

MEETING	PUBLIC BOARD MEETING 16 September 2020
Agenda Item Paper Number	10 CM/09/20/10
Agenda Title	Healthwatch England Report to CQC Board for September 2020
Executive Sponsor	Imelda Redmond – National Director

PURPOSE OF PAPER:

The Board is asked to Note the Healthwatch England Report detailing activities in the last quarter.

Since we last reported to the CQC Board in June a lot has happened both at Healthwatch and in the country. I think you will see from the report below just how much progress has been made on the priorities. I am incredibly proud of the work delivered by the team and in these exceptional circumstances.

We are working hard on developing the refreshed strategy. Thinking about and planning the future is always exciting and creative.

We held a specific meeting with all staff following the resurgence of the Black Lives Matters Campaign and the impact that has had. It has helped us in our thinking and planning in our role to consider what we can do to reduce inequalities

All the Leadership Team have been through a 360 Appraisal process. This has been a very useful process, by and large they are very positive but there is always learning which the leadership have embraced. We have also had an amalgamated report from all the appraisals which gives us useful learning about our strengths and weaknesses as a team

Below I set out our major pieces of work we have been engaged in this quarter

1. Responding to COVID-19

1.1 Covid Stakeholder Updates

We have consolidated the findings of our work on covid between April and June into the Q1 Insight Report. We have also continued to share regular updates with the network and national stakeholders on the insights into covid being gathered by local Healthwatch during July and Aug.

Our main focus at the moment is what patients, care users and the public have been reporting to us about services restarting and the growing use of remote care (including telephone and video appointments).

We have recognised the huge challenge facing the NHS in getting services back up and running and dealing with the huge backlog of cases that has built up. We have heard how frustrating this has been for people whose referrals, tests or treatment had already been subject to long waits or delays prior to the pandemic.

Some people have raised concerns about how services can be restarted safely, whilst others have raised the opposite issue that NHS services (unlike other services such as pubs and hairdressers) have been slow to re-open. NHS dental services have feature prominently in people's frustrations.

We have emphasised the need for the NHS to be realistic with people about the challenges and communicate clearly to explain how cases are being prioritised, set expectations and provide reassurances that services are safe. Where people face having to wait for an extended period it is vital that communication is maintained so people never feel forgotten about and we have stressed the need for greater emphasis on interim support measures.

1.2 Encouraging greater public feedback

With public feedback playing a key role in helping health and care services identify and address quality and safety issues, in July in partnership with CQC we launched the 'Because We All Care' campaign to encourage more people to have their say.

The digitally led campaign used messages that had been tested with the public and aimed to harness the considerable good will that the public have towards NHS and social care services. For the first time, we also developed a campaign that could be used not only by local Healthwatch but also by partners to support their own engagement work.

An evaluation of the first month of the campaign indicates that the first wave of communication has been highly successful. To date the campaign has gained a social reach of 13.6 million, generated over 20 items of media coverage and been supported by over 290 charities, NHS services and other partners. 105 local Healthwatch also supported the campaign.

In the first month 6500 people shared their stories with Healthwatch England and CQC and we saw the number of people looking for their local Healthwatch contact details increase by 100% year on year.

Following the first awareness phase, the campaign will focus on a number of phases to reach out to different sections of the community and to elicit experiences about specific issues such as hospital discharge.

1.3 Hospital Discharge Project

We identified hospital discharge as a key issue to explore to assess the impact of covid. We particularly wanted to see how the new national guidance impacted on patient experience.

Since the last HWE Committee meeting this project has moved at pace. We developed the [project scope](#) and research questions with help from DHSC, NHSE, NHS Providers, Nuffield Trust, Carers UK and the Equalities Human Rights Commission. We also developed a partnership to carry out this research with the British Red Cross.

We have been running a nationwide survey to gather stories from patients, carers and staff and have received responses from every STP/ICS area in the country. At time of writing 107 local Healthwatch had helped to share this survey and we have extensive support from stakeholders to share it too. We anticipate that over a four-week period we will have gathered over 500 stories of hospital discharge between March and August to help inform the research.

We also grant funded 8 local Healthwatch to carry out stakeholder interviews with local health and care leaders and staff to see how staff have experienced the new guidance. In total we will have captured the thoughts of more than 40 professionals to inform our eventual recommendations.

We are now in the analysis phase and will be sharing the findings through the rest of Q2 and Q3.

1.4 The Doctor Will Zoom You Now

The rising use of digital appointments in the NHS, particularly its impact on health inequalities, was already one of our key policy topics for this year.

When the pandemic broke, we saw a huge rise in services delivering care remotely. We therefore developed a partnership with National Voices,

Traverse and PPL to carry out some rapid research. This was designed to feed in people's views and experiences as the system decides which bits to keep and what to lose from the new way of doing things developed during the pandemic.

We worked with 16 local Healthwatch to recruit 75 people with recent experience of remote consultations in primary and secondary care to participate in this research. Participants then took part in a 10-day online research exercise to feed in their views.

We found that whilst people were broadly positive of the way the NHS has embraced technological solutions, and in many cases found remote consultations very helpful, there were key issues raised. In particular:

- Very few participants were given advice or information about what to expect beforehand.
- Their digital literacy levels were not always assessed, and people were not really given a choice about which type of remote appointment.
- They were given broad windows of when they would be contacted rather than appointments times, which created unnecessary anxiety for people.

- No one who took part in the research was asked to provide any feedback on their experience, yet when we asked them, they had lots of suggestions for improvements.
- There was a strong message that if people feel the quality of care is less good when offered remotely that they may turn away from these new models of providing care.

The research has had a hugely positive response from across the sector. It has been presented to NHSX's Empower the Person Board, CQC's Future of Primary Care Board, the RCGP, NHSE, DHSC and the Number 10 Health Taskforce. We also hosted a joint webinar with our partners attended by 270 representatives from across the sector and will be presenting it to approx. 1000 GPs via an NHSE webinar in early September. The findings, and the top tips we have created from this, were also referenced in NHSE's 'Phase 3' letter to the sector on how to return services to more normal running.

The next phase of this work is now looking at how groups of people have been potentially excluded from care as a result of this rapid shift. We will be kicking this next stage off in September and will run throughout Q3 and Q4.

1.5 NHS Confed and the #NHSReset campaign

We have been working with the NHS Confederation to ensure that local voices are heard as part of their #NHSReset campaign. In particular we have been supporting the theme on [A new relationship between the NHS, public services and communities](#).

We hosted a webinar for local Healthwatch leads to share their insight with NHS Confed about the pandemic and the lessons that can be learned. In addition, eight blogs have been provided by the network for the NHS Confed website on issues ranging from supporting hospital discharge to the importance of voluntary and community sector activity as part of the health and care system. These blogs will also be used as the basis of Healthwatch's contribution to NHS Confederation's report on the campaign, due to be published in September.

This has been positively received by all involved and so the intention is now for the network to meet with NHS Confed on a bi-monthly basis so that they can share their insight, but also so that they can hear about issues from a Confed perspective at an early stage to support local collaboration.

1.6 NHS Test and Trace App

Since the last committee meeting, we have been working with colleagues at DHSC, NHSX, Test and Trace and other bodies including the Office of the National Data Guardian, to help inform the development of the revised Covid App.

Throughout this process we have been stressing the need for clarity on six questions:

- 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?

In early August the testing phase for the new App was [announced](#). This has addressed all our key questions and will hopefully provide the public with necessary reassurance to make the App a success. We will be working with local Healthwatch in the test areas – Isle of Wight and Newham – to continue listening to public feedback and will be sharing this with relevant stakeholders to support the onward development.

1.7 Social Care Sector Covid Task Force

The Social Care Sector Covid Task Force work is coming to an end, our task was to help the system to prepare for a second wave of Covid and to prepare for winter pressures. A report will be published around the time of the Committee meeting with a series of recommendations for Government to act on in the immediate future. It was outside the remit of the Task Force to look at long term reform of social care and the fragility of the market, though inevitably this came up in every discussion and in recommendations from every sub –groups that fed into the overall taskforce. This has been an intensive and fast-moving piece of work that I'm pleased we have been able to contribute to.

NHSE Equalities Task and Finish Group

Throughout July we contributed to the development of NHS England's rapid task and finish group on Healthwatch inequalities. This group has developed a list of eight urgent actions that NHS leaders are being urged to address in partnership with their local communities.

Following our input, it was positive to see the final plan focus on:

- Prioritising those at greatest risk (a joint point made throughout with National Voices).
- Place significant emphasis on improvements around capturing of demographic data
- Set a clear expectation for board level leadership on tackling inequality
- Stress the need for local and regional NHS bodies to work with local communities to strengthen accountability and scrutiny.
- Introduce a specific commitment to review who is accessing new digital care pathways to help surface potential new gaps opening. (This links directly to the work we have been doing on Digital Health Services and Equalities).

You can read the final report and guidance here – <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>

1.8 Representing the views of Healthwatch on working groups and Committees

- We are working with CQC, TUC, ADASS on understanding why there was a rise in whistleblowing during the height of the pandemic particularly in social care. CQC will be putting out new guidance on safeguarding and human rights in the near future
- I continue to sit on the NHS Assembly which has been focusing on the learning from Covid and what we should take forward into the future plans for Health.
- I also sit on the National Quality Board for DHSC and NHSE; it's work has been interesting in these times as policy and patient safety issues change with such rapidity
- We recently did a presentation to the Treasury Health Team on the work of Healthwatch

- I have met with Professor Damien Hodgson, through a connection with Lee. It seems that there may well be areas of work we can collaborate on. We will plan a workshop to explore this in September or October.
- We have contributed to the review of the NHS volunteer programme being carried out by Royal Voluntary Service who had the contract to recruit and process the 750,000 people who came forward as volunteers. The network provided a wealth of information for this review

2.0 Key non-COVID activity

2.1 Quarterly meeting with DHSC Director General

In early August we met with the Director General, Lee McDonough, at the Department of Health and Social Care. This is the first of a new series of quarterly meetings with the DHSC to ensure they are making best use of Healthwatch England's insight and involving us in the Department's strategic planning.

We discussed two substantive items including:

- **The funding mechanisms for local Healthwatch.**

We discussed the National Audit Office's recent report on Healthwatch funding, which highlighted how Government policy on local government finance has resulted in a lack of transparency around the resources for local Healthwatch. The NAO said this could compromise the ability of Healthwatch to deliver on the DHSC's policy intention to give people in every community in England a strong voice in health and social care decisions making.

It was agreed with the DHSC that further meetings are scheduled to develop in more detail the future policy direction for Healthwatch and to establish if this is sufficiently resourced.

In the short term the DHSC also agreed to work with us on developing new guidance for local authority commissioners and re-establishing their expectations on councils regarding reporting the ROI in local Healthwatch.

- **The current structures of local Healthwatch**

We discussed how currently local Healthwatch are working at STP/ICS level but that this is stretching resources and practice varies significantly across the country.

We talked about the challenges this presents and the need for the DHSC to explore this as potential new health legislation is drawn up.

Since that meeting further discussion are taking place on how to take this work forward.

2.2 Clinical Review of Standards

In March 2020 we submitted our final report, 'What matters to People Using A&E', to NHSE to inform their thinking on the Clinical Review of Standards.

The publication of NHSE's recommendations has been delayed due to covid, but in the meantime we have seen significant movement on one of the key recommendations we made in our report.

We called on NHSE to explore options for patients, where appropriate, to be able to book in appointments at A&E so that they didn't have to spend extended periods waiting unnecessarily in uncomfortable and crowded waiting areas.

NHS England have announced that they are now piloting this approach in several hospitals, with plans to roll out national this winter. We have been working with Healthwatch Portsmouth (one of the pilot sites) to feed in to the policy development and, at the time of writing, we are working with the Royal College of Emergency Medicine to develop guidance for patients on what this new way of accessing care might mean.

This is a positive move from NHSE and shows that they are starting to think about ways in which people want to access care. This approach could also play a vital role in the fight against covid as it has the potential to reduce the numbers of people physically waiting in department.

2.3 NHS Mandate Update

As part of our role as a statutory consultee on the NHS Mandate, in August we were once again asked by the DHSC to provide our view on how NHSE have performed across the Mandate objectives in 19/20.

The performance review is split in to two parts – pre and post covid – to reflect the significant change in demand placed on the system.

We fed in positive feedback about how NHSE has responded to key pieces of Healthwatch work including our [Maternity and Mental Health](#) work, the [Transport report](#) and the [A&E report](#). We also pointed to the public feedback we have received on covid as an indicator as to how well the NHS has responded to the challenges of dealing with a major pandemic.

We are now starting the process of feeding into the Mandate setting for next year and will be reiterating [the call we made earlier in the year](#), that the DHSC needs to consider a public engagement exercise to inform the mandate setting. This has not been done since 2015 and given the changes brought about by the pandemic it is important the public have their say on what they think is important for health and care services in the ‘new normal’.

2.4 Political Engagement

We have had several examples throughout Q2 of our key political audiences drawing on our insight including:

- During their inquiry into how the pandemic has affected non-covid related treatment, the Health and Care Select Committee called on us to provide oral evidence. Sir Robert appeared for us and gave a strong presentation particularly emphasising the need for the NHS to significantly improve communication with patients and the public, principally accessible communication.

The Select Committee picked up on this point and raised it as the number one issue in the Chair’s letter to the Secretary of State and Sir Simon Stevens.

- We developed a briefing for all political parties to share the evidence we have gathered from people on their experiences of covid. This was designed to help each party think through necessary changes to their policy positions on health and care considering the impact of the pandemic.

- [The Health Devolution Commission report](#) was published and backed our call for regional level Healthwatch structures to enable our network to work consistently across STPs/ICSs and devolved areas to feed the voice of people into decision making. We are taking some of this work forward by airing the ideas to the Conference in November.
- We were approached by the Labour Party asking us to contribute to their policy development. We produced a paper for them based on what we know. We will do this with all main political parties.

2.5 Social Care Reform

Several reports have appeared in the press which suggest Government is gearing up to put forward plans on social care.

Currently the preferred model seems to be introducing a new charge for the over 40s to cover the cost of free personal care. However, key questions remain over what would be covered under free personal care and whether the money might be raised through taxation or through an insurance model.

Baroness Cavendish, the former Head of the Number 10 Policy Unit under David Cameron, has been brought in by the Government to support their thinking on social care reform and is expected to report back in September.

In the meantime, we continue to support the DHSC's thinking through the Social Care Task Force and through the Policy Team's links into the social care winter planning group. We also continue to collaborate with TLAP, LGA, ADASS, CQC and others to support tracking of the impact of care act easements on services users across the country.

Whilst we had originally stood down the social care programme due to covid pressures, considering these recent announcements we have stepped up planning again and stand ready to help the Government engage the public in the conversations around the future of the sector.

3 Support to the Network

3.1 Support to Healthwatch in response to Covid

HWE has produced guidance to Healthwatch on safe working and carrying out face to face engagement in line with changing government advice. We have provided an extensive webinar programme to support various Healthwatch staff groups, such as people managing volunteers and carrying out engagement activity. We have used the learning shared by Healthwatch to provide

guidance and top tips for the benefit of all Healthwatch, such as Call Handling and new volunteer role descriptions. Our programme has covered all the needs identified by Healthwatch in the Learning Survey 2019, including policy, decision-making and impact.

3.2 Utilising expertise of Healthwatch

Our ability to grant fund Healthwatch has been put to good effect. We have grant funded eight Healthwatch to undertake some engagement to support our hospital discharge project – part of a wider campaign (referred to earlier in the report).

We have grant funded three Healthwatch to develop models of engagement for adoption and adaptation by other Healthwatch; while two grant-funded Healthwatch are assisting with the development of a new online module on digital engagement. All this work is helping us prepare for the refresh of our strategy. We have seconded Margaret Curtis from Healthwatch Sunderland to develop best practice guides and policies drawing on the best from the network. We are in the process of seeking another secondee to assist with improving our understanding of Healthwatch's approach to equality, diversity and inclusion.

All these products will be ready for **Healthwatch Week in November** where Healthwatch will come together to share learning and best practice and will feed into the strategy for next year.

3.3 Commissioning Effective Healthwatch and protecting funding

Each year several Healthwatch experience changes to their contracts. Healthwatch England provide advice to both Healthwatch providers and local authorities. Healthwatch England has been supporting local authorities, including using our Guide to Commissioning, an Effective Healthwatch and encouraging the incorporation of our quality framework into commissioning arrangement. To date we have several examples where local authorities have used our checklist to support their commissioning arrangements. Through maintaining pressure on the DHSC we have also managed to secure confirmation of this year's LRCV grant amounts in July. This is a significant improvement on the year before when councils and local Healthwatch weren't informed of the grant values until December, 9 months into the financial year.

Key Meetings Attended since the last Committee meeting

June	
Social Care reform advisors updated	Caroline Abrahams - Age UK
Quarterly DHSC / Healthwatch meeting	Shirley Tobin, Anna Boaden, Laurent Viac, Jamie Samuel - DHSC
Ongoing Health need of people who are shielding	Sara Geater – NHS England and NHS Improvement
NHS2020 Steering Group	NHS England and NHS Improvement
NHS Assembly	Clare Gerada, Chris Ham – Riverside Medical Practice
ADASS / TUC / unions meeting, CQC and whistleblowing during the pandemic	ADDASS / TUC / CQC
Regulation Summit 2020	National Commission
NHS England and NHS Improvement stakeholder forum	NHS England & NHS Improvement
Meeting with David Pearson – Pre meeting re social care sector Covid 19 taskforce	David Pearson - DHSC
External CQC strategic advisory group	CQC
TLAP Insight Group	Linda Doherty

July	
Meeting with Professor Damian Hodgson	Professor Damian Hodgson – Sheffield University
NHS Confederation Round Table	Lord Victor Adebawale, Professor Donna Hall CBE (Bolton NHS FT)
Interview on Volunteering	Jeremy Hughes – Royal Voluntary Service
Integrated Care Delivery Partners Group	NHS England & NHS Improvement
DHSC quarterly meeting	DHSC
NHS 2020 Steering Group	NHS England & NHS Improvement
NEPTS	NHSE/NHSI
COVID-19 Adult Social Care Taskforce	Ruby Peacock- Carers UK
BBC South Today	Michelle Cross
Patients Association	Rachel Power, Sir Robert Francis
August	
Unison Invitation – P&C high level, sounding board roundtable to discuss the potential of establishing a Social Care	Unison
COVID-19 Adult Social Care Taskforce	Ruby Peacock – Carers UK
DHSC/HWE Quarterly mtg	Lee McDonough
Future of Social Care catch up call	Caroline Abrahams – Age UK
ADASS / TUC / unions meeting, CQC and whistleblowing during the pandemic	ADDASS / TUC / CQC
Future of Social Care Coalition	Unison, Rt Hon Andy Burnham

Launch of final report of independent, cross party Health Devolution Commission	The Health Devolution Commission
Social Care Sector Covid-19 Taskforce	David Pearson
Nursing and Midwifery Council – Public Support Steering Group	NMC
HMT Health Team Meeting	Philippa Davies – HM Treasury
Professional Standards Authority	Dame Glenys Stacey
NHSE – Waiting List validation	Chris Moran