from being providers to partners and believes that Devon is unique in having a VCSE System Lead role. As key partners, the VCSE provide insight and access to hidden communities and supports accessibility needs. They also act as a trusted partner for vulnerable groups and help drive people-led change. Here are some of the VCSE highlights and achievements mentioned:

- VCSE is represented at the ICS Partnership Board, in the ICS system executive group, in LCP leadership and provider collaboration
- Approximately £2.2m of funding was received in partnership with the local VCSE (e.g. Kings Fund, Big Lottery, Govt national spend etc.)
- Buddying arrangements were established between senior NHS/LA organisational leaders and VCSE leaders.
- ICS coordinated the VCSE bid for the Covid Outbreak Management Fund, resulting in £1.2m funding.

DH informed Committee that the VCSE have regular meetings with their ICS equivalent and specific outcomes include collaborative funding bids and co-design of services.

Some of the collaborative activities that NG mentioned were:

- The distribution of consultation documents on Health and Wellbeing services in Teignmouth and Dawlish to people's homes
- An award-winning project that worked with the local Healthwatch to obtain insight and understanding of local population needs following the closure of inpatient beds at Holsworthy community hospital
- Integrated Urgent Care, in which local Healthwatch undertook specific engagement about patient experience of the 111 Service and VCSE evaluated provider responses.

	NG concluded the presentation by stating that the aim is to consolidate the Devon collaboration and to have 'street-level conscience' and that their People and Communities Strategy sets out how the voices of people and communities will be heard within the ICS. She stated that inclusion is the golden thread that runs through all they do and that Healthwatch has been an integral part of writing the strategy. The committee sought feedback on how funding is being achieved. DH responded that by collaborating and focusing on outcomes and how these would be achieved, they were able to have a positive approach to NHSE, to the point that they are now approached to carry out projects. The committee also wanted to know how the success of the cultural shift would be measured. PH responded that with people involved with co-designing their own care, there should be more positive outcomes and public satisfaction. NG mentioned that increasing the inclusion of diverse communities by the NHS would ensure that the right things are measured and use of the power of people's stories, in addition to embedding EDI into the workforce. **The committee noted the presentation and The Chair thanked PH, NG and DH for the marvellous work that they are doing and wished them well.**	
1.4	**Agenda Item 1.4 – Minutes and actions from 9th March 2022 Committee Meeting** The minutes from the meeting held 9th March 2022 were accepted without amendment. There were no outstanding actions from the meeting held 9th March 2022 and all were marked as completed. **Matter Arising** There were no matters arising.	
1.5	**Agenda Item 1.5 – Chair's Report** The Chair gave notice of his intention to step down as Chair of Healthwatch England (HWE) committee in November. He praised the work done by the organisation and cited how Healthwatch England had matured during his tenure. The Chair mentioned how there is a greater awareness of what Healthwatch is and does and how it is appreciated in the NHS and wider health and social care sector through the value of public voices. The Chair welcomed nominations for the appointment of his successor, who would be recruited through DHSC by appointment of the Secretary of State. They will also be an ex officio member the CQC Board. The Chair mentioned that he had met with partners over the past few months, such as The King's Fund, NHSE, Department of Social care, CQC, Healthwatch Chairs and CEOs. He has also participated in a conference on urgent and emergency care and has consistently supported the National Guardian's Office. The Chair reiterated the importance of Healthwatch England being more inter-connected with decision-makers at a national level due to the efforts of the Healthwatch team. He recommended reading the Fuller Stocktake report on primary care as it provides the seeds of real change for improvement. **The Committee noted the report.**	
1.6	**Agenda item 1.6 – National Director's Report** LAN presented the National Director's report updating the committee on some of the main activities that have been worked on since the last committee meeting in March 2022 and asked the committee to note the report.	

	LAN thanked the Devon Collaborative Team for their hospitality and for arranging the visits for the Healthwatch England committee and executive staff. LAN stated that she would like to see the Devon model replicated by others in the network. LAN highlighted the sections within the report on **Access to GPs** and **Dentistry,** undertaking to keep up the pressure as Healthwatch insight is starting to bear fruit. LAN praised the Chair for achievements during his tenure and stated he should take more credit for the improvements made to Healthwatch England during this period. Committee members reiterated the vast improvements that have been and continue to be carried out internally by Healthwatch England. Praise was given to the impressive media coverage that Healthwatch has been given, thanks to Anna Galandzij, and SA was thanked for increasing efficiency since stepping up into the Interim Head of Operations role. AM requested an update on waiting times to be provided to him. **ACTION** – **JL** to provide AM with an update on waiting times. The Chair raised concerns about funding both nationally and locally and stated that the system was not transparent. He suggested that HW funding should be discussed at the next committee workshop. **ACTION – FH** to include HW funding on a committee workshop agenda **The Committee noted the ND report and the Chair thanked committee and HWE for their work.**	**JL** **FH**
1.7	**Agenda Item 1.7 – Committee Members Update** The Committee members had nothing further to report for this agenda item.	
1.8	**Agenda Item 1.8 – LHW Learning & Development (L&D) Offer** MP presented the changes that have taken place to its Healthwatch England Learning and Development programme for local Healthwatch since 2019. The presentation set out the range of learning opportunities, evaluation of the programme and next steps. The committee were asked to note the presentation. The following points were noted in the presentation: • Healthwatch England now uses a blended approach to L&D, which covers a range of needs-driven courses. Courses are provided in various ways, including e-learning, inductions, webinars, showcases, small group training, action learning and peer-facilitated learning. • Healthwatch England has funded and supported secondments from the network to provide specialised training, and good practice guides and trainers with lived experience are used. • Healthwatch England has further developed an area around forward planning and publication. It has produced a learning and development calendar of all the courses provided throughout the year so the network can pre-plan their learning. • Gathering feedback and evaluation of the courses has been challenging, but a working group has been set up to improve this, and a SmartSurvey learning course has been developed and will be shared with the network. • EDI learning has been challenging, but Healthwatch England will need to influence and encourage commissioners to operate through an EDI lens. A review of the Quality Framework is planned to ensure that EDI is hardwired into commissioning tenders.	

	The committee asked that EDI training focuses on all areas, not just race. GM confirmed that the next annual survey to all Healthwatch will request the make-up of all staff and volunteers, which will act as a baseline and assist with communication in driving the EDI message. The committee requested a mapping of the quality framework and data sharing. **ACTION** - **GM** to provide a map of the quality framework and data sharing, etc. to be shared with the full committee **The Chair commended the work done and, along with the committee, thanked MP for her efforts and noted the report.**	**GM**
1.9	**Agenda Item 1.9 – Strategic Risk Register** SA presented the amended draft strategic risk register for 2022-23, which had previously been presented to the full committee at the April workshop, where suggestions for amendments were made and subsequently reviewed by the AFRSC on 12th May 2022, where further recommendations were made. The committee were asked to review and approve the revised version of the risks and mitigations presented in the register. The committee made the following comments: **SR01**- *Healthwatch England does not have enough financial resource to achieve the level of ambition set out in our strategy, leading to a loss of credibility.* • **SRO1** had been discussed at length, and AFRSC will retain light controls on this risk. The National Director should own this risk. **SR08** - *Failure to identify or respond to EDI issues amongst staff within Healthwatch England can impact staff wellbeing and performance at work leading to low morale and poor culture* • **SR08** risk description is too specific and should be more general and broader to reflect organisational culture and mitigations. The National Director should own this risk. Committee to approve the amendments by email. **ACTION – SA** to amend risk **SR01** to National Director owned **ACTION – SA** to amend risk **SR08** to be less specific and more general around organisational culture. Committee to approve by email. **The committee approved the Register subject to the amendments mentioned above. The risk register is to be emailed to the committee for formal approval**	**SA** **SA**
2.0	**Business Items** **Agenda Item 2.0 (a) – Equalities Diversity and Inclusion (EDI) Review of 2021-22 and Plan for 2022-23** CM reviewed the actions taken in delivering the Equalities Diversity and Inclusion Plan for 2021-22 and the next steps for the plan in 2022-23. The committee were asked to note the report. Committee comments and suggestions: • Consideration is to be given to people with one or more disadvantages, and intersectionality is to be included. • Would like to see more live examples in the report **The committee noted the report**	

2.0	**Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report** DO provided a summary of the AFRSC meeting held in May. She explained that the focus was on challenges around underspend in 21/22 and improving financial processes. DO highlighted the following: • The staff survey to look at a broader list of cultural engagement • Underspend last year was higher than expected. • Much progress has been made with financial reporting, and Healthwatch England will be working jointly with CQC on reporting processes. • A mechanism has been adopted to manage spend, assuming a 10% underspend in the pay budget. • Grants will no longer be issued and will be replaced by contracts. Terminology relating to this will also be changed. LAN mentioned that the following items would be discussed at forthcoming committee meetings and workshops: • Risk Registers will be on the agenda • Cyber security at the next AFRSC meeting • Review of governance of sub-committee and its effectiveness. **The committee noted the report, and the Chair thanked the sub-committee for their work**	
2.1	**Agenda Item 2.1 – Forward Plan** The committee made no comment on the forward plan **The committee noted the forward plan**	
	AOB There was no other business	
	Questions from the public There were no questions from the public.	
	The Chair thanked everyone for attending The chair closed the meeting at 13:50 pm	
	The next meeting will be held in September 2022 The meeting will be held in Stratford, London Guests can join in person or online via Teams. Details to follow.	

HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

9th March 2022

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20220309 1.8 Annual Plan	Sandra Abraham	To provide a review of Annual Business Plan in Q3		Dec 2022	Planned
	Gavin MacGregor	To provide a report on Value for Money for LHW funding allocated to include profiling and outcomes for the next AFRSC meeting	We assess and track the value for money and impact of each grant we make We have a working group and Collaboration Manager focused on monitoring funded Healthwatch projects	Oct 2022	Planned

8th June 2022

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20220608 – 1.6	Felicia Hodge	To include Funding Concerns on the agenda for a Committee Workshop		July 2022	Complete
	Jacob Lant	To provide Andrew with an update on waiting times		July 2022	Complete
20220608 – 1.8	Gavin MacGregor	To provide a map of the quality framework and data sharing with full committee		Sep 2022	Complete
20220608 – 1.9	Sandra Abraham	**SR08** – Risk Too specific. Wording to be changed to demonstrate the broader risk around culture & mitigations. Amendment to be emailed to committee for approval		July 2022	Complete
20220608 – 1.9	Sandra Abraham	**SR01and SR09** to be changed to ND owned		July 2022	Complete

AGENDA ITEM: 1.6

AGENDA ITEM: Healthwatch England National Director's Report

PRESENTING: Louise Ansari

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Healthwatch England Committee on some of the main activities that we have worked on since the last meeting in June 2022

RECOMMENDATIONS: Committee Members are asked to NOTE this report

Introductory note

It's been a busy summer for the team.

- We have continued to bring a significant amount of influence to bear on issues including access to NHS dentistry, elective waits, and accessible information
- Our profile and media coverage are at its highest level, which supports our activity and that of local Healthwatch
- We have continued to support the network with training and resources to work together across ICS footprints as well as considering ways to strengthen commissioning and financial sustainability
- We have continued our focus on equality, diversity and inclusion internally and externally
- We're developing our research and communications campaigns including an agile switch to focus on the impact of the cost of living on people's health, and what more we and the network can do over the winter given the predicted pressures on the NHS and care system, and the concomitant impact on people and communities

1. Influencing

1.1 Dentistry Update

Following our most recent report on NHS Dentistry in May this year, in July NHS England announced a series of changes to the dental contract.

This is the first time the contract has been updated in 16 years and whilst the changes do not address all the concerns members of the public have raised with us, we are hopeful that it will make it easier for:

- people to find an NHS dentist taking on new patients by forcing practices to more regularly update their details on the NHS.UK website
- patients with more complex needs to find dentists willing to take them on
- commissioners to reallocate unused dental activity to other areas.

NHSE have also clearly stated that these reforms are just a first step, and we have used our voice in the media to continue to push for more ambitious changes.

The new Prime Minister Liz Truss MP made a public commitment during the leadership campaign that she would fix the crisis in NHS dentistry. This follows a mystery shopping exercise by BBC news which built on all our research to date and saw the BBC contact every dental practice in England to assess the true scale of the problem.

1.2 Elective Care

Our work monitoring how the NHS is managing the elective backlog continues. In this quarter we saw NHSE announce that they had met the target to get to all those who had been waiting two years or more for treatment by the end of July. This is a huge achievement and one the NHS should be congratulated for.

We were particularly pleased to note that over 6,000 of these patients were supported to access care more quickly because the NHS offered them help to travel further afield. The financial assistance with transport costs, and accommodation for loved ones travelling in support, has been essential to ensuring this fast-track to reduce waiting did not only benefit people who have their own transport. This draws directly from our contribution to the Elective Recovery Plan. We have now started calling for this support to be extended to others on the waiting list. This is particularly important given the move towards surgical hubs, and ensuring that this policy doesn't exacerbate health inequalities because of the greater distances people may have to travel to access care.

We have also been featured extensively in the media talking about the risk of a two tier system begging to emerge, with people increasingly going private to access care more quickly. However, our work, alongside research conducted by IPPR, the Health Foundation and Ipsos Mori, has established that for around two thirds of people going private is simply not an option.

1.3 'Your care, Your way' campaign for accessible information

The Accessible Information Standard (AIS) gives disabled people and people with sensory loss the legal right to get health and social care information they can understand and communications support if needed. In July, we published our latest findings looking at whether services are delivering the standard and if the standard needs to be improved.

We found that one in four respondents (28%) – including deaf, blind and people with learning disabilities – said they had been refused help when requesting support to understand information about their healthcare.

The Press Association covered our findings. We used the opportunity to repeat our recommendations on how the NHS can improve the AIS. As a result, NHS England publicly confirmed that the AIS is currently being reviewed and that the results of this work should be published this Autumn.

1.4 Mental Health Report

In July we also published our evidence review of mental health, looking back over 6,000 experiences shared with us during the pandemic.

This briefing highlighted how the pandemic has exacerbated issues in mental health to such an extent that all the extra money and services developed in recent years is seemingly making little impact in overall experiences of the care shared with Healthwatch. This briefing has helped feed into early thinking on the NHS Long Term Plan update.

1.5 Long Covid

At the end of July, NHS England published an updated plan for ensuring services better meet the needs of those with Long Covid. The plan draws on

our research earlier in the year, carried out at NHSE's request, which looked in detail at 122 people's experiences of Long Covid shared with the network.

In headline terms the plan commits a further £90 million to be spent on Long Covid support and addresses key areas like diagnosis, improving awareness of specialist support for Long Covid and ensuring professionals consider people's holistic needs. This article sets out in more detail how the new plan directly responds to our findings.

2 External Updates

2.1 Winter Plan

NHSE have published their plans to increase capacity and operational resilience in urgent and emergency care this winter.

This identifies six key metrics they expect ICBs to focus on including:

- 111 call abandonment
- Mean 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day
- Adult general and acute type 1 bed occupancy
- Percentage of beds occupied by patients who no longer meet the criteria to reside

The core metrics have been selected to increase an emphasis on patient flow through the system. However, we have raised concerns about over-reliance on any one of these measures on its own. In particular, we have flagged concern about how the focus on the last metric around delayed discharge can be a source of tension between health and social care and this needs to be used in the spirit of delivering an integrated solution to the current challenges.

3. Support to the Healthwatch Network

3.1 Quality Framework

Healthwatch England developed the Healthwatch Quality Framework, with help from Local Healthwatch, following requests for a means to better

understand their effectiveness and continuously improve their performance. We also worked with local authorities to ensure the framework could be a valuable tool to support outcome-based commissioning and delivery. It provides Healthwatch England with a consistent way of helping us understand the effectiveness of an individual Healthwatch and the network overall, which in turn helps inform how we can best support them.

Regional managers provide support to local Healthwatch and share best practice of other local Healthwatch through case studies and webinars. The expectation is that the Quality Framework will work on a three-year cycle, with two annual check-ins for Healthwatch to consider progress against their action plan. We have recently updated the Quality Framework by strengthening equality, diversity and inclusion across the domains – a part of our Equality, Diversity and Inclusion Roadmap, and addressing Healthwatch working with integrated care systems.

In 2020 the Quality Framework was completed by 22 Healthwatch. Later that year, all Healthwatch were invited to complete the Quality Framework by March 2022. Sir Robert Francis, National Chair, notified local Healthwatch of a revised deadline of December 2022 in recognition of local Healthwatch capacity issues impacting the time to effectively involve board members, staff and volunteers in the self-assessment process.

To date, a total of 81 Healthwatch have completed their first self-assessment. Of these, seven have completed their first annual check-in, and one has completed their second annual check-in. Forty-five Healthwatch are either in the process of completion or have committed to completing the assessment by a specific date before December 2022. Only 22 have indicated they are unlikely to meet the deadline due to factors such as staff absence or local Healthwatch contract changes. Regional Managers will be working with these Healthwatch to ensure they have completed it in 2023/24.

We are continuing to hear positive stories from Healthwatch on how they have used the Quality Framework, an example of which is described here.

3.2 Digital

Healthwatch England has a programme to improve our data and digital systems and processes.

We have updated our guidance to local Healthwatch on data protection and provided templates to support their work. We are developing new training for all Healthwatch staff and volunteers on data protection which we expect to be ready in December. Our guidance on collecting demographics – so important to inform who Healthwatch are reaching and our analysis – has seen an increase of 26% in such data collected by local Healthwatch.

We are piloting a new survey tool – SmartSurvey - free to local Healthwatch. To date, 80 local Healthwatch has signed up with about half using it so far to gather people's experiences of health and care.

We are entering the final stages of testing a new way for Healthwatch to share their data with Healthwatch England – so we can have a fuller picture of public experiences of health and care. We expect this to be available to local Healthwatch in November. The data will be stored securely in the Healthwatch National Data Store and will enable Healthwatch England to fulfil our research functions.

Healthwatch England made the difficult decision to withdraw the provision of our CiviCRM system to local Healthwatch by March 2023 due to limitations of its functionality and costs. We are working with those affected Healthwatch to find alternative solutions that suit their needs.

4. Communications

4.1 Awareness and engagement

Our investment in national media relations to help increase awareness of our service, engagement with our policy recommendations, and to influence change continues to pay dividends. Our media coverage in the first five months of 2022-23 is currently 11% higher than the coverage during the same period in 2021-22 and higher than it has ever been for Healthwatch England.

	Average monthly number of media mentions
2021-22	413
2022-23	461

Our push to improve how we market what Healthwatch does and the difference we make is also bearing fruit. Our most recent campaign in August led to a 104% growth month on month in new social media followers, and the number of people sharing experiences with us increased by nearly 40% month on month.

	Followers gained	Experiences shared
July	315	349
August	643	484

However, despite this good performance, we have not seen as many people coming to the Healthwatch England website in the first five months of this year. This is because we have seen a significant fall in public demand for COVID-19 advice. Our website visits are currently over 20% down from where they were last year. However, website traffic is still 145% higher than before the COVID-19 pandemic.

	Website visitors April -August
2022-23	244,000
2021-22	336,000
2019-20	100,000

4.2 Other communications highlights

a. **Public feedback campaign:** Our 'Because We All Care' campaign, which we run in partnership with the Care Quality Commission, has been refreshed. As well as this our first communications spike to encourage people with long-term conditions to share feedback has started. This will be followed later in the year with communication spikes targeting individuals with a learning disability or autism, and older people.

b. **Advice and information:** We have continued to publish new advice content in response to changing public needs. New advice covering GP referrals, monkeypox vaccines and mental health support for LGBTQ communities have all performed well. However, our most popular advice relates to NHS dentistry, COVID-19 testing changes and help travelling to NHS appointments.

c. **Accessibility**: Our digital programme has reached another major milestone, with the upgrade of our public website to Drupal 9. The new site reflects our updated visual brand, loads faster for users and is even more accessible for people with different communication needs. We use Silktide, a quality assurance platform, to monitor our website accessibility in real-time. Since upgrading our website, our accessibility score has increased by 22%, from 66 out of 100 (rated as good) to 81 out of 100 (rated as great). The median score for public sector websites in the UK is 66. The new website template has been rolled out to 12 local Healthwatch so far.

d. **Brand support**: We have finished rolling out our support to help local Healthwatch adopt our updated brand. This support includes new guidance, templates and eLearning courses to help local Healthwatch design and write more clearly. As a result of this work, we have seen the use of our brand resources increase by 88% year-on-year (Apr-Aug 2022-23 5,740 brand resources created or downloaded compared to Apr-Aug 2021-22 4,499 brand resources created or downloaded).

5. Equality, Diversity, and Inclusion

5.1 In June we submitted an evidence review of over 250,000 people's experiences of health and care services into the early development of the NHS Long Term Plan update. As part of this, NHSE asked us specifically to look at the experiences of communities who experience health inequalities, and how these impact on areas such as cancer, maternity care and mental health support for adults and young people. We also provided insights into how rapid changes in the use of digital services is changing who is being excluded from services and why. This highlighted how the NHS needs to avoid making assumptions about digital exclusion, as it showed how it is often older people and those who live in rural

communities have benefited most from the shift to remote consultations, as this way of working has reduced the need to travel.

5.2 We have continued to use our existing policy influencing work to push on two key health inequality issues in the media drawing on our evidence around NHS dentistry and the elective backlog. We have raised concerns about the development of a two-tier NHS with people who can afford to pay privately receiving treatment much faster.

5.3 In response to the cost of living crisis we are scoping a new piece of work to track the direct impact of the cost of living on people's health. The aim is to generate national level insights and provide support for the network to monitor issues locally, so that we can contribute valuable insights to key stakeholders in a similar vein to our feedback during the pandemic.

5.4 We are continuing our work in supporting local Healthwatch around issues pertaining to EDI. Local Healthwatch told us that recruiting new Board members can be a challenge for example – and they were struggling with recruiting diverse Boards. We have commissioned *Getting on Board,* who specialise in recruitment of BAME Board members, to support a second group of 10 Healthwatch.

5.5 We commissioned the *Diversity Trust* who ran a session on Inclusive Leadership for Local Healthwatch, with 9 out of 10 participants saying they are likely to apply learning in their work.

5.6 We have revised our data classification to support consistent collection and analysis of data by Healthwatch, including the use of demographic data. Our broader work includes providing e learning, guidance and survey templates. We have seen a significant increase in the collection of demographic data by local Healthwatch.

5.7 We are working with the Core 20 plus Connectors Project, led by NHS England including mapping different approaches to engagement of people with lived experience through networks. This will inform decisions of the NHSE Inequalities Team

5.8 As well as improving the accessibility of our websites, we have also made our telephone contact service more accessible by adopting SignLive. The service enables anyone who uses British Sign Language to talk to our customer service centre via a BSL translator.

5.9 We have commissioned The Diversity Trust to deliver a programme of learning for all staff on equality, diversity and inclusion in the workplace.

6. Key Meetings Attended by the National Director since the last Committee meeting

June	
Patients' organisations Group	Charlotte Augst – National Voices/Ruth Isden – Age UK/Richmond Group Rory Deighton – Acute Lead for Confed
Royal College of Physicians (RCP)FFFAP patient panel – RCP Patient & Carers Network	Julia Kay Ellis - Chair of the Falls and Fragility Fracture Audit Programme -RCP
Healthwatch Lead Officers in Cheshire and Merseyside	Louise Barry and other HW CEOs
Southeast Regional Conference – Healthwatch Brighton and Hove, HW West Sussex and HW East Sussex	David Liley - HW Brighton and Hove
NHSE/I Discharge and Community Services	
Fuller Stocktake Reception	Dr Claire Fuller and others
NHS Confed Expo, Chairing a session on reducing inequalities in waiting lists	
Podcast on the NHS Long Term Plan	Matthew Taylor - CEO NHS Confederation
Networking event with 40 local partners from the council, NHS, third sector in Blackpool	Blackpool HW
Introduction NAVCA	Maddy Desforges, CEO

DHSC sponsor team	William Vineall (DHSC)
CEO Interview	Hannah Davies – HW Leeds
HW Essex Showcase	Sam Glover and team
Nottingham and Nottinghamshire Integrated Care System	Kathy McLean Amanda Sullivan
National Midwifery Council	Andrea Sutcliffe Matthew McLelland
LHW CEO/Lead Officers Network Meeting	
GSK IMPACT Awards ceremony judge – innovation in engagement	
July	
Healthwatch Leadership Day with host organisation The Advocacy People	Matthew Hilton, CEO The Advocacy People/ Jane Dodson – Chair, Board of Trustees, The Advocacy People/Sarah Deason - Business Development Director / Chairs, NEDs and Leads for HW Southend, HW Portsmouth, HW Reading, HW West Berkshire & HW Southend
Director Health Inequalities at NHSE/I	Bola Owolabi
SW London ICS	Sarah Blow Millie Banerjee
HW Cambridge & Peterborough Summer Conference	
Visit to North East Healthwatch and ICS CEO	
CEO Interview	David Liley – HW Brighton & Hove
Key Speaker & Panellist - East of England Regional Conference	
Royal College of Surgeons of England - FDS introduction	Jen Summers
NHSE/I Discharge and Community Services (Primary Care, Community Services and Strategy)	Beverley Taylor and Carey Bamber - Senior Strategic Engagement Leads

Carers UK	Helen Walker
Local Authority Commissioner - York	Carl Wain
National Guardian	Jayne Chidgely Clarke
Local Authority Commissioner - Bedford	Roslyn Harding
August	
Local Authority Commissioner, Wandsworth	Carol Clapperton
CEO HW Cambridgeshire Interview	Sandie Smith
Introduction CQC Chief Inspector of Hospitals	Sean O'Kelly
Local Authority Commissioner, Surrey	Saba Hussein
Healthwatch Oxfordshire	Rosalind Pearce - CEO
ICS NHS Confed Network Lead	Sarah Walter
Patient Safety Commissioner	Henrietta Hughes
UCL GBSH	Nora Colton - Professor and Director of the Global Business School for Health · UCL
NHS Winter Executive Meeting	Amanda Pritchard – Chief Executive NHSE

AGENDA ITEM TITLE: Healthwatch England Social Care Project

PRESENTING: Paul Callaghan, Senior Policy Analyst

Previous Decision: May 2022 Meeting – agreement from National Committee that the focus of this year's major primary research project be on social care.

EXECUTIVE SUMMARY: This paper sets out our proposed approach to this year's social care research.

Over the past year, we have developed quantitative and qualitative data showing people's experience of unmet, under-met and wrongly met need.

Following a rigorous scoping exercise, taking account of the current policy landscape, previous feedback from the committee, and the resources available, **we will look to develop a working definition of unmet need**. This is crucially important, because understanding who is not receiving appropriate care and why will pave the way for improvements to access and choice which haven't been possible due to a lack of data.

We will do this via a research project focussing on the unmet needs of specific groups at different points in the care journey. In line with National Committee's previous decision, the experiences of children with disabilities will be in scope.

We will combine the qualitative findings from our research alongside national quantitative data to inform delivery of Government reforms so that more people receive the care and support they need. We will also publish an interim report which will provide an opportunity to make more immediate recommendations in the shorter term, to ensure we act quickly on people's experiences of how care is delivered and where needs aren't met.

In order to achieve maximum impact from this project, we will work in partnership with key stakeholders including the Department of Health and Social Care, The Association of Directors of Adult Social Services, local Healthwatch, and the Care and Support Alliance

RECOMMENDATIONS: National Committee are asked to note this paper.

Healthwatch England Social Care Project 2022/23

Estimated publication date: Q4

Context: The Government's Social Care White Paper committed to a series of reforms. This included the launch of a formal pilot to look at how more personalised information and advice services could be provided for people. Another commitment was around charging reforms, to include a lifetime cap on personal care costs, and a more generous means-test for local authority financial support.

Implementation of these recommendations will take place in 2023 and involve changes to information and advice services, social care assessments, and how care is paid for.

But reforms fall short of addressing unmet need, with the White Paper noting a lack of data and evidence on unmet need, and no definition for what this issue covers.

Aim: Social care can change people's lives, but not everyone gets the support they need. We want to address care inequalities by focussing on the experiences of people with unmet needs at different points in their care journey.

We welcome reforms to information services, the quality of care, and to help more people with state-funded care. But without defining unmet needs and understanding the drivers of need, there will still be barriers to access.

So, we will use our insights to develop a formal definition of different types of unmet need. Government and local authorities can then use this to measure and address unmet need.

This work will be critical to ensuring government reforms benefit everyone.

Concept and Methodology: Following a nationally representative poll of 1,800 adults, and 15 in-depth case studies of people with unmet needs, we have the beginning of an evidence base which highlights where the social care system falls short in meeting the needs of certain groups:

- The totally unknown needs of those sitting outside of a system they've either been turned away from or are unaware of.

- Those with care packages which do not or only partially meet their needs.
- The situation of unpaid carers, who either live without financial support they are entitled to or go without breaks and respite care.
- People whose needs are wrongly met, either because they're living in the wrong setting, or have been discharged to the wrong place from hospital for assessment.

Each of these issues will affect certain groups accessing care in different ways and will require specific, personalised solutions. So, we want to follow up this work by commissioning local Healthwatch to run semi-structured interviews with unmet need groups at different touch points in their care journey.

This could be when they're either:

- Trying to access information or advice about care for themselves or a loved one
- Waiting for a financial, needs or carer's assessment, or care plan review
- Agreeing the details of their care plan, or figuring out what to do without support following their eligibility decision
- Looking at the types of support on offer
- Affected by a lack of choice, flexibility or personalisation within care plans
- Drawing on integrated health and social care support
- Dealing with the rising cost of care

While in the longer-term, we would look to develop a working definition of unmet need and run a national campaign, there will be an opportunity to initially publish an interim report with more immediate findings and recommendations. This could include sharing good practice, highlighting people's need for support when waiting for assessment, or other examples of where we want to see changes to how care is delivered in the short term.

Engagement and Feedback: Our proposal is based on existing external evidence, the results of our research from 2021/22, and recent discussions with expert stakeholders. Stakeholders providing feedback during scoping workshops included the Healthwatch England Committee, the Department of Health and Social Care, the Association of Directors of Adult Social Services, local Healthwatch, local authority decision makers, and social care experts.

Some immediate priorities shared by all stakeholders were:

- That unmet needs cannot be fully addressed until the system agrees on a definition of what this involves.

- That people experience unmet needs in different ways, at different times, and that personalised solutions are required.
- That solutions and reforms do not always fully consider the more immediate support needs of unpaid carers and those under the age of 65.

Additional feedback provided during these discussions included:

- There is an evidence gap in the experiences of; children with disabilities, the impact of the cost of living crisis on self-funders, people accessing both social care and mental health support, unpaid carers, and those under the age of 65 with learning and physical disabilities.
- There are opportunities to align our research with the Government's own implementation of reforms over the next year.
- Stakeholders want to see more examples of what 'good' looks like in social care. This can be in terms of information services, or provision of care and support.
- A need to take a full-system approach to any engagement work.
- Social care is still perceived as being the junior partner when it comes to integration, with services needing to be more joined-up to meet needs.
- There are issues with advocacy in social care, and less formally with the role of family members in assessment and care processes.
- Direct payments, when implemented correctly, are in principle a good way of meeting people's needs by offering them control, flexibility and personalisation. But various issues have prevented this solution from working.
- The growing number of people waiting for needs assessments and reviews often do so without any interim support, leaving needs unmet.
- There is a great deal of variation in assessments across the country, for example some do not include occupational therapy input for things like reablement support.

Social Care Campaign: we intend to follow-up on our research findings with a national campaign. Target audiences and aims for this will be formalised by the project team at a later date, but could include:

Audience	Objective
Politicians and policymakers (primary)	Clearly set out the indicators for and definition of unmet need - and solutions to address this issue.

Local authority teams and social care leaders/professionals	Communicating the importance of listening to people and the need for support to teams in meeting their Care Act responsibilities.
Healthwatch leaders, staff and volunteers	Collaborating with the full network to push for implementation of our recommendations locally and celebrate where their local insights have made a difference nationally.
Charities and the voluntary sector	The need for partnership work to increase our collective reach and influence on behalf of different groups.
The general public	Increasing the understanding of social care, the Government's reforms, and the value in people speaking up and sharing their views.

Timeline:

Action	Date
Completion of project papers (including research proposal, equality and impact assessment, stakeholder engagement plan, and comms plan)	Q3
Research design and recruitment of LHW	Q3
Research in the field	Q3-Q4
Analysis of findings	Q4
Publication of interim report	Q4
Public campaign	Q1-Q4 2023

AGENDA ITEM: 2.0 (a)

AGENDA ITEM: KPI and Business Plan Performance Report (April-August)

PRESENTING: Sandra Abraham, Head of Operations, Finance and Development

PREVIOUS DECISION: The Committee NOTED the progress against our business plan and KPIs for EOY 2021-22

EXECUTIVE SUMMARY: This paper summarises our progress against our KPIs and Business Plan objectives from April – August 2022

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

APPENDICES:

1. Performance against our Business Plan 2022-23

Background

The report below provides an update on our performance against KPIs for the period April – August 2022 and an appendix showing our performance update against our Business Plan for 2022-23.

The committee are asked to note the attached reports.

Healthwatch England

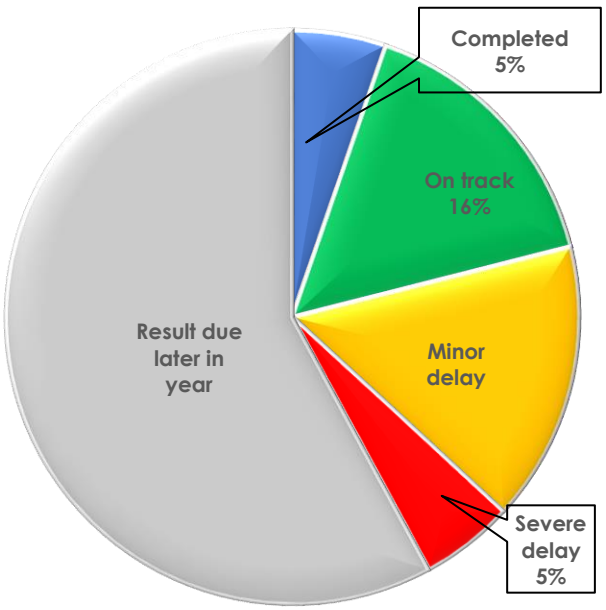
KPI Performance Report

April - August 2022

Healthwatch England Performance Report

April – August 2022

SECTION ONE: KPI SUMMARY



Delayed Indicators	EOY Target	Reason for delay
We will achieve a 25% increase in the number of times our evidence is accessed by our audiences. (Measured via reports library and website access of insight and news content)	25% increase	In Q1 we were down 24% on views compared to 2021/22.
10% of people who engage with us on our channels share an experience with us (up from benchmark of 5%)	10%	5.9%
100% of projects that require DPIA completed	100%	2 projects now have a completed DPIA and 3 are in progress

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Progress Update on

Key Performance Indicators

April – August 2022

Healthwatch England – KPI Performance Report

RAG Status: Complete | On Track/In progress | Minor delay | Severe delay | Paused/Results due later

No.	Description	Target	Progress	Progress Status (April - August)	Lead
Objective 1: A sustainable and high performing network					
1.	10% of people who engage with us on our channels share an experience with us (up from benchmark of 5%)	10%	5.9%	Minor delay	Head of Communications
2.	Our national advice is available to every website we support and four in five users rate our advice as useful.	Rate 4 out of 5 users	4.3 out of 5	On Track	Head of Communications
3.	100% of local Healthwatch sharing reports with us	100%	Report due at end of Q2	Results due end of Q2	Director of Communications, Campaigns and Insight
4.	50% of local Healthwatch sharing data in near real-time with Healthwatch England via the CDS by March 2023. 75% by March 2024.	50%	Report due at the end of September	Results due end of Q2	Director of Communications, Campaigns and Insight
Objective 2: Seeking the Views of people on their experience of needing or using health, public health and social care services					
5.	Baseline: 67% of Board members, CEOs and staff rate Healthwatch England support as good or very good (KPI)	61%	The satisfaction survey is due in Q4	Result in Q4	Head of Network Development
6.	Establish the baseline of local Healthwatch reporting that equalities, diversity, and inclusion shape their policies, plans, priorities and how people from diverse communities have been actively involved	-	Result due end of September	Results due end of Q2	Head of Network Development
7.	80% of local Healthwatch report they are confident they will be able to use the views of local people to shape decisions around integrated care over the next year. (Baseline for this was 69% according to 2021 Annual Survey)	80%	Result due end of September	Results due end of Q2	Head of Network Development

No.	Description	Target	Progress	Progress Status (April - August)	Lead
Objective 3: Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements					
8.	The proportion of new local Healthwatch CRM/CDS records containing demographic data will increase to 60% (Baseline from Q3 sample is 18%).	60% of records will contain data about ethnicity by end of 2022/23	In Q1 41% of data shared with us contained demographic details on ethnicity. Next report is due at the end of Q2	On Track	Head of Policy, Public Affairs and Research and Insight
9.	The proportion of data we gather through the webform from Black, Asian and Minority Ethnic groups increased from baseline of 15% at end of 2021/22 to 20%. (Up from 4% at the beginning of the strategy)	20% increase on baseline of 15%	To be assessed later in the year	Results due in Q4	Head of Communications
10.	Our content, accessibility and website user experience are rated as good (70 out of 100).	70 out of 100	85.5 out of 100	On Track	Head of Communications
Objective 4 - Acting on what we hear to bring about improvements in health and care policy and practice					
11.	Our media reach grows by 10%.	10%	Increase of 26%		Head of Communications
12.	We will achieve a 25% increase in the number of times our evidence is accessed by our audiences. (Measured via reports library and website access of insight and news content)	25% increase	In Q1 we were down 24% on views compared to 2021/22. Next report is due at the end of Q2	Severe delay	Head of Policy, Public Affairs and Research and Insight
13.	% of stakeholders saying they value the work done by Healthwatch will increase by 5 points. (Baseline from 2020 was 71%)	76%	To be reported on in Q1 23/24 (Due to the need to spread the work over 2 financial yrs).	Report due later	Head of Policy, Public Affairs and Research and Insight
14.	% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)	69%	To be reported on in Q1 23/24 (Due to the need to spread the work over 2 financial yrs).	Report due later	Head of Policy, Public Affairs and Research and Insight

No.	Description	Target	Progress	Progress Status (April - August)	Lead
Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector					
15.	Establish baseline of stakeholders who see local Healthwatch as experts in engagement (create baseline and measure this through stakeholder perceptions survey)	-	This KPI will be included in the stakeholder perceptions survey	Survey report due in 2023/24	Head of Network Development
16.	Establish baseline of local Healthwatch reporting that decisions about their engagement activity have been informed by participation of people with direct experience of the issue. (Set baseline for this KPI via the Annual Survey	-	Awaiting results from the Annual Survey 2022/23	Results due in Q3	Head of Network Development
Objective 6: We are a strong and well governed organisation that uses its resources for greatest impact					
17.	95% of staff feel they make a difference through their role	95%	Result will be determined by the staff survey due in October	Results due in Q3	Head of Operation, Finance and Development
18.	100% of projects that require DPIA completed	100%	2 projects now have a completed DPIA and 3 are in progress	Minor delay	Head of Operation, Finance and Development
19.	100% of projects that require EIA completed	100%	14 out of 15 projects that required, an EIA have now had one completed	Minor delay – final EIA is in progress, due to late project start	Head of Operation, Finance and Development
20.	100% of projects with EIA have been evaluated (number of projects to be determined in the workplan)	100%	All projects were evaluated in Q1 to determine if an EIA Assessment was required	Completed	Head of Operation, Finance and Development

Please see Appendix 1 for an update report on our performance against our business plan 2022-23

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Progress on our Business Plan Deliverables (April – August 2022-23)

SECTION 2 PERFORMANC REPORTING AGAINST BUSINESS PLAN 2022-23

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

Objective 1:	**To find out the experiences of people needing or using health, public health and social care services**			
Outcomes	Update towards Outcomes	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our marketing and communications sustain public engagement with local Healthwatch in support of our policy and campaign goals	We have also strengthened our 'always on marketing' approach to raise awareness of Healthwatch and our services. Key steps include: • Updating our search campaigns that target people looking for health advice or how to feedback about NHS and social care services. • Instigating regular social campaigns that encourage people to feedback to Healthwatch about the main areas of care (e.g. using GPs, hospitals, mental health care etc.) • Testing month long campaigns that promote what we do, our impact and encourage people to sign-up to our channels. However, the fall in public demand for COVID-19 advice means that we are likely to see overall website	Our approach makes a real difference to (a) increasing the number of people who follow our channels and (b) sustaining public feedback to local Healthwatch when we are not running major feedback campaigns. For example, in August our marketing campaigns led to significant improvements on the performance we saw in July. We saw a 104% growth month on month in new social media followers, and the number of people sharing experiences with us increased by nearly 40% month on month. As a result of this success we have made space to regularly repeat these campaigns as part of our future communication plans.	Head of Communication	On Track

Outcomes	Update towards Outcomes	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	traffic fall year-on-year. Website traffic in the first five months of this year is currently 20% down on the same period in 2021-22.			
A greater proportion of the people we engage through our campaigns are willing to share their experiences and needs.	Our first feedback campaign this year focussed on accessible information. We have also now planned in our remaining campaigns for the financial year. Our joint campaign with CQC (Because we all care) will involve separate spikes to encourage more people to share their experiences of care. The spikes will focus on (a) people with long-term conditions in September (b) people with autism or a learning disability in November and (c) older users of care in January. We are also planning a separate feedback spike to gather experiences relating to maternal mental health.	Over the first five months of this year 3,420 people have shared their experiences with us. Our campaign on accessible information, although is gained significant reach and engagement on social media and support from partners, did not result in the conversion rate we would normally see when it comes to experiences shared. This is because the issue is less mainstream and is relevant to a smaller section of the population. As a result, our current conversion rate of 5.9%, is below our stretch target of 10%. However, we do expect performance to improve as we focus on issues that are likely to engage a broader audience in the remainder of the year.	Head of Communication	Minor Delay
Our online advice and information content are more accessible to people and seen as trusted and useful.	We have continued to focus on producing advice and information which either reflects our policy priorities or emerging health	Our national advice has been accessed over 115,000 times so far, this financial year.	Head of Communication	On Track

Outcomes	Update towards Outcomes	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	concerns. Issues we have covered in Q1 include GP referrals, using NHS 111, long COVID support, Monkey Pox vaccination and mental health support for LGBTQ+ communities. We have also upgraded our website to make technologically accessible and focussed on making our advice easier find via search and to understand.	The average user rating for our advice is 4.1 out of 5 in terms of how useful people find the content. This is above our target of 4 out 5. The system we use to monitor and score the quality of our website content, accessibility, user experience indicates that our technical upgrade and focus has resulted in significant improvement in our website performance. For example, our website accessibility score has risen from 66 out of 100 to 81 out of 100.		
Our systems enable us to highlight the issues different communities are telling us at a national, regional and local level.	Our monthly analysis is feeding into the cross team planning process and helping us identify emerging issues to prioritise for more rapid research. For example in late Q1 we saw a significant rise in feedback about A&E/UEC services and we have commissioned some rapid research off the back this which will be published at end of Q2. This research is highlighting that there has been a significant fall in public confidence in A&E/UEC services (matching our qual feedback), but that this fall is statistically much	Going forward the insights will also be shared through our new stakeholder bulletin which has been developed out of the insight sharing approach we adopted during the Covid 19 pandemic. This is launching in Q2. This will enable us to share smaller pieces of feedback and trends, and will be of particularly valuable over the winter period.	Head of Policy, Public Affairs and Research & Insight	On Track

Outcomes	Update towards Outcomes	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	bigger among the over 55s. However, people who have had a direct experience of the service were more likely to say their confidence increased. We are using the work to help NHSE better understand how to communicate the current performance levels to be honest about the pressures but also help rebuild public confidence that the A&E will be there for them this winter.			

Objective 2: To build a sustainable and high-performing network of local Healthwatch services

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our work with local Healthwatch will ensure they understand, value and access the support provided by Healthwatch England to be effective and have impact.	We continue to deliver support to local Healthwatch through key programmes: - Impact - to enable local Healthwatch to plan for and evaluate the impact they make. We have invited local Healthwatch to apply for a national award recognising their impact - Quality Framework – we have strengthened equality, diversity and involvement across the six	- 50 Healthwatch have received support since April 21. We have seen a marked increase of Healthwatch	Head of Network Development	On Track

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	domains of the Quality Framework which enables a local Healthwatch to understand their effectiveness - We have delivered a blended learning and development programme for local Healthwatch staff, volunteers and Board members - Our Volunteer programme provides Healthwatch managers with resources and support. We broker projects between national organisations and local Healthwatch - We launched an Inclusion Ambassadors project to support recruitment of Healthwatch volunteers with lived experience - We supported all local authorities with ensuring their Healthwatch contract was legally compliant	describing the difference they make in their annual reports. - 31 Healthwatch have completed the Quality Framework and have an action plan for improvement - Ipsos Mori are working with Healthwatch in Cornwall, Kent, Middlesbrough and Wakefield on a project on health inequalities - In July 115 learners took one of our e learning courses with an average rating of 8.5/10. 76% of learners told us they will apply learning in their work with the same percentage saying their confidence had increased - 70% of Healthwatch rated our support either good or very good in our annual survey		
With our support local Healthwatch understand and adopt our updated brand purpose, values and guidelines, including increasing focus on equality, diversity and inclusion. (Expectations to be set through the Trademark license)	We have continued to roll out our resources to the network to help them adopt our updated visual brand and tone of voice. This has included new templates, as well as	We have seen the use of our brand resources by local Healthwatch increase by 88% year-on-year (Apr-Aug 2022-23 5,740 brand resources created or downloaded compared to	Head of Communications	On Track

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	eLearning courses to help improve writing and design skills. We are planning to roll out the updated Trademark licence in Q4 2022-23. This has been delayed to take account of the number of asks we are making on local Healthwatch during this busy period.	Apr-Aug 2021-22 4,499 brand resources created or downloaded).		
We have helped local Healthwatch Boards, staff and volunteers to be more diverse and inclusive. (Driven through the EDI Roadmap).	We have commissioned *Get on Board* to deliver 5 Master classes and support 10 Healthwatch with Board diversity. We have put in place a programme of support for local Healthwatch boards – one third of Healthwatch (50) have participated.	We will produce an evaluation report in September/October As a result of the support, participants reported a 22% increase in their confidence and 87% would apply learning	Head of Network Development	On Track
DHSC and DLUHC (Department for Levelling Up, Housing and Communities) understand and value Healthwatch and this is reflected in investment and guidance to local Healthwatch Commissioners and ICSs.	Throughout Q2 we have been progressing positive conversations with DHSC officials on a proposal for Ministers on "making user voice more than the sum of its parts". We expect to hear the outcome from these discussions at the end of Q2. Alongside this we have secured agreement with our DHSC sponsor team to explore a number of hard and soft levers for improving the	These two activity streams are positive because they demonstrate that the DHSC continues to acknowledge our strategic value to the system and is looking to build on this. They also have acknowledged the pressures on us and our network in terms of our sustainability and are actively working with us to address these.	Head of Policy, Public Affairs and Research & Insight	Minor Delay

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	quality of commissioning of local Healthwatch.	However, these discussions are taking longer than hoped because of the change in to government business over the summer.		
Healthwatch are included and properly resourced to be formally part of emerging regional structure of Integrated Care Systems and are confident in holding services to account in the new landscape.	- We have a programme of work to support Healthwatch collaborate and work effectively with their ICS. We produced guidance to support Healthwatch seek resourcing from their ICS and briefings on how they could inform ICS strategies, including on issues like elective care and maternity services.	ICSs are not mandated to fund Healthwatch. Our support to local Healthwatch has contributed to 50% of ICSs funding local Healthwatch activity We are aware of multiple areas where Healthwatch are preparing cases for support or have submitted them and are awaiting a response from the ICS.	Head of Network Development	On Track
Local Healthwatch have increasing focus on equality, diversity and inclusion in their work; with greater confidence working with specific local communities and can demonstrate the application of their public equality duty.	In addition to the support on Board diversity and Inclusion ambassadors referred above, we commissioned the Diversity trust to deliver a session on Inclusive Leadership with 9 out of 10 participants saying they are likely to apply learning in their work. We supported small groups of 5-7 Healthwatch to look at the	Examples of commitments to change include 'We have modified our demographics	Head of Network Development	On Track

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	challenges and solutions within their Healthwatch with the commitment to make positive changes.	section when we collect feedback and considered why, how and when we collect it and added an explanation with the questions, to explain the data collection to the public'. 'We are looking at completely new recruitment avenues'.		

Objective 3: Seeking the views of people whose voice and views are seldom heard and reduce the multiple barriers that some people face in being heard, we will then use their views to bring about improvements

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
Our campaigns and communications are more accessible to as wide a range of population groups as possible because of new approaches, partnerships, systems and support	We have continued to raise the profile of Healthwatch and our key policy priorities by evolving our use of the media and other channels. For example, when it comes to media relations, we have focussed more on reacting to external events and when it comes to proactive media, we have focussed more on case study led communications.	Our investment in national media relations to help increase awareness of our service, engagement with our policy recommendations, and to influence change continues to pay dividends. Our media coverage in the first five months of 2022-23 is currently 11% higher than the coverage during the same period in 2021-22.	Head of Communications	On Track

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	We are now looking ways we can build partnerships with other organisations when it comes to communicating the role of Healthwatch and encouraging people to signpost to our service. We have also introduced new ways to make our channels accessible. For example, we now use SignLive, so people can provide feedback to us using a British Sign Language translator.			
We will continue to ensure every piece of policy and research work we undertake has an equalities focus to it. (See objective 4 for detail on topics).	At the end of Q1 we submitted evidence from 250,000 people in to NHSE to support early thinking on the NHS LTP update. This included deep dives on cancer, mental health and maternity. In each of these briefings we highlighted various health inequalities, from the underlying reasons for lower cancer diagnosis among certain ethnic groups, to the lack of accessible communication in maternity services. In Q2 we began three new pieces of research. The project brief for each of these has included a specific equalities focus - referrals (income/ethnicity/gender/disabilities), UEC (age) and maternal mental health (ethnicity/sexuality).	The insight we developed for NHSE was a commissioned piece of work. It demonstrates NHSE's trust in us to provide deep insights and to turn them around quickly, with specific strengths in engaging with communities who often go unheard.	Head of Policy, Public Affairs and Research & Insight	On Track

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
We will have used the insights gathered through our 2021/22 flagship campaign on Accessible Information to drive through tangible changes in the review and implementation of the Accessible Information Standard.	In July, we published our latest findings looking at whether services are delivering the Accessible Information Standard (AIS) and if the standard needs to be improved. We found that one in four respondents (28%) – including deaf, blind and people with learning disabilities – said they had been refused help when requesting support to understand information about their healthcare. We used the opportunity to repeat our recommendations on how the NHS can improve the AIS.	We have been advised by policy makers that they have accepted our key recommendations. We are now waiting until we hear more about when the Accessible Information Standard review will be published and when and how any changes will be implemented.	Head of Communications	On Track
The Digital Transformation Programme will deliver an increased volume and breadth of demographic data including relevant protected characteristics for us to better report on disparities in experience of health and care	At the beginning of the year we set a target for 60% of data coming through the CRM/CDS to contain demographic data on ethnicity. This is from a baseline at the end of last FY of 15%. At the end of Q1 we reported that 41% of records are now containing some data about ethnicity. We will run the analysis again at the end of Q2 but at the moment we feel we are on target.		Head of Policy, Public Affairs and Research & Insight	On Track

Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
	This progress is underpinned by an active programme of support to help LHW understand the benefits of collecting and reporting on demographics in our work. In Q3 the new upload function will also be supported by a member of the team to ensure LHW are able to upload rich quality data.			
Supported by the work under Objective 5 we will have built stronger links between decision makers and people with lived experience. This will see Healthwatch become more of a facilitator for engagement with seldom heard groups rather than speaking on behalf of them.	As part of the work we have done on the NHS LTP update we created a workshop for those leading the process so that NHSE could hear directly from people with lived experience. This workshop allowed us to play back our findings, supported by the reflections of our lived experience advisory group. We continue to support the Core20 Plus Community Connectors work to be co-designed with people with lived experience of facing inequality. HWE commissioned a consultation on the development of a national lived experience network to directly communicate with decision makers. It is anticipated that the report will lead to a commissioned network based on the recommendations from HWE.		Head of Policy, Public Affairs and Research & Insight	On Track

Objective 4: Acting on what we hear to bring about improvements in health and care policy and practice				
Business Plan Deliverables	Update (February) *Key information or exceptions (e.g. reason for a delay)*	Benefits/Impacts Achieved *What difference did it make?*	Lead	Rag Status
By leveraging the impact of existing work, we will secure significant policy changes on at least two existing Healthwatch England influencing topics / system priorities. (See policy and research list for topics).	**Mental Health** In July we published our evidence review of mental health, looking back over 6,000 experiences shared with us during the pandemic. This briefing highlighted how the pandemic has exacerbated issues in MH so much, that the extra money and services developed in recent years is seemingly making little impact in overall experiences of the care available. This briefing has helped feed into early thinking on the LTP update. **Elective Backlogs** Our work on the elective backlogs, highlighting inequalities has secured two key changes. Firstly our push on the need for people from less well-off backgrounds to get transport support has seen 6000 people benefit so far. Secondly our call for trusts to do more to segment waiting lists and consider socio-economic factors as well as clinical needs and chronology has helped to encourage 70 trusts to sign up to new programme to do just this. In August our work looking at the numbers of people going private for elective care highlighted the growing risk of a two-tier health system. Our research that despite the increase,	The changes secured in Q2 build on positive changes from Q1, notably the outcomes from the Fuller Stocktake.	Head of Policy, Public Affairs and Research & Insight	On Track

	private treatment remains simply not an option for 2/3rds of people on waiting lists and received widespread media coverage. **Dentistry** During this quarter we saw significant movement on NHS dentistry. A new contract was issued for the first time in 16 years. This addressed key concerns re information on how to find a dentist, and access issues for those with more complex issues. There was also a commitment from DHSC/NHSE to wider reform. This was then backed up by the new PM, who in her leadership campaign committed to fixing dentistry as a top priority. **Long Covid** On Long COVID, our briefing and work with NHSE earlier in the year emerged as part of a new plan for tackling the condition. The plan addressed key concerns raised through our work including more training for GPs and a £90 million investment in specialist services.			
Local Healthwatch will be supported to close the loop on key national policy wins to ensure they lead to local impact	Due to the delays to the AIS campaign we have not yet been able to trial this approach. However, we have been continuing lower level activity to support this objective. For example: - On dentistry we have developed an ongoing		Head of Policy, Public Affairs and Research & Insight	Minor delay

	feedback loop with the network which is telling us whether national policy changes, like the £50 million investment announced in January, are actually resulting in improvements. - On maternity and mental health we have deliberately designed our work to follow-up on previous policy wins around mother and baby units, and the 6-week mental health checks for new mums.			
We will have developed in-depth insight on one new area drawn from the policy and research long list (generated using insights from the network on current priority issues for service users and the public). Project to be selected based on opportunities for addressing health inequalities, chances of successfully influencing and potential for external funding.	The committee agreed at the last meeting in May to prioritise Social Care as the next key campaign topic. Since this meeting we have carried further engagement with committee members and have been engaging with LHW, DHSC and a variety of social care stakeholders to shape the plans and a full paper has been submitted to committee outlining our approach. This work will build on evidence we have consolidated on social care using polling and in-depth case-studies to start to explore the issue of unmet need.	Due to other commitments (notably new pieces of work on winter and the cost of living) the timeline for this project is now likely to be longer than previously anticipated. Feedback from stakeholders suggests this is helpful as it aligns better with the Government's plans for reform.	Head of Policy, Public Affairs and Research & Insight Head of Communications	Minor Delay

We will build on the success of our agile approach to collecting and communicating our evidence by conducting more real-time reporting, building better ways to reach decision-makers and doing more to highlight our impact.	We have reviewed our approach to communicating with professionals and started implementing several changes we will make over this year. Steps that have taken place include: • Developing a publication plan for 2022-23 covering our new and existing evidence • Updating our key stakeholders list and segmenting professionals who already subscribe to our channels. • Publishing more topical insight articles aimed at professionals. We will shortly introduce a new monthly insight update and then work to expand its readership.	We have learnt that the balance of the issues we are sharing, and the way content is framed has an impact. For example, in the first five months of this year our two most popular news items related to our findings on NHS dentistry, while the third most popular provided advice for professionals on how to show empathy to patients.	Head of Policy, Public Affairs and Research & Insight Head of Communications	On Track
We will have reviewed our model of analysis to ensure we are making best use of new streams of data, where possible cutting our insights by ICS and making even greater use of external data sources to triangulate our findings.	The research team have been progressing this work under our streams of activity. Exploring new ways of capturing data - Panels – linked to the referrals project - Tracker survey – linked to the cost of living crisis - Polls / telephone interviews – exploring how they can be used to test the representativeness of our qual work		Head of Policy, Public Affairs and Research & Insight	On Track

	- Social listening – linked to the maternal mental health project - How we can use the brand awareness project to bring new audiences in to the HWE webform Exploring data held by external organisations - The team have built a database of external sources than can be used as a starting point for new work. - Meetings held with CQC, NHSD to see how we get access to their data. Further meetings held with Nuffield Trust to understand the resource and capacity we would need to make sense of external data sources. ICS level analysis and reporting - We can now cut our data by ICS - However, we are still working through teething problems in the areas where HW sit in more than one ICS. Improving our engagement with CYP - Series of interviews have been held with LHW who run Youth Healthwatch to			

	explore the skills and capabilities needed. - Next step is to assess how viable it is for other HW to run similar programmes. The research team is due to report back on all the activity at end of Q3.			
Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
Objective 5: Be leaders in the development and use of engagement methodologies and to share these with the broader health and social care sector				
We will have developed a plan to work with the network (local Healthwatch) and support the development of their engagement skills. This will include: • An audit of good practice to create a library of engagement methodologies and share expertise across the network • The creation of a common set of standards for local Healthwatch on 'Active Participation' • Establishment of a network of Inclusion Ambassadors that will be actively supporting more inclusive approaches to local Healthwatch engagement. Scoping of a national panel of people with lived experience of health	This work has been affected by prioritisation of our work to support Healthwatch and ICSs. Healthwatch has partnered with Power With and Expert Citizens to assess and implement participatory approaches across Healthwatch nationally and locally. We have carried out consultation with Healthwatch in the development of a toolkit on Healthwatch approaches to engagement which is currently in the final stages prior to publication. We have delivered workshops for local Healthwatch on participatory approaches to engagement.		Head of Network Development	On track

inequality to help shape our work.	We are commissioned by NHSE to support the CORE 20 Plus 5 connectors project which is taking a focused approach to taking health inequalities and includes mapping organisations supporting involvement of people with lived experience. We published guidance developed by local Healthwatch on their approaches to engagement (working with community researchers to achieve change (Healthwatch Oxfordshire); working with partners to tackle health inequalities (Healthwatch Islington).			
We will have significantly increased the profile of Healthwatch as leaders in engagement and strengthened our connection with other engagement professionals across and beyond our sector.	In progress as noted above		Head of Network Development	

Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
Objective 6 – A Strong and well governed organisation that uses its resources for greatest impact				
Our governance will be reviewed to ensure our procedures are compliant	The Committee Standing Order and AFRSC TOR will be reviewed in Q4 to allow the new HWE Chair to have an input. We have now compiled a list of the committee members' skills and experience to assist in an advisory capacity in various HWE programmes of work.		Head of Operation, Finance and Development	On Track
We will have staff with the capabilities and skills to support Healthwatch England's strategic aims, bolstered by learning and development programmes	We are currently drafting an organisational development plan with a focus on staff professional development. This will ensure that training and development opportunities are consistent with what is required to achieve our vision and strategic goals.		Head of Operation, Finance and Development	On Track
Our annual budget allocation, contracts and grant funding will be maximised to deliver efficiencies in our work programmes and demonstrate value for money.	We have now reviewed and implemented changes to our finance processes to ensure that they are compliant with CQC approaches and cabinet accounting rules and provide the sub-committee with robust levels of assurance following the issues encountered in the past financial		Head of Operation, Finance and Development Head of Network Development	On Track

Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
	year. All contracts will be reviewed at their end of term for efficiencies and savings.			
We will capture our impacts in our performance reporting that will showcase the difference we have made on Health and Social Care issues.	Our impact and the difference we have made in the Health and Social Care issues are now being shared quarterly with committee in our National Director's report. Our support to the network on showcasing their impact has shown that 72% of local Healthwatch has included at least one outcome achieved by that Healthwatch. This is an increase of 50% on last year.		Head of Operation, Finance and Development	On Track
We will undertake Equality Impact Assessments (EIA) in our projects and programmes to ensure that our activities align to our Equalities strategy	14 out of 15 projects that fit the EIA requirement criteria have had an EIA Assessment completed. The last project is currently in the process of having an EIA Assessment completed, due to a later project start date		Head of Operation, Finance and Development	On Track
We will have a more robust process in place for Data Protection Impact Assessment (DPIA) in order to support research and insight	We have now produced a DPIA Assessment in line with CQC, which has been rolled out. We currently have 2 projects with a completed		Head of Operation, Finance and Development	On Track

APPENDIX 1 (Agenda item 2.0 (a))

Business Plan Deliverables	Update (February) Key information or exceptions (e.g. reason for a delay)	Benefits/Impacts Achieved What difference did it make?	Lead	Rag Status
	DPIA Assessments and 3 in progress due to minor delays.			

AGENDA ITEM: Update on HWE Plans to fulfil our commitments of Equalities Diversity and Inclusion
PRESENTING: Chris McCann
PREVIOUS DECISION: Approval of the 22/23 Healthwatch England Equalities Diversity and Inclusion action plan
EXECUTIVE SUMMARY: This paper sets out an update on our progress in delivering our commitments to Equalities Diversity, and Inclusion.
RECOMMENDATIONS: Committee Members are asked to note this report.

Background

In June 2022, we published our annual action plan on how we would deliver on our commitment to Equalities, Diversity and Inclusion in 2022-23.

This plan aims to support the delivery of our strategic objective to '*seek the views of those who are seldom heard and reduce the barriers they face.'*

This paper highlights our work in this area since our last update at the June committee meeting.

Policy and Research

We continue to apply an equalities lense to all our policy and research work. In June, we submitted an evidence review of over 250,000 people's experiences of health and care services in the early development of the NHS Long Term Plan update. As part of this, NHSE asked us to look at the experiences of communities relating to health inequalities and how this impacts areas such as cancer, maternity care and mental health support for adults and young people. We also provided insights into how rapid changes in digital service use are changing who is being excluded from services and why.

We have continued to use our existing policy influencing work to push on two key health inequality issues in the media:

- Firstly, drawing on our evidence around NHS dentistry and the elective backlog, we have raised concerns about the development of a two-tier NHS with people who can afford to pay privately receiving treatment much faster. In NHS dentistry, we are seeing people be able to book routine private consultations within a week, yet NHS patients are facing waiting lists of up to three years in some areas. When it comes to elective care, our research has shown that whilst 8% of patients have already paid for private treatment, and another 14% said they were considering it, two-thirds (65% of people on waiting lists) said going private simply wasn't an option for them financially.
- Secondly, in August, NHSE announced that it had met the target to get to all people who had been waiting two years or more for elective care. Following our recommendation, we understand that nearly 6,000 patients could be seen faster, further from home because they were offered transport and logistical support to access care. We have repeatedly used our voice in the media to call for this support to be extended to those still on waiting lists for elective care.

New Research

We have put research work into the field on two new topics exploring health inequalities.

- Much of the attention on NHS waiting times has focused on the elective care backlog. Yet, from a patient perspective, the timeframes measured under the Referral to Treatment standard are only part of the pathway. There is no system-level data on understanding how long it takes people to get referred onto the pathway in the first place. We have therefore launched a new project using a combination of a network-wide survey and a national panel exercise to look at people's experiences of getting a referral from their GP. We aim to learn about the experiences of those who have got a referral, and those who have tried but been unsuccessful. As part of this initial work, we will try to identify any patterns in the referral process that may create or exacerbate health inequalities. We will deliver this over the rest of Q2 and Q3.

- The Healthwatch network has a long history of working on maternal mental health. In 2015 our work helped to secure significant additional investment to create specialist mother and baby units in every part of the country. And in 2019, we produced research which helped introduce new six-week mental health checks for new mums. In Q3 and Q4, we will be carrying out research to help understand how these new services are working for new parents to ensure they have the impact that people told us they wanted.

Cost of living

In response to the cost of living crisis, we are scoping a possible new piece of work to track the direct impact on people's health. The aim is to generate national-level insights and provide support for the network to monitor issues locally so that we can quickly contribute valuable insights to key stakeholders. We will keep the committee updated on the progress of this vital piece of work.

Support to Local Healthwatch

A key element of our efforts around EDI has been to strengthen capacity and capability across the local Healthwatch network**.**

- **Local authority commissioning of Healthwatch.**
  We provide a checklist to support local authorities' draft contract specifications. This checklist includes requirements to gather and report on the demographic characteristics of the local Healthwatch. This includes their board, staff and volunteers and the people who local Healthwatch engage during their activities. The checklist also requires local Healthwatch to carry out equality impact assessments when planning significant activity and for governance oversight of any mitigating actions. Where local authorities share their draft contracts with us, we use the checklist to review the draft contracts and advise the local authorities accordingly.

- **Healthwatch culture, skills and policies to put EDI at the heart of their work.**
    - Quality Framework: We have strengthened EDI across our Quality Framework tool, which local Healthwatch use to assess their effectiveness. This latest version is currently being tested with local Healthwatch. We aim to analyse the national picture in early 2023.

    - **Dedicated training to Boards and local Healthwatch leaders**:
        - Local Healthwatch told us that recruiting a diverse Board can be challenging. We have commissioned Getting on Board, to support ten more local Healthwatch to develop their Boards. In our next update, we will report on the first group who have received support and the impact this had.
        - We commissioned the Diversity Trust, which ran a session on Inclusive Leadership, with nine out of ten participants saying they are likely to apply learning in their work.
        - One of the recommendations of the EDI Lead was for support for local Healthwatch on internal organisational development and strategic change. We supported small groups of Lead Officers and Board members to look at the challenges and solutions within their local Healthwatch and to make positive changes. Examples include 'We have modified our demographics section when we collect feedback and considered why, how and when we collect it and added an explanation with the questions, to explain the data collection to the public'. 'We are looking at completely new recruitment avenues'.
        - Five local Healthwatch have recruited Inclusion Ambassadors. These are people with lived- experience who will collectively help a small number of local Healthwatch to increase the diversity of their Healthwatch volunteers and use volunteers in decision-making bodies. Each Ambassador will seek to work with three Healthwatch over 2022-23.

    - Annual survey of Boards, staff and volunteers to understand diversity: We included a request for Healthwatch for this information as part of our annual survey of Healthwatch, the deadline of which is the end of August. We will report the results in the next report to Committee.
    - Promote best practice in decision-making: We featured the work of Healthwatch Islington on how they are working with community partners to create a stronger voice for residents and their ability to participate in discussions about tackling inequalities.
    - Participatory Approaches: We have mapped the extent to which local Healthwatch involves people with experience of an issue in decisions about engagement methodologies and recommendations. We have also developed a draft toolkit and run two workshops for the network. We will give further support via clinics and additional training.

- **Systems to better capture and analyse people's views:** We have revised our data classification to support consistent data collection and analysis by local Healthwatch, including demographic data. Our support has included new guidance, training and template surveys. As a result, we have seen an increase in demographic data collection by local Healthwatch. New systems will be in place from November to improve data sharing between local Healthwatch and us. This will give us a better picture of the demographic data collection so we can target support.

- **Annual Award:** The focus for the National Awards is making a difference, with one of the criteria being the steps a local Healthwatch has taken to understand seldom heard groups. We will announce the winners during Healthwatch Week, in November 2022.

- **Supporting engagement with partners:** We are working with Core 20 plus Connectors Project, which is led by NHS England. The project is

mapping different approaches to engaging people with lived experience in health and care. The outcomes of this work will be used by the NHSE Inequalities Team to inform future decisions.

Communications

We have continued our work to ensure our communications are accessible and inclusive and support more people from seldom heard communities to have their say. Key activities we have undertaken include:

- **Improving the accessibility of Healthwatch websites:** We have developed a new Drupal nine website template for use by local Healthwatch, and we have also upgraded our national website. The local Healthwatch template and our national site were designed to be more accessible and tested to ensure they meet AA international accessibility standards. Because of this work, the accessibility score of our website has increased from being Good (scoring 66 out of 100) to great (scoring 81 out of 100).
- **Rolling out new resources to the network:** We have continued to roll out changes to make our brand and communications more accessible. We have delivered a host of new templates to local Healthwatch staff, and as a result, the use of our brand centre has increased 20% year on year (4,752 user sessions from April – August 2022-23, versus 3,948 April - August 2021-22). We have also developed a new eLearning course for local Healthwatch staff on accessible writing and delivered in-house training to every Healthwatch England team.
- **Accessible Information Standard campaign:** Our 'Your Care Your Way' campaign to encourage the NHS and social care system to provide more accessible healthcare information has continued. At the end of July 2022, we published our latest findings which looked at the experiences of people with communications needs when it comes to getting communications support. Our research indicates that a significant minority of people (28%) said they had been refused support to understand healthcare information, despite having a legal right to this support. Our findings, which the Press Association covered, and

recommendations have been fed into the NHS England review of the Accessible Information Standard. We are now waiting to see if NHS England will adopt our proposals.

- **Reaching out to different sections of the community:** Because We All Care, our joint campaign with CQC, to encourage people to share their experiences, restarted in August. The first phase will focus on people with long-term conditions. It will be followed later in the year by communication spikes targeting older care users and patients with learning disabilities and autism. We have provided a toolkit for local Healthwatch so they can support the campaign in their local communities.

How we work

We continue to strive to ensure that Healthwatch England has a focus on equality, diversity and inclusion and demonstrates exemplary practices around equity in our own organisation.

- **EDI Programme for All Staff:** We have commissioned The Diversity Trust to deliver and EDI programme of learning for all staff on equality, diversity and inclusion in the workplace. The key elements of the training will address:
    - Unconscious Bias
    - Recognising and avoiding microaggressions
    - Delivering an inclusive and equitable workplace
    - How leaders can promote equality, diversity and inclusion
      The programme will run over two financial years, with the first session starting in October.

- **Staff Survey**: We will be conducting a staff survey in October, where we will be seeking staff feedback on our internal approach to EDI and our approach to challenging inequality in our external work.
- **EDI Assessments:** All programmes of work that required an EDI Assessment have now had one completed except for one project, which starts later in the year and is still being scoped.

- **Committee Skills Audit:** A skills audit was recently carried out on our committee members to identify their areas of expertise. The audit will assist us in targeting the right members when arranging visits or seeking their expertise help with programmes of work. It will also help us in ensuring diversity in future committee recruitment.

AGENDA ITEM:2.2

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 6 months

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

Healthwatch England Public Committee Meeting Forward Agenda 2022/23

Nov 2022	• LHW Presentation • Annual Report review Update • Delivery and Performance Update • Diversity and Equalities Update • AFRSC Update • Questions from the Public • AOB
Feb 2023	• Delivery and Performance Update • Annual Plan & KPIs 2022/23 • Draft Budget 2023/24 • Diversity and Equalities Update • Digital Transformation Update • AFRSC Minutes • Questions from the Public • AOB