healthwatch

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Healthwatch England Report

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Apologies for this rather long report. We have a duty to report our activities to the CQC Board at the earliest point after the end of the financial year on our activities for the previous year.

This report looks back on the achievements for the whole of 2019/20, and also includes a summary of some of the work we have engaged in since March 2020.

1. Looking back 2019/20

2019/20 saw the implementation of the second year of the strategy agreed by Committee in January 2017. In year one we focused a significant amount time on transition from old ways of doing things to new ways. We reported to you last year on the significant changes we made during that year which included establishing a right to give grants to Healthwatch, setting up a new website that was properly interactive, establishing methods for collecting information directly from the public, establishing a research function, a programme of transforming our offer to the network, the work carried out in that year laid the foundations for us to move into 20219/20 with the platforms in place to help really improve our impact and create improvements in health and social care, in our relationships with external stakeholders and in our relationship with the network.

The 2019/20 business year has been a year of real achievement for Healthwatch England and the Network. Nowhere has the been more apparent than in how we have enabled people's voices to shape policy developments in health and social care and deliver more real-world impact than ever.
Our work on Maternity and Mental Health was crucial in influencing NHSE plans to introduce a new six-week check for mental health of new mums to be rolled out from April. This came with an addition £12 million of funding for GPs to deliver the service and will help 600,000 new mums.

Our work with CQC on dentistry identified CQC carrying out 100 visits to care homes. These visits resulted in a significant change in practice across the care sector. Both in care homes and home care providers are now making free tooth brushes and tooth paste available to residents as well as ensuring oral health needs are included in care plans. Our work on access to dentistry means that from 2020 onwards all dental practices will be legally required to update their info on NHS.UK once a month. This will make difference to people looking for a dentist and expose where there are genuine gaps in provision.

We ensured that the NHS Clinical Review of Standards put improved patient experience at the heart of its agenda. On A&E, the factors that matter most to the public, like quick and meaningful triage, will be prioritised. Publication of the final report by NHSE has been delayed due to Covid -19, we anticipate that the document will show the introduction of a new target around guaranteed time to triage of 15 mins. On elective care we led a coalition of partners in securing a year-long extension to the testing of new targets for elective care, this extension meant that a more considered approach to focusing on what is important to people when they considering elective care.

The report on Patient Transport Review was a great example of how by leveraging our evidence and combining it with data from external partners we can put an issue on the national policy agenda. We continue to work hard to keep the review itself on track and understand that when the final report is published it is going to come with additional investment in the service.

Our work in developing the Mayor of London's 6 Tests was a real coup. There are 33 Healthwatch in London, but it has traditionally been an area it is difficult to have large scale collective impact. Our work with the mayoral office creates the platform in policy for local Healthwatch to have significantly more influence in London as whole. These tests have to be met before the Mayor will give approval to any major service change in London. Engagement with the public and with Healthwatch are one of the tests.

Our contribution to the NHS Long Term Plan work in has helped to change perspectives of what we are capable of in terms of reach and insight we can develop. We are increasingly seen by key stakeholders as an organisation that they want to work with who can help them achieve their own goals and NHSE included a section in the template form for STPs/ICSs to set out how they have responded to the input from local Healthwatch. This was the largest scale work that Healthwatch has ever untaken. We began the influence by sharing the insight we had from 85,000 people. This was followed up by work in every part of the country with

every Healthwatch taking part. This included 40,000 people responding to on line surveys, 500 events taking place. Each lead Healthwatch produced a report for the STP, and many produced a detailed report on their findings for each local authority area. It was an impressive effort from all.

The reach and impact of our communications work continues year on year. We have seen across the board increases in engagement on digital platforms, from social following to website visitors (up nearly 50%). This is despite purdah and not running our main public facing campaign of the year. We also collected over 15,000 people's views directly via our website.

We have seen an increased take up from the network of our brand support with an increase of 20% in the number of users of the communications centre and 81% rise in the number of brand resources created for the network. Over 300 people having signed up for our communications training.

Our work protecting funding has been vital to sustaining the network. Each year the team collects contract information for every Healthwatch. 2019/20 was the first year when Commissioners made no corrections. Despite operating in an environment where the squeeze on local authority funding is ever more intense, 2019/20 saw the lowest overall reduction in HW funding – just 2% compared to 7% in 17/18 and 4.3% in 18/19. The network continues to be affected by reductions in local authority funds, but we have managed to stem that flow and through cooperation and challenge with local government have been ensured that in the region of £600k budget reductions have been avoided. Additionally, in the past two years we initiated a grants programme and have distributed funds to Healthwatch throughout the country totalling £847,751. Bringing net financial benefit of almost £1.5 million to the network.
This year for the first time we also so 100% compliance from the network for the production of annual reports, we improved the template that encourages Healthwatch to focus on how they make a difference.

Our flagship National Conference was more successful than ever with 130 LHW (85%) represented – up from 115 the previous year and 90% of those participating felt conference was useful experience. We were pleased with the wide range of high-profile speakers and presenters to contributed to the conference, they helped stimulate excellent discussions.

We have continued to improve our Learning and Development Programme: ensuring it is a coherent offer, based on needs of the Network through the Learning and Development Survey and other feedback; aligned to the Quality Framework.

A lot of work has taken place to understand how Healthwatch make a difference, including working with the Network to develop the Making a Difference toolkit. We want Healthwatch to routinely report their impact to HWE and we have an Impact Programme being developed to take this work forward in 20/21.

The introduction of the Quality Framework required a major effort to secure buy-in from the Network on its development and take up by the early adopters. We have emerged from this phase with every participant happy to be an advocate for the process which will key rolling it out across the network. And we have already seen how the process has led to the HW adopting a different approach to issues like; positioning for a tender, recognising the need for a new approach to impact reporting, strengthening board diversity.

The relationship with the network has been transformed, facilitated by the embedding of Workplace and we are working much more cohesively together than ever before. A culture has been embedded at HWE where regular and meaningful engagement with the network is a clear expectation.

There are areas of the strategy that was set two years ago that do not feel as relevant now as they did then, indeed some of our ambitions were dependent on factors beyond our control and so it is timely that the Committee will be carryout a mid-term review of the strategy to ensure that we use our resources to have the greatest impact.

2. **Activities since March 2020 Q1**

Our last Committee meeting on 11th March was the last time we held any public meetings before lock-down which came on 23 March. At our meeting on 11th March we discussed the priorities and role of Healthwatch during the pandemic. We set out how our main priorities would be to provide high quality information and advice out to the public, to provide support to the network and to provide a route for people to share their experiences of services during this time. Healthwatch England staff began to work from

home on 16 March and the transition was smooth. We are grateful that were the beneficiaries of the investment that CQC had recently made to the IT infrastructure this made an enormous difference to us being able to begin to work from home immediately. On 24 February we issued a notice to the network informing them that we were cancelling all face to face events until further notice, at that time I don't think we really understood just for how long this would be. The reaction from the network was mixed at the time but a number have said that it helped them cancel face to face events too.

Staff welfare was and is one of our priorities, we put measures in place to ensure that there were regular communication opportunities within teams, across teams and across the organisation. We introduced greater flexible working for staff to help them combine work with volunteering or work with the pressures of family life. The first two weeks of lock down were a shock to the system for us all. For some staff their roles became incredibly busy immediately for others it took some time to find the pattern of the new way of working. I am incredibly proud of how the staff and Healthwatch throughout the country have responded to this crisis.

3. Responding to COVID-19

Before the country went into lockdown, we had already acted - pausing face to face engagement to make sure we minimised the risk to the public, our volunteers and staff. We then set up an agile group, with representation from every team, to coordinate our work and focus support on the following areas. This continues to meet daily. We also quickly phoned round all Healthwatch to understand how they were responding to the pandemic and what they needed from us.

3.1 Supporting Healthwatch

We issued statutory guidance to local Healthwatch, local authority commissioners and council leaders on how Healthwatch should respond to COVID-19. This guidance emphasised the importance of:

- Providing advice and information to the public
- Rapidly alerting services to issues, especially public feedback that relates to safety and quality issues
- Refocussing spare resources to support the community effort against COVID-19.

In addition to statutory guidance we have also supported the network with additional guidance to help them adapt to the new environment. Examples include:

- The implications of the emergency NHS COVID-19 legislation
- Supporting the wellbeing of volunteers and staff
- Working remotely with staff and volunteers
- Public engagement using digital channels
- Support with understanding funding, employment and governance issues.

As a result of this work, visits to our network site and engagement on our Workplace on-line community in April were at their highest level since both were launched at the start of 2019.
We also moved quickly focus provide on-line training that address the immediate issues our services faced. Since April 580 people have attended webinars covering issues such as call handling, supporting volunteers and governance issues.

3.1.1 Public advice and information

We have focussed our public advice and information on supporting the Government campaigns during lockdown and developing advice and information in response to insight from the network.
Campaigns have ranged from the stay at home message at the start of the campaign, to the NHS is open for business campaign which was launched as the NHS entered is second phase response in early May.

We have also developed a host of public advice content on topics such as common questions about shielding, social distancing, looking after your mental health, planning for the end of life and bereavement and the support you can expect with issues like cancer.

Website views of our advice and information content in April 2020 were twice as high as we would normally expect to see indicates that the demand for this content is strong

3.3 Supporting people to be heard

We quickly developed guidance and resources to help Healthwatch (a) ask the right questions in COVID-19 research and (b) frame their communications in the right way.
We also strengthened the ways in which local Healthwatch can share this insight with us so we can rapidly share this evidence with national stakeholders.

At a local level we have seen local Healthwatch across England launch projects to provide rapid feedback to services about COVID-19.

For example: Healthwatch Worcestershire used the guidance to launch a local survey in partnership with local services which resulted in over 2000 people responding in the first week.

At a national level this insight has enabled us to quickly escalate issues with our partners, such as CQC, NHSE, PHE and DHSC, and get these addressed. We are now sharing this intelligence on a weekly basis helping to inform national communications and policy on a variety of issues including shielding advice, track and trace and the reopening of non-COVID services.
We are planning to build on this work from June, with the launch of a national campaign, in partnership with CQC, to encourage people to share their views to help services identify and address issues. The campaign aims to be one that any service can also use to get public feedback as the nation moves out of lockdown.

3.4 Supporting the wider response to COVID-19

We have also harnessed our resources to support the wider response to COVID-19. Across England, Healthwatch have freed up their volunteers to support those who are shielding. At a national level, we have also enabled local Healthwatch to support this effort. For example, Healthwatch were the first non-local authority or NHS organisation able to refer people for NHS responder support.

We have also encouraged the network to get involved by showcasing examples of the work other local Healthwatch are undertaking, which many readily do through Facebook Workplace or at webinars

3.5 Specific policy interventions on COVID

- Do not attempt to resuscitate orders

Following concerns raised by the network and others on the inappropriate use of DNARs, we have produced a briefing for local Healthwatch on how these should be applied to patients approaching end of life during the COVID-19 response. One of worrying things we saw was the use of blanket letters sent to disabled people and elderly people. By escalating the networks concerns with NHSE we were also able to get a letter sent to the wider system clarifying that at no point should services look to apply blanket DNAR policies to groups of patients.

- Monitoring the impact of social care easements

In March the Government issued emergency legislation to support the COVID response. As part of this they granted councils permission, under certain circumstances, to not meet the duties set out under the Care Act. Whilst the changes do not relieve councils of their duties to protect people's human rights, it is vital to track the impact of these 'easements' on the people who rely on care services.

We produced a piece of guidance for the network on what to look out for regarding application of the easements. We have also written to local authority Directors of Adult Services to offer our assistance in engaging with/tracking impact on those affected by local decisions.
At the current time only 2 local authorities have enacted the easements, but we are concerned that more local authorities are reducing the level of care they are providing through the least formal mechanisms allowed under the emergency coronavirus legislation. We are now working with the CQC and Think Local Act Personal (TLAP), to collectively assess the impact of the easements.

- Hospital Discharge

At the start of the pandemic the NHS issued new guidance to support the rapid discharge of patients from hospital to free up capacity for COVID cases.
This guidance set out that for patients who are clinically fit for discharge, they must be discharged from hospital to home or another community setting within 2 hours. As part of this all care assessments must now take place in the community (not hospital) and discharge must take place 7 days a week as to not create any delays in the system. In addition to this, it was agreed that the NHS would fully fund the cost of care for people discharged from hospital for the duration of the pandemic covered by additional investment from the Government.

Since the new rapid discharge guidance came in we have received feedback about how it is working and what it can tell us about how well services are working together to meet people's full range of needs during this crisis. Following this, and interest in the topic among key stakeholders, we have developed a plan to investigate this further. Between June and September, we will be working with the network to look at what parts of the guidance have improved the discharge process and where things have not gone according to plan. The aim of this work is to provide the network with a key campaign topic to focus activity over the next period and ensure the NHS and care services have insight to support learning ahead of future spikes in demand. We have had early conversations with

Equalities and Human Rights Commission, Nuffield Trust and 60 Healthwatch to help scope the project

- **NHS Contact tracing app**

Committee members will be aware that NHSX has been developing a contact tracing App to support the Government's track and trace programme. We have been engaging with NHSX officials feeding in what we are hearing from the public so far about their views, as well as using our existing insight in NHS data sharing to inform the thinking behind the project.

The app itself will work using Bluetooth technology, and will alert people if they have been in contact with someone who is showing signs off or test positive for COVID-19. For more, read our briefing to the network.

Whilst we are supportive of the idea of an app, and indeed the use of any technology that can support widespread testing and control of the virus, we do have a few outstanding questions about the app. We have raised these with NHSX officials and have also now written to the Secretary of State.

The public need absolute transparency on the following questions to ensure the app's success:

- What data will the app capture?
- How will it be captured?
- How will it be used?
- Who will have access?
- How long will they have access to it?
- What happens to anyone who misuses the data?

We have also contributed to Non-Emergency Patient Transport (NEPT), we have contributed to the guidance on access to NEPT during COVID and as some services begin to get back to treating patients for existing conditions
Clinical guidance on shielding patients accessing non COVID related services. We are now working NHSE to provide guidance for the people who are shielding to help them informed choices about accessing health services

Through the NHS Assembly we have also made contributions to workstreams on impact of COVID services on social services and the impact for inequalities.

4.0 Key non-COVID activity

4.1 Patient Transport Review

In Q4 we continued to support NHS England's review of transport following our joint report with Age UK and Kidney Care UK in October last year.

Although the review has not been officially paused, NHSE/I is currently focusing on COVID-19 response to patient transport services. The publication of the outcome report, which was expected in late June, with resources and webinars rolled out to aid implementation from July, will likely be pushed back due to the COVID-19 pandemic.

We are now focusing on feeding in the latest insight from people's experiences of transport to and from health services during the pandemic. There is a chance the review could be significantly shaped by new ways of doing things that have emerged in recent months.

4.2 King's Fund Partnership Update

Last quarter we notified the committee that we had kicked-off work with the King's Fund looking at NHS admin issue.

At the heart of this project we have been working with five Healthwatch across the country who have been grant funded to carry our research with users about their experiences of admin processes. This has been continuing but has obviously been affected by the development of COVID.

We had originally intended to complete the fieldwork by the end of April with a view to the King's Fund publishing their work in the summer.

Reflecting the longer timeframe now needed for this work, and the fact that Healthwatch are having to approach the fieldwork slightly differently we have been working to supplement the findings with analysis of the data on admin we hold at a national level.

This work has looked at three groups of patients:

- Sporadic users of health services - i.e. people who generally interact with NHS services only occasionally
- People who are/have been on a specific pathway of care
- People who use multiple health services, on a regular basis

The analysis so far has raised the following common issues:

- GP registrations

- Technical issues booking appts over the phone or online
- Services holding incorrect information about patients
- Booking errors – i.e. double bookings
- Delayed or inaccurate referrals
- Delayed letters informing patients of key information
- Delayed or misplaced test results
- Problems access the right medication

We will now be working with the King's Fund to incorporate this data into their research and aim to update the committee on revised timelines for this work at the next meeting.

4.3 **Community voice in regional level decision making**

Before the pandemic hit, we were working with the Department of Health and Social Care to feed in to plans for the proposed Health Bill to support the delivery of the Long-Term Plan. We used our submission to emphasise the need for formal representation of user/community voice at regional decision-making forums like STPs/ICSs.

Whilst local Healthwatch have been engaging well at STP/ICS level there are ongoing challenges about how this is resourced and how local Healthwatch work together in a consistent way to represent the views of all their various communities at a single decision-making level.

We understand that considering the pandemic the plans around legislation are currently on hold, but we are continuing to work on this issue. We have been using the network meetings to engage with local Healthwatch and establish their current concerns about work at this more regional level.
One issue that is of particular concern is that of CCG mergers, but we are engaging with NHSE to explore how we address these concerns.

We also shared the experiences of the network on devolution with the independent cross-party Health Devolution Commission being led by Andy Burnham, Stephen Dorrell, Norman Lamb, Alastair Burt and Phil Hope. This included a summary of the work Healthwatch have done in Greater Manchester, the work with Surrey Heartlands STP and the Mayor of London's six tests. In summary we fed back that good devolved arrangements are where:

- It provides what people need in the way that they want it (i.e. putting people at the very centre of services)
- Understands its local population and makes a specific effort to reach out those who are typically under-served and seldom heard
- Has a focus on both individual and population outcomes in all areas of life instead of just clinical outcomes
- Is joined up across NHS, local authority and voluntary, community and social enterprises
- Considers the whole process of accessing care such as the impact of transport (see Healthwatch England's 'There and Back' report) and other potential barriers to access
- Has the patient and public voice represented formally at all levels of decision making – from feedback forms in services to organisations, like Healthwatch, having a place at the highest level of governance to hold services to account.

4.4 NHS Mandate

At the end of March, we published our statutory advice to the Government on the NHS Mandate.
In short, we agreed with the Government that the key priority at this time must be responding to the COVID situation. We therefore backed the Government's approach to have an interim mandate and revisit later in the year.

In terms of our wider advice we urged the Department to consider how they involve the public in the setting of the new Mandate to NHSE. There has not been a full public consultation on this since late 2015, and whilst Healthwatch can use our ongoing evidence collection to assist with the annual refresh, it is not a substitute for proper public engagement on what the public want the NHS to focus on. In the response to us the Department acknowledge this and have agreed to discuss with us further later in the year.

As well as this general point about engagement we raised specific points around Government needing to use the Mandate to:

- Set a clear expectation that NHSE and NHSI will continue involving the public as the Long-Term Plan (LTP) is delivered. Plans for this should be clearly set out in the National Implementation Plan, which we now expect to be published later in the year.
- Further public involvement will be essential following the COVID-19 response, as timelines for the LTP will inevitably need to be revisited and in other areas elements of the plan will have been implemented faster than expected without the level of public involvement normally expected.
- Encourage the NHS to refocus performance management and metrics around what matters to patients.
- Ensure the NHS is learning from complaints and feeding this back to staff, patients and the wider public.

We also suggested that having a mandate setting process for social care might also help to provide some clarity re the Governments ambitions for the sector for the year ahead

4.5 Support to the Network

Last year we began work to transform our support offer to Healthwatch. We've brought in new skills so we can deliver several new programmes: Sustainability, Impact, Quality, Collaboration, Volunteering and Campaigns. Five Regional Managers each have responsibility for leading one of the national programmes with a new role of Deputy Head of Network Development leading on Sustainability covering funding and commissioning plus a case load of around 30 Healthwatch Together with our Events and Learning and Development Programme we will be tracking the difference we make to Healthwatch effectiveness and impact. All posts have been recruited to and by the end of June we will have a full team.

A full Learning and Development programme was just about to be published, when COVID struck we cancelled all face to face events but immediately refocused our training and events, we moved all our training and events on line all of which have been fully subscribed. We have really had great engagement from the Network during this time in all aspects of our work.

We've run webinars on Call Handling delivered by Samaritans (with new guidance is in the pipeline). This popular course is important for staff and volunteers who are on the frontline dealing with public inquiries and concerns. This is true more now than ever as all staff and volunteers are working from home without the usual support mechanisms you would get in an office.

We have organised a series of four workshops for volunteer managers to share good practice and tips about managing volunteers remotely. Many of our 4,000 volunteers have stepped into new roles, including helping their community or helping other organisations; while some are not able to be carryout roles outside their home as they are shielding but many of them have taken on providing telephone support to local people or to support the volunteers volunteer if for example they are shielding.

We've also run webinars to support Healthwatch prepare their Annual Reports so they can communicate the difference they make, so far it looks like we will get 100% compliance with all Healthwatch producing an annual report on time. The vast majority will be using the template we have prepared

We've run five sessions for Board members on COVID and Governance: plus, two for Chief Officers. We've connected with the Chairs of Regional Forums to find the best way to support Healthwatch sharing their know-how during COVID. All sessions have been fully booked, emphasising the importance of connection during this period.

In this year we have been focusing on the importance of Healthwatch demonstrating our effectiveness and impact – this is vital to Healthwatch sustainability and case for investment. The Quality Framework provides a shared understanding of the ingredients needed to run an effective Healthwatch.

We've completed the Early Adopter phase of the Quality Framework with 22 Healthwatch completing it. All 22 Healthwatch self-assessed against the Framework and found the process very beneficial – providing reassurance of their effectiveness plus identifying areas for strengthening.
Early analysis shows that the 22 Healthwatch report they are particularly good at managing staff and volunteers and engaging seldom heard people with varying approaches – a strength of the Healthwatch network. Although Healthwatch could point to examples of where they had made a difference, evidencing impact is an area we are focusing on strengthening - no easy task for a small budget, big remit organisation whose business is changing hearts and minds. We will be supporting through our Impact Programme, led by Jon Turner, Impact Manager. Healthwatch England acted as a critical friend with each of the early adopters to identify how best to support them as well as taking the learning to improve how we support all Healthwatch. Examples are improving how Healthwatch access Healthwatch England resources and how we collect and share the good practice from across

the Healthwatch network which the Quality Framework is identifying. Healthwatch are being invited to take part in the next phase of the Programme.

We designed the Quality Framework so it could also be used to help Local Authorities commission an effective Healthwatch. We've produced a Guide to Commissioning an Effective Healthwatch which includes information about their legal responsibilities, a checklist on what should be included in Healthwatch contracts and examples of Healthwatch outcomes which are aligned to the Quality Framework. We've already had 24 local authorities incorporate the Framework into commissioning arrangements.

We have gathered and analysed Healthwatch contract information so we can best support Local Authorities with commissioning, including promotion of the new Guide and encouraging take up of the Quality Framework. Part of this process is to spot any potential difficulties with commissioning. Over the last quarter we have prevented a break in service, supported a local authority to make sure their contract was legally compliant and supported local authorities with joint commissioning arrangements.