

## Healthwatch England 20 September 2023

Meeting #44 Committee Meeting held in Public

11:45 pm – 14:45 pm

Location: Room Thames 34, 2<sup>nd</sup> Floor, 2 Redman Place, Stratford, London E20 1JQ

Time	Public Committee Meeting – Agenda item	Presenter	Action
11:45	1.1 Welcome and apologies Declarations of interests	CHAIR – DCA	
11:50	1.2 Minutes of meeting held in May, and action log	CHAIR - DCA	FOR APPROVAL
11:55	1.3 Presentation – Primary Care Healthwatch Bury	Adam Webb	FOR NOTING
	Presentation – Annual Report.	Jon Turner	FOR NOTING
12:25	1.4 Chair's Report	CHAIR - DCA	VERBAL, FOR NOTING
12:35	1.5 Chief Executive's Report	Louise Ansari	FOR NOTING
12:45	1.6 Committee Members Update	ALL	VERBAL, FOR NOTING
12:50	1.7 Current project/issue: • Primary Care	Will Howard/Will Pett	FOR NOTING
13:15 - 13:45	Lunch Break		
13:45	1.8 Business Items 2023-24 a) Delivery and Performance Report for Q1	Sandra Abraham	FOR NOTING
	b) Business Plan 2023- 2024	Sandra Abraham	FOR APPROVAL
14:10	1.9 Audit, Finance and Risk Sub Committee Update	Andrew McCulloch	FOR NOTING
14:20	2.0 Forward Plan	CHAIR - DCA	FOR NOTING
14:25	Questions from the public	CHAIR - DCA	

<b>Time</b>	<b>Public Committee Meeting – Agenda item</b>	<b>Presenter</b>	<b>Action</b>
14:35	AOB	CHAIR - DCA	
	Date of Next Meeting 28 November 2023 at Stratford		

## Healthwatch England Committee Meeting Held in Public

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

### Minutes and Actions from the Meeting No. 43 – 23 May 2023

#### Attendees

- Belinda Black – Interim Chair (BB)
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Sir John Oldham – Committee Member (JO)
- Danielle Oum – Committee Member (DO)
- Lee Adams – Committee Member (LA)
- Pav Akhtar – Committee Member (PA)
- Phil Huggon – Vice Chair and Committee Member (PH) Online
- Umar Zamman – Committee Member (UZ) Online

#### In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Ben Knox – Head of Communications (BK)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

#### Guests

- Urte Macikene – Policy & External Affairs Manager
- Sarah Tingey – HW Cambridgeshire & Peterborough, Information and Research Manager

#### Apologies

- Sandra Abraham – Head of Operations, Finance and Development

Item	Introduction	Action
1.1	<p><b>Agenda Item 1.1 – Welcome and Apologies</b></p> <p>The Interim Chair welcomed Committee members and other attendees. Apologies from Sandra Abraham were noted.</p>	
1.2	<p><b>Agenda Item 1.2 – Declaration of Interests</b></p> <p>LA declared that she is Chair of Healthwatch North Yorkshire.</p>	
1.3	<p><b>Agenda Item 1.3 - Minutes and actions from 23 February 2023 Committee Meeting</b></p> <p>The minutes from the meeting held 23 February 2023 were accepted without amendment.</p> <p>There were no outstanding actions from the meeting held 23 February and all were marked as complete and addressed within the agenda.</p> <p><b>Matter Arising</b></p> <p>There were no matters arising.</p>	

<p>1.5</p>	<p><b>Agenda Item 1.5 – A Review of Our Winter Support Work</b></p> <p>BK gave a presentation of the work HW did over the winter period with guidance issued by HWE on how they could play their part in helping keep patients safe.</p> <p>BK explained that HW made themselves more visible by promoting our services to professionals and the public with the focus on providing advice to help people stay well and use services more effectively. A huge increase in the number of people viewing our advice and information was seen compared with three months earlier. Some of the work involved monitoring the implementation of ICS winter plan activity and feeding back about the impact of the initiatives and supporting people with social care assessments and hospital discharge to avoid emergency re-admissions.</p> <p>HW ran several campaigns, including one in partnership with CQC to encourage feedback from older people on the impact of the cost of living and social care. BK informed the committee that our insight has fed into national debate and policy and In January, was used in a House of Lords report which called for urgent action to address the issues with emergency care. The NHS welcomed HW support, and our feedback has helped inform national recovery plans, but the impact is yet to be seen. Lessons learnt and best practice will be shared with the network during the summer.</p> <p>The committee felt that the presentation captured the essence of HW tactical and strategic approach and clear messaging, but evidence of impact is mixed and possibly needs greater emphasis on the work GM leads in supporting the network. Consideration should be given to making it an annual fixture and for more funding to give it leverage, possibly through ICBs.</p> <p>PA offered to assist with facilitating a couple of sessions for councillors open to the network about what makes good engagement with them, and the same for local MPs, especially with the general election coming up.</p> <p><b>The committee noted the report thanked BK.</b></p>	
<p>1.4</p>	<p><b>Agenda Item 1.4 – Presentation by Healthwatch Cambridgeshire and Peterborough on Maternal Mental Health</b></p> <p>Sarah Tingey (ST) – Information and Research Manager, HW Cambridgeshire and Peterborough (HW CambsPboro) presented the committee with an overview of the project they had carried out on maternal mental health, with the aim of highlighting key issues to NHS leaders and stakeholders where support was lacking for women and their families. ST conveyed that it was a positive experience and HW CambsPBoro appreciated working with other LHW on a rewarding project in allowing local women's voices to be heard at a national level.</p> <p>ST explained that although the project was small and consisted of five interviews, it was challenging. There had been a lot of local interest and an over-subscription of people wanting to be involved in the project, and a challenge was having to rearrange no shows for interviews. There had been a real desire by participants to share their experiences to drive change. Participants wanted to be kept up to date with the findings and to read the final report, as did Local health professionals and residents.</p> <p>The project highlighted:</p> <ul style="list-style-type: none"> <li>• Patients with pre-existing mental health conditions were less likely to get the support that they needed than those who had recently had a traumatic birth experience.</li> <li>• The 6-8 week check-up concentrated on the health of the baby, rather than the mental health of the mother.</li> </ul> <p>UM mentioned that alongside the LHW work a national survey had been done on 2700 women who had had a baby since April 2020 to establish if the policy of the 6-8 week checks were being carried out since our last study on maternal mental health. It was found that only 1 in 5 mothers were satisfied with the service they had received and 16%</p>	

	<p>reported that they had had no service at all. Respondents confirmed that GPs often did not cover mental health checks in favour of baby welfare checks.</p> <p>There have been positive policy responses to our work in that in their 3-year plan, NHSE committed to publishing guidance for GPs for 6-8 week checks monitoring.</p> <p><b>The committee noted the presentations and thanked ST.</b></p>	
1.6	<p><b>Agenda Item 1.6 – Chair's Report</b></p> <p>The Interim Chair (BB) reported that 5 members would be leaving the committee at the end of this year and recruitment for replacements led to nearly 150 applications. Interviews will take place the coming Thursday.</p> <p>BB informed that JO would stay on until the end of December when his first term ends in July and BB is going to stay on the committee when the new Chair is appointed to ensure stability and continuity. The committee will be reduced to six members including the Chair. The new HWE Chair was due to be announced on the 1 June on the Gov.uk website.</p> <p>The interim Chair reported that over the past two months she had met with Helen Buckingham, Chair of National Voices, Eddie Crouch Chair of the BDC, Sir David Warren, Chair of NMC and others.</p> <p>The Chair reported that she had been looking at the HWE budget and whilst it is at a standstill, in real terms it is a cut which is an ongoing concern.</p> <p><b>The Committee noted the report and thanked the Interim Chair</b></p>	
1.7	<p><b>Agenda Item 1.7 - Adoption of Our Future Focus – Healthwatch England Strategy 2023-26</b></p> <p>LAN mentioned that although there wasn't yet a start date for the new Chair, this was probably the last time that BB would be chairing a HWE committee meeting and formally thanked BB for stepping in as interim Chair and for agreeing to remain on the committee when the new Chair has started.</p> <p>LAN presented "Our Future Focus", the new strategy which was being launched that day and asked the committee for approval. The last strategy agreed was for 2018-23 and was refreshed in 2020. Since the last strategy an analysis of what has been achieved has been undertaken including changes in practice and the network since the pandemic. The new strategy considers the effects from the pandemic, cost-of-living and other factors and experiences not known about at the time of the last strategy and was developed following extensive consultations with committee, internal and external stakeholders. Health equity will feature throughout, and the focus will be on the healthcare and social care systems, in these three areas:</p> <ol style="list-style-type: none"> <li>1. Access to primary Care</li> <li>2. Social Care</li> <li>3. Women's health</li> </ol> <p>LAN also mentioned that we would be looking at financial sustainability and a review of the Healthwatch model in addition to considering the challenges of cultural change from CCGs to ICBs and the financial constraints they are facing.</p> <p>The committee welcomed the comprehensive and inclusive process that had been taken in the production of the new strategy and expressed pride in the final document in terms of context and language used, although they did voice concerns about resources available for delivering the strategy. They recognised the challenges and that LHW would need support to deliver their statutory requirements.</p> <p>LAN thanked the committee for their engagement and support.</p> <p><b>The committee approved the new strategy.</b></p>	

<p><b>1.8</b></p>	<p><b>Agenda item 1.8 – Chief Executive’s Report</b></p> <p>LAN presented the Chief Executive’s report updating the committee on some of the main activities that have been worked on since the last committee meeting in February 2023 and asked the committee to note the report.</p> <p>LAN informed that there had been a change in her title from National Director (ND) to Chief Executive Officer (CEO) to bring it in line with Local Healthwatch (LHW).</p> <p>LAN highlighted 2 sections of her report, <b>1.2</b> Maternal Mental Health and <b>1.4</b> Primary Care. People are still experiencing problems in these areas, and they are embedded into our plan and HWE will be working with LHW to monitor progress.</p> <p>UM advised that the publication of the Accessible Information Standards is now in its final stages and expected to be published late July/August. Healthwatch and their evidence is featured throughout. HWE will be issuing further materials as the standard rolls out to track impact.</p> <p>The committee welcomed the focus on inequalities and suggested that the challenge was in getting policy response on how inequalities is addressed.</p> <p>Whilst accepting that sometimes referrals are lost, JO expressed concerns about what could be conceived as negative information about GPs. The committee also expressed concerns that 50% of GP practices do not have effective digital systems and suggested increased focus to monitor what is done with the data LHW provide to drive forward improvement.</p> <p>LAN summed up that demand for GP services have increased considerably since the pandemic. HW reflect people’s experiences who do not understand the medical pathways and will give support where required.</p> <p><b>The Committee noted the CEO report</b></p>	
<p><b>1.9</b></p>	<p><b>Agenda Item 1.9 – Committee Members Update</b></p> <p>Nothing to report</p>	
<p><b>2.0</b></p>	<p><b>Business Items 2022 - 2023</b></p> <p><b><u>Agenda Item 2.0 (a) - Delivery and Performance Report for Q4 (EoY 2022/23)</u></b></p> <p>CM updated the committee on our performance against our KPIs and Business Plan for Q4 2022/23. The committee were asked to note the report.</p> <p>CM focussed on the projects that did not end the year on track. These included:</p> <ul style="list-style-type: none"> <li>• DHSC and DLUHC investing in Healthwatch and ensuring that HW are included and properly resourced in the emerging ICS network structure. <b>Discussions are ongoing.</b></li> <li>• Delay on the digital transformation work. Phase One delivered but uptake from the network is still ongoing. Targets have been set for 2023/24 at 50% uptake by mid-year and 75% uptake by year end. The network report that the system is more user friendly than the previous CRM.</li> <li>• Other targets not met were based on historic research v more recent, and difficulty in getting engagement from LHW.</li> </ul> <p>The committee sought clarification on the progress reported for the % of LHW reporting they are confident of using the views of local people to shape decisions around integrated Care. The target was 80%, but only 77% achieved, although marked as</p>	

	<p>complete. GM explained that a change in the baseline cohorts led to the target not being met.</p> <p>The committee also suggested that the failure to meet the target for Black, Asian, and Minority Ethnic people giving feedback could be due to the design of the survey and consideration should be given to the use of partnerships to assist with collecting data. CM confirmed that this area is being investigated and monitored.</p> <p><b>The Interim Chair and committee noted the report and thanked staff.</b></p> <p><b><u>Agenda Item 2.0 (b) – Diversity &amp; Equalities End of Year Update</u></b></p> <p>CM Updated the committee on the progress of HWE plan in delivering HW commitment to equalities, diversity, and inclusion (EDI) and asked the committee to note the report.</p> <p>CM explained that the report was a highlight of the key projects and work around EDI and addressing inequalities over the past 12 months in terms of policy, communications, etc.</p> <p>The committee discussed intersectionality, the structure of prioritisation, social care, and the work various HW had been involved with both nationally and locally, citing Salford and Bolton as examples. They questioned what was being done about people with sight and hearing impairment and were informed that the publication of the Accessible information Standard is due out mid-August, which should go some way to addressing this. The conclusion was that the equalities framework for the network will be reviewed, and a deeper dive taken into intersectionality and the areas identified through feedback and the national data set.</p> <p><b>The committee noted the report.</b></p>	
2.1	<p><b>Agenda Item 2.1 – Business Items 2023-2024</b></p> <ul style="list-style-type: none"> <li>a. <b>Business Plan</b></li> <li>b. <b>Budget Plan</b></li> <li>c. <b>Strategic Risk Register 2023-24</b></li> <li>d. <b>KPIs</b></li> </ul> <p>CM presented a 6-month business plan that outlines the top-level deliverables of the new strategy that HWE aim to deliver, along with the budget plan for 2023/24 and asked the committee to approve the plan and the budget.</p> <p>CM also presented the draft Strategic Risk Register (SSR) for 2023/24 outlining the threats against the delivery of HWE's three strategic aims and the mitigating actions, plus the Key Performance Indicators (KPIs) for 2023/24 which allows for monitoring the efficiency and success of the business plan in alignment with HWE Strategic aims. The committee were asked to approve the SSR and KPIs.</p> <p>BB, The Interim Chair explained that the committee had been involved and had discussed the plans and registers at previous meetings and workshops and CM confirmed that the budget had been proposed to Audit, Finance and Risk Sub-Committee for recommendation of approval by the full committee.</p> <p>The committee questioned the progress of sharing HW data with CQC, as this would be an ideal resource to assist CQC in targeting inspections. CM said that although discussions are ongoing, CQC were not yet able to share data with HWE and still were still clarifying how they would use HW data. He also noted HWE would require additional resources from CQC to be able to assist in sharing data for CQC purposes.</p> <p><b>Action – SA</b> to prepare proposed business plan Sept 2023 – Mar 2024 for approval at next committee meeting.</p> <p><b>All papers were approved.</b></p>	SA

2.2	<p><b>Agenda Item 2.2 – Audit, Finance and Risk Sub Committee (AFRSC) Report including EOY Finance Report 22/23; Budget for 23/24; AFRSC Terms of Reference (ToR).</b></p> <p>HP gave a brief overview of the AFRSC meeting which took place in April 2023. She asked for the minutes to reflect that she was acting Chair at that meeting.</p> <p>HP informed that the sub-committee discussed a light touch review of the effectiveness of the committee considering the reduction in the number of members at the end of the year and the suggestion that HWE contemplate a format for handover to new members in Autumn 2023. The AFRSC Terms of Reference which had been discussed at the committee workshop in April was presented for full committee approval.</p> <p>HP Updated the committee on the following:</p> <ul style="list-style-type: none"> <li>• That digital transformation funds which had been held by HW Norfolk, is now fully utilised.</li> <li>• The workforce Annual Review was looked at and concerns raised regarding the staff turnover compared to CQC rate and the primary driver for this. Turnover will continue to be monitored. Committee members had been included within the overall figures, but the sub-committee asked that they be removed as they distorted the actual staff figures.</li> <li>• The sub-committee looked at the finance report and budget closure for 2022/23 and were pleased with the results and oversight carried out throughout the year in managing the budget. They commended SA and the leadership team.</li> <li>• The sub-committee felt encouraged by the positive comments made by Jonathan Nartey, the CQC finance partner who has taken over from Ryan Mills.</li> </ul> <p>DO expressed the sub-committee's appreciation of the progress HWE has had in their improved working relationship with CQC and the overall management of the finances and in ensuring clear processes are in place. LAN supported this.</p> <p><b>The committee noted the report and approved the AFRSC ToR. The Interim Chair thanked the sub-committee and SA for their work.</b></p>	
2.3	<p><b>Agenda Item 2.3 – Forward Plan</b></p> <p>The committee were pleased to see that the Annual Conference was taking place in person in September. LAN explained that the conference was being held at Congress House, in Central London on 19<sup>th</sup> September and the committee meeting will be held the following day at Stratford.</p> <p>PA suggested that HW take the opportunity talk to health unions as stakeholders if possible. LAN welcomed the suggestion.</p> <p><b>The committee noted the forward plan without further comment.</b></p>	
	<p><b>AOB</b></p> <p>No other business was discussed</p>	
	<p><b>Questions from the public</b></p> <p>There were no questions from the public.</p>	
	<p>The Chair ended the meeting and thanked everyone for attending.</p> <p>Meeting concluded 14:22 pm.</p>	
	<p>The next meeting will be held 20<sup>th</sup> September 2023 in Stratford, London Guests can join in person or online via Teams. Details to follow.</p>	



## HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

**23<sup>rd</sup> May 2023**

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20230523 2.1 Business Items 23- 24	Sandra Abraham	To prepare 3- year Business plan for approval	<p>The leadership decided to prolong our six-month business plan to a one-year business plan for 2023-24, followed by a two-year business plan for 2024-2026. This decision enables flexibility for change with the appointment of our new chair in June.</p> <p>The one-year plan is an agenda item at the September committee meeting</p>	Sep 2023	<b>Complete</b>

**AGENDA ITEM 1.3**

**AGENDA ITEM:** Presentation - Demonstrating impact through annual reports

**PRESENTING:** Jon Turner, Impact Programme and Regional Network (NW) Manager

**PREVIOUS DECISION:** N/a

**EXECUTIVE SUMMARY:** We continue to see a positive year on year trend of increased reporting of tangible outcomes in local Healthwatch annual reports. Over two years we have moved from seeing only 50% of annual reports including at least one outcome to seeing this in 92%. Next steps to increase this focus and continue supporting the network to demonstrate impact for local communities are summarised in this presentation.

**RECOMMENDATIONS:** Committee is asked to **NOTE**



# Demonstrating impact through annual reports

Jon Turner, Impact Programme and Regional  
Network (North West) Manager

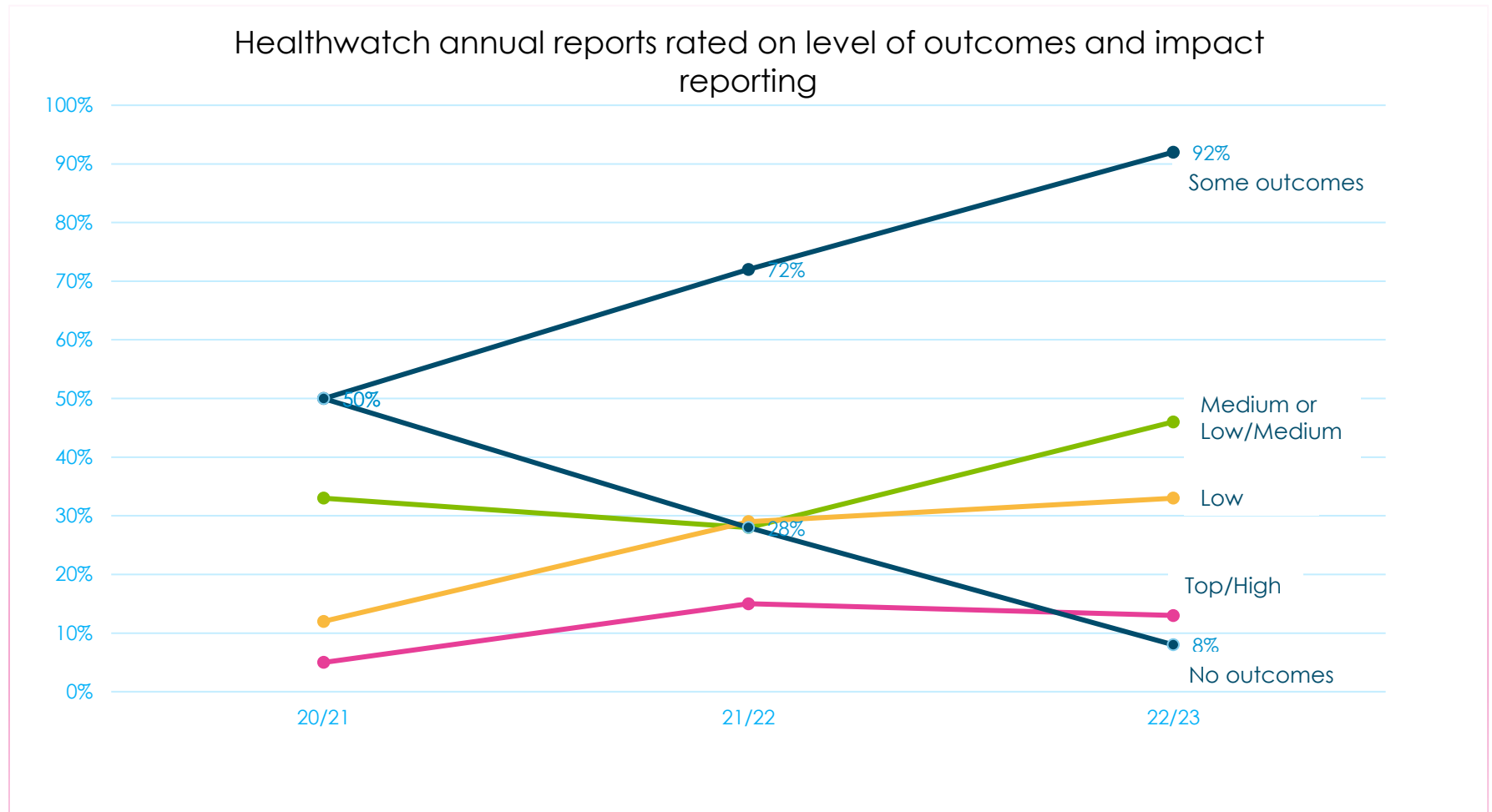
20 September 2023

**healthwatch**

# Showing how Healthwatch makes a difference is important

- It builds trust with local people, including those whose voices are not being listened to, by showing that sharing their experiences with us is worthwhile.
- It increases credibility of the service with local partners, increases trust, and makes it more likely they will act on what the public has told us.
- It demonstrates to our funders that we provide value for money, in an environment where there is always more competition for public money.

# Increasing outcomes reporting in Healthwatch annual reports: published by statutory deadline of 30 June





# Why we are seeing more outcomes reported

- Over 50% of the network received individual team workshops on outcomes, impact and using Theory of Change. Only 15% have had neither this nor had anyone attend sessions included in our annual calendar.
- Annual report template headlines impact – and was used by nearly 90% of Healthwatch.
- The culture across the service is changing so Healthwatch are thinking about outcomes and being braver at claiming credit
- Increasing focus on following-up to identify outcomes.
- Our brand values bed in and make impact the norm.

# Examples from annual reports 22/23

## Dentistry

Obtained a dentist appointment through the NHS dental team for an 85-year-old man whose wife has Alzheimer's. He was having chemotherapy for myeloma and needed a check up to start bone injection treatment. He'd only been able to get same day appointments with the urgent cases team, which weren't suitable as his son needed notice to visit and care for his wife.

**healthwatch**  
Sefton

Paul Blomfield MP quoted their work when he raised important questions in parliament about the ongoing crisis in NHS dentistry

**healthwatch**  
Sheffield

# Examples from annual reports 22/23

## Accessibility

Worked with the Lancashire and South Cumbria dental team to address the need for interpreting services for deaf people accessing dentists. This led to the cost of interpretation services in one dental practice being supported and Pennine GP Practice Managers forum acknowledging the need to promote alternative ways of booking appointments.

**healthwatch**  
Blackburn  
with Darwen

Review of GP websites making recommendations and sharing findings from patients, GPs and the community led to improved website accessibility and more inclusive registration processes.

**healthwatch**  
Croydon



# Examples from annual reports 22/23

## Mental health

Better support provided to teachers, aiding and improving the quality of referrals from schools to CAMHS.

Improved CAMHS appointment administration and communications, both internally and with patients.



Following a previous project on the lessons from health visiting during Covid-19, the service provider now has updated perinatal mental health and infant pathways and has completed audits which have improved support and training for nurses and led to better referrals to mental health services and liaison with midwives across Bristol, North Somerset and South Gloucestershire.



# Examples from annual reports 22/23

## Learning disability

Following Healthwatch running a consultation on forming a Learning Disability Strategy, Liverpool City Council agreed to establish and fund a Learning Disability partnership board and separate partnership board focused on neurodiversity. Healthwatch has employed a new staff member to support these. The partnership boards launch in Summer 2023 and will lead to co-produced policy and strategy to help improve the lives and wellbeing of people with Learning Disabilities and Neurodiversity in Liverpool.



After Healthwatch Portsmouth shared feedback from adults with learning disabilities and their accommodation managers, Portsmouth Primary Care Development Team put in place new assessments to identify patients who would benefit from home visits by GPs .



# Examples from annual reports 22/23

## Social care

Hosted quarterly online forums for families and carers of those living in residential care. Enabled raising with the Senior Commissioner for Adult Social Care the issue of difficulties with pre-planning respite care for holidays. As a result, it has been confirmed that adult social care is going to block book one bed for respite care and look to further changes to this vital service.

**healthwatch**  
Northumberland

Visits to three care homes led to arranging of hearing tests for all the residents living in one home; improved access to eye tests for residents by changing their optician service; and resolving maintenance issues, such as labels on hot and cold taps which had worn off.

**healthwatch**  
Coventry

# What's next?

- Conversations with Healthwatch at check-in meetings about what we see in terms of their outcomes and impact. We'd anticipate this will help identify more!
- Continue to talk to local authority commissioner about an outcomes rather than outputs focus when monitoring performance.
- Increase ongoing sharing of Healthwatch outcomes with us to use for promotion of the service and national policy work.
- Look further at the different 'dimensions' where Healthwatch can achieve impact – e.g. governance and structures; service commissioning; quality of delivery.
- Look at the added value that could come from Healthwatch collaborating in various groupings on projects.

**AGENDA ITEM:** Healthwatch England Chief Executive's Report

**PRESENTING:** Louise Ansari

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** This report updates the Healthwatch England Committee on key activity since the last meeting in May 2023

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

## **Introductory note from the Chief Executive**

In June we welcomed our new Chair Professor David Croisdale-Appleby. David has already made a valuable contribution to the organisation and has been busy getting out and meeting local Healthwatch teams across the country.

At our last National Committee meeting, we published our new Strategy for 2023-26 [Our Future Focus](#) which sets out our ambitions for the next three years, and since then the team have been operationalising and beginning to deliver on the first year of the strategy. As well as moving ahead with strategy delivery, the team have responded effectively to a range of events in the health sector during a very busy summer.

We have published research into how delays to care are impacting patients and we also published Waves 3 and 4 of our research into how the cost-of-living crisis is impacting people's experience of health and care. On dentistry, our evidence was crucial in shaping the Health and Care Select Committee's report which calls for a fundamental reform of NHS dentistry. Most recently we have responded to the tragic cases of Martha Mills, and the victims of Lucy Letby, and we are re-examining the role of Healthwatch in patient safety.

We saw the NHS celebrate its 75<sup>th</sup> anniversary and contributed to the NHS Assembly's report 'The NHS in England at 75'. I was privileged to attend Westminster Abbey for the service of celebration, and a reception at 10 Downing Street with the Secretary of State for health.

## **1. Influencing**

### **1.1 NHS 75**

We were commissioned to provide insight to inform the NHS Assembly's report [The NHS In England at 75](#). We produced a Sentiment Analysis of data from patients over the last four years in key service areas, and thematic briefings on:

- Prevention and technology
- Personalisation and choice
- Patient and public participation
- Strengthening primary and community care
- Partnerships

The NHS Assembly, which is an independent advisory group established in 2019, consulted staff, patient groups, carers, charities, and partners in health and social care for the report launched ahead of the 75th anniversary of the health service on 5 July.

The Assembly's analysis found that the NHS should now focus on three key areas:

- preventing poor health
- creating more personalised care which better responds to patients' views.
- coordinated care closer to home, including by strengthening General Practice.

## 1.2 Delays to NHS Care

We carried out research that shows people are currently facing multiple cancellations or postponements of care which are having a significant impact on their lives and symptoms, while further increasing health inequalities. We commissioned a survey of 1084 people who have seen their NHS care either cancelled or postponed this year to understand the extent of disruption to care amid rising waiting lists, workforce issues, industrial action, and other pressures on the NHS.

- Over one in three, 39%, have had their NHS care cancelled or postponed two or more times this year. This has included hospital operations, tests, scans, outpatient appointments, and community health service appointments.
- Nearly one in five (18%) of the respondents have had their care cancelled or postponed at the last minute, which the NHS defines as on the day of or on arrival to an appointment. And almost half, 45%, experienced a cancellation with between one- and seven-days' notice.
- Two-thirds of the respondents, 66%, said cancellations to care had impacted their lives, reporting ongoing pain, worsening mental health, worsening symptoms, and disrupted sleep, among many other problems.

Disruptions to care disproportionately affect certain groups, widening existing health inequalities. People who have greater health needs are still facing serious

barriers to timely care, and they are also more likely to be more affected by cancellations of care.

- Unpaid carers, 84%, and neurodivergent people, 83%, were more likely to report negative impacts of cancelled care on their lives, followed by people on low incomes, 80%; and those from minority ethnic backgrounds, 75%.
- Groups who were more likely to have had two or more NHS postponements or cancellations included disabled people, 52%; neurodivergent people, 51%; and people on lower incomes, ethnic minorities, and LGBTQ+ people, 49%, respectively.

This work gained significant media coverage and we have used it to inform our discussions with NHSE and DHSC in continuing to support people whilst they wait for medical procedures and opinions.

### **1.3 Hidden Waits for Cancer Care**

We carried out an analysis of people's experience of getting a cancer referral. The NHS Long Term Plan aims to improve cancer diagnosis and treatment, and more recently NHS England identified that short waiting times not only lead to better outcomes and fewer complications but are important in terms of easing patient anxiety and improving experience.

Our research also aims to help the government and NHS leaders understand the importance of seeing the person behind the cancer, and that minor changes can make a substantial difference to people at an incredibly challenging time in their lives. Key Findings:

- Almost half, 45%, of respondents are not referred for suspected cancer at their first appointment.
- Over one in four, 28%, wait up to a month after their first appointment to be told they are being referred.
- And almost one in six, 16%, wait over a month after their first appointment.
- Around one in seven, 14%, are still waiting for referrals to be confirmed over a month after the decision to refer.
- And one in 10 cancer referrals do not directly progress to a hospital appointment, with some referrals either rejected, lost, or otherwise not booked.

Of the 334 respondents who got a cancer referral, just over half were referred at their first appointment. For almost one in six, it took a month or longer between

their first GP practice appointment about their symptoms and being told they were going to be referred.

We have set out actions for the government, NHS England, and Integrated Care Systems (ICSs) to support GP practices and hospitals with referral processes.

- NHS England must support GP teams to implement plans to improve GP access so people can get timely referrals. This should include vital plans to recruit and train more care navigators who can ensure life-saving cancer referrals do not go missing and help patients know where they are waiting for appointments.
- First appointments in general practice must also work for patients so that they can communicate their conditions as effectively as possible. This requires patients to choose the appointment type, time, place, and healthcare professional. It also includes offering longer appointment slots to those who need them.
- Communications must be accessible so people do not miss appointments due to receiving information in a format they cannot understand. This requires practices to record people's communication needs and for these to also be available to hospital teams.
- NHS England must improve online referral trackers and give patients access to these trackers. Patients, GP teams and hospital teams should all have access to the same basic information about which stage of the referral process the people have progressed to. This would help people who told us they received no communication about their referral and had to chase teams themselves.

#### **1.4 Health and Social Care Select Committee report on dentistry.**

We were extensively referenced in a report by the Health and Social Care Committee that called for fundamental reform of NHS dentistry after MPs heard about the pain and distress caused to people who cannot see a dentist. Healthwatch England gave oral evidence to the Committee about the problems people have experienced accessing and affording an NHS dentist.

Nearly 30 local Healthwatch also submitted insight on the challenges people face in their local area when it comes to getting dental care.

NHS dental care is the second most common issue people report to Healthwatch. In 2022-23, 62% of dental feedback was negative in sentiment, up



from 55% in 2020–21. Access continues to be the main issue the public reports. Difficulties getting support have led to many people living in pain. In some extreme cases, people take matters into their own hands, resorting to DIY dentistry.

Whilst some parts of England have better access to NHS dentists, our research indicates that people from the most deprived communities struggle the most to access dental care because they cannot afford it. Polling we published in 2021 found that people from lower-income households, when compared to people from more affluent households, were:

- Less likely to have visited the dentist during the pandemic.
- More likely to have avoided treatment due to the cost.
- Less likely to say they will see a dentist in the future.
- People from an ethnic minority background also had similar responses.

Because of this inequality, Healthwatch England has called for rapid and radical reform of how NHS dentistry is commissioned and provided to create a system where everyone has equal access to affordable dental care. Any reform also needs to result in better information for patients and clarity on the obligations of dentists. We are expecting to see the NHS Dental Recovery Plan published in the coming weeks and will continue to ensure that dentistry remains an area of focus.

### **1.5 Government response to Hewitt review**

The government has kept the door open to the idea of a formal review of the Healthwatch funding model, in its [formal response](#) to the findings of the [independent Hewitt Review of ICSSs](#) and a [separate inquiry by MPs on the Health and Social Care Committee](#) (HSCC), the latter of which had called for a government review into funding and commissioning arrangements for local Healthwatch. The government said in its response, published on 14 June, that it remained: “committed to a health and social care system that listens to and acts upon the feedback of its users”. They said: “We are in regular contact with Healthwatch England about the challenges the Healthwatch network faces and how they can improve their impact. We will continue to explore options for improvement and in doing so, the value of a formal review of Healthwatch is something that the government will keep under consideration.”

## 1.6 Cost of living crisis

In May we published Waves 3 and 4 of our research the impact the rising cost of living is having on people's health and their use of health and care services. To understand the scale and nature of this impact we commissioned a nationally representative (of England) poll. We reported findings from waves 1 and 2 earlier this year. Our poll of 2000 adults in England, conducted four times between October 2022 and March 2023, suggests that people are increasingly avoiding vital health and care services due to the fear of extra costs:

- going to a dentist because of the cost of checks ups or treatment
- booking an NHS appointment because they could not afford the associated costs, such as accessing the Internet or the cost of a phone call.
- buying over the counter medication they normally rely on
- taking up one or more NHS prescriptions because of the cost.

Our research also highlighted that the financial burden of healthcare is weighing heavily on specific groups:

- people on disability benefits
- people on means-tested benefits
- and younger people, aged 18-24.

Our recommendations

- While we welcome the support already in place, social tariffs and schemes must be better communicated to the people who need it.
- Primary care teams must make people who need medication aware of pre-payment options.
- Dentistry teams must offer check-ups based on individual need, to free up more NHS slots.
- More people should be made aware of the Healthcare Travel Cost Scheme (HTCS).
- The government working with health and care services must also go further to support people in the cost-of-living crisis.

## 1.7 Combatting Youth Vaping

The Health and Social Care Committee (HSCC) called on the government to bring in tougher measures to combat youth vaping, referring to evidence from headteachers, doctors and Healthwatch Blackpool. The HSCC [wrote to health secretary Steve Barclay on 18 July](#) calling on him to:

- consider bringing in restrictions on packaging and marketing of vapes, similar to those used on tobacco products.
- work with other government departments to review if trading standards teams have enough resources and powers to prevent vapes being sold illegally to under-18s.
- examine the possibility of a tax on disposable vapes to reduce their affordability.

## 1.8 People's experiences of getting prescription medication

We [published a blog last month](#) which highlighted the challenges people face when trying to get prescription medication. In 2021/22, over a billion prescription items were dispensed in England, up 2.58% on the previous year. People rely on prescription medication to treat and manage their conditions and keep well. Yet, our recent analysis of public feedback shows people are increasingly facing barriers to getting prescription medication.

Analysis of public feedback from local Healthwatch and from our webform on pharmacies suggests people have been facing serious issues when trying to get prescription medication:

- Shortages of medication
- Delays in getting repeat prescriptions issued.
- Shortages of staff
- Closed pharmacies.

We welcome that the recent NHS Long Term Workforce Plan commits to increasing recruitment of pharmacists over the coming years. However, action on the workforce is required in the short term to help prevent temporary closures, especially at short notice. The workforce plan states that the Government will consult on how pharmacy technicians can work most effectively as part of more comprehensive primary care teams and across the NHS, for example, and we urge this consultation to be taken forward as soon as possible.

We also called for healthcare leaders to urgently consider how to tackle medicine shortages and set out how they will address them as part of the forthcoming winter planning.

We recently met with Dr Bola Owolabi, Director of the National Healthcare Inequalities Improvement Programme at NHSE where we raised these issues. We will also be meeting with Richard Torbett, Chief Executive of The Association of the British Pharmaceutical Industry around the issue of shortages of supply, and

colleagues at NHSE to work together on improving supply and access to medicines.

## 2. External Updates

### 2.1 Primary Care Recovery Plan

In May NHS England published its Primary Care recovery plan. Among other objectives it outlines that patients will be able to get prescription medicine directly from the pharmacist without the need for a GP appointment for seven common conditions including urinary tract infection. The plan also includes:

- Almost half a million women being able to go into their local pharmacy for oral contraception.
- Better phone technology, enabling practices to 'manage multiple calls and redirect them to other specialists, such as pharmacists and mental health practitioners, if more suitable.'
- Extra training provided to practice staff.
- Half a million people a year being able to self-refer to services including physiotherapy, hearing tests, and podiatry, without seeing their GP first.
- A change in local authority planning guidance to mean access to primary care for new residential areas are given the same level of importance as education.

We broadly welcomed the plan noting that many of the improvements in the plan respond to our [recommendations](#), based-on people's feedback. We are also reassured that the plan specifically sets out the importance of patient choice.

### 2.2 Industrial action

With industrial action in the NHS being one of the many factors impacting on people's ability to access timely care, we continued our call for all parties to reach a resolution to mitigate the impact of strikes on patients.

In our work on delays to care (see 1.2) our research showed that one in seven, 15%, of those who had experienced a cancellation were told their care had been cancelled due to industrial action in the NHS, while nearly a quarter, 24%, believed strike action was the reason, though they had not been told this.

At the time that we carried out the research the NHS had already rescheduled more than 648,000 operations or appointments since mid-December 2022

### 2.3 NHS Workforce Plan

In June, the NHS published its workforce plan setting out ambitions for thousands more doctors and nurses to be trained in England every year as part of a 15-year workforce plan. The plan could lead to an extra 60,000 doctors, 170,000 more nurses and 71,000 more allied health professionals in place by 2036/37, on top of current levels.

We welcomed commitments to significantly expand training places for doctors and nurses. In line with previous recommendations, we have made and the commitment to investing in flexibility for staff roles and further investment in non-GP roles in primary care, we welcomed an additional 15,000 staff members to be recruited through the Additional Roles reimbursement Scheme. We did note that even if the plan delivers on its commitments around training places, we will not see this translate to a growth in the workforce until the end of the decade. We stressed that better retention of existing staff will be crucial in the coming year.

### 2.4 National GP Patient Survey

The National GP patient survey saw a further fall in satisfaction, especially regarding making appointments. The survey, which heard from 760,000 patients about their experience of GP practices, found that overall satisfaction with GP services is at 71.3%, down from 72.4% in 2022 and 83% in 2021.

One of the critical issues highlighted by the survey is a significant rise in the number of people saying they have had problems accessing their GP. Only 54% reported a good experience making an appointment (down from 56% last year). Last year's results saw a big drop in satisfaction, and that trend has continued in 2023 albeit more slowly, with a fall in people saying they had a good experience booking a GP appointment. The research found:

- Only 54% reported a good experience making an appointment (down from 56% last year and 71% in 2021).
- 72% were satisfied with the appointment they were offered (this is the same as last year).
- 50% had an appointment at a time they wanted or sooner (down from 51%).
- 50% found it easy to get through to the practice by phone (down from 53%).

- 28% avoided making an appointment as they found it too difficult (up from 26%)

We know that GP teams have worked immensely hard in the face of huge challenges in the last few years. And the government and NHS have put steps in place to increase staff numbers and help GP services to recover from the pandemic. But in the short term, we must see more support to help people access the right appointments for them. We are calling for:

- Steps to be taken to make GP telephone numbers free to call, so that cost is never a barrier to accessing NHS support.
- People's personal communication needs to be met.
- Patients to be given more choice over the type of appointment they get.
- Support given to GP teams to hire and train more care navigators who can speak to patients about their communication and appointment preferences and offer patients more choice.
- Support for teams to offer longer appointments so staff and patients have enough time to discuss conditions and next steps.

## **2.5 COVID-19 Inquiry**

The independent public Inquiry to learn lessons from the Covid-19 pandemic started formal hearings in June. We have submitted a summary of our national findings about people's experiences of health and social care services during the pandemic to the Inquiry. We have also urged the Inquiry to consider the hundreds of reports published by local Healthwatch as the pandemic progressed.

## **2.6 'Martha's Rule' in NHS hospitals.**

We have supported calls for 'Martha's Rule' which would act as an extra safeguard for patients or their loved ones who want a second opinion about treatment options, particularly in the event of a suspected deterioration or serious concern on the part of a patient on a hospital ward, or their family or carer. The proposal to introduce 'Martha's Rule' follows the powerful testimony of Merope Mills, the mother of a girl – Martha – who died of a preventable sepsis infection in hospital aged thirteen. She described how families can find it difficult to be properly heard when their loved ones are seriously ill, sometimes with tragic and fatal consequences.

Patients can already request second opinions on their treatment, and most doctors respect these requests. However, the new rule proposed would shift the balance of power from medical discretion to the patient or their family being

able to trigger a second opinion directly. Lives have already been saved in a pilot of this kind of system at the Royal Berkshire Hospital, and other countries already run similar schemes. Implemented correctly, with clear communications to patients to notify them about their rights and increased focus on non-technical skills as part of medical training, the introduction of Martha's Rule would help to reassure patients and families and save lives in future.

## **2.7 Lucy Letby Case**

Healthwatch England supported both Healthwatch Cheshire and Healthwatch Liverpool to publish statements on the Lucy Letby verdict which related to actions and services in their areas. We are promoting lessons the system can learn now, including strengthening the culture of listening to patients and staff across the NHS.

We are reviewing processes on how any local Healthwatch can escalate serious concerns they have about a Trust to CQC and Healthwatch England. We will be convening Healthwatch from Cheshire, Nottingham, Kent, Shropshire and Telford, Lancashire South re: Morecombe Bay, Birmingham, and others to discuss Healthwatch's role in cases where safety and Trust failings have been a major issue and will share learning across all local Healthwatch.

## **2.8 Shadow team reshuffle**

Labour leader Kier Starmer carried out a reshuffle when parliament restarted after the summer break, which has led to changes in the shadow health team. Below are details of the full team and changes:

- Wes Streeting – stays as shadow Health and Social Care secretary.
- Karin Smyth – new shadow Minister for Health (deputy leading on NHS reform)
- Andrew Gwynne – new shadow Minister for Social Care, deputy leading on social care reform (was previously public health shadow and replaces Liz Kendall who has gone to DWP)
- Preet Kaur Gill – new shadow Minister for Primary Care and Public Health (taking over from Andrew Gwynne's previous role as public health and Feryal Clark's primary care remit)
- Abena Oppong-Asare – new shadow Minister for Mental Health and Women's Health (takes over partly the role of A&E doctor, Dr Rosena Allin-Khan, who resigned after cabinet status removed from mental health role)

- Feryal Clark – stays in shadow health team when she returns from maternity leave (responsibilities tbc – she was previously primary care).

### 3. Support to the Healthwatch Network

#### 3.1 Impact of local Healthwatch

Healthwatch England have provided local Healthwatch with support to ensure they are effectively communicating the difference they make. This can be difficult for all small organisations, especially as Healthwatch are just one of many players seeking to improve health and care, yet so important to show the public that sharing views makes a difference and we are valued by health and care services.

We are reviewing all Healthwatch annual reports to understand the difference they make. Our initial analysis shows a rise in the number of reports citing impact from 50% in 2020/2021 to 92% in 2022/2023. Further conversations with Healthwatch are likely to reveal other examples of impact not picked up by Healthwatch England.

Examples of impact:

- a. Information and signposting:** Healthwatch Sefton helped a man obtain a dentist appointment prior to starting bone injection treatment for myeloma. Previously, he was only offered same day appointments with the urgent cases team, which were not suitable due to his caring responsibilities for his wife with dementia.
- b. Services:**
  - Healthwatch York's work led to better referral process from schools to the Child and Adolescent Mental Health Service.
  - Healthwatch Bristol, North Somerset and South Gloucestershire's work led to better training and support for nurses and improved referral process to mental health services and improved liaison with midwives.
  - Healthwatch Liverpool's work led to funded work and a new Learning Disability partnership board and separate partnership board focused on neurodiversity.
  - Healthwatch Blackburn with Darwen's work led to a dental practice providing interpreting services for deaf people and a review by GP Practice Managers on booking processes for appointments.
  - Healthwatch Croydon's work led to improved GP website accessibility and more inclusive registration processes.



### 3.2 Data Sharing

Healthwatch England relies on the insight generated by local Healthwatch for its national work. Over the past eighteen months we have put in new data and digital systems and improved our guidance to local Healthwatch, including on the collection of demographic data.

With the bulk of the systems now in place, we are focusing on supporting Healthwatch to use them to share their data. Six months on from launch, 78 (51%) of Healthwatch have shared data using the new system – an improvement on the previous system. Collection of demographic data had improved with 45% including age, gender, and ethnicity for the period April-June 2023, but this has dropped to 20% during the quarter to September so further work will be carried out to improve this position.

### 3.3 Learning, skills, and collaboration

Running a Healthwatch requires a range of skills – including communication, engagement and influencing, with many staff and volunteer roles requiring a mix of skills.

To support Healthwatch, we have produced a core skills framework with the help of Healthwatch which sets out all the help, guidance, and e-learning to support staff, volunteers, and Boards. In the period April to June 2023, 390 people took one of our 20 e-learning course and 640 people booked onto one of our 40 training and information events with 95% reporting that they will apply learning in their work.

We also provide a quality framework so Healthwatch can consider their effectiveness in the different areas of operation, from influencing to community engagement. 111 Healthwatch (73%) have completed the quality framework in the last three years.

The value of a national network is the ability for Healthwatch to learn from one another. Healthwatch England have facilitated sessions on working with young people and learning lessons from the serious concerns about quality and safety in maternity services. We are also working with NHS England to support learning between Healthwatch and eight Integrated Care Systems to support effective working, with lessons learnt due to be shared with the network in the new year.

## 4. Communications

4.1 Since our last update, we have focussed on maintaining awareness of Healthwatch and the issues that the public share with us while at the same

time putting in place the new approaches, we need to deliver our strategy.

These include:

- Refreshing our digital communications: We have put in place a new strategy to increase the reach of our digital communications. The testing we have undertaken to inform this refresh, especially regarding search and social media, has already increased our social media reach and engagements.

	Average month 22-23	Average month 23-24	% change
Social reach	550K	604K	+ 10%
Social Engagement	26K	52K	+ 100%

- Raising awareness via the media: We have continued to secure significant media coverage about the issues concerning patients and service users. For example:
  - Several national newspapers, including the Times, [Guardian](#) and [Independent](#), covered our research on the impact of cancelled care. It was also covered by professional publications like the [BMJ](#).
  - Our research on delays in referrals for cancer care was featured on the front page of the [Observer newspaper](#).
- Improving our insight communications - we have tested new ways to communicate the monthly insight we gather better. Rather than publish an update covering all health and care services, we have piloted sharing more in-depth issue-specific topics three times a month. The monthly focus on the experiences of a [single services area](#), [a single community](#) and a [cross-cutting issue](#) has already resulted in increased engagement from professionals who follow our channels.
- Promoting our brand: We have continued to promote Healthwatch nationally and supported local Healthwatch to do this locally. For example, we have continued our 'Healthwatch Heroes' campaign to celebrate our impact over the last ten years. Highlights included the NHS 75 celebrations, which local Healthwatch used as an opportunity to promote [the local people](#) helping improve our NHS. The weeklong celebrations also saw our Chief Executive and local Healthwatch from across England invited by NHSE to a national service of thanksgiving at Westminster Abbey.
- Campaign planning: We have nearly finished developing our joint campaign with CQC, which will aim to increase care feedback from people of lower incomes and individuals from an ethnic minority background. We have undertaken audience research and testing to develop the potential

campaign platforms and tested these with local Healthwatch and voluntary sector partners. We are planning to launch the campaign later this year.

## 5. Equality, diversity, and inclusion highlights

**5.1** In July we published our 2023/24 Equalities Diversity and Inclusion plan. We publish an action plan annually on how we will live up to our strategic commitment to tackling health inequalities. The plan lays out how EDI is a golden thread that runs through all our work across Policy and Research, Network Support, Communications, and our Organisational Culture.

[You can read the plan here.](#)

**5.2** In July we completed a year-long programme of EDI training for all staff delivered by The Diversity Trust. We have surveyed staff following the training programme to help shape our next steps to ensure continue development in this area.

**5.3** As highlighted in Section 1 of this report tackling health inequalities continues to be a key element of our policy and influencing output. Our work on Delays to Care, Cost of Living and Dentistry all had a strong focus on addressing inequalities. The committee will receive its half-yearly report with detailed update on our work around EDI at its next meeting.

## 6. Key Meetings Attended by the Chief Executive since the last Committee meeting.

June 2023		
Date	Event/Meeting	Attendees/Delegate(s)
Thursday 1 June	RCGP	<b>Belinda Black</b> , HWE Committee <b>Prof Kamila Hawthorne MBE</b> , Chair of RCGP
Monday 5 June	The role of pharmacies	<b>Janet Morrison</b> , Chief Executive, Community Pharmacy England <b>Urte Macikene</b> , HW England
Tuesday 6 June	PHSO's avoidable harm in the NHS report	<b>Andreas Kokkinos</b> , Policy, and Public Affairs Officer Health Service Ombudsman <b>Urte Macikene</b> , HW England

Tuesday 6 June	Urgent and Emergency care and Healthwatch England's organisational priorities	<b>Adrian Boyle</b> , Royal College of Emergency Medicine (RCEM)
Friday 6 June	Children and Young People's Engagement - Local and National Healthwatch	<b>Edward Peasgood</b> , Children and Young People's Participation Officer HW East Sussex <b>Gavin Macgregor</b> , HW England
Wednesday 14 – Thursday 15 June	NHS Expo Manchester including speaking on a panel	
Monday 19 June	Our work to reduce health inequalities	<b>Prof. Bola Owolabi</b> , Director – Health Inequalities at NHS England
Tuesday 20 June	Royal Society of Medicine Event - Operation NHS: Envisaging a brighter future for healthcare – panel speaker	<b>Dr Kamran Abbasi</b> , Editor in Chief, British Medical Journal (Chair of panel)
Wednesday 21 June	NHS Assembly Meeting	
Thursday 22 June	Patient Safety Commissioner Advisory Group Meeting	<b>Dr Henrietta Hughes</b> , NHS Confed
Friday 23 June	Social Care and Unmet need – Kings Fund	<b>Dan Wellings</b> , Kings Fund <b>Paul Callaghan</b> , HW England
Tuesday 27 June	NHS Long Term Workforce Plan	<b>Ruairi O'Connor</b> , NHS England
<b>July 2023</b>		
Monday 3 July	Dr Nicola Byrne, introductory meeting	<b>Dr Nicola Byrne</b> , National Data Guardian
Tuesday 4 July	Speaker at Virtual Conference: Assessing our progress on delivering quality care	<b>Richard Murray</b> , Chief Executive, The King's Fund <b>Shaun Lintern</b> , Health Editor, The Sunday Times
Wednesday 5 July	NHS 75 service of thanksgiving at Westminster Abbey	Attended with representatives from Local Healthwatch
Wednesday 5 July	NHS 75 Awards	Presenting an award as a member of the panel of judges

Thursday 6 July	Quarterly meeting – Healthwatch England / ADASS	<b>Cathie Williams</b> , Joint Chief Executive Officer, ADASS <b>Paul Callaghan</b> , HW England
Friday 7 July	AOMRC/Healthwatch England discussion regarding cost of living	<b>Kate Tansley</b> , Policy, and Projects Manager <b>Max Prangnell</b> , Director of External Affairs
Wednesday 12 July	Introduction: National Association of Link Workers	<b>Christiana Melam</b> , Chief Executive NALW
Thursday 13 July	RCGP Summit on The Role of General Practice in Reducing Health Inequalities	<b>Professor Kamila Hawthorne</b> , Chair of Council, Royal College of General Practitioners
Thursday 13 July	Healthwatch East Sussex – Annual event in Eastbourne, speaker	<b>Veronica Kirwan</b> , Executive Director HW East Sussex
Friday 14 July	Pharmacy Meeting – Paul Day	<b>Paul Day</b> , Director of The Pharmacists’ Defence Association <b>Will Howard</b> , HW England
Thursday 20 July	NHSE Strategy development discussion	<b>Ben Jupp</b> , Director of Strategy at NHS England <b>Paul Callaghan</b> , HW England <b>Rebecca Curtayne</b> , HW England
Monday 24 July	Meeting, Medical Technology Group	<b>Sebastian Phillips</b> , Health, and Social Care working group. <b>Ben Knox</b> , HW England <b>Chris McCann</b> , HW England
Monday 24 July	Healthwatch/Health Safety Investigation Branch	<b>Dr Rosie Benneyworth</b> , Chief Investigator, HSIB
Wednesday 26 July	World Health Organisation work on participatory approaches in healthcare	<b>Lara Brearley</b> , consultant with the World Health Organization <b>Rebecca Curtayne</b> , HW England
<b>August 2023</b>		
Thursday 10 August	Coalition for Personalised Care	<b>Sian Lockwood</b> , Co-chair of the Coalition for Personalised Care
Monday 14 August	Accessible information for blind and vision impaired people	<b>Samantha Leftwich</b> , Engagement Manager East England at Thomas Pocklington Trust.

Wednesday 16 August	Evolving Communities Awayday (host of 4 local Healthwatch)	<b>Helen Webb</b> , Chief Operating Officer at Evolving Communities
Thursday 17 August	Healthwatch Bristol, North Somerset and South Gloucestershire visit	<b>Vicky Marriott</b> , Chief Officer HW North Somerset
Friday 18 August	Introduction - Shane Devlin and Dr Jeff Farrar, BNSSG	<b>Shane Devlin</b> , Chief Executive Designate BNSSG ICB <b>Dr Jeff Farrar</b> , Chair -ICS for Bristol, North Somerset & South Gloucestershire, BNSSG ICS
Tuesday 22 August	Healthwatch Derbyshire and Belper Food Bank visit	<b>Helen Henderson</b> , Chief Executive Healthwatch Derbyshire
Friday 25 August	Working together with NICE	<b>Dr Clare Morgan</b> , Director of Implementation & Partnerships, NICE
Wednesday 30 August	NHS England Executive Group and the winter plan 2023/24	<b>Amanda Pritchard</b> , Chief Executive Officer NHS England
<b>September 2023</b>		
<b>Wednesday 13 September</b>	NHS Assembly	
<b>Thursday 14 September</b>	Healthwatch & ICS relationships - speaking	ICB People and Communities Engagement Leads meeting facilitated by NHSE

## AGENDA ITEM 1.7

**AGENDA ITEM:** Current project/issue: Primary care

**PRESENTING:** William Pett, Head of Policy, Public Affairs & Research, and Will Howard, Senior Research Analyst

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** Healthwatch organisations around the country continue to report people telling them about difficulties in accessing their GP.

NHS England published the Delivery Plan for Recovering Access to Primary Care (also known as the primary care recovery plan) in May 2023, which lays out an approach for improving access.

A significant part of the plan involves relieving pressure on GPs by encouraging greater use of pharmacies. Our project will investigate patient views of using pharmacies and provide recommendations on how the shift to greater focus on pharmacy would work best for patients.

**RECOMMENDATIONS:** Committee is asked to **NOTE** the presentation



# Primary Care research/policy project

William Pett & Will Howard  
September 2023

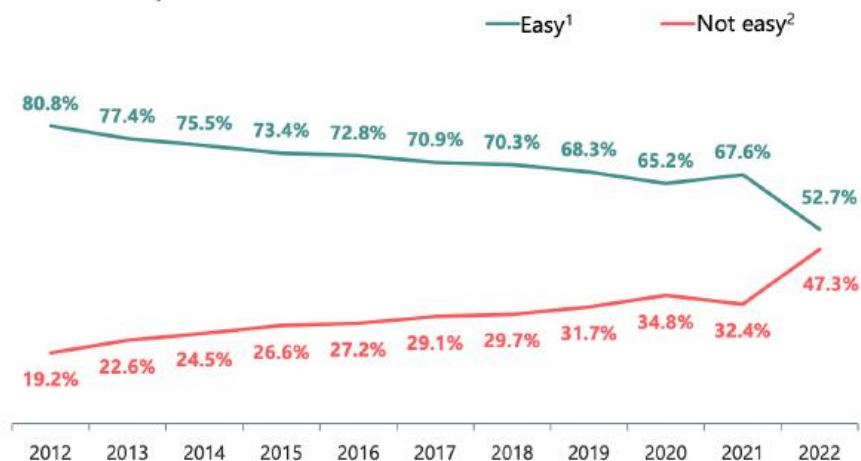
**healthwatch**



# Background

- GPs face considerable pressures as the first port of call for patients. Public satisfaction at record lows, with particular concerns on access

Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone?



Patients less satisfied with GPs as NHS waiting lists hit new high in England

UK GPs suffering unsustainable workplace pressures

Millions wait more than a fortnight to see a GP in England

- Difficulties in accessing GP remains top reported concern to Healthwatch across the country.

# Background

- Primary care 'recovery plan' published May 2023: approach for improving access.
- A focus on relieving GP pressures by encouraging greater use of pharmacies.
- Pharmacy First scheme: pharmacists to provide prescription only medicines without GP visit.
- Expansion of blood pressure checks and the provision of oral contraceptives at pharmacies.



# Our project

## What are we doing?

- Our project will investigate how the shift to greater focus on pharmacy would work best for patients.
  - Nationally representative polling on experiences of accessing GPs and pharmacies, and attitudes to using pharmacies instead of GPs.
  - Commissioning of twelve Healthwatch to do in-depth interviews: pharmacy users and pharmacists themselves
- Will build on some Healthwatch data showing low awareness amongst the public that pharmacies offer services beyond medicines and prescriptions
- Results may show barriers to the primary care recovery plan (e.g. capacity of pharmacies to take on more patients, likelihood of people to go to a pharmacy over their GP for general health issues)

# Our project

## Timelines

- Twelve local Healthwatch were commissioned in August. Undertaking their work in September and October.
- Polling to be commissioned in Autumn.
- Project due to finish in March.

## Outputs

- Report for decision-makers (NHSE, ICBs and pharmacies) providing recommendations on how to make pharmacy the first choice for more people.
- Resources for Healthwatch to enable them to support local people to consider pharmacy first.
- Public facing blog(s) sharing the insight from the project and including info on how to make best use of pharmacy.
- Depending on the findings, comms on the polling before March.

# For more information

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 [@HealthwatchE](https://twitter.com/HealthwatchE)

 [Facebook.com/HealthwatchE](https://www.facebook.com/HealthwatchE)

**AGENDA ITEM: 1.8 (a)**

**AGENDA ITEM:** KPI and Business Plan Performance Report (April 23 – September 24)

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

**PREVIOUS DECISION:** None

**EXECUTIVE SUMMARY:** This paper summarises our progress against our KPIs and Business Plan objectives from April 22 – September 23

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

**APPENDIX:**

1. End of Year Performance Report against our Business Plan 2022-23

## **Background**

The report below provides an update on our performance against our KPIs for the period April 2023 – September 2023. Appendix 1 provides our end of year full report on our performance against our 6-month Business Plan for April – September 2024.

The committee is asked to **note** the attached reports including the appendix.



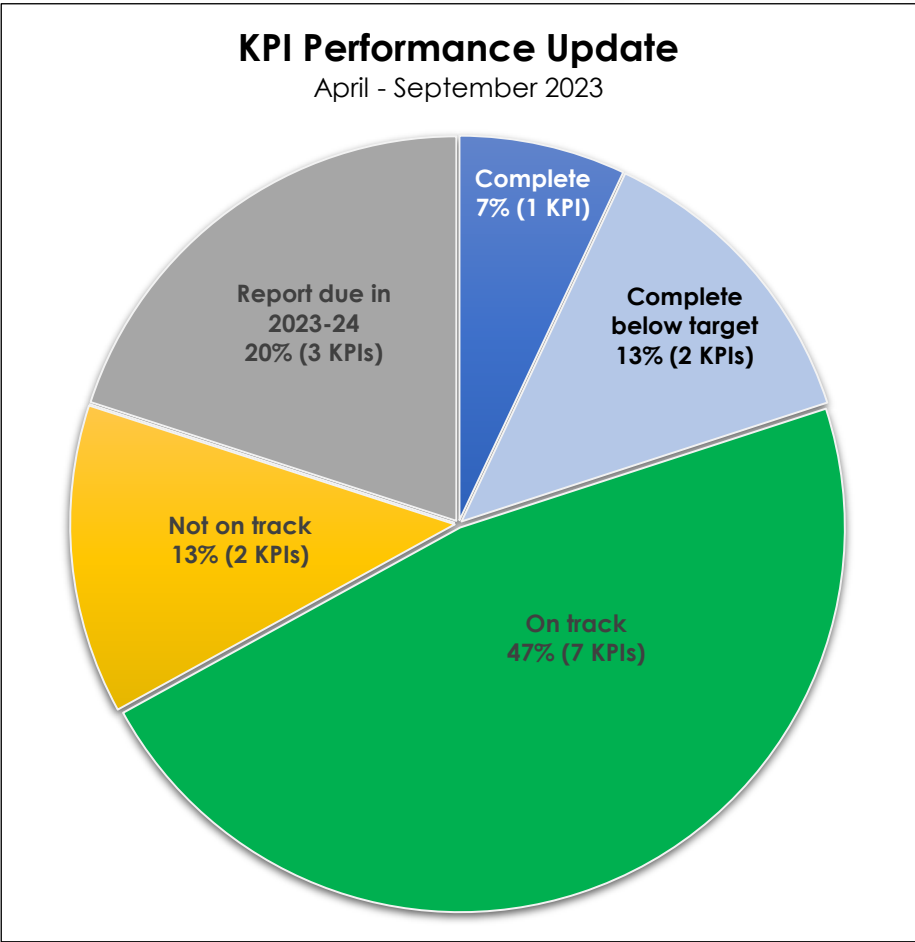
Healthwatch England  
**KPI Performance Report**  
April - September 2023



**SECTION ONE: KPI SUMMARY REPORT APRIL – SEPTEMBER 2023**

RAG Status:

Complete
On Track
Not on track
Target unlikely to be met
Paused/Results due later



Delayed Indicators	EOY Target	RAG Status and Reason for delay
65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 20%)	65%	There has been a drop in the percentage of data shared by the network with us that contains data using our age, gender and ethnicity taxonomy excluding the following: "not known" and "not recorded" in ethnicity, as well as sources where it is difficult or impossible to collect demographic information (email, post, social media and third parties). In Q2, 20% of data shared with us included demographics about age, gender and ethnicity compared to 45% in Q1. This quarter 24 Healthwatch have shared no demographic data at all.
5% increase in media and social reach (Apr-Oct 22-23 v 23-24)	5%	Our media reach in Q2 is up compared to Q1 but still lower – around 15% - compared to the monthly average last year. Our social reach is -7% compared to the monthly average last year.



## SECTION TWO: FULL KPI PERFORMANCE UPDATE

RAG Status:

Complete

On Track

Not on track

Target unlikely to be met

Paused/Results due later

No.	Operational Plan	Description	Target	Progress	Progress Status (April - August)	Lead
<b>STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need.</b>						
1.	<b>Evidence, Engagement and Influencing</b>	HWE gathering insight data from all 42 ICS areas (at least quarterly) (Currently at xx%)	42 ICS	In Q2 (to date) we gathered data from: <ul style="list-style-type: none"> <li>41 ICS areas via the Healthwatch England webform data</li> <li>36 I2S areas via local Healthwatch reports shared with us.</li> <li>25 ICS areas via data from local Healthwatch shared into the NDS.</li> </ul>	<b>On Track</b>	Head of Policy, Public Affairs and Research and Insight
2.	<b>Evidence, Engagement and Influencing</b>	65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 20%)	65%	There has been a drop in the percentage of data shared by the network with us that contains data using our age, gender and ethnicity taxonomy excluding the following: "not known" and "not recorded" in ethnicity, as well as sources where it is difficult or impossible to collect demographic information (email, post, social media and third parties). In Q2, 20% of data shared with us included demographics about age, gender and ethnicity compared to 45% in Q1. This quarter 24	<b>Not on track</b>	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - August)	Lead
				Healthwatch have shared no demographic data at all.		
3.	<b>Evidence, Engagement and Influencing</b>	100% of all policy and research projects to have an equalities angle to them, exploring the experience of a particular community or communities.	100%	Our work on cost of living has focused on income and age. The health inequality focus of our project on primary care is low income, age, minority ethnic groups and urban/rural areas. The focus for our women's health project will be low income/deprivation and ethnicity.	<b>On Track</b>	Head of Policy, Public Affairs and Research and Insight
4.	<b>Data and Digital</b>	75% of Healthwatch regularly sharing data (monthly) with HWE via our new systems.	75%	To date 56 LHW have shared data with us via the live data sharing platform. This equates to 37% of the network to date.	<b>On Track</b>	Director of Communication, Campaign, and Insight
5.	<b>Data and Digital</b>	70% of Local Healthwatch who respond, rate our digital systems as good or very good (data collected via the satisfaction survey).	70%	The satisfaction survey takes place in Q4 2023/24.	<b>Due in Q4</b>	Director of Communication, Campaign, and Insight
6.	<b>Communications</b>	5% increase in media and social reach (Apr-Oct 22-23 v 23-24)	5%	Our media reach in Q2 is up compared to Q1 but still lower – around 15% - compared to the monthly average last year. Our social reach is - 7% compared to the monthly average last year.	<b>Not on track</b>	Head of Communication
<b>STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them</b>						
7.	<b>Evidence, Engagement and Influencing</b>	We achieve a 25% year-on-year increase in the number of times our	25% year on year	In Q2 2023/24, there were 28,554 views of our evidence:	<b>On Track</b>	Head of Policy, Public Affairs

No.	Operational Plan	Description	Target	Progress	Progress Status (April - August)	Lead
		evidence is accessed by our stakeholder audiences.		<p>News and blogs – 21,082 Insight – 3,999 Evidence page - 574 Reports library – 2,899 Total – 28,554</p> <p>Please note that although these are down compared to Q1, this is because these figures are just July and Aug. We will need to add Sept for a full quarter's figures at the end of the month.</p> <p>It wasn't possible to assess the equivalent figure for 2022/23 as the reports library was offline for much of the second half of the year.</p>		and Research and Insight
8.	<b>Evidence, Engagement and Influencing</b>	% of stakeholders say they are using our insight and evidence to inform their decisions. <i>(New KPI – would need to create a baseline).</i>	46%	Question from stakeholder perceptions work: "How often do you use insight and information provided by Healthwatch in your work". Results were 19% often, 27% sometimes, 21% rarely and 24% never. Net total using insight at least rarely was 70%. We propose the baseline is often plus sometimes – i.e., 46%.	<b>Complete</b>	Head of Policy, Public Affairs and Research and Insight
9.	<b>Evidence, Engagement and Influencing</b>	80% of stakeholders saying they value the work done by Healthwatch. (Baseline from 2020 was 71%)	80%	We now have the results of the latest round of stakeholder perceptions work and this measure has stayed stable at 70%.	<b>Complete</b> – below target	Head of Policy, Public Affairs and Research and Insight
10.	<b>Evidence, Engagement and Influencing</b>	80% of stakeholders saying they believe our work is improving the	80%	We now have the results of the latest round of stakeholder perceptions work and this measure has stayed broadly stable at 57%.	<b>Complete</b> – below target	Head of Policy, Public Affairs

No.	Operational Plan	Description	Target	Progress	Progress Status (April - August)	Lead
		quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%)				and Research and Insight
11.	<b>Evidence, Engagement and Influencing</b>	At least 2 major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence.	2	<p>Further to cost-of-living research success highlighted in last report:</p> <p>Our evidence on inadequate 6-week post-natal checks, especially to assess women's mental health needs, informed NHSE's new Three-year delivery plan for maternity and neonatal services in March 2023. The plan says GPs will get additional guidance on carrying out the 6-week checks.</p> <p>Many of our calls of recent years to improve GP access (including reports on virtual appointments during Covid and ongoing feedback we've shared from the network) have been accepted by DHSC and NHSE in their joint Delivery plan for recovering access to primary care, published in May 2023, which has an explicit commitment to ending the '8am rush' by funding practices to introduce digital telephony and train receptionists as care navigators so they can help patients at first point of contact and not tell them to ring back the next day. Healthwatch is named in the report as one of the stakeholders that informed the plan.</p>	<b>On Track</b>	Head of Policy, Public Affairs and Research and Insight

No.	Operational Plan	Description	Target	Progress	Progress Status (April - August)	Lead
<b>STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement</b>						
12.	<b>Evidence, Engagement and Influencing</b>	75% of local Healthwatch routinely (at least quarterly) sharing data and reports with us via the CDS (Currently at 51%)	75%	77 LHW have now shared data with us via the data sharing platform. This is over half of the network.	<b>On Track</b>	Head of Policy, Public Affairs and Research and Insight
13.	<b>Organisational Development</b>	Completion of a financial sustainability model for Healthwatch England	Completion	Our Leadership Team is currently reviewing our present budget, contemplating potential financial scenarios for 2024-25, and examining financial sustainability models for HWE.	<b>On Track</b>	Head of Operations, Finance and Development
14.	<b>Equality, Equity, Diversity, and Inclusion</b>	EDI objectives in 100% of staff personal development plans.	100%	Results due in Q2	<b>Results in Q2</b>	Director of Communication, Campaign, and Insight
15.	<b>Equality, Equity, Diversity, and Inclusion</b>	90% of staff feel valued and respected in the workplace	90%	Q4 (after results of staff survey)	<b>Results in Q4</b>	Director of Communication, Campaign, and Insight

**6 Month Business Plan  
Performance Report  
April - August 2023**



**SECTION 1 PERFORMANC REPORTING AGAINST BUSINESS PLAN April – Sept 2023**

**RAG Status:**

Complete
On Track
Not on Track
Target unlikely to be met
Paused/Results due later

**STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need.**

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
1.	Increase awareness and understanding of our brand, especially amongst those facing inequalities.	Communications	<p>We have continued to promote the insight we have via the media. We have generated significant proactive and reactive coverage on a range of issues including the impact (especially on those facing inequalities) of: NHS waiting times, GP referral delays, NHS dentistry shortages, and cancelled care.</p> <p>We have also undertaken a review of our digital communications approach and put in place a new strategy to increase our use of paid-for social media, SEO, and other techniques.</p> <p>We are also on track with the development of our new joint campaign with CQC to increase feedback from people</p>	<p>Our social media reach is currently at over 3M, which is 9% higher than when compared to Apr-Aug last year.</p> <p>Our media coverage currently stands at 1.7B. Our stories have featured on the front pages of the Observer and the Times. Although this media reach is 20% less than the same period last year, we are yet to publish findings from our main policy campaigns. We have also seen 265K visitors to our website since April, this is 8% higher when compared to the same period last year.</p>	Head of Communications	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			on low incomes or from ethnic minority backgrounds. We have finished testing the potential campaign routes with these audiences and stakeholders and are finalising the campaign which will launch before Christmas.			
2.	Provide a consistent and accessible brand communications experience.	Communications	Due to capacity issues, we have paused our work to re-audit the brand and put in place a plan to strengthen it over the next three years. This work will now start in Q3. We have however continued our work to make our communications as accessible as possible and to provide resources to local Healthwatch to help them communicate the brand. For example, we have developed a new easy read template that local Healthwatch can adapt to collect feedback.	The score given by the system we use to monitor our website accessibility has increased since April. When it comes to the performance of our website content, accessibility, marketing and user experience, our average score is 93 out of 100, which is rated as 'Excellent'.	Head of Communications	Paused/ Results due later
3.	Grow number of advocates and supporters	Communications	To help inform our new supporter strategy, we have tested several approaches since April. These include: running new follower campaigns on social media	We have seen significant benefits from our approaches to attract and retain more supporters.	Head of Communications	On track



No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			to attract more supporters; increasing the news, advice, and insight we communicate to our professional and public audiences; and tailoring the content more to the interests of our audiences. We have also run several campaigns to increase engagement. These include 'Our Healthwatch Heroes' campaign to celebrate ten years of Healthwatch and communicate our impact.	Our overall follower numbers have increased by 7% since April to 57.4K. Our fastest growing channels is email marketing where we have seen a 27% increase in follower numbers. We have also seen engagement with our emails increase, with a 12%+ increase in email open and click rates.		
4.	Our digital systems increase our reach, give good user experience, and support our business objectives.	Data and Digital	The Data Sharing platform is being rolled out to the network and has received positive feedback on our legacy solutions. The surveying tool has met similar praise with the Healthwatch network now on board. The HWE survey solution is now the biggest surveying tool employed by the network.	Increased amount of data being received by HWE from the network improving the amount of data Research has available.	Digital Systems Development Manager	On track
5.	We aim to deliver faster, better quality, consistent data that is easily available to and	Data and Digital	The Survey solution continues to be rolled out to the network with 52% of the network now on the new platform.	A survey solution providing new enterprise level tools to the network and HWE. The platform delivers an improved user experience and provides increased	Digital Systems Development Manager	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
	valued by health and care system.		<p>The National Data Store (NDS) has been rolled out to our Research team and has replaced our legacy data collection solutions completely.</p> <p>The Data Sharing Platform is being rolled out to our Healthwatch network with 72 Healthwatch having sent data via this system to HWE's NDS.</p>	<p>consistency to the public interacting with HWE and the network. HWE can provide support to Healthwatch through templates and question libraries.</p> <p>The National Data Store allows for quicker creation and access datasets than legacy solutions. As this system is developed it will continue to improve by providing our Research team with better tools to carry out their roles.</p> <p>Data Sharing Platform allows LHW to share data with HWE easily which will lead to more data being received.</p>		
6.	Ensuring that the projects we undertake are designed to deliver real-world impact on addressing inequalities in access to and outcomes from people's exp	Equalities, Equity, Diversity, and Inclusion	<p>In early June, we published our findings on the cost of living, particularly emphasizing different age groups, individuals receiving means-tested benefits, and those receiving disability benefits.</p> <p>Additionally, we shared four blog posts that highlighted</p>		Director of Communications, Campaign, and Insights	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
	erience of Health and Care		<p>significant aspects derived from our qualitative research on maternal mental health.</p> <p>We have scoped a project on women's health.</p>			
7.	Ensuring that we continue to develop an evidence base that focuses on demographics and geographic spread to provide a reflective sample.	Equalities, Equity, Diversity, and Inclusion	We have seen variation in the percentage of Healthwatch data that contains age, gender, and ethnicity categorisation from 45% in Quarter 1 to 20% in quarter 2. We continue to include the importance of collecting demographic data in our communications; we are using opportunities such as peer networks to understand and address barriers	Informs analysis, including regarding health inequalities	Head of Network Development	Not on track
8.	Further promote local Healthwatch interventions on Equality Diversity and understanding the impact that it is having. Share good practice across the network.	Equalities, Equity, Diversity, and Inclusion	We have offered funding up to £5000 to support Healthwatch on work to tackle inequalities and share learning with other Healthwatch. We have a quarterly EDEI peer network meeting where people meet to promote good practice and share challenges. We have commissioned quarterly core training to help people understand EDEI and how to apply it in their work, as well	Healthwatch are better able to reach, engage and involve people who face discrimination and inequalities leading to improvements and access to Healthwatch	Head of Network Development	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			as sessions on engaging LGBTQIA communities, disability awareness and equity and understanding race. We also have quarterly sessions to upskill local Healthwatch in producing easy read materials.			
9.	People and communities are involved in the planning, development of health and care services and their feedback is gathered and used to improve them.	Local Healthwatch Relationships	We are carrying out an analysis of all Healthwatch annual reports which were shared with Healthwatch England on 30 June.	We will gain an understanding of the impact Healthwatch have achieved, individually and collectively in improving health and care services. We will support Healthwatch to ensure they are communicating the impact they achieve effectively.	Head of Network Development	On track
10.	The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch.	Local Healthwatch Relationships	National Committee considered a review of the current model and initial work on alternative models in August and requested further work on the models for consideration in November.	This work is seeking to ensure continued and improved Healthwatch effectiveness, given changes in the health and care system	Head of Network Development	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
11.	Healthwatch England and local Healthwatch effectively collaborative ensuring that people's feedback creates service improvements locally and changes in national policy where needed.	Local Healthwatch Relationships	Sarah Fletcher, CEO Healthwatch Lincolnshire joined Chris McCann to give oral evidence to the Parliamentary Health and Social Committee on dentistry; Healthwatch Bolton's work on cervical screening has informed Healthwatch England's project on women's health as well as being cited as part of Labour Party Round Table event	Health and Social Care Committee report called for fundamental reform of NHS dentistry.	Head of Network Development	On track

**STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them**

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
12.	Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.	Evidence, Engagement and Influencing	The new analysis model which focuses our ongoing analysis on three key areas a month has so far delivered richer insight on aspects of health and social care.	We have been able to publish more insight on our website as blogs, linked to our policy lines.	Head of Policy, Public Affairs and Research and Insight	On track
			We have contacted every Healthwatch about using the data sharing	To date 100 Healthwatch have accounts on the test site and 77	Head of Network Development	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			platform to share data with us.	have shared data via the live site.		
			The Research and Insight Team completed uploading the backlog of 400 reports in early June.	Our website is now more up to date with our research.	Head of Policy, Public Affairs and Research and Insight	Complete
			We have developed necessary functions to the National Reports Library for LHW to upload report. However, further capacity is required to promote a culture in which LHWs are uploading reports.	LHW now able to upload reports and website content richer.	Head of Policy, Public Affairs and Research and Insight / Head of Network Development	On track
13.	Our priority areas, approaches and recommendations are designed with and informed by those with direct experience.	Evidence, Engagement and Influencing	<p>We have published four blogs on key themes from our qualitative research on maternal mental health:</p> <ul style="list-style-type: none"> <li>• An introductory blog</li> <li>• Continuity of carer</li> <li>• Accessing services</li> <li>• Agency and miscommunication</li> </ul>	Our evidence on inadequate 6-week post-natal checks, especially to assess women's mental health needs, informed NHSE's new Three-year delivery plan for maternity and neonatal services in March 2023. The plan says GPs will get additional guidance on carrying out the 6-week checks.	Head of Policy, Public Affairs and Research and Insight	Complete
			We have put scoping on a joint project with LHW on Inpatient Mental		Head of Policy, Public Affairs and	Paused

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			Health Units on hold until Q3 2023/24 due to capacity issues in the policy and research teams.		Research and Insight	
			We have agreed a project on women's experiences to influence changes that would raise awareness and improve access to cervical cancer screening.		Head of Policy, Public Affairs and Research and Insight	On track
14.	We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations.	Evidence, Engagement and Influencing	To support LHW, we have identified we need to provide further guidance to the network on GDPR and sharing data with other Healthwatch across an ICS area. We have sought advice from our data protection specialist so that we can write useful guidance.	We anticipate that the benefits will be better collaboration between LHW organisations within ICSs.	Head of Policy, Public Affairs and Research and Insight	On track
			Though we are having conversations with NHSE about how we can support ICS development, capacity is stretched and due to lack of resource we have not been able to progress the development of a regional public affairs strategy.		Head of Policy, Public Affairs and Research and Insight	Not on track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			<p>On parliamentary engagement on the long-term sustainability of the network, DHSC has indicated that major legislative change is unlikely in the foreseeable future about any new Healthwatch model.</p> <p>However, the policy team has developed a General Election plan that includes discussions with parties and MPs, not just on key priorities for patients and the public but also about the value of Healthwatch and wider public involvement.</p>		Head of Policy, Public Affairs and Research and Insight	Not on track
			<p>Scoping is well advanced for the diagnostic hubs project. We are aiming to have developed a policy research project by September 2023. Due to capacity issues in both the policy and research teams, scoping for the virtual wards project will be paused until 2024/25.</p>		Head of Policy, Public Affairs and Research and Insight	On track



No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
15.	Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.	Evidence, Engagement and Influencing	<p>On social care, we have completed the research element and have 14 stories from across the country highlighting people's experiences at different stages of their social care journey.</p> <p>The team have also met with ADASS, the King's Fund and various charities to discuss upcoming campaign and partnership opportunities. However, due to capacity and team turnover, there will be a slight delay presenting campaign and follow-up research plans to LT and committee.</p>	Bank of evidence relating to patient experience of social care has begun to be developed to inform future influencing work.	Head of Policy, Public Affairs and Research and Insight	Not on track
16.			The focus of our primary care work is on pharmacy and GPs to track how well the primary care recovery plan works. Our policy research proposal has been finalised and we've commissioned 12 Healthwatch from across the country to interview two members of the public and one pharmacist/member of pharmacy staff.	Local Healthwatch engaged.	Head of Policy, Public Affairs and Research and Insight	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
17.			On stakeholder perceptions, all parts of the polling/interviews have been completed and Savanta have delivered all final reports and raw data. Urte presented key findings to committee in May and held a webinar to share headline findings with local Healthwatch in July.	Insight from this exercise is now informing future research and policy work.	Head of Policy, Public Affairs and Research and Insight	Complete
18.			Most policy positions have now been published. A few are remaining but are scheduled for publication in the comms planner. Web page to host all policy positions has been built and is now live. Policy and comms will ensure regular updates of the positions.	Website updated with clear policy positions across different areas of health and care.	Head of Policy, Public Affairs and Research and Insight	On track
19.			Policy and comms are working together to develop web channels for sharing more policy focused content.	In line with the new analysis model, we've been able to publish longer insight and policy pieces with links to our policy positions on linked subjects.	Head of Policy, Public Affairs and Research and Insight	On track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
20.			<p>Our work on referrals continues. The first blog on cancer referrals was published at the end of July 2023. We've drafted another blog on the findings on mental health and neurodivergence which is scheduled for publication in October.</p>	<p>The work on cancer referrals was covered extensively in media, including on the front page of The Observer.</p>	<p>Head of Policy, Public Affairs and Research and Insight</p>	On track
21.			<p>For NHS 75, we undertook sentiment analysis of data from patients over the last four years in key service areas.</p> <p>Thematic briefings on the following:</p> <ul style="list-style-type: none"> <li>• Prevention and technology</li> <li>• Personalisation and choice</li> <li>• Patient and public participation</li> <li>• Strengthening primary and community care</li> <li>• Partnerships</li> </ul>	<p>NHSE referred to this work in its anniversary publication in June 2023, The NHS in England at 75: priorities for the future, including the '75,663 pieces of feedback shared...between April 2019 and March 2023'</p>	<p>Head of Policy, Public Affairs and Research and Insight</p>	Complete

**STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement.**

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
22.	Healthwatch England is a workplace that demonstrates exemplary practice in Equalities Diversity Equity and Inclusion	Equalities, Equity, Diversity, and Inclusion	<p>Our staff have now completed a two-year EDI training programme to create a workplace where everyone, regardless of differences in background or identity, feels valued, respected, and included.</p> <p>Further EDI training will be rolled out to all staff, and we will monitor our EDI performance through appraisals to ensure our culture and practices promote and embraces EDI.</p>	<p>Through this programme, staff have gained in-depth knowledge and understanding of equality, diversity, and inclusion, and developed the skills to recognise and address various forms of unconscious bias. This knowledge and skills acquisition will enhance personal and professional growth, foster a more positive work environment, increase staff morale, and motivation. Furthermore, it will contribute positively to our organisational culture by ensuring that everyone feels valued, respected, and</p>	Director of Communication, Campaigns and Insight / Head of Operation, Finance and Development	On Track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
				included, regardless of their background, identity, or beliefs.		
23.	<p>We will support and develop staff to ensure they have the right skills to deliver on our strategic goals.</p> <p>We will create a formalised and equitable process for requesting training and development opportunities.</p>	Organisational Development	<p>We have now developed a new learning and development programme to ensure that all staff feel there is equity in our training and development opportunities.</p> <p>All staff have also completed a personal development plan (PDP) to enhance their career development.</p>	<p>By prioritising learning and development through equitable opportunities and PDPs, we can cultivate a culture of continuous learning, ensuring the longevity of our organisation and the professional growth of our staff.</p> <p>By ensuring equity in learning and development opportunities, we can create a more diverse and inclusive workplace and mitigate any implicit bias or microaggressions that may arise</p>	Head of Operations, Finance and Development	Complete

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
				from a lack of diverse opportunities.		
24.	Our committee will be diverse and maintain the highest standards of governance.	Organisational Development	On the 1st of June, we welcomed a new Committee Chair, and appointed one additional member to the committee who started in September. Furthermore, we conducted a review of the committee's Standing Orders and Accountability Framework, which received approval during the May committee meeting.	The new appointments bring fresh perspectives and expertise to the committee, contributing to better decision-making and guidance for our organisation. Additionally, the review of the Standing Orders and Accountability Framework serves to ensure that Healthwatch England operates within the parameters of its mandate and complies with all relevant laws and regulations.	Head of Operations, Finance and Development	Complete
25.	Healthwatch England will maintain its financial viability and maximize the use of its resources, by exploring every possible	Organisational Development	We recently received a reduction in our internal recharges of £56k, which included reducing our office	A reduction in our internal recharges has freed up additional resources that can	Head of Operations, Finance and Development	On Track

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
	avenue for raising funding and revenue.		desks from seven to five.  Additionally, we are currently exploring a financial sustainability model and plan to have a committee session on Financial Sustainability in Q3.	be allocated towards other priorities or activities.		
26.	We will create a new process with committee and staff to establish a new culture set within our organisation.	Organisational Development	During the committee workshop in July, we presented our plan for refreshing our culture and sought guidance and expertise from committee members on executing a culture refresh programme. The committee expressed satisfaction with our proposal and imparted valuable insights, which we will incorporate into our implementation of the new culture.		Head of Operations, Finance and Development	On Track
27.	Our programme management framework effectively manages our projects, resources, risks, and changes to achieve the goal set in our strategy.	Organisational Development	Our programme management framework has undergone a review, and we have implemented a more reliable framework that efficiently manages all our strategic projects	A more reliable programme management framework has enabled us to ensure a more efficient management of all our projects,	Head of Operations, Finance and Development	Complete – ongoing monitoring and reviewing (BAU)

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			while ensuring successful delivery. We have also enhanced the format of our performance report to reduce repetition when reporting to management and committee.	identify and manage potential risks early in the project cycle, reducing the likelihood of project failure and clearer and more effective communication.		
28.	We will have a consolidated process for handling and responding to our complaints, enquiries, and Freedom of Information requests (FOI).	Organisational Development	Commencement of this task has been postponed to December due to other work priorities taking precedence, such as finance, however the monthly LT meeting now has a standing item that keeps track of all complaints and FOI requests.		Head of Operations, Finance and Development	Not on Track
29.	We will have an intranet service so that staff can stay informed and have easy access to our business information.	Organisational Development	We have formed a task working group to oversee the delivery of our new intranet site project. At present, we are in the process of scoping the details to be included on the site and arranging training on how to create communication pages		Head of Operations, Finance and Development	On Track



No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			<p>that will be linked with SharePoint intranet.</p> <p>We are working with CQC, who are also developing a new intranet site that will include our presence on their site. The launch of the new intranet site is expected to take place in March 2024.</p>			
30.	We will develop an internal audit programme to identify areas of concern, so we gain further assurance on our operations.	Organisational Development	<p>During the AFRSC meeting on July 20, the process of internal audits on our processes and systems by PWC was presented. For a small organisation, we currently provide assurance to HWE AFRSC and committee, various CQC entities and our DHSC Sponsor team, all of which have expressed that they are receiving a high level of assurance. Given this level of assurance an internal audit was not recommended.</p> <p>However, a Management Assurance Framework, (peer-to-peer review)</p>		Head of Operations, Finance and Development	Complete – ongoing assurance

No.	Objective	Area of work	Progress Update	Benefits or Impacts	Owner / Lead	RAG Status
			with a focus on high-risk areas such as data management is being explored.			

**AGENDA ITEM 1.8 (b)**

**AGENDA ITEM:** Healthwatch England Business Plan 2023-24

**PRESENTING:** Sandra Abraham

**PREVIOUS DECISION:** Committee approved the six-month business plan Approval (April -September 2023) at the May committee meeting.

**EXECUTIVE SUMMARY:** The following annual Business Plan (2023-24) extends the six-month plan and includes the main objectives we plan to achieve from October 2023 to March 2024.

**RECOMMENDATIONS:** Committee Members are asked to APPROVE this Business Plan.

## Background

In May 2023, the committee approved a six-month business plan, which enabled us to remain agile and adaptable to the shifts within our internal and external environment. As we approach the end of the six-month business plan, the Leadership Team reviewed and evaluated our progress and produced an annual business plan as an extension of the six-month plan agreed in April. This plan ensures our activities are aligned with the changing environment and allocated resources.

Changes or additions to the business plan have been highlighted in blue text. In the next financial year, we will develop and present a comprehensive two-year business plan, 2024-2026. This plan will outline our goals and objectives, providing a strategic roadmap for our organisation for the next two years.

Committee Members are asked to APPROVE this Business Plan.

**DRAFT**

# HEALTHWATCH ENGLAND

**Business Plan April 2023 – March 24**

## SECTION ONE: Business Objective Setting

### Communications

**STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need.**

No.	Our Aims	Activities	Owner / Lead	Deadlines
1.	Increase awareness and understanding of our brand, especially amongst those facing inequalities.	<ul style="list-style-type: none"> <li>Develop new campaign platform to target those facing health inequalities in partnership with CQC.</li> <li>Support communication of the state of patient experience report and communicate other key insights (cost of living, GP referrals etc.)</li> <li>Develop new strategy covering search, social and referrals.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Communications</li> <li>Head of Communications &amp; Research and Insight Manager</li> <li>Head of Communications</li> </ul>	<ul style="list-style-type: none"> <li>December 2023</li> <li>March 2024</li> <li>October 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadlines
2.	Provide a consistent and accessible brand communications experience.	<ul style="list-style-type: none"> <li>• Audit brand, roll updated trademark and develop plan to strengthen brand until 2026.</li> <li>• Work with development team to improve network communications and carry out a review of network channels, including the network site.</li> <li>• Develop one network marketing, content and campaigns approach.</li> <li>• Work with digital to support website roll out and content syndication</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Communications</li> <li>• Head of Communications, Head of Network Development &amp; Digital Systems Development Manager</li> <li>• Head of Communications &amp; Head of Network Development</li> <li>• Head of Communications &amp; Digital Systems</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• March 2024</li> <li>• December 2024</li> <li>• March 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadlines
			Development Manager	
3.	Grow number of advocates and supporters	<ul style="list-style-type: none"> <li>Develop a supporter strategy for professionals and the public.</li> <li>Start rolling review of communication channels and systems</li> </ul>	<ul style="list-style-type: none"> <li>Head of Communications &amp; Research and Insight Manager</li> <li>Head of Communications</li> </ul>	<ul style="list-style-type: none"> <li>December 2024</li> <li>November 2023</li> </ul>

## Data and Digital

**STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need.**

No.	Our Aims	Activities	Owner / Lead	Deadline
4.	In 2022/23 we put the fundamental building blocks in place. We will continue to	<ul style="list-style-type: none"> <li>A six-month period will be required to bed in the new</li> </ul>	<ul style="list-style-type: none"> <li>Digital Systems Development Manager</li> </ul>	<ul style="list-style-type: none"> <li>August 23</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
	<p>develop digital and data systems support the public to understand how sharing their experience makes a difference through change at national, regional, and local levels.</p>	<p>systems delivered at the end of 22/23.</p> <ul style="list-style-type: none"> <li>Scoping of long-term strategic vision for digital will begin including development of Feedback and customer journey (Network Relationship)</li> </ul>	<ul style="list-style-type: none"> <li>Digital Systems Development Manager. Director of C I and C</li> </ul>	<ul style="list-style-type: none"> <li>January 24</li> </ul>
5.	<p>Our digital systems increase our reach, give good user experience, and support our business objectives.</p>	<ul style="list-style-type: none"> <li>Finish migration of local Healthwatch websites to Drupal 9</li> <li>Transfer of website management from Comms to Digital</li> <li>Integrate website with National Data Store</li> </ul>	<ul style="list-style-type: none"> <li>Digital Systems Development Manager</li> <li>Digital Systems Development Manager</li> <li>Digital Systems Development Manager</li> </ul>	<ul style="list-style-type: none"> <li>March 24</li> <li>March 24</li> <li>March 24</li> </ul>
6.	<p>We aim to deliver faster, better quality, consistent data that is</p>	<ul style="list-style-type: none"> <li>Set clear objectives to collect and share demographic data.</li> </ul>	<ul style="list-style-type: none"> <li>Digital Systems Development Manager</li> </ul>	<ul style="list-style-type: none"> <li>March 24</li> </ul>



No.	Our Aims	Activities	Owner / Lead	Deadline
	easily available to and valued by health and care system	<ul style="list-style-type: none"> <li>• Extend analysis tools to allow view by ICS area.</li> <li>• Backlog to be uploaded to the reports library by August 2023.</li> <li>• Promotion of SMART Survey.</li> <li>• Work with CQC on data sharing.</li> <li>• <b>ADDITION:</b> Development of an evidence model</li> <li>• <b>ADDITION:</b> Development of a polling panel framework</li> </ul>	<ul style="list-style-type: none"> <li>• Digital Systems Development Manager</li> <li>• Research Insight Manager</li> <li>• Digital Systems Development Manager</li> <li>• Director of Communications, Campaign &amp; Insight</li> <li>• Research Insight Manager</li> <li>• Research Insight Manager</li> </ul>	<ul style="list-style-type: none"> <li>• March 24</li> <li>• July 23 (complete)</li> <li>• March 24</li> <li>• March 24</li> <li>• March 24</li> <li>• March 24</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline

## Equalities, Equity, Diversity, and Inclusion

**STRATEGIC AIM ONE:** To support more people who face the worst outcomes to speak up about their care and access the advice they need.

**STRATEGIC AIM THREE:** To be a more effective organisation and build a stronger Healthwatch movement

No.	Our Aims	Activities	Owner / Lead	Deadline
7.	Ensuring that the projects we undertake are designed to deliver real-world impact on addressing inequalities in access to and outcomes from people's experience of Health and Care	<ul style="list-style-type: none"> <li>• Publish findings on Cost of Living (testing new methods)</li> <li>• Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs.</li> <li>• Scope our plans for later in the year on women's health</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Comms, Campaigns and Insight</li> <li>• Head of Policy public Affairs and Campaigns</li> <li>• Head of Policy Public Affairs and Campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• May 23</li> <li>• June 2023</li> <li>• September 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>Develop new campaign platform to target those facing health inequalities.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Policy Public Affairs and Campaigns</li> </ul>	<ul style="list-style-type: none"> <li>March 2024</li> </ul>
8.	Ensure that we continue to develop an evidence base that focuses on demographics and geographic spread to provide a reflective sample	<ul style="list-style-type: none"> <li>Promote the benefits of the new NDS to local Healthwatch who previously not shared data</li> <li>Set up ongoing programme to manage incoming volumes of data and support better sampling of our data.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Network Development</li> <li>Research Insight Manager</li> </ul>	<ul style="list-style-type: none"> <li>March 24</li> <li>March 24</li> </ul>
9.	Further promote local Healthwatch interventions on Equality Diversity and Inclusion, understanding the impact that this is having. Share good practice across the network.	<ul style="list-style-type: none"> <li>Updated network roadmap on EDI.</li> <li>Develop improved approach to understanding demographic make-up of local Healthwatch.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Network Development</li> <li>Head of Network Development</li> </ul>	<ul style="list-style-type: none"> <li>To be reviewed Sept 2023</li> <li>Demographic data collected Nov</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
10.	Healthwatch England is a workplace that demonstrates exemplary practice in Equalities Diversity Equity and Inclusion	<ul style="list-style-type: none"> <li>• Delivery of the second half of our EDI training Programme to cover - Recognising and avoiding microaggressions, Delivering an inclusive and equitable workplace, Inclusive Leadership.</li> <li>• <b>ADDITION:</b> Identify and rollout continued EDI training for all staff to include working with a diverse group of people.</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Communication, Campaigns and Insight &amp; Head of Operation, Finance and Development</li> <li>• Director of Communication, Campaigns and Insight &amp; Head of Operation, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>• July 2023</li> <li>• March 2024</li> </ul>

## Evidence, Engagement and Influencing

**Strategic Aim Two: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them**

No.	Our Aims	Activities	Owner / Lead	Deadline
11.	Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to.	<ul style="list-style-type: none"> <li>Conduct gap analysis of volume, quality and geographic spread of data shared with us. This will support ongoing efforts to ensure our evidence is more reflective of target communities and allow increasing use of sampling of our data.</li> <li>Promote the benefits of the new NDS to local Healthwatch who previously not shared data.</li> <li>Backlog to be uploaded to the reports library by August 2023.</li> </ul>	<ul style="list-style-type: none"> <li>Research and Insight Manager</li> <li>Head of Network Development</li> <li>Research and Insight Manager</li> </ul>	<ul style="list-style-type: none"> <li>March 2024</li> <li>March 2024</li> <li>July 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>• <b>AMENDMENT:</b> Upload function for reports library to be fully operational and <b>production of guidance for LHW to add</b> their own reports.</li> </ul>	<ul style="list-style-type: none"> <li>• Digital Systems Development Manager</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> </ul>
12.	Our priority areas, approaches and recommendations are designed with and informed by those with direct experience	<ul style="list-style-type: none"> <li>• Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs.</li> <li>• <b>AMENDMENT:</b> <b>Stakeholder engagement and policy scoping on mental health to better understand influencing potential in this area for 2024/25.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Head of Policy, Public Affairs and Research and Insight &amp; Research and Insight Manager</li> <li>• Head of Policy, Public Affairs and Research and Insight &amp; Research and Insight Manager</li> <li>• Head of Policy, Public Affairs and</li> </ul>	<ul style="list-style-type: none"> <li>• COMPLETE</li> <li>• January 2024</li> <li>• July 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>• Scope out plans for later in the year on women’s health:</li> <li>• Delivery of women’s health project focused on poor uptake of cervical screening among certain demographic groups. These include black and Asian women.</li> <li>• <b>AMENDMENT AND MOVED FROM LINE 13:</b> Delivery of project assessing the development of diagnostic hubs</li> <li>• <b>AMENDMENT AND MOVED FROM LINE 14:</b> Continue work on access to primary care – with delivery of projects on pharmacy and GPs</li> <li>• <b>MOVED FROM LINE 13:</b> Scoping of project assessing patient experience of virtual wards</li> </ul>	<ul style="list-style-type: none"> <li>• Research and Insight &amp;</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• March 2024</li> <li>• January 2024</li> <li>• January 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
			Research and Insight	
13.	We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations.	<ul style="list-style-type: none"> <li>• Support local Healthwatch to collaborate and influence across ICS areas.</li> <li>• Develop our regional public affairs strategy which tracks LHW across all ICS.</li> <li>• Develop parliamentary engagement plans for long-term sustainability of the network.</li> <li>• <b>ADDITION:</b> Update stakeholder map with clarity on individuals within Healthwatch England with responsibility for maintaining</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Network Development</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> <li>• Head of Policy, Public Affairs and Research and Insight</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• March 2024</li> <li>• March 2024</li> <li>• December 2023</li> </ul>



No.	Our Aims	Activities	Owner / Lead	Deadline
		<p>positive relationships with external stakeholders</p> <ul style="list-style-type: none"> <li>• <b>MOVED FROM LINE 14:</b> Complete final scoping of social care campaign and launch.</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Policy, Public Affairs and Research and Insight</li> </ul>	<ul style="list-style-type: none"> <li>• December 2023</li> </ul>
14.	<p>Increase our influence and provide greater support to the network to ensure that policy changes are driving real world improvements.</p>	<ul style="list-style-type: none"> <li>• Continue work on access to primary care – with new focus on eye health and pharmacy.</li> <li>• Complete round three of stakeholder perceptions research.</li> <li>• <b>AMENDMENT:</b> Build upon, and update, policy position statements on the website.</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Policy, Public Affairs, Research and Insight</li> <li>• Head of Policy, Public Affairs, Research, and Insight</li> <li>• Head of Policy, Public Affairs, Research, and Insight</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• July 2023</li> <li>• March 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>• <b>AMENDMENT:</b> Work with comms to <b>expand reach of insight pieces and</b> develop web channels for sharing more policy focused content.</li> <li>• Follow up on findings from Referrals project with phase 2 findings and support network to promote.</li> <li>• <b>ADDITION:</b> <b>Development of evaluation processes to track and increase influence following projects</b></li> </ul>	<ul style="list-style-type: none"> <li>• Head of Policy, Public Affairs, Research, and Insight</li> <li>• Research and Insight Manager</li> <li>• Head of Policy, Public Affairs, Research and Insight</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• March 2024</li> <li>• January 2023</li> </ul>

## Local Healthwatch Relationship

**STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need.**

No.	Our Aims	Activities	Owner / Lead	Deadline
15.	People and communities are involved in the planning, development of health and care services and their feedback is gathered and used to improve them.	<ul style="list-style-type: none"> <li>Develop a clear narrative which makes a compelling case for why listening to people leads to better health and well-being, including contribution of Healthwatch.</li> <li>Develop an action plan to embed a culture of listening across health and care organisations and the value of Healthwatch.</li> </ul>	<ul style="list-style-type: none"> <li>Chief Executive Officer &amp; Head of Communications</li> <li>Head of Network Development</li> </ul>	<ul style="list-style-type: none"> <li>December 2023</li> <li>January 2024</li> </ul>
16.	The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch.	<ul style="list-style-type: none"> <li><b>AMENDMENT:</b> Scope updated Healthwatch model (NDT to scope, Policy team to promote with stakeholders):</li> </ul>	<ul style="list-style-type: none"> <li>Head of Network Development &amp; Head of Policy, Public Affairs and Research and Insight</li> </ul>	

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>○ Share options with Healthwatch and Commissioners</li> <li>○ Commence ICS commissioned pilot</li> </ul>		<ul style="list-style-type: none"> <li>● October – December 2023 (Q3)</li> <li>● October – December 2023 (Q3)</li> </ul>
17.	Healthwatch England and local Healthwatch effectively collaborate ensuring that people’s feedback creates service improvements locally and changes in national policy where needed.	<ul style="list-style-type: none"> <li>● <b>AMMENDMENT:</b> Consult and re-define Healthwatch England &amp; local Healthwatch collaborative approach and support offer and communications with the Network. (2023): <ul style="list-style-type: none"> <li>○ Deliver collaborations on Children and Young people; Maternity; Income Generation/sustainability; Promote tackling inequalities opportunities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Head of Network Development</li> </ul>	<ul style="list-style-type: none"> <li>● March 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>• <b>AMMENDMENT</b> Support Healthwatch and ICBs:               <ul style="list-style-type: none"> <li>○ Set up ICS Leads Q3; Support delivery of NHSE action Learning sets for ICBs/HW</li> </ul> </li> <li>• <b>AMMENDMENT</b> Support local authorities on Healthwatch commissioning:               <ul style="list-style-type: none"> <li>○ Hold reference Group to consider contract monitoring and new model; Deliver 4 Commissioner events</li> </ul> </li> <li>• <b>AMMENDMENT</b> Provide more support for network communications and carry out a review of network channels, including the network site (Development team, comms and digital):</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Network Development</li> <li>• Head of Network Development</li> <li>• Head of Network Development, Head of Communications &amp; Digital Systems</li> </ul>	<ul style="list-style-type: none"> <li>• October – December 2023 (Q3)</li> <li>• November – December 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<ul style="list-style-type: none"> <li>○ Transfer management of network email, Facebook workplace and network site.</li> <li>○ Start review of Network site.</li> <li>○ Rebuild of Network site.</li> <li>• NDT to support data and report sharing (Digital, research)</li> <li>• <b>AMMENDMENT:</b> Delivery of Healthwatch face to face event (Healthwatch conference - Sept), plus two</li> </ul>	<ul style="list-style-type: none"> <li>Development Manager</li> <li>Digital Systems Development Manager &amp; Research and Insight Manager</li> <li>Programme Events Manager</li> </ul>	<ul style="list-style-type: none"> <li>• August – September 2023</li> <li>• October – November 2023</li> <li>• January – June 2024 (Q4/Q1)</li> <li>• March 2024 (Ongoing)</li> <li>• September 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<p>online events aligned to strategy:</p> <ul style="list-style-type: none"> <li>○ Lead Officers Conference</li> <li>○ Awards and Policy Conference</li> </ul> <ul style="list-style-type: none"> <li>• <b>AMMENDMENT</b> Introduce core skills framework and L&amp;D Calendar: <ul style="list-style-type: none"> <li>○ Prepare participation reporting</li> </ul> </li> <li>• <b>AMMENDMENT:</b> Support local Healthwatch to work effectively with CQC, including adapting to new CQC model: <ul style="list-style-type: none"> <li>○ local Healthwatch and new CQC teams supported to work effectively together; Agree indicator with</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Learning and Development Manager</li> <li>• Head of Network Development</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• September 2023</li> <li>• March 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<p>CQC to measure effectiveness by March 2024</p> <ul style="list-style-type: none"> <li>• <b>ADDITION:</b> Collect, analyse and report on Healthwatch Effectiveness, including local Healthwatch outcomes: <ul style="list-style-type: none"> <li>○ Report on local Healthwatch Outcomes</li> <li>○ Produce State of Network Report</li> </ul> </li> <li>• <b>ADDITION:</b> Engage with local Healthwatch about development and uptake of Healthwatch values and behaviours: <ul style="list-style-type: none"> <li>○ Deliver 4 Healthwatch Events</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Head of Network Development</li> <li>• Head of Network Development</li> </ul>	<ul style="list-style-type: none"> <li>• October 2023</li> <li>• February 2024</li> <li>• October 2023 – March 2024 (Q3/Q4)</li> </ul>



## Organisational Development

### Strategic Aim Three: To be a more effective organisation and build a stronger Healthwatch movement

No.	Our Aims	Activities	Owner / Lead	Deadline
18.	<p><b><i>Learning and Development</i></b></p> <p>We will support and develop staff to ensure they have the right skills to deliver on our strategic goals.</p> <p>We will create a formalised and equitable process for requesting training and development opportunities.</p>	<ul style="list-style-type: none"> <li>• Produce an Organisational Development plan.</li> <li>• Produce and implement a training agreement for any professional courses sponsored by Healthwatch England.</li> <li>• Produce a guideline and ensure that all staff have a personal development plan (PDP) set for 2023-24.</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Communications, Campaign and Insight &amp; Head of Operations, Finance and Development</li> <li>• Head of Operations, Finance and Development</li> <li>• Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>• June 2023</li> <li>• June 2023</li> <li>• June 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
19.	<p><b><u>Governance</u></b> Our committee will be diverse and maintain the highest standards of governance.</p>	<ul style="list-style-type: none"> <li>• New committee members will be appointed upon the appointment of the new Chair or interim chair in Q1.</li> <li>• An interim governance review (Standing Orders. Cttee size) will be complete in Q1.</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Executive Officer and Head of Operations, Finance and Development</li> <li>• Director of Communications, Insight and Campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• June 2023</li> <li>• June 2023</li> </ul>
20.	<p><b><u>Finance</u></b> Healthwatch England will maintain its financial viability and maximize the use of its resources, by exploring every possible avenue for raising funding and revenue.</p>	<ul style="list-style-type: none"> <li>• We will carry out scoping work for a three-year financial sustainability model.</li> <li>• Review supplier contracts before renewal on a rolling basis</li> <li>• <b>ADDITION:</b> Conduct a committee session on financial sustainability in Q3 (2023-24)</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>• January 2024</li> <li>• March 2024</li> <li>• January 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
21.	<p><b><u>Culture and Behaviours</u></b></p> <p>We will create a new process with committee and staff to establish a new culture set within our organisation.</p>	<ul style="list-style-type: none"> <li>• Create a new process with committee and staff to establish a new culture set within our organisation.</li> <li>• <b>ADDITION:</b> Produce quarterly report on staff diversity for committee and the Leadership Team</li> </ul>	<ul style="list-style-type: none"> <li>• Chief Executive/Culture Champion Group</li> <li>• Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>• March 2024</li> <li>• March 2024</li> </ul>
22.	<p><b><u>Service Level Agreements (SLAs)</u></b></p> <p><b>ADDITION:</b></p> <p>Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work.</p>	<ul style="list-style-type: none"> <li>• Review SLAs to ensure the services we are getting are exemplary and meet our needs.</li> <li>• Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving.</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>• December 2023</li> <li>• December 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
23.	<p><b><u>Review of Policies</u></b></p> <p><b>ADDITION:</b></p> <p>Healthwatch England and CQC will review the policies and processes in place to ensure they are fit for our purpose.</p>	<ul style="list-style-type: none"> <li>Review the CQC policies that govern us and produce a condensed version that is applicable to our work.</li> </ul>	<ul style="list-style-type: none"> <li>Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>March 2024</li> </ul>
24.	<p><b><u>Management of our programmes of work</u></b></p> <p>Our programme management framework effectively manages our projects, resources, risks, and changes to achieve the goal set in our strategy.</p>	<ul style="list-style-type: none"> <li>Programme Management Framework Templates to be reviewed.</li> <li>Produce quarterly performance reports for Leadership and committee</li> </ul>	<ul style="list-style-type: none"> <li>Business Manager – Finance and Performance</li> </ul>	<ul style="list-style-type: none"> <li>May 2023</li> <li>May 2023</li> </ul>
25.	<p><b><u>Enquiries &amp; Complaints</u></b></p> <p>We will have a consolidated process for handling and responding to our complaints,</p>	<ul style="list-style-type: none"> <li><b>AMEMDMENT:</b> Create a process to consolidate all</li> </ul>	<ul style="list-style-type: none"> <li>Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>March 2024</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
	enquiries and Freedom of Information requests (FOI).	handling and reporting of all enquiries, insight and FOI.		
26.	<p><b><u>Healthwatch England Intranet</u></b>            We will have an intranet service so that staff can stay informed and have easy access to our business information.</p>	<ul style="list-style-type: none"> <li>• Scope the options available for an intranet e.g. SharePoint Site and/or staff team channel.</li> <li>• Assemble a Task Force working group.</li> <li>• <b>AMENDMENT:</b> Work with Comms, CQC and the task force working group to develop and launch the Healthwatch England new intranet site.</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Operations, Finance and Development</li> </ul>	<ul style="list-style-type: none"> <li>• May 2023</li> <li>• June 2023</li> <li>• February 2024</li> </ul>
27.	<p><b><u>Programme of Internal Audit</u></b>            We will develop an internal audit programme to identify</p>	<ul style="list-style-type: none"> <li>• Investigate the audit process for Healthwatch England via CQC.</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Operations,</li> </ul>	<ul style="list-style-type: none"> <li>• July 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
	<p>areas of concern, so we gain further assurance on our operations.</p>	<ul style="list-style-type: none"> <li>Produce an assurance map of Healthwatch England.</li> </ul>	<p>Finance and Development</p>	
<p>28.</p>	<p><b><u>New Starters E-Induction</u></b></p> <p><b>ADDITION</b></p> <p>To develop and implement a comprehensive e-induction program for new employees, aimed at providing them with a seamless onboarding experience. By creating an engaging and interactive digital platform, we aim to streamline the induction process, enhance employee satisfaction,</p>	<ul style="list-style-type: none"> <li><b>Identify content and structure:</b> Determine the key information we want to include in the induction program. Plan how the content will be organized and structured to ensure a logical sequence.</li> <li><b>Create engaging content:</b> Leverage Easygenerator's features to create interactive and engaging content, including multimedia elements like videos and images, to make the induction program</li> </ul>	<ul style="list-style-type: none"> <li>Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager</li> </ul>	<ul style="list-style-type: none"> <li>October 2023</li> <li>November 2023</li> </ul>

No.	Our Aims	Activities	Owner / Lead	Deadline
		<p>more interactive and memorable for learners.</p> <ul style="list-style-type: none"> <li>• Test the user interface, content navigation, and interactive elements to ensure a seamless experience for learners. Gather feedback from a small group of users to identify any areas for improvement.</li> <li>• Launch and promote the new e-induction to New Starters.</li> </ul>		<ul style="list-style-type: none"> <li>• December 2023</li> <li>• January 2024</li> </ul>

## SECTION TWO: Budget 2023-24

<b>Budget 2023-24</b>	<b>Amount (£)</b>
Total Pay	£2,106,731
Total Non-Pay	£841,000
Healthwatch England Recharges	£252,269
<b>Total Healthwatch England Annual Budget</b>	<b>£3,200,000</b>
<b>Non-Pay detailed Budget 2023-24</b>	<b>Amount (£)</b>
Conference (Healthwatch Week)	60,000
Books Journals & Subscriptions (Comms)	13,000
Books Journals & Subscriptions (Staff)	15,000
Digital (Engagement)	60,000
Digital BAU (hosting, maintenance, support)	155,000
Digital Marketing (Subscriptions and Licences)	70,000
Digital (Piloting New Healthwatch Model)	50,000



Meeting room hire	27,000
Learning & Development (Healthwatch England Staff)	55,000
Learning & Development (local Healthwatch )	50,000
Office supplies	4,000
Printing and Design costs	55,000
Public Engagement Expenses (Campaigns)	20,000
Policy & Research Activities	155,000
Staff Travel and Subsistence	52,000
<b>Total Healthwatch England Annual Budget</b>	<b>£841,000</b>

### SECTION THREE: Commercial and Contracts

Supplier	Service Provided	Estimated Start Date of Contract	Estimated Value £
Circle Interactive Ltd	Hosting, Maintenance & System Development	1 April 2022	£131,680.00 (FY23/24)
SmartSurvey Ltd	Enterprise level survey Platform	1 April 2023	£58,360 (FY23/24)

Supplier	Service Provided	Estimated Start Date of Contract	Estimated Value £
Cision (Gorkana) and NLA Media Access Licence	Media database and monitoring	1 April 2022	£12,000 (FY23/24)
Graylings	PR Support	1 April 2022	£20,000 (FY23/24)
Allied Printed Services (APS)	Design, video and photography	1 April 2020	£40,872 (FY23/24)
Meta Workplace	Online community	1 April 2023	£31,350 (FY23/24)
BrandStencil	Brand management platform	1 June 2021	£7,000 (FY23/24)
<b>Total</b>			<b>£301,262</b>

**Links to associated documents:**

- [Strategic Risk Register 2023-24](#)
- [Key Performance Indicators and Performance Indicators 2023-24](#)

**AGENDA ITEM:** Forward Plan

**PRESENTING:** Chair

**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 2023/24**

Date	Agenda Items
Standard Items for each meeting in public	<ul style="list-style-type: none"> <li>• Welcome and Apologies</li> <li>• Declarations of Interest</li> <li>• Minutes and Actions from last meeting</li> <li>• Chair's Report</li> <li>• Chief Executive's Report</li> <li>• Committee Members' Reports</li> <li>• AFRSC Report</li> <li>• Questions from the public</li> <li>• AOB</li> </ul>
Nov 2023	<ul style="list-style-type: none"> <li>• LHW or other Presentation</li> <li>• Committee member farewells</li> <li>• Delivery and Performance Update</li> <li>• Diversity &amp; Equalities Update</li> <li>• LHW and ICS</li> </ul>
Feb 2024	<ul style="list-style-type: none"> <li>• LHW or Other Presentation</li> <li>• Delivery and Performance Update</li> <li>• Budget and establishment position for 2024/25</li> </ul>