

Healthwatch England Committee Meeting Held in PUBLIC

Online on MS Teams

Minutes and Actions from the Meeting No. 38 – 9th March 2022

Attendees

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

In Attendance

- Louise Ansari – National Director (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Jacob Lant – Head of Policy and Partnerships (JL)
- Gavin MacGregor – Head of Network Development (GM)
- Joanne Crossley – Head of Operations (JC)
- Jenny Clarke - Deputy Head of Engagement and Sustainability (JC)
- Paul Callaghan – Senior Policy Analyst (PC)
- Felicia Hodge – Committee Administrator (minute taker) (FH)

Apologies

- Pav Akhtar – Committee Member (PA)

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	<p>Agenda Item 1.1 – Welcome and Apologies</p> <p>The Chair welcomed Committee members and other attendees. He gave a special welcome to LAN the new national Director of Healthwatch England (HWE)</p>	
1.2	<p>Agenda Item 1.2 – Declaration of Interests</p> <p>There were no declarations of interest.</p>	
1.3	<p>Agenda Item 1.3 – Presentation on Unmet or Wrongly Met Needs in Health and Social Care by Nicola Clarke of Healthwatch Lincolnshire, Lisa Herrick of Healthwatch Luton and Ali Macleod of Healthwatch Salford.</p> <p>JL gave a brief introduction to the project and the key themes driving it which were:</p> <ul style="list-style-type: none"> • Poor Communications • Gaps in Information and advice • Eligibility Assessments <p>The case studies themes presented by local Healthwatch (LHW) each focused on:</p> <ul style="list-style-type: none"> • Older Person • Under 65 • Unpaid Carer 	

HW Lincs told the committee 3 stories one of which was about a 22-year-old man who was diagnosed with Asperger's Syndrome and suffered with anxiety. Although the social worker assigned to him was described as "lovely", she was not the right fit and the patient was signed off from his treatment too soon. The family felt that there was a disconnect in the understanding of autism and social care, and that the care didn't consider the young person's needs, i.e personalised support from a younger male, who would help the patient to live the best life that he could.

HW Luton told of three further case studies. One of which was about a lady of working age who needs social support. She was originally the one being cared for, but due to a series of events over the past ten years, she has now become the carer for her partner. She has had no experience of long-term support and there is disparity in the support she requires and the care of her partner, who now has mental health needs. The situation has also affected the relationship between the carer, and the person being cared for.

The committee heard about another three case studies from HW Salford. One of which was about a 41-year-old Arabic man who does not speak English well, who was completely bedbound due to an accident and had carers going in to see him four times a day. Although he was provided with personal and health care, he had no emotional and wellbeing support or support for his family. His 11-year-old daughter had been out of school for months to assist with his care. The gentleman is receiving some benefits but had been refused additional financial support. He has had no contact with Citizens Advice but had been provided with a social worker who he has not seen for five months, so they are not aware of the increasing social and financial needs of the family. This has led to the patient becoming depressed, as he was the sole breadwinner of the family and is upset to see his wife sleeping on the floor beside him, so that she can change his bandages between social carer visits.

Key observations were:

- Insufficient or no support in original location
- No consistency in care or assessments
- No long-term support
- Difficulties in understanding the process of applying for social care support, particularly in diverse communities
- Lack of communication and interaction with social workers
- Unpaid carers feeling under-valued and being unaware of support available to them
- Isolated families trying to cope alone
- People going through life changing experiences don't always give services a chance
- Negative effects on people's mental health and the relationship between patient and carer
- Insufficient local signposting of support and information for individuals
- Long waits for needs assessments and carer's assessments
- Many people fall outside the Government funding criteria and self-fund their care, particularly older people
- People didn't always recognise a social care interaction or assessment, didn't see themselves as part of the process

The committee welcomed this powerful work and made the following observations:

- The need for better information and advice signposting; for this to be proactive and accessible to all and across all services
- Expectations that are not met affect people's mental health. The stories are powerful and demonstrate the inadequacies of the system. People should know what they are entitled to, but don't, particularly older people who 'don't want to be a bother', so reluctantly seek help.
- what can be done to support marginalised groups of different cultures and where English is not their first language?

	<p>The Chair and committee noted the presentations which they found to be powerful stories and thanked PC, Lisa, Nicola and Ali for the work they are doing</p>	
1.4	<p>Agenda Item 1.4 – Minutes and actions from 8th December 2021 Committee Meeting</p> <p>The minutes from the meeting held 8th December 2021 were accepted without amendment. Committee to note the action log from the March meeting</p> <p>Matter Arising</p> <p>There were no matters arising.</p>	
1.5	<p>Agenda Item 1.5 – Chair’s Report</p> <p>The Chair gave a verbal update on activities since the last meeting.</p> <p>The chair referred to the war in Ukraine and the impact that is having on the national mood, alongside Covid.</p> <p>The Chair formally welcomed LAN, Healthwatch England's new National Director and thanked CM, his team and Healthwatch England (HWE) in carrying on the work so seamlessly in the interim since the previous national director left the organisation.</p> <p>The Chair mentioned that over the past three months the focus has been on defining Local HW place in the ICS system and that HW has an important role to play in transmitting the voice of local people into places where strategy is going to be defined. It is still to be defined how the ICS role will be performed and that of local stakeholders, including LHW at ICS levels and HWE have been assisting in this in terms of guidance and support and will continue to do so.</p> <p>The Chair referred to the resourcing challenges faced by LHW and HWE and applauded HW for doing an amazing job with a limited amount of funding. He stated that HWE have been focusing their efforts on constructive dialogues on how to best hear people's voices with DHSC, CQC and others to ensure that the resources that do exist are used to ensure that people's voices are heard in the places that they need to be heard in. The chair mentioned that the Secretary of State for Health and other parliamentarians have re-emphasised the importance of involving the people they serve. The function that HW perform and the impact we have is recognised and this is due to the hard work carried out both locally and nationally by Healthwatch.</p> <p>The Committee noted the report.</p>	
1.6	<p>Agenda item 1.6 – National Director’s Report</p> <p>LAN presented the National Director's report updating the committee on some of the main activities that have been worked on since the meeting in December 2021 and asked the committee to note the report.</p> <p>LAN started by saying that it was an honour and a privilege to take on the role of National Director. She thanked the Chair, committee and HWE staff for giving her such a warm welcome. She mentioned that she had met a lot of the staff in person and had had meetings with stakeholders. She had twice met the Secretary of State for Health and Social Care (SoS) and had inputted into the health disparities white paper and the SoS's speech. She stated the importance of patient's voices being recognised in national policies and the impact of stories in highlighting the gaps in national policy aspirations and the lived experience and the effect it has on people's lives.</p> <p>LAN referred to the report and highlighted some of the activities that are still ongoing. She mentioned the challenges referenced in the report that HWE are going to try to</p>	

	<p>address to ensure that LHW are fully embedded into the new ICS structures and the funding and sustainability situation as patient engagement is the responsibility of all the system.</p> <p>Committee members made a range of comments on the report, including</p> <ul style="list-style-type: none"> • The importance of not overlooking people with learning difficulties and other neurodiversity in the Accessible information agenda • Update on the elective care backlog - a deeper dive into the experience of waiting from selected ethnic minority groups has commenced and more information will be forthcoming in due course on this. • To what extent has HW been able to put an equalities lens on elective care recovery and cancer recovery? Work undertaken with the Kings Fund found that the waiting lists were longer in areas of social deprivation. However, this insight has not yet been broken down into ethnic groups. • Patient transport is an example of changes needed at ICS level and learning from Covid. <p>The Chair re-iterated that work is needed to encourage LHW to bring their insight together with HWE.</p> <p>DO emphasised the importance of HW being at the table at ICS level to influence funding and the strategic direction of travel in addition to decisions made about allocation of resources. HW can also be positioned as being the experts in delivery on local engagement. Committee members also mentioned that they thought that the focus on tackling inequalities and creating efficiencies will influence where money is spent rather than how much is spent, and the money being spent on supporting the community will result in socio-economic benefits of people taking more control of their lives.</p> <p>The Committee noted the ND report and the Chair thanked committee and HWE for their views.</p>	
<p>1.7</p>	<p>Agenda Item 1.7 – Committee Members Update</p> <p>The Committee members had nothing further to report for this agenda item.</p>	
<p>1.8</p>	<p>Agenda Item 1.8 – Annual Plan</p> <p>a) Business Plan & KPIs 2022/23</p> <p>CM presented the Draft Business Plan 2022/23 to the committee which outlined the top line deliverables that HWE aim to deliver in year 2 of their renewed strategy and asked for the committee's approval.</p> <p>CM explained that all staff were included in the planning. The key elements are that HWE are going to continue to support LHW to build their skills and resources they need to deliver a high- quality service and ensure that they have a strong role within the new Systems. HWE are also going to continue to strengthen their brand and improve their approach to stakeholders and the less heard from communities to share their stories. To assist with this, HWE are going to work on their systems to make it easier for LHW to share data and insights to increase and strengthen the evidence base. HWE will continue to have a strong emphasis on building and sharing our expertise and engagement to ensure that is what we are recognised for across the sector. This will ensure that more communities are involved with shaping healthcare services.</p> <p>Committee members made a range of comments including:</p> <ul style="list-style-type: none"> • The need for clarity on milestones where targets had a date for completion of March 2023. CM assured the committee that monthly programme updates, which 	

are rag rated will be undertaken throughout the year. Some KPIs, such as the stakeholder perception survey, are annual.

- Meaningful gathering of data from people from an ethnic minority background is needed. JL advised that HWE are confident that the demographic data target from LHW would be achieved based on work that has already been done. Based on the webform, there has been a sizable increase in data coming from Black, Asian and Ethnic Minority groups this year, but such an increase is not expected next year. HWE need to analyse how many people to engage with and know which communities they are hearing from. Progress will be reported to the committee throughout the year. CM added that HWE are in the early stages of their EDI work and are putting the building blocks in place. A new taxonomy is being put in place to provide a breakdown of the data received.
- HWE needs to consider what difference it intends to make and then consider where it would get its data from to inform that.
- LAN suggested that HWE gives themselves more leeway on the dates on the roadmap for the Digital transformation programme to cover recruitment of a digital manager.
- The committee questioned if 10% increase in stakeholder engagement in improving our work in health and social care is achievable. JL responded that although 10% is a big increase he is confident that with more work being done around impact, the previous target earmarked by the committee of 5% would be significantly improved on.
- Flexibility would be needed if a big project were to come up and the need for agility so that the HWE work plan aligns with LHW. CM assured the committee that the draft work plan has already been shared with LHW at a Chief Officers meeting and a public version of the workplan would be shared with LHW upon sign off. The Network Development Team and the Policy Team take account of issues the network is involved with through the Chairs and CEOs of LHW and feed these into the Business Plan at a planning stage.

The Committee Approved the report subject to the points raised above and thanked CM for his presentation.

ACTION - CM to provide a review of Annual Plan in Q3

b) Draft Budget 2022/2023

JC presented a draft budget to the committee for 2022/23 and asked them to note the budget and agree the budget figures for next year.

She informed the committee that funding had been reduced by 5% and there were challenges ahead as a result. She explained that a sizable percentage of non-pay activities will cover the digital programme, the foundations for this project have already been laid. The focus for next year will be on getting value for money and exploring further income streams.

JC explained that management recharges may see some cost savings next year, which will increase the non-pay budget. Further details about this would be forthcoming towards the end of the month. Following the AFRSC meeting last month, budget planning is being reviewed to ensure that expenditure is maximised for next year and the procurement process starts as early as possible in the financial year.

The Chair mentioned that the CQC Audit committee were satisfied with HWE assessment and control of risk.

LAN assured the committee that work will commence on providing more accurate profiling and forecasting at the beginning of the year.

The Committee Approved the Budget subject to further work by the AFRSC in April

CM

<p>1.9</p>	<p>Business Items</p> <p><u>Agenda Item 1.9 (a) – Update Equalities Diversity and Inclusion (EDI) Report Q3</u></p> <p>CM provided an update on the progress in delivering the Equalities Diversity and Inclusion Plan for 2021-22 and asked the committee to note the report.</p> <p>The committee noted the report</p> <p><u>Agenda Item 1.9 (b) – Delivery and performance Report Update</u></p> <p>JC provided a report in summary of the progress against HWE KPIs and Highlights from Jan-Feb 2022 and asked the committee to note the report.</p> <p>JC mentioned that delays to a couple of projects were due to priorities being given to other projects such as the ICS preparations.</p> <p>The committee sought further information on the delayed Brand Licence sign up and how confident HWE were for commencement in Q1. GM and CM explained that there had been a delay in ensuring that the licence agreement was legally binding, but HWE are confident that the rollout will commence in Q1 2022/23 following a letter sent from SRF (the Chair) to the network.</p> <p>The Chair confirmed that he has sent a detailed letter of expectations but questioned if HWE foresee any problems with LHW. GM responded that HWE are working with LHW to find solutions to get their data onto the HWE system.</p> <p>JO asked that the colour coding on the document be reviewed and that an alternative shade is used for completed projects for future documents.</p> <p><u>ACTION</u> – SA to review the colour coding within the document and amend the completed projects hue</p> <p>The Committee noted the Report</p>	<p>SA</p>
<p>2.0</p>	<p><u>Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report</u></p> <p>DO provided a summary of the AFRSC meeting held in February.</p> <p>DO explained that the sub-committee had noted a forecast underspend with which they were uncomfortable and understood that it was unlikely to be reduced and possibly worsen. However, there were various mitigations that were unable to be implemented due to operational difficulties and going forward the sub-committee will have a closer overview of the budget profiling and management through reporting every quarter.</p> <p>DO informed the committee that the sub-committee has asked for a report in September where they can consider the wider availability of resources including resources made available from ICSSs to LHW. She mentioned that there is a review underway with HWE and CQC on the process of how grants are allocated to LHW.</p> <p>DO stated that whilst the sub-committee were assured about the use of resources to test and refine the digital programme, given the complexity of this work they have asked for regular oversight through quarterly reporting throughout next year in addition to a digital risk register for the programme.</p> <p>AM mentioned that he didn't fully understand the risks involved in the digital transformation programme or data collection and sought further clarification either in the context of the risk and audit agreed by DO or by speaking to someone outside of the</p>	

	<p>meeting. DO suggested that the digital risk register is reviewed quarterly by the full committee. The Chair agreed.</p> <p>ACTION – CM/GM to provide digital project risk register for committee to review quarterly</p> <p>DO mentioned:</p> <ul style="list-style-type: none"> • that the sub-committee will review the action plan associated with the staff survey. • the sub-committee has reviewed the strategic risk register and suggested some amendments but overall were satisfied with the approach being taken to risk management. <p>The Chair sought further clarification on the underlying issues relating to the underspend and how this could be prevented in future. DO was able to provide him with several issues contributing to the underspend including change of approach in grant funding, delays in invoicing, delays in staff recruitment and backloading of projects resulting in little flexibility for manoeuvre.</p> <p>JC informed that procurement is taking longer than had been anticipated and HWE has just been notified that a digital project which had been expected to have had costs paid in year will not now happen, leading to an increase in the underspend.</p> <p>DO confirmed that a report on value for money (VfM) for grant allocation, profiling and outcomes has been requested for the next sub-committee meeting.</p> <p>ACTION – GM to provide a report on VfM for grants allocated to include profiling and outcomes for the next AFRSC meeting in May</p> <p>The committee noted the report, and the Chair thanked the sub-committee for their work</p>	<p>CM/GM</p> <p>GM</p>
2.1	<p>Agenda Item 2.1 – Forward Plan</p> <p>The Chair presented the Forward Plan for the next 12 months containing the standard agenda items and asked members if there was anything they would like to include on future agendas.</p> <p>JO asked that the workshop provisional plan shows forward thinking themes for the year e.g. ICS and adult social care.</p> <p>The committee noted the forward plan and future meeting arrangements</p>	
	<p>AOB</p> <p>The Chair and committee members thanked JC for the work she has done for HWE and wished her well for the future.</p>	
	<p>Comments from the public</p> <p>There were no comments from the public.</p>	
	<p>The Chair thanked everyone for attending</p> <p>The chair closed the meeting at 13:20 pm</p>	
	<p>The next meeting will be held on 8th June 2022 The meeting will be held in Exeter, Devon Guests can join in person or online via Teams. Details to follow.</p>	