

<b>MEETING</b>	<b>EXECUTIE DIRECTORS TEAM MEETING 16 December 2020</b>
<b>Agenda Item Paper Number</b>	<b>7 CM/12/20/07</b>
<b>Agenda Title</b>	<b>Healthwatch England Report to ET for December 2020</b>
<b>Executive Sponsor</b>	<b>Imelda Redmond – National Director</b>

**PURPOSE OF PAPER:**

The Executive Team (ET) is asked to Note the Healthwatch England Report detailing activities in the last quarter.

Since we last reported to the CQC Board in September a lot has happened both at Healthwatch and in the country.

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

**1. Responding to COVID-19**
**1.1 Covid-19 Stakeholder Updates**

Since we last reported to the committee, we have continued to produce regular updates on what we are hearing on covid-19. These cover what sort of information people are requesting from us in relation to the pandemic and what sorts of experiences of care they are reporting. In Q1 we were sharing these weekly or daily but as developments in the pandemic slowed down over the summer, we took the decision to consolidate the updates into a monthly publication.

In recent months we have used this route to raise issues around:

- The challenges people have faced getting tested for covid-19 including
  - The lack of understanding around how and when to get tested
  - The problems accessing tests including booking systems not working for technical reasons, as well as people being advised to travel very long distances or there simply being no capacity available.
  - The issues caused by delays to testing, including some patients needing a covid-19 test before being able to get treatment in hospital struggling to access the tests they need.
  - And whether or not the Government is going to introduce routine testing for supported living environments and sheltered housing as part of the programme for routine testing in care settings.
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- The continuing issues people are experiencing in access to GPs. In particular, we are hearing from people struggling to get through on the phones and this issue has been compounded by the dual pressures of more GP appointments being done over the phone and more people than ever trying to book slots for their flu vaccine over the phone. This raises important lessons for the Covid-19 vaccine roll-out which we have raised with the DHSC and NHSE.
  - The rapidly increasing issues around access to dentistry. We have seen feedback about dentistry rise by 452% in Q2 on the previous three months and it was already significant then in Q1. We have escalated these concerns with DHSC and NHSE policy colleagues.
  - Maternity services not following guidance around allowing partners to join appointments.
  - Examples of NHS services not accepting exemptions for people wearing masks.

## **1.2 Hospital Discharge Project**

During Q2 we carried out the research on our hospital discharge project. Over a 4-week period we gathered 529 experiences from patients and carers. We also worked with 8 local Healthwatch to interview 47 health and care professionals.

Throughout September we carried out an extensive stakeholder engagement programme with our partners, the British Red Cross. This saw us share the following findings with 26 organisations and experts including NHSE and the DHSC.

**Key findings included:**

- 82% of respondents did not receive a follow-up visit and assessment at home **and almost one in five of these reported an unmet care need.**
- Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
- Over a third (35%) of people were not given a contact who they could get in touch with for further advice after discharge, despite this being part of the guidance.
- Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.
- Around a third (30%) of people faced an issue with delayed COVID-19 test results, potentially putting family and carers at risk, or in a care home, other residents and staff.

**Our recommendations included:**

To help hospitals manage a second wave of COVID-19 hospital admissions ahead of winter, we have made several recommendations based on the experiences of people and staff, including:

- **Post-discharge check-ins and assessments:** Services should follow policy and ensure people are offered follow-up support soon after discharge, whether by phone or in person.
- **Discharge checklists:** Patients should be asked about the support they need, including any transport home and equipment required.
- **Communication:** Patients and carers should be given a single point of contact for further support or questions, in line with national policy.
- **Medication:** Waiting for medication can often lead to delays being discharged from hospital. Linking patients to voluntary sector partners or community pharmacists who can deliver medicine could avoid delays.

- **Boost community care capacity and recognise the value of the voluntary care sector in hospital discharge:** The current discharge policy depends on follow-up assessments and care being available. Longer-term, more investment is needed to ensure this happens, including in the voluntary care sector.

The report secured media coverage in key national outlets including the Independent, Mirror, Telegraph, Guardian, Metro and the Mail Online. We also secured regional/local coverage in 40 titles and key trade coverage in the HSJ and BMJ.

We understand that the findings are now being considered as part of the review of the national guidance and have been submitted as part of the DHSC's considerations ahead of the spending review.

### **1.3 Digital Health and Equalities Project**

Following on from our successful Dr Zoom report, published in July, we have kicked off our second phase of research on digital/remote consultations. This next stage will explore the experiences of people who are at risk of being excluded from care because of the changes in way it is being delivered.

We had 30 applicants from network to be involved in this phase from which we have selected five to grant fund. Each of these Healthwatch are now working in partnership with a local PCN to recruit and interview patients from the following three groups that previous research has identified as being at greater risk of digital exclusion:

- People aged 65 years or older
- People with disabilities - especially people with sensory impairments, learning disabilities, or dexterity/mobility issues; and
- People with language barriers - whose first language isn't English.

We have also targeted this work at areas affected by socio-economic factors that mean residents already face inequalities when it comes to their health and care.

We have co-designed the methodology with the five local Healthwatch and made it available to the wider network for others to get involved. Fieldwork will be completed in January. This is slightly later than planned but recruitment has been hampered by the

second national lockdown.

#### **1.4 NHS Test and Trace App**

In September NHS Test and Trace launched the App to support the covid-19 response. Thanks to our input the App now meets all the data security requirements people said they wanted to see to have trust in it.

We have been supporting the comms campaign at national level and sharing resources to help local Healthwatch get the message out to local communities. The app has now been downloaded over 19 million times.

However, there have been teething issues and we have continued to feed in what we hear from local Healthwatch including:

- Notifications not working properly with people clicking on the links and it not taking them anywhere.
- People also receiving multiple and contradictory notifications - i.e. a message saying there has been a contact and then seconds later saying there hasn't. This has left people feeling uncertain about what action to take and limited avenues to seek reassurance.
- A snap poll from Rotherham which showed 80% had downloaded it, 7% still thought it was infringement on their privacy.
- A survey from Tower Hamlets suggested 63% downloaded it v 36% hadn't with some suspicion about privacy amongst local Black, Asian and Minority Ethnic respondents.

#### **1.5 Elective Care Taskforce**

We have joined NHSE's elective care taskforce to help them understand what people are currently experiencing in terms of waiting for care and how the NHS needs to respond in terms of communicating with patients and setting expectations.

To help shape wider thinking around this we also fed in to a [National Voices report](#) which sets out a number of core principles about how the NHS should support people waiting for care.

Throughout this work we have been stressing the need for the NHS to work with the care sector and the voluntary sector to ensure people are provided with more and better interim support options if they are faced with waiting longer for treatment.

We understand NHSE are now in the process of turning the contributions from the taskforce into a set of expectations for services on how they should all be communicating with patients.

### **1.6 Care Act Easements**

In October the TLAP Insight Group (of which Healthwatch England are members) published its report on to how the first phase of the pandemic had affected people who use social care services. The final report drew heavily on evidence from the Healthwatch network.

#### **Key findings**

- People working in social care have done their very best to respond to the pandemic.
- Existing problems with social care, such as lack of investment, and practices that do not support personalisation, were exacerbated.
- The experience of people accessing care and support (and unpaid family carers) was mixed. While some reported proactive, flexible and personalised approaches to their care and support, others fared less well.
- Unpaid family carers took on significant additional caring responsibilities, leading in many cases to increased stress, financial burden and risk of burn out.
- Families with a relative living in a care home experienced loss of contact and fears for their loved one's safety.

#### **Recommendations**

The report makes a number of recommendations, four of which Healthwatch England and the Healthwatch network have a role in supporting.

- **Improving communications at local level** – including councils ensuring they have up-to-date systems in place for communicating with care users and co-production groups in place who can advise on issues arising.
- **Care Act Easements** – continuing to identify and learn from councils who used the easements and those who did not enact them formally but where service users experienced issues.
- **Mobilising communities** – helping to urgently re-open community support services like libraries, recreation facilities, arts and culture and using these to promote neighbourhood activity and involvement.
- **Going digital** – helping local care services to understand what aspects of digital technology used during the pandemic should be retained and ensure that new methods of delivery are not exacerbating digital exclusions.

### **1.7 Guidance on visiting care homes**

The arrival of COVID-19 resulted in many rapid changes across health and social care services, with one of them being the suspension of visits to care homes to protect residents, their loved ones and staff.

However, despite care home visits being permitted from July 2020, the sad reality for many is that visits have continued to be restricted, resulting in detrimental effects on people's health, welfare and wellbeing.

On 8 October 2020, we wrote to the Secretary of State for Health and Social Care Matt Hancock to express our concerns in partnership with the [Association of Directors of Adult Social Services](#) (ADASS) and the [Care and Support Alliance](#).

In reply, the Department of Health and Social Care has invited Healthwatch England, ADASS and the Care and Support Alliance to sit on a working group for the recently announced care home visiting pilot and to continue to share recommendations for future updates to the visiting guidance. You can read more about the specific points we raised [here](#).

The guidance issued on 1 December 2020 goes some way to answering our points but doesn't go far enough yet. The roll out of the vaccine and rapid testing will be a game changer for people in care homes.

### **1.8 The opening-up of elective Services**

As you know elective surgery and diagnostic tests were either put on hold or greatly reduced during the earlier part of the pandemic there is now an enormous backlog of people waiting for services. The NHS is working hard to reopen services and we have been

working them with a focus on two main priority areas. 1. The communication with people on waiting list and 2 that in opening up services again that attention is paid to ensuring there is no widening in health inequalities by the way services are allocated.

## **2. Key non-COVID-19 activity**

### **2.1 Quarterly meeting with the DHSC Director General**

Since we last met with our Director General in August, we have had a series of meetings with the sponsor team within DHSC to progress the agreed actions.

Most notably we have produced a number of documents for the DHSC to support them in reviewing the policy direction behind Healthwatch, to ensure it is properly resourced and that the DHSC gets best Value For Money.

These have included landscape maps of the health and care sector and Healthwatch's place/role within this for 2013/14 and 2020. We have also discussed how this might change in future in light of the increasing shift towards decision making at ICS level. We have also developed a risk profile of what happens if the DHSC takes no action to ensure an effective voice for communities in new regional

decision-making structures (ICS/NHSE regions), and an outline of what levers for change are at the DHSC's disposal.

Our next meeting with our DG is scheduled for 1 Dec.

We have engaged in a number of meetings with the DHSC and NHSE on the proposed NHS legislative that has two main features one is to consider whether ICS should be put on a legal footing and two to remove the internal market from the commissioning of NHS services. We have made representation on the need for public, patient and service users voice to be at the heart of any new legal entities.

### **2.2 NHS 111 First**

We updated last time that following the recommendations in our February report on what people want from A&E, the NHS is now testing a way for patients to book in for urgent care appointments via NHS 111. This will help to reduce crowding in A&E departments and enable people to spend their timing waiting for care at home rather than in hospital waiting rooms.

This approach has been piloted in a number of areas and we have been supporting the local Healthwatch in each area to engage. We understand the programme is now set to roll out nationwide from 1 December.

NHSE confirmed in a recent meeting that the booking facility means those who speak to 111 will:

- Be advised whether they should attend A&E straight away or not
- If not, they will be given a booked slot
- If they do not require A&E they will be booked in to an alternative service including local same day GP services.

They have also confirmed that no one will ever be turned away from A&E if they have not called 111 first.

An additional £24 million is also being invested in the 111 service to increase both the number of call handlers and clinical support staff.

We have raised concerns with NHSE about the level of patient engagement in the testing period and stressed the need for an equalities impact assessment to be done to avoid this change to the 'front door' of the NHS introducing or exacerbating any current access issues for particular groups of people.

NHSE assure us they have been speaking regularly with the test sites and are confident about roll out plans. To support them and track user experiences of this new approach HWE is now developing a survey which will be available to the whole network to gather views as this new approach develops.

### **2.3 NHS Mandate**

Since we last met, under Chair's action we have made our formal submission to the DHSC on the setting of the mandate to NHS England for 2021/22.

We have developed a number of principles which should shape how the Government sets its performance expectations for the NHS over the next 12 months. These principles balance the need to urgently get growing waiting lists back down, being realistic about what care will look like in the meantime and ensuring the NHS has the resources it needs to both fight covid-19 and support any interim support measures for those having to wait longer for treatment.

We have also pointed to specific issues Ministers will want to address which have been identified through our engagement with the public, patients, care users etc over the last 12 months. This include:

- **Accessible communication** – in particular learning from how services have often failed to meet the Accessible Information Standard during the pandemic.
- **A&E targets and the roll out of NHS 111 First**
- **The roll out of digital and remote consultations** (drawn from the Dr Zoom work)
- **Discharge from hospital** and the lessons that need to be learned to ensure the Discharge to Assess model is properly resourced and everyone gets the help they need to recover effectively.
- **Dentistry** – and the huge growth in information requests we have had around access.

As updated last time, we have also reissued our call for the DHSC to formally consult on the Mandate once the pandemic is over. This has not been done since 2015 and is now overdue.

## **2.4 Political engagement**

We continued with our programme of engagement with key parliamentary audiences.

We have provided written evidence to a number of select committee and APPG inquiries including HSCSC on Maternity and future of social care funding.

We also supported the Public Services Committee by organising a focus group and evidence session for them, bringing people's views directly to them. The subsequent report referenced our contribution in a number of places, and it was very encouraging to see them recommend greater emphasis be put on involving communities in the design of local services.

We also saw the HSCSC publish their report on handling of the pandemic and other NHS services. This drew heavily on our evidence with the number 1 recommendation being around communication with patients and public.

We also gave evidence to the Lords Covid Committee – Life beyond Covid.

### **3. Support to the Network**

#### **3.1 Healthwatch Week (HWW)**

Every year, Healthwatch Board members, staff and volunteers attend the National Conference. In response to Covid-19, we decided to go online and delivered a highly successful 4-day event in early November when Healthwatch shared, learned and celebrated their work.

There was a strong equalities theme to the week. Keynote speaker Sir Michael Marmot discussed health inequalities in England ten years after his renowned report; panels of health and care sector leaders focused on Covid-19 and health inequalities, social care and how the health and social care system is responding to the new normal; sessions were led by local Healthwatch and Healthwatch England on topics such as research and underrepresented groups, communicating impact, volunteering and equality, diversity and inclusion. The Week also gave an opportunity for Healthwatch England to set out its strategic direction over the next three years.

The Week saw 516 attendees from 136 local Healthwatch – our largest event. We are carrying out a thorough evaluation and will share highlights at the next meeting

#### **3.2 Effectiveness**

Workshops have been run with local Healthwatch to introduce the Quality Framework which enables a Healthwatch to understand its effectiveness. 40 local Healthwatch will be supported to complete the Framework by March 2021. Healthwatch England is asking all Healthwatch to complete the Framework by March 22.

Margaret Curtis, secondee from Healthwatch Sunderland has been developing template policies, drawing on Healthwatch examples. These are being match against the Quality Framework so Healthwatch can adapt and adopt where there are gaps. The first such policy is decision-making – a key requirement, particularly important for Healthwatch who have such a wide remit and competing demands on limited resources.

### **3.3 Sustainability**

Much of Healthwatch England's work with local authorities goes under the radar as we seek to protect Healthwatch income and support effective commissioning. Considerable work was undertaken in 19/20 with events and a new resource pack on commissioning Healthwatch.

Against a very difficult funding environment, these efforts are paying off. Targeted engagement with 41 local authorities where the Healthwatch contract is under consideration are resulting local authorities issuing longer length contracts - better for staff retention and planning work; several have incorporated the Quality Framework, reinforcing a consistent approach to understanding Healthwatch effectiveness. There has also been a tendency for local authorities to extend contracts rather than carry out a retender exercise. By and large, contract amounts have seen a small reduction, although the cut for some Healthwatch has been more significant.

Considerable work was undertaken in 19/20 to support local authorities with effective commissioning of Healthwatch, including events and a new resource pack. Against a very difficult funding environment, these efforts, plus targeted engagement with 41 local authorities where they are paying off.

### **3.4 Equality, Diversity and Inclusion**

Healthwatch England's plan on equality, diversity and inclusion includes gaining a fuller picture of local Healthwatch's approach. Healthwatch England has seconded Joy Beishon, Chief Executive of Healthwatch Greenwich to lead work to help build the foundations for this work.

This project will look at the work undertaken by Healthwatch with their local communities, including creating a baseline of Healthwatch activity across protected characteristics and seldom heard groups, identifying positive examples and providing opportunities for peer support and learning from both inside and outside the Healthwatch network. The work will also inform Healthwatch England's approach to equality, diversity and inclusion, including our future support to local Healthwatch.

### **3.5 Engagement**

Gathering the views and experiences of people is core Healthwatch business which has been affected by Covid-19, curtailing face to face engagement. We have been developing a number of approaches to support local Healthwatch with engagement and the challenges they face:

- a) Healthwatch England commissioned the Consultation Institute to co-produce a training resource with Healthwatch Cumbria and Healthwatch Peterborough and Cambridgeshire on online engagement techniques.
- b) We provided small grants to Healthwatch Leeds, Healthwatch Wiltshire and Healthwatch Croydon to produce 'how to' guides on three successful engagement, involvement and co-production approaches that other Healthwatch could adapt and replicate. Each was showcased during HWW and received a great response and focused on the use of video diaries, engaging with people with dementia and how to co-produce with seldom heard groups.
- c) Healthwatch England has set up a staff network for people carrying out engagement. With over 110 members, it provides a place for staff to share good practice and challenges and test products and resources to support engagement activities. A similar network has been established for staff managing volunteers – particularly important with the challenges of Covid-19.
- d) We have put in place a new project to pilot online engagement platforms over the first six months of 2021 with 10 Healthwatch and five Healthwatch to test a survey tool, as part of the Digital Transformation project.

### **4. Supporting more people to have their say**

Our digital campaign #BecauseWeAllCare launched in July, in partnership with CQC, to encourage more people to feedback their experiences of health and care support during the COVID-19 pandemic.

To date the campaign has been supported by over 300 charities, NHS services, local Healthwatch and other organisations and contributed to the strongest year

Healthwatch England has had to date in terms of our digital reach and engagement.

Eight months into the financial year and the reach of our social media messages stands at 8M – double the 4M reach we achieved in 2019-20. The effectiveness of our social messages has also improved, with 295K engagements to date -nearly treble the engagement we saw 2019-20.

This, in turn, is has resulted in more people visiting our website to access information and act. From April to November 2020, 483K people visited our website– this is 200% higher than the same period in 2019.

We have also seen actions taken on our website increase. For example, over 8,600 people have shared their experiences of care to date via the Healthwatch England website. This insight is not only adding to the data available to local Healthwatch but has significantly boosted the real-time insight available to Healthwatch England.

### **Providing advice and information**

The introduction of our national on-line information and advice service has played a critical role in our response to COVID-19. Since the pandemic started, we have produced and updated a host of guidance in response to Government initiatives, as well as queries from the public. Advice topics covered include:

- Accessing dental care
- Understanding shielding advice
- Visiting care homes
- Being discharged from hospital
- Planning for end of life care
- Using the pharmacist rather than GPs, and
- Dealing with grief.

As a result of this work, over 250K people have accessed our advice and information online since April 2020. This is more than double the advice and information that was accessed via our website in the whole of 2019-20.

## **5. Supporting Healthwatch to engage their communities**

We have continued to develop with local Healthwatch the resources they need to engage and support their communities. Examples of this support include:

- Resources to help support NHS awareness campaigns focussed on the COVID-19 tracing app, the NHS being open for business and the national vaccinations programme.
- New guidance and training, for example, how to develop a communications strategy, as well as resources to help local Healthwatch improve their communications.

As a result of the resources provided by Healthwatch England to local Healthwatch, traffic to our network site is at an all-time high. By the end of November 2020, the actions taken on the site (such as downloading guidance) were also 40% higher than all the actions taken on the network site in 2019-20.

Healthwatch England has also run over 80 events and training sessions since April, which have been signed up to by nearly 1,500 delegates.

We have also continued to market the role of Healthwatch via our channels, and as a result of this work through paid-for search and social media advertising, we have seen 63K people using our website to find their local Healthwatch. This figure from April – November 2020, is 30% higher than the same in 2019.

We have also continued to roll out our standard website to local Healthwatch to help them improve their digital engagement and increase brand consistency. Our website is now used by 40% of local Healthwatch services.

An audit of the Healthwatch brand has also been carried out to assess its use by us and by a sample of 30 local Healthwatch services. This work has provided some valuable insight that will help inform an update to our visual brand guidance, as well as our project to review our brand promise, values and tone of voice.

Since April 2020, we have seen 16K downloads of our reports and other documents and specific reports covering digital healthcare, hospital discharge and our quarterly intelligence have been downloaded over 1K each.

**Key Meetings Attended since the last Committee meeting**

September	
Local Government Association & Partner Roundtable	
NHS Assembly	
National Quality Board	
ADASS	
EHRC	
Leaders Adult Social Care Interview	
DHSC- Quality Matters	
NHS Health Check Review	
Elective Task Force (Fortnightly)	
Human Tissue Authority - Introductory meeting	
NHSCC	
Resetting the NHS - Govconnect Webinar	
Integrated Care Delivery Partners Group	
Better Care Fund Programme Board	DHSC
NHSE/NHSI - Remodelling Healthcare in London	
National Voices	
NHS Confederation - Health for Care Coalition	
Karen Kelland	

October	
Workplace Live Video for Healthwatch Network	
People Business	Andrea Gregory
CQC Quarterly meeting	
Age UK	
Video Introduction for Healthwatch Northamptonshire Annual Meeting	
HSJ Virtual Summit	
Professional Standards Authority	
NHSE/NHSI - Remodelling Healthcare in London	
BASW England-Adult Social Care meeting	
Nutrica	Kate Hall
ADASS quarterly meeting	
November	
Social Care Reference Group	
NHS Assembly	
NHS Citizen Advisory Group	
NHSE/NHSI Stakeholder Forum	Specialised Services
Pandemic Patient Experience	Rachel Power - Patients Association
Patient Engagement & Experience in a Post Covid-19 World	SE England NHS and LA staff
DHSC Quarterly Strategic Meeting	Lee McDonough-DHSC
National Quality Board	
Suzy Lamplugh Trust	
NHS Reset Conference	

Non-Emergency Patient Transport Review	
CQC and HWE Strategy meeting	Ian Trenholm
Interview on Patient and User experience during COVID-19	Academic Sciences Network
Quarterly HWE & CQC meeting	
NHSE/I	Roger Davidson
Governance & Place Roundtable	Mark Butler- National Commission