

## Healthwatch England Committee Meeting Held in PUBLIC

Online on MS Teams and in person in  
Wandle Room, 2<sup>nd</sup> Floor 2 Redman Place, Stratford

### Minutes and Actions from the Meeting No. 40 – 27 September 2022

#### Attendees

- Sir Robert Francis – Chair (SRF)
- 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)
- Pav Akhtar – Committee Member (PA)
- Lee Adams – Committee Member (LA)

#### In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Sandra Abraham – Head of Operations (SA)
- Ben Knox – Head of Communications (BK)
- Alvin Kinch – Volunteering & Regional Network (London) Manager (AK)
- Paul Callaghan – Senior Policy Analyst (PC)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

#### Apologies

- Phil Huggon – Vice Chair and Committee Member (PH)

| Item | Introduction  | Action |
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|      | The Chair opened the meeting. He thanked everyone for attending   |        |
| 1.1  | <p><b>Agenda Item 1.1 – Welcome and Apologies</b></p> <p>The Chair welcomed Committee members and other attendees. And a warm welcome was extended to Liz Mackie (LM) – Volunteer &amp; Community Liaison Manager - Youth Healthwatch East Sussex (YHWES), Jessica Gee (JG) – Community Engagement Officer YHWES and Amy Broadbent (AB) – Co Chair YHWES</p> <p>Apologies were accepted for Phil Huggon</p>   |        |
| 1.2  | <p><b>Agenda Item 1.2 – Declaration of Interests</b></p> <p>LA mentioned that she has now been appointed Chair of Healthwatch North Yorkshire</p>   |        |
| 1.3  | <p><b>Agenda Item 1.3 - Presentation by Youth Healthwatch East Sussex (YHWES)</b></p> <p>AK gave an overview of Young Healthwatch across the network and explained that there are about 30 LHW youth groups who engage with young people of various age groups from 11-25, on a peer-to-peer basis and are supported by their LHW staff. The LHWs involve young people as volunteers who go out into the community to provide support and gather insight on things that matter to them and other young people and there are some good outcomes from the work that they do. The Youth Groups go by a variety of names such as Young Healthwatch, Youth Watch, Youth Out Loud, HW</p> |        |

Southwark Youth/Young People's Panel. Leeds was the first LHW to have a Youth Healthwatch and have done well over the years. AK recommended reading [Young Healthwatch Central Bedfordshire Annual Report 2021-22](#) . Young people volunteer because it provides fun and enjoyment for them, it helps with their CV and University applications, and they feel that they make a difference.

AK introduced Liz, Jessica and Amy from YHWES who gave an overview of the work carried out by young people in the East Sussex communities.

AB mentioned that she is an expert by experience for Children and Adolescent Mental Health Services (CAMHS) and a mental health consultant for NHS Sussex.

AB explained that YHWES is led by young people for young people and is co-designed and developed with young people and is driven by the interests and experiences of young people. It was primarily developed through the VRAC (It takes a village to raise a child) project, a project undertaken in partnership with several European organisations. The project created support for vulnerable young people who were at risk and provided them with educational training including mentoring, activities and peer-to-peer involvement to improve their mental health and wellbeing. This led to the development of the **Youth Inspect & Advise Group (IAG)**.

The IAG is a group of young volunteers who meet regularly to carry out campaigns on issues with the focus being on emotional wellbeing. They work with partners to develop youth led approaches to mental health support. Their work is carried out with school partnerships and the Youth Wellbeing Hub and covers year 6 to 7 transition, the mental health curriculum, mental health awareness, using social media and anti-bullying.

The YHWES represents the voice of young people in East Sussex on health and care issues that face children & young people nationwide. They create programmes for young people to act as community ambassadors to engage local young people and support projects and campaigns dedicated to children and young people's health and wellbeing. Their approach is through virtual meetings outside of school/college hours and at weekends and about issues relevant to young people. There is no pressure put on young people on attendance or for the use of cameras and the National Youth Agency curriculum is utilised. AB highlighted that a lot of vulnerable young people have had traumatic experiences with healthcare and that YHWES provide a secure and supported environment for them to share their experiences. Attention is also paid to the way young people want to be identified and the use of correct pronouns and preferred names are encouraged. The support given to young people have allowed them to grow in confidence.

Projects and campaigns they have worked on, and partnerships include Covid 19 vaccinations focus groups for young people; mystery shopping for CAMHS website and accessibility of GP services for young people for Sussex partnership; physical health services and young patients; partnering on projects with Hastings Youth Council, Children in Council Care, Youth Cabinet and Foundations for our Future to name but a few. Future work includes working in partnership on the Children and Young People in Care Annual Health Assessment Review, which includes peer led focus groups nationally and 1-1 interviews. YHWES feel valued because people are approaching them to work with them.

LM confirmed that a presentation of the work that YHWES do made an impact to their ICS in July and as a result, funding has been received for four projects around East Sussex.

### **Challenges**

- High volunteer turnover
- Staff and volunteers time, capacity and interest. Two workers for each meeting.
- Level of support able to be given to some young people
- Young people's busy lifestyle
- Reward and recognition
- Mentoring and encouraging young people to take the lead
- Reaching young people who are not already involved and making them aware of the resources available to them

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|     | <p>AB shared that her experience as a young carer from a background of domestic abuse and having people around that are supportive and mentoring and by talking to peers and having a sense of solidarity has led her to do the work that she does with YHWES, plus the reward and recognition which has resulted in her gaining a place at Medical School at UCL next year.</p> <p>AB mentioned that she would like to see the young Healthwatch model being replicated on a national scale and having an online presence such as a website specifically for young people. Work done with and by young people must be meaningful to them and they must feel valued.</p> <p>PA suggested a session on young people earlier in the day at the HW conference will garner more interest and participation from them.</p> <p><b>The committee noted the presentation and The Chair thanked Liz, Jessica and Amy for the marvellous work that they are doing and wished Amy well on her new position.</b></p>   |  |
| 1.4 | <p><b>Agenda Item 1.4 – Minutes and actions from 8<sup>th</sup> June 2022 Committee Meeting</b></p> <p>The minutes from the meeting held 8<sup>th</sup> June 2022 were accepted without amendment.</p> <p>There were no outstanding actions from the meeting held 8<sup>th</sup> June 2022 and all were marked as completed, except actions not due until Q3.</p> <p><b>Matter Arising</b></p> <p>There were no matters arising.</p>   |  |
| 1.5 | <p><b>Agenda Item 1.5 – Chair's Report</b></p> <p>The Chair mentioned that this would be the last committee meeting that he would be chairing and that the recruitment campaign for his successor will take some time due to the recruitment process. Shortlisting and interviews are due to take place in November and the appointment process is conducted through CQC and the DHSC and requires approval by No.10. In the interim and until the appointment is filled, an existing member of the CQC Board will act as Chair to the committee.</p> <p>The Chair reflected that when he first joined HWE he was met with a highly enthusiastic team but had wondered if enough people knew what Healthwatch did and acted on our insight. However, since then we have come a long way and he is confident that ministers, politicians etc., are much better informed about HW activities and investigations and explicitly use our insight from service users as a valuable resource. Also, the public increasingly understand how to register their views with their LHW and value both local and national HW as a valuable source of information and the role that we play.</p> <p>The chair also spoke about the closer relationship and collaboration between LHW and HWE. HWE support through the Quality Framework has brought about a mutual understanding between HWE, LHW and commissioners about what Healthwatch is all about and its requirements.</p> <p>Referring to achievements, although there were too many to mention, he highlighted work on dentistry; patient transport; accessible information standards and vaccine hesitancy.</p> <p>The Chair thanked the committee and HWE colleagues for the commitment they have made to making a difference.</p> <p><b>The Committee noted the report and thanked the Chair for bringing knowledge to the committee and extending his friendship to all. They praised him for bringing gravitas and credibility in the political landscape and to the HW network and were unanimous that</b></p> |  |

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|     | <p><b>under his leadership, he really did make a difference and that the committee is in a stronger position because of his contribution.</b></p>  |  |
| 1.6 | <p><b>Agenda item 1.6 – National Director’s Report</b></p> <p>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 June 2022 and asked the committee to note the report.</p> <p>She thanked HW East Sussex and congratulated them on their achievements.</p> <p>LAN highlighted the following areas from her report:</p> <ul style="list-style-type: none"> <li>• The new government’s commitment to extending access to GPs and dentistry – part of their ABCD policies</li> <li>• HWE media reach is at the highest it has ever been and note the contribution of LHW in providing stories and data</li> <li>• Support to the network by HWE National Development Team with the Quality Framework and the Digital Transformation project</li> </ul> <p>LAN informed that with the agreement of the Chair, she is to make some suggestions to the network on winter activities and if priorities should be changed to address what is looking to be an unprecedented winter for health and social care, including how HW can support the ICSs and their winter plans. This will include looking at the need for social care to support the NHS and for LHW to become more involved in economic issues around the cost-of-living and its impact on health, whilst acknowledging the constraint on resources within Healthwatch.</p> <p>LAN acknowledged the respect that SRF has throughout the network and in the health and social care political landscape. On behalf of her staff, she echoed the sentiments of the committee and thanked the Chair for the impact that he has made on the network and in wider circles. She stated that his energy and drive for improvement has been inspiring during the short period that she has worked with him.</p> <p><b>The Committee noted the ND report and the Chair thanked LAN for her kind words and HWE for their work.</b></p> |  |
| 1.7 | <p><b>Agenda Item 1.7 – Committee Members Update</b></p> <p>DO expressed her pleasure that HWE is doing work on the cost-of-living crisis and on older people with learning difficulties.</p> <p>JO asked if there is a different element to what is already known that will be brought to the work on the cost-of-living crisis. LAN responded that HW will obtain evidence based on specific questions about the lived experience and the impact the cost-of-living crisis has created in driving people to seek an increase in health and care services.</p> <p>AM highlighted that mental health services are struggling, and that people are getting inappropriate services. LAN concurred that the feedback HW are receiving is about access to mental health services and wrongly met needs. She expressed concern that long waits on waiting lists may have an impact on people’s mental health.</p>   |  |
| 1.8 | <p><b>Agenda Item 1.8 – Social Care Campaign</b></p> <p>PC presented the work that HW are undertaking in partnership to better understand who is or isn’t accessing social care and the barriers and/or choices they face. In addition to:</p> <ul style="list-style-type: none"> <li>• Establishing the drivers behind unmet needs – longer term work</li> <li>• Develop and publish a report with recommendations for improvement</li> </ul>   |  |

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|            | <p>The project will:</p> <ul style="list-style-type: none"> <li>• Work in partnership to take a holistic view of the health and care system</li> <li>• Establish the definition of unmet needs by investigating specific groups, such as children with learning and physical disabilities, people of working age, people at the inception/integration of long-term health &amp; social care and how mental health fits into this and the different stages within the social care journey from the public not knowing what services are available to those who have care packages, but it is inappropriate to them in some form, so doesn't fully meet their needs.</li> <li>• Be the primary project this year with completion of project papers, design, research and recruitment of LHW by Q3 -Q4 2022, followed by a national campaign Q1 – Q4 2023.</li> <li>• Analyse findings and publish an interim report on findings in Q4 2022/23</li> </ul> <p>Committee comments and suggestions:</p> <ul style="list-style-type: none"> <li>• The committee welcomed the report and were pleased that children's services are included</li> <li>• Definition already in legislation around what people are entitled to, are not being met in many cases</li> <li>• Consideration to be given to the needs of unpaid carers</li> <li>• Unmet needs are also about how the system manages the care plan</li> <li>• To be more focused on the consequences as opposed to the definition of unmet needs</li> <li>• Output of work should strengthen the argument of the continued underfunding in the NHS and social care</li> <li>• If people defining the policy are the same people defining the unmet needs, there may be a consequence of not achieving the outcome required.</li> <li>• Would like to see more preventative services</li> </ul> <p><b>The Chair welcomed the report and commended the work done and, along with the committee, thanked PC and noted the report.</b></p> |  |
| <p>2.0</p> | <p><b>Business Items</b></p> <p><b><u>Agenda Item 2.0(a) - Delivery and Performance Report for (Apr-Aug 22)</u></b></p> <p>SA presented a summary of the progress of KPI and Business Plan objectives for the period April – August and asked the committee to note the report. The following areas were highlighted:</p> <p><b>3 KPIs are currently delayed as follows:</b></p> <ul style="list-style-type: none"> <li>• 25% increase in number of times evidence accessed by our audience (Measured via reports library and website access of insight and news content) down 7% due to reports library being down for a period. It was down 24%, but will now be corrected and move from red to amber</li> <li>• 10% of people who engage with us on our channels share an experience with us, is at 5.9%, but target expected to be reached by year end.</li> <li>• 100% of projects that require DPIA completed – 2 of 5 projects completed and 3 are in progress.</li> </ul> <p>SA reported that there were some minor delays to the business plan, but the expectation is to come in on target by the end of the year.</p> <p>The Chair thanked SA for a clear presentation and the committee found the detail and narrative helpful. Some Committee members queried the indicators for obtaining data from the network in future quarters, citing the extension to the deadline and requested the reasons for those LHW not sharing data in due course.</p> <p>GM reported that the systems have been built for HW to use and the next task is to get existing HW who share data, to continue to do so and to get new HW users to also share data. It is hoped that by December HWE will be in a better position to report data sharing progress. LHW seem to like the new system and there is a commitment from them</p>   |  |

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|     | <p>to share data. Although an increase in the number of LHW data sharing is envisioned, it is expected that we will not get 100% onboard by March 2023.</p> <p><b><u>Agenda Item 2.0 (b) – Equalities Diversity and Inclusion (EDI) Quarterly Update</u></b></p> <p>CM updated the committee on the progress made in delivering EDI commitments and asked the committee to note the report. He highlighted areas that are known to have a strong element around EDI such as:</p> <ul style="list-style-type: none"> <li>• Dentistry and elective care backlog</li> <li>• New research on referrals</li> <li>• Work on Accessible information Standards</li> <li>• Work on our own Drupal 9 online platforms is still ongoing and has a high rating.</li> <li>• Engagement of Diversity Trust to undertake HWE internal EDI training</li> </ul> <p>AM mentioned that whilst it is possible that more is being done, he didn't feel that the actions in the report related to organisational development aligned with the evidence base and that the right balance had been met. He listed the following areas:</p> <ul style="list-style-type: none"> <li>• Recruitment and onboarding</li> <li>• Training and Re-training</li> <li>• Staff discussing the values and behaviours</li> <li>• Setting and ownership of behaviours</li> <li>• A workforce with the right attitude who own the behaviours and good trainers are the real drivers</li> </ul> <p>LAN concurred and mentioned that the culture/recruitment/training actions are in the business plan but has not been reported on in this quarter. Leadership team frequently have discussions on what more can be done to strengthen our values and culture. HWE/CQC recruitment process is done blind and only skills and experiences are provided for assessment. She agreed that the report should be more comprehensive about what is being done internally, as well as what we are doing externally.</p> <p><b>The Chair and committee noted the report and thanked CM for the report and the work that goes into it.</b></p> |  |
| 2.1 | <p><b>Agenda Item 2.1 – Audit, Finance and Risk Sub Committee (AFRSC) Report</b></p> <p>DO provided a summary of the AFRSC meeting held in July. She explained that at the end of Q1 there was an underspend of £23,469, with a predicted overspend of just over £50k, which the sub-committee are keen to avoid and will be looking at contingency planning and improvements at the next meeting. DO mentioned that the sub-committee had:</p> <ul style="list-style-type: none"> <li>• Looked at factors that could be contributing to the position, including pay</li> <li>• Asked for a range of financial scenarios to be considered for the next meeting</li> <li>• Asked for the whole committee to be involved in the strategy and budget constraints</li> </ul> <p><b>The committee noted the report, and the Chair thanked the sub-committee for their work in keeping the finances in order.</b></p>   |  |
| 2.2 | <p><b>Agenda Item 2.2 – Forward Plan</b></p> <p>The committee made no comment on the forward plan, which is currently a work in progress pending the new chair.</p> <p><b>The committee noted the forward plan</b></p>  |  |
|     | <p><b>AOB</b></p> <p>There was no other business</p>  |  |

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|  | <b>Questions from the public</b><br><br>There were no questions from the public.   |  |
|  | The Chair thanked everyone for attending<br><br>The chair closed the meeting at 13:50 pm   |  |
|  | The next meeting will be held 22nd November 2022<br>The meeting will be held in Stratford, London<br>Guests can join in person or online via Teams. Details to follow. |  |