# Healthwatch England 6 February 2024

## Meeting #46 Committee Meeting held in Public

11:45 pm – 14:45 pm

Location: Westbourne Room, 2nd Floor, 2 Redman Place, Stratford, London E20 1JQ

| Time | Public Committee Meeting – Agenda item | | Presenter | Action |
|------|------|------|------|------|
| 11:45 | 1.1 | Welcome and apologies | CHAIR – DCA | |
| 11:50 | 1.2 | Declarations of interests | CHAIR - DCA | |
| 11:55 | 1.3 | Minutes of meeting held in November 2023, and action log | CHAIR - DCA | FOR APPROVAL |
| 12:00 | 1.4 | HW North Lincolnshire on Women's Health - Cervical Screening | CARRIE DURAN JENNIFER ALLEN | FOR NOTING |
| 12:25 | 1.5 | Presentation – HWE current topic Pharmacy findings | WILL PETT ASTOR GILLILAND | FOR NOTING |
| 12:45 | 1.6 | State of the Network | DELANA LAWSON | FOR DISCUSSION AND NOTING |
| 13:00 | 1.7 | Chair's Report including changes in Committee composition. | CHAIR - DCA | VERBAL, FOR NOTING |
| 13:05 | 1.8 | Chief Executive's Report | LOUISE ANSARI | FOR NOTING |
| 13:20 | 1.9 | Committee Members Update | ALL | VERBAL, FOR NOTING |
| 13:25 – 13:55 | | Lunch Break | | |
| 13:55 | 2.0 | Audit, Finance and Risk Sub Committee Update a) AFRSC ToR | JANE LAUGHTON | FOR NOTING FOR APPROVAL |

| Time | Public Committee Meeting – Agenda item | Presenter | Action |
|---|---|---|---|
| | | | |
| 14:05 | 2.1 Business Items 2023-24<br>    a) Delivery and Performance Report for Q3 | SANDRA ABRAHAM | FOR NOTING |
| 14:20 | 2.2 Forward Plan | CHAIR – DCA | FOR NOTING |
| 14:30 | Questions from the public | CHAIR – DCA | |
| 14:40 | AOB | CHAIR – DCA | |
| | **Date of Next Meeting 21 May 2024 at Stratford** | | |

# Healthwatch England Committee Meeting
# Held in Public

Online on MS Teams and in person in
Rooms Wandle40 & 41, 2nd Floor 2 Redman Place, Stratford

## Minutes and Actions from the Meeting No. 45 – 28 November 2023

## Attendees
- Professor David Croisdale-Appleby – Chair (DCA)
- Phil Huggon – Vice Chair and Committee Member (PH)
- Belinda Black – Committee Member (BB) Online
- Helen Parker – Committee Member (HP)
- Andrew McCulloch – Committee Member (AM)
- Danielle Oum – Committee Member (DO) Online
- Lee Adams – Committee Member (LA)
- Pav Akhtar – Committee Member (PA) online
- Jane Laughton – Committee Member (JL)
- Umar Zamman - Committee Member (UZ)

## In Attendance
- Louise Ansari – Chief Executive (LAN)
- Chris McCann – Director of Communications, Insight and Campaigns (CM)
- Gavin MacGregor – Head of Network Development (GM)
- Ben Knox – Head of Communications (BK)
- Sandra Abraham – Head of Operations, Finance and Development (SA)
- Will Pett - Head of Policy, Public Affairs and Research (WP)
- Felicia Hodge – Committee Administrator (minute taker) (FH)
- Carmen Fuertes-Riestra – Strategy, Planning & Performance Manager (CFR)
- Clara Duval – Business Support Administrator (CD)

## Guests
- Tom Stocks – Healthwatch England Senior Research Analyst (TS)
- Simon Kiley – HW East Sussex Evidence & Insight Manager (SK)

## Apologies
- None

| Item | Introduction | Action |
|------|-------------|--------|
| 1.1<br><br>1.2 | **Agenda Item 1.1 – Welcome and Apologies**<br><br>The Chair welcomed Committee members, and other attendees. There were no apologies.<br><br>**Agenda Item 1.2 – Declaration of Interests**<br><br>LA declared her interest in North Yorkshire Healthwatch and Wakefield Healthwatch.<br><br>There was no other declaration of interests | |
| 1.3 | **Agenda Item 1.3 - Minutes and actions from 20 September 2023 Committee Meeting**<br><br>The minutes from the meeting held 20 September 2023 were accepted without amendment.<br><br>Actions from the meeting held 20 September 2023 were noted as follows:<br>• **20230920 1.8(b)** - Not due until Feb 2024 | |

| | | |
|---|---|---|
| | • **20230920-2.0 –** Financial Sustainability workstream for 2030 will begin shortly and HW will be looking at ways to secure our future. This will run alongside work being done on future models. Action notes will be changed to reflect this.<br><br>There were no further outstanding actions.<br><br>**Matter Arising**<br><br>There were no matters arising. | |
| **1.4** | **Agenda Item 1.4 – State of the Patient report presentation**<br><br>WP and TS presented a snapshot of health and care experience and what it was like to use health and care services in 2023 across ten different areas and asked the committee to note the report.<br><br>WP & TS explained that the report includes the parts of health and care that people talk to HW about the most: GPs, dentists, hospitals, and social care. Experiences of getting help for cancer and mental ill health was covered and a look at broader changes such as developments in technology, the cost-of-living crisis, and the Accessible Information Standard. Key findings and recommendations will be shared with the network.<br><br>The committee welcomed the exceptional piece of work and discussed the contents.<br><br>LAN expressed her thanks to WP, TS, and everyone involved in the preparation of this positive but challenging report.<br><br>**The Chair thanked WP and TS for the presentation. The committee NOTED the presentation.** | |
| **1.5** | **Agenda Item 1.5 – Social Care Unmet Need – Presentation by Healthwatch East Sussex**<br><br>Simon Kiley (SK) – HW East Sussex (HWES) Evidence & Insight Manager presented an overview to the committee about a project undertaken by HW East Sussex highlighting the unmet needs and experiences in health and care services of people from seldom heard or underrepresented groups such as unpaid carers, people on low incomes and those from ethnic minority groups. Key findings were:<br>• Challenges in engagement due to cultural differences, learning difficulties, language difficulties, digital exclusion, memory loss and mental health conditions.<br>• Challenges in people's knowledge of services, navigating or accessing the support they need.<br>• Importance of partnership support and relationship and communication between services.<br><br>There has been increased collaboration with other Healthwatch in Sussex and quarterly meetings with adult social care and health groups highlight practical and cross cutting issues that have been identified through various sources. There is also a Strategy Steering Group who participate in sessions to champion the public, user and partner voices.<br><br>WP acknowledged that local intelligence is most welcome and depended upon. HWE are due to launch a social care campaign in the next year looking at working age disabled adults and unmet needs.<br><br>**The Chair and LAN thanked SK for an exceptional piece of high quality insightful and concise work which HWE will help to be shared across the network. The committee noted the report.** | |
| **1.6** | **Agenda Item 1.6 – Chair's Report**<br><br>The Chair explained that 5 members of the committee would be leaving after a period of 6 years of service, during which time huge changes have been seen. He individually thanked each member for their exceptional service. | |

| | | |
|---|---|---|
| | The Chair explained that since the last meeting, he had been hosted by quite a few LHW and found the enthusiasm of staff and volunteers exceptional. He expressed his appreciation for the welcome he received from each LHW and the enjoyment each visit brought. He thanked the executive team for the background briefings prior to his visits.<br><br>**The committee noted the report** | |
| 1.7 | **Agenda Item 1.7 – Chief Executive's Report**<br><br>LAN expressed her thanks to Committee members who are leaving us on behalf of Healthwatch for their support and oversight over the years. She explained that there has been a change in the standing orders and from January there will be six committee members, as well as the Chair. One of those members is presently being coopted onto the committee.<br><br>LAN presented the CEO report detailing Healthwatch activities since the last meeting in September 2023. The committee were asked to note the report.<br><br>Highlights from the report were:<br>• Significant delays in people getting diagnosis; getting treatment; waiting for treatment.<br>• A great positive is with the communications team delivering on social media strategy, has led to a huge increase in social media reach.<br><br>**The Committee noted the report.** | |
| 1.8 | **Agenda Item 1.8 – Committee Members Update**<br><br>LA reported that there has been lots of good work from Healthwatch North Yorkshire, including a report on rurality and inequalities which has received local press and media coverage and that she has joined HW Wakefield on a temporary basis along with HW Kirklees Chair as HW Wakefield has lost most of its trustees. The Chair thanked LA for her support.<br><br>AM reported that he had spent a strategy day with HW Lewisham and was really impressed with what was going on locally.<br><br>JL reported that she would be stepping down as chair of HW Nottinghamshire (HWNN)at the end of the year. HWNN are about to publish a report about severe mental illness.<br><br>**The committee noted the updates** | |
| 1.9 | **Business Items 2023 - 2024**<br><br>**Agenda Item 1.9 (a) - Delivery and Performance Report for Q2 2023/24**<br><br>SA updated the committee on performance against the KPIs and Business Plan for period April - November 2023/24. The committee were asked to note the report. SA reported the following performance update:<br><br>SA informed the committee that since the documents had been shared with them, 2 KPIs within the report have been updated following the results of the staff survey. These are:<br>• **KPI 13** - EDI objectives in 100% of staff personal development plans. **On target**<br>• **KPI 14 -** 90% of staff feel valued and respected in the workplace. **On target**<br><br>Following the update, the overall position with KPIs is:<br>• 4 on target<br>• 6 on target and completed.<br>• 4 on track<br>• 4 not on track<br><br>SA stated the reason for the projects not being on track as follows:<br>• Reduction in percentage of demographic data shared by the network.<br>• Only 55% of the network sharing data on a regular basis<br>• Although social media had exceeded reach, other media reach was 8% lower than the same time last year. | |

| | | |
|---|---|---|
| | • Views of our evidence is lower than last year due to larger reports being scheduled to be published in the latter part of the year.<br><br>The committee expressed concerns about data collection and requested more information. They also wanted to know why the setting of objectives to collect demographic data in the business plan had been paused and sought greater clarity and understanding of what was rated "Not on Track", but description suggested project was on track.<br><br>CM responded that a higher percentage of data is being received with some HW sharing data for the first time, we now need to ensure that we push for demographic data to be shared also. The target was to have 75% of HW sharing data. With a multi-faceted approach and Local Authorities including demographic data collection in their contracts, it is currently at 61% and expected to be at 71% by year end, so could be considered on target.<br><br>**The committee noted the report.**<br><br>**Agenda Item 1.9(b) – Update on Equality, Diversity & Inclusion (EDI) Progress**<br><br>CM presented an update on the progress of the annual plan in delivering HWE commitments to Equalities, Diversity, and Inclusion and the results of the staff survey. The committee were asked to note the report.<br><br>LAN reiterated that the new strategy has a strong underpinning in health inequalities and HW are committee to redoubling their efforts to engage with communities who suffer the worst outcomes. She reported that 90% of staff believe that commitment to EDI is being implemented and other organisations are seeking advice on how we do this. However, there is still more work to be done. LAN highlighted how important it is for the Network to collect demographic data as a foundation for action to reflect the experiences of people with protected characteristics.<br><br>The chair asked for the roadmap to be re-circulated to the committee.<br><br>**ACTION** - **CM to re-circulate a copy of the EDI Roadmap to the committee.**<br><br>**ACTION – FH to circulate the slide when received from PA.**<br><br>**The committee noted the report.** | <br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>**CM**<br><br>**FH** |
| **2.0** | **Agenda Item 2.0 – Audit, Finance and Risk Sub Committee (AFRSC) Report**<br><br>HP had acted as chair at the AFRSC meeting in October and gave a brief overview of subjects covered at that meeting. Main points highlighted were:<br><br>• HP expressed thanks to DO for the excellent way that she has chaired the committee and JL for agreeing to take on the position of Chair to the AFRSC.<br>• The sub-committee will be reduced to 3 members instead of four, with a quorum of 2 for decision making. This will be formalised in the Terms of Reference and brought back to the committee at the next meeting.<br>• For continuity, HP will remain a member of the sub-committee.<br>• Survey on committee effectiveness prompted discussions on how committee engages with CQC and sub-committee and associated risks in the business plan.<br><br>SA updated the committee that following the budget reforecast and introduction of new work, the predicted underspend has been revised to £2k. There will be a further reforecast in January to re-align expenditure to the year end.<br><br>**The committee noted the report.** | |
| **2.1** | **Agenda Item 2.1 – Forward Plan**<br><br>Forward plan was not reviewed at this meeting. | |

| | | |
|---|---|---|
| | **AOB**<br><br>AM thanked staff, colleagues and in particular FH for the work they have done in supporting committee members. The other committee members expressed their agreement and thanks. | |
| | **Questions from the public**<br><br>There were no questions from the public. | |
| | The Chair ended the meeting and thanked everyone for their attendance. He also thanked all those involved in the preparation of the meeting.<br><br>Meeting concluded. | |
| | The next meeting will be held 06 February 2024 in Stratford, London<br>Guests can join in person or online via Teams. Details to follow. | |

# HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING – ACTION LOG

## 20 September 2023

| Agenda Item | Lead | Reference | Comment | DEADLINE | STATUS |
|---|---|---|---|---|---|
| 20230920 1.8(b) Business Items 23-24 | Sandra Abraham | To prepare 2- year Business plan 2024-26 for approval | Completed | Feb 2024 | **Complete** |
| 20230920-2.0 Forward Plan | Louise Ansari | **LAN** to consider the projected position of Healthwatch and work back on its journey to get there. | Financial Sustainability workstream for 2030 will begin shortly and we will be looking at ways to secure our future. This will run alongside work being done of future models. | TBC | **In progress** |

## 28 November 2023

| Agenda Item | Lead | Reference | Comment | DEADLINE | STATUS |
|---|---|---|---|---|---|
| 20231128 1.9(b) EDI Update | Chris McCann | To re-circulate a copy of the EDI Roadmap to the committee | | Dec 2023 | **Complete** |
| | Felicia Hodge | To circulate the slide on 12 points of why collecting data matters when received from PA. | | Feb 2024 | **Complete** |

**AGENDA ITEM:**  Pharmacy Project Initial Findings

**PRESENTING:** Astor Gilliland, Research Analyst and William Pett, Head of Policy, Public Affairs and Research

**PREVIOUS DECISION:** N/A

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

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

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

Having finalised our national polling and with the team developing the analysis, this update to the committee is to present our provisional findings.

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

Pharmacy research findings

healthwatch

# Pharmacy Research

## What have we done?

- Commissioned nationally representative polling on people's use of, and attitudes to, pharmacy – we had 1,650 responses

- Commissioned twelve local Healthwatch to interview two pharmacy users and a member of pharmacy staff each.

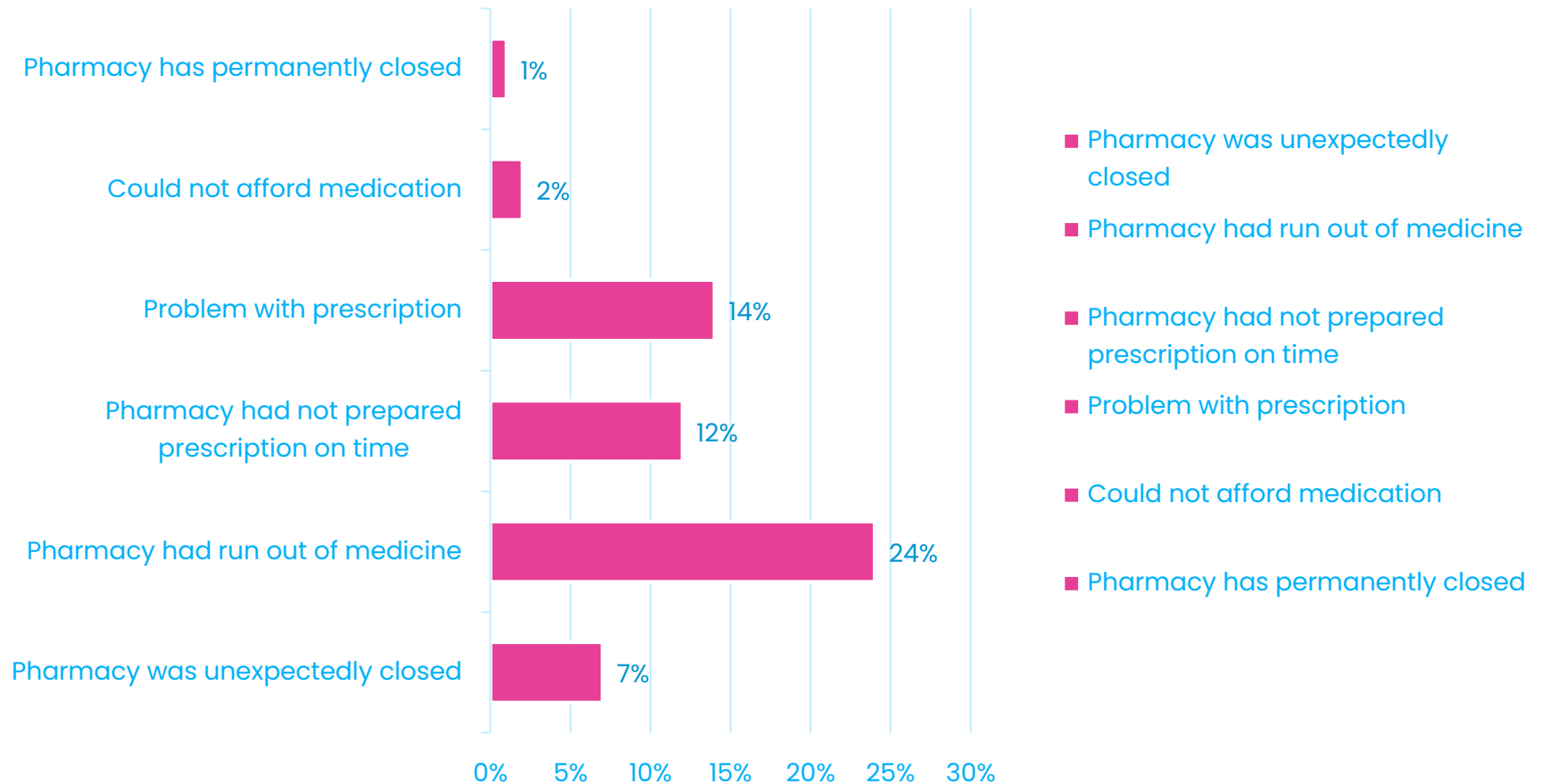- We got the results of both back, just before Christmas.

The following are some of the key initial findings from the polling. We will be releasing these publicly in March 2024.

# Headline key findings

- At least 1 in 4 people report being unable to get their medication due to supply issues.

- Use of Pharmacy First looks promising - people are already more likely to go to the pharmacy than GP for 5/7 of the key conditions.

- People are confused by online pharmacies and a majority have never used one.

- There's high potential that people will use pharmacy over other services for certain conditions in the future (e.g. dermatology services and vaccinations), but this may be difficult for pharmacists to provide with lack of capacity and funding.

# Not being able to get medication

## 60% unable to get medication



Pharmacy has permanently closed — 1%

Could not afford medication — 2%

Problem with prescription — 14%

Pharmacy had not prepared prescription on time — 12%

Pharmacy had run out of medicine — 24%

Pharmacy was unexpectedly closed — 7%

Legend:
- Pharmacy was unexpectedly closed
- Pharmacy had run out of medicine
- Pharmacy had not prepared prescription on time
- Problem with prescription
- Could not afford medication
- Pharmacy has permanently closed

# Online

## What are people's thoughts on online pharmacy services?

### Use of online pharmacies



- 31%
- 13%
- 54%
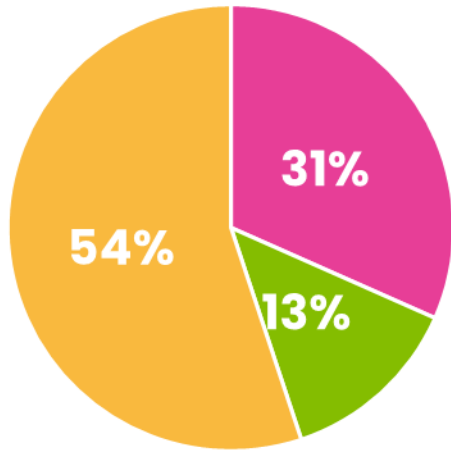
- ■ In the past year
- ■ More than a year ago
- ■ I have never used this service

### Likelihood to use again



- 22%
- 18%
- 54%
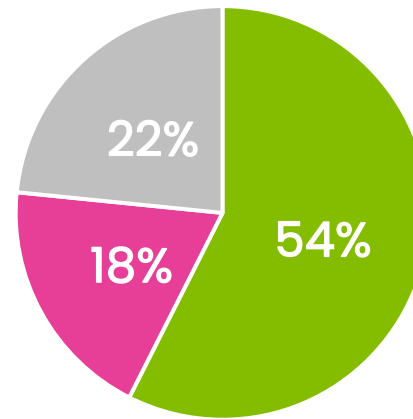
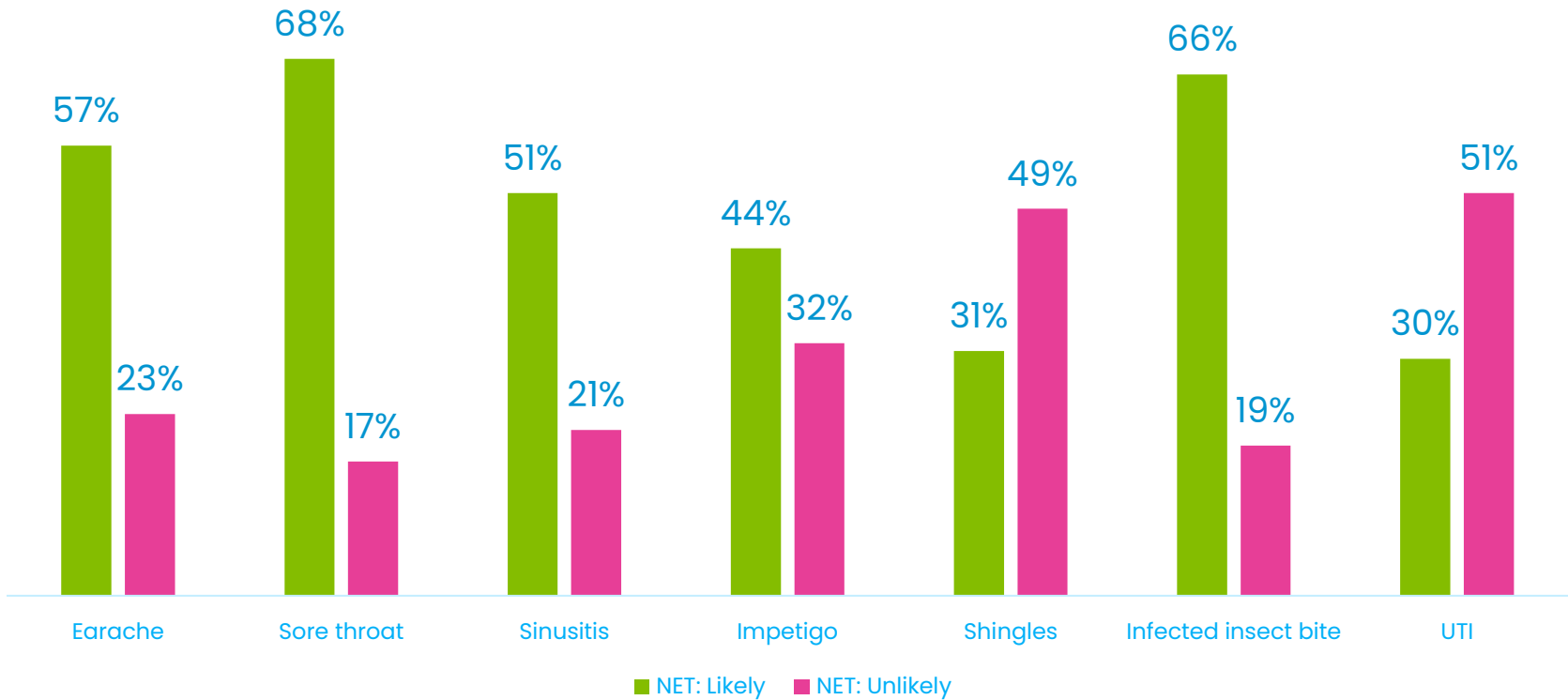■ Likely    ■ Unlikely    ■ Neither likely nor unlikely (3)

### Were you able to get all the medicine you wanted immediately?

## 23% NO

# Pharmacy First attitudes
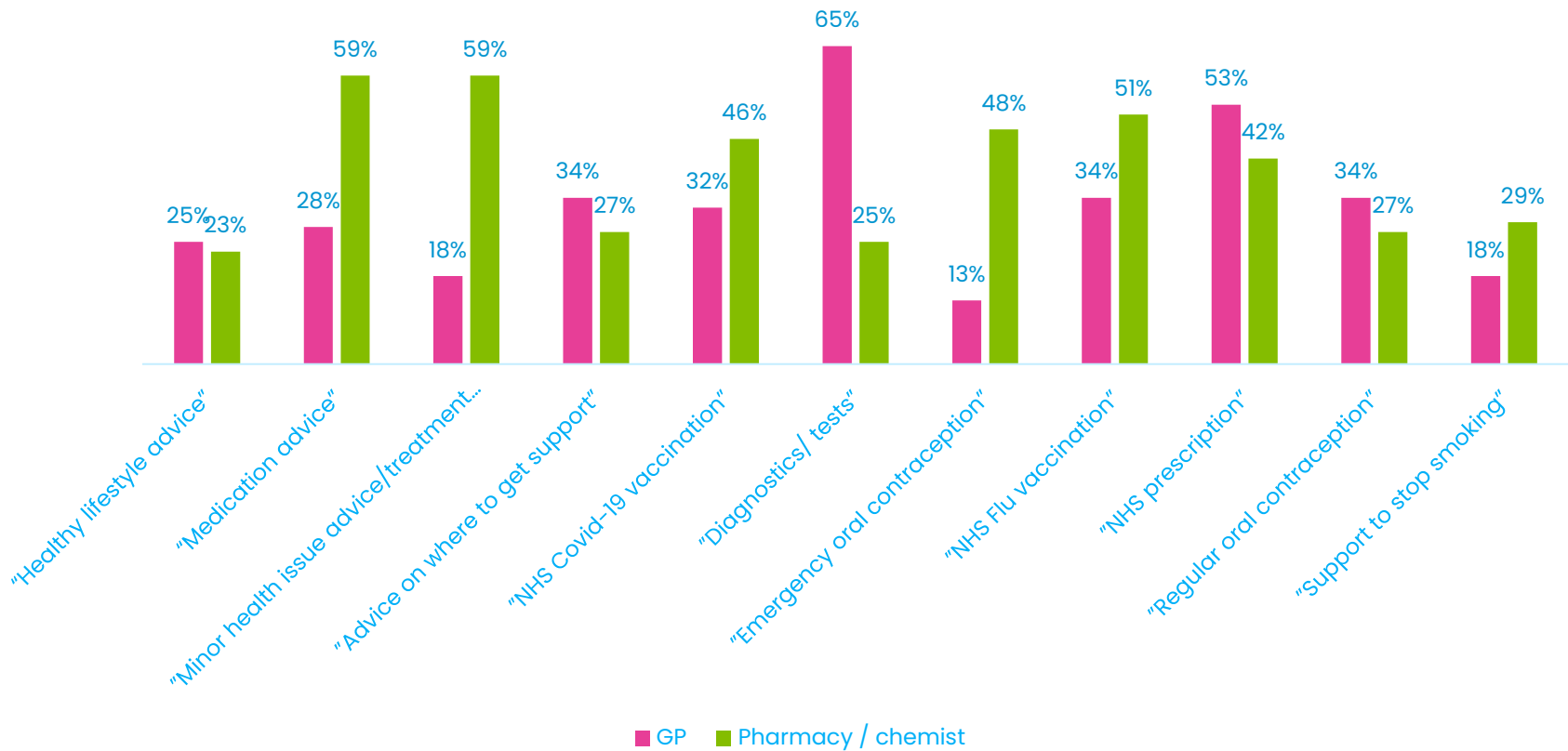## What do people think about Pharmacy First services?

### How likely are you to go to a pharmacy rather than GP?



| | Earache | Sore throat | Sinusitis | Impetigo | Shingles | Infected insect bite | UTI |
|---|---|---|---|---|---|---|---|
| NET: Likely | 57% | 68% | 51% | 44% | 31% | 66% | 30% |
| NET: Unlikely | 23% | 17% | 21% | 32% | 49% | 19% | 51% |

■ NET: Likely  ■ NET: Unlikely

# Future pharmacy

## Where next?

### First choice for services/support



| Category | GP | Pharmacy / chemist |
|---|---|---|
| "Healthy lifestyle advice" | 25% | 23% |
| "Medication advice" | 28% | 59% |
| "Minor health issue advice/treatment.." | 18% | 59% |
| "Advice on where to get support" | 34% | 27% |
| "NHS Covid-19 vaccination" | 32% | 46% |
| "Diagnostics/ tests" | 65% | 25% |
| "Emergency oral contraception" | 13% | 48% |
| "NHS Flu vaccination" | 34% | 51% |
| "NHS prescription" | 53% | 42% |
| "Regular oral contraception" | 34% | 27% |
| "Support to stop smoking" | 18% | 29% |

■ GP   ■ Pharmacy / chemist

# Next steps

Where do we go from here?

- The policy team are now considering our policy asks emerging from this.

- We will be writing the full report with a view to a publication date in March. We may release some findings to the press ahead of this.

- We have a webinar with the network next week, to let them know about this work and our publication timelines, so they can align any pharmacy work they have planned or may want to do.

- Prior to the report publication, we will be following up with stakeholders with whom we spoke during the development of the project, principally NHS England and Community Pharmacy England.

- We also propose to repeat elements of this work to evaluate the success of Pharmacy First one year on.

**AGENDA ITEM:** State of the Network Report

**PRESENTING:** Delana Lawson, Quality Assurance and NE, Yorkshire and Humberside Manager and Gavin Macgregor, Head of Network Development

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** Healthwatch England aims to assess the overall health of the Healthwatch network by gathering diverse data to create a comprehensive overview of both the network as a whole and individual Healthwatch.

We have committed to producing a State of the Network report annually and track trends over time. This is the first such report which draws on data collected mainly in the year 22/23 along with some comparative data in year 21/22.

It is important to emphasise that the primary responsibility for commissioning and monitoring the efficacy of a Healthwatch lies with the local authority. In this context, the data collected by Healthwatch England incorporate some proxy indicators. These indicators serve as substitutes, providing indirect insights into the effectiveness of the network and its trends. It's important to recognize that these proxy indicators contribute to informing opinions rather than directly measuring the performance of the Healthwatch network.

**RECOMMENDATIONS:** Committee is asked to **NOTE** the the information in the presentation.

# State of the Healthwatch Network

healthwatch

# Context

**King's College were funded by National Institute of Health Research (NIHR) to undertake an independent study of Healthwatch, reporting in October 2022**

- Large variations in funding levels, model and work of Healthwatch organisations nationally, including hosting arrangements, scale of operations, complexity of relationships with health and care bodies, and sources of income beyond core funding.

- Key points of divergence that were consequential for Healthwatch activities included the degree of autonomy from host organisations and local understanding of accountability to various constituencies.

- These points of divergence give rise to different modes of operation and different priorities for enacting the nationally prescribed responsibilities of Healthwatch organisations locally.

- **Conclusion**: The diversity of the Healthwatch network belies its otherwise unitary appearance. This diversity – especially in differential funding arrangements – has considerable implications for equity of access to influencing health and care planning and provision for residents across England.

# Context (2)

- First year where we have brought all the data we hold on Healthwatch together to provide a report on the State of the Network

- It is the responsibility of the local authority to commission an effective Healthwatch

- Apart from statutory activities, the legislation or regulations do not set out what constitutes 'effective'

- Healthwatch England should have an opinion on the effectiveness of a Healthwatch with the power to share concerns with the local authority

- We have to use proxy indicators in the absence of a consistent monitoring framework

# Draft 'balanced scorecard'

## Core funding

78% of HW experienced a cut or no change budget
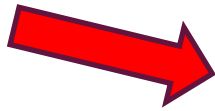
## Income generation

75% of HW generate over £1000 in income.
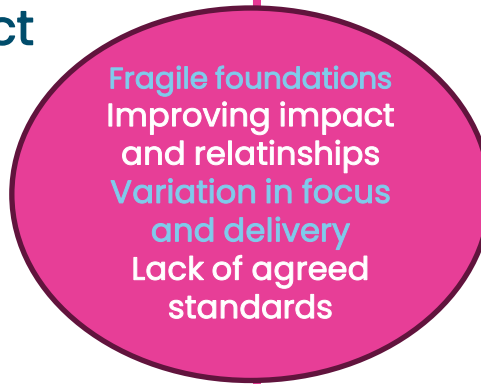Total £5m – up from £3.5m 22/23

## Demonstrate impact

Number of HW who are communicating outcomes has increased

**Fragile foundations**
**Improving impact and relatinships**
**Variation in focus and delivery**
**Lack of agreed standards**

## ICB Relationship

Improving
Income up by £0.5m
Variation

## Core activities

?

- Lack of consistent measures to understand numbers of people engaged and provided with info and signposting
- Choice of priorities suggests more HW focused on tackling inequalities

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## Data sharing and Demographics

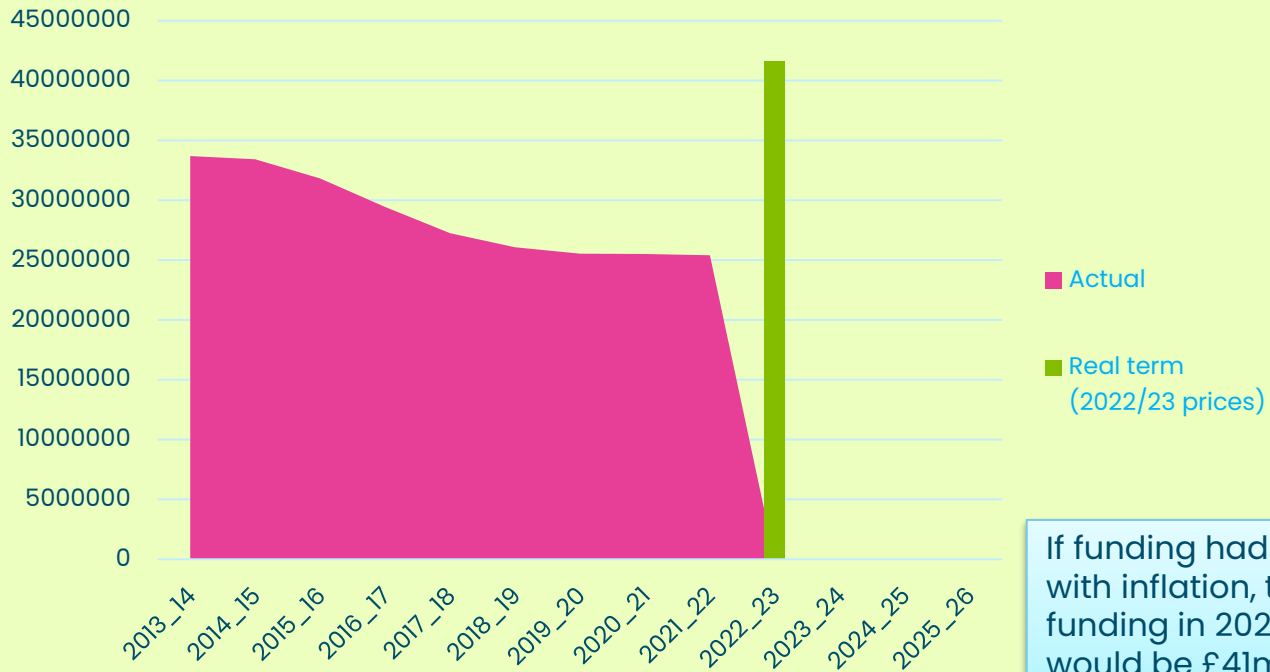Data sharing improved significantly
Demographics static

# Funding and Commissioning

# Funding Trends

| | Number of Healthwatch |
|---|---|
| Cut of more than 1% | 32 |
| Increase of more than 1% | 34 |
| Between 0-1% | 87 |

## Healthwatch funding



Legend:
- Actual (pink)
- Real term (2022/23 prices) (green)

If funding had kept pace with inflation, total funding in 2022/23 would be £41m, not £25m

# Commissioning trends

Number of new contracts in 2023/24: 29

Contract length: Generally, at least three years, but trend is for longer contracts

Contracts may not make provision for inflationary increase, so effectively resulting in further cuts

First joint ICB and local authority commissioned Healthwatch: Somerset

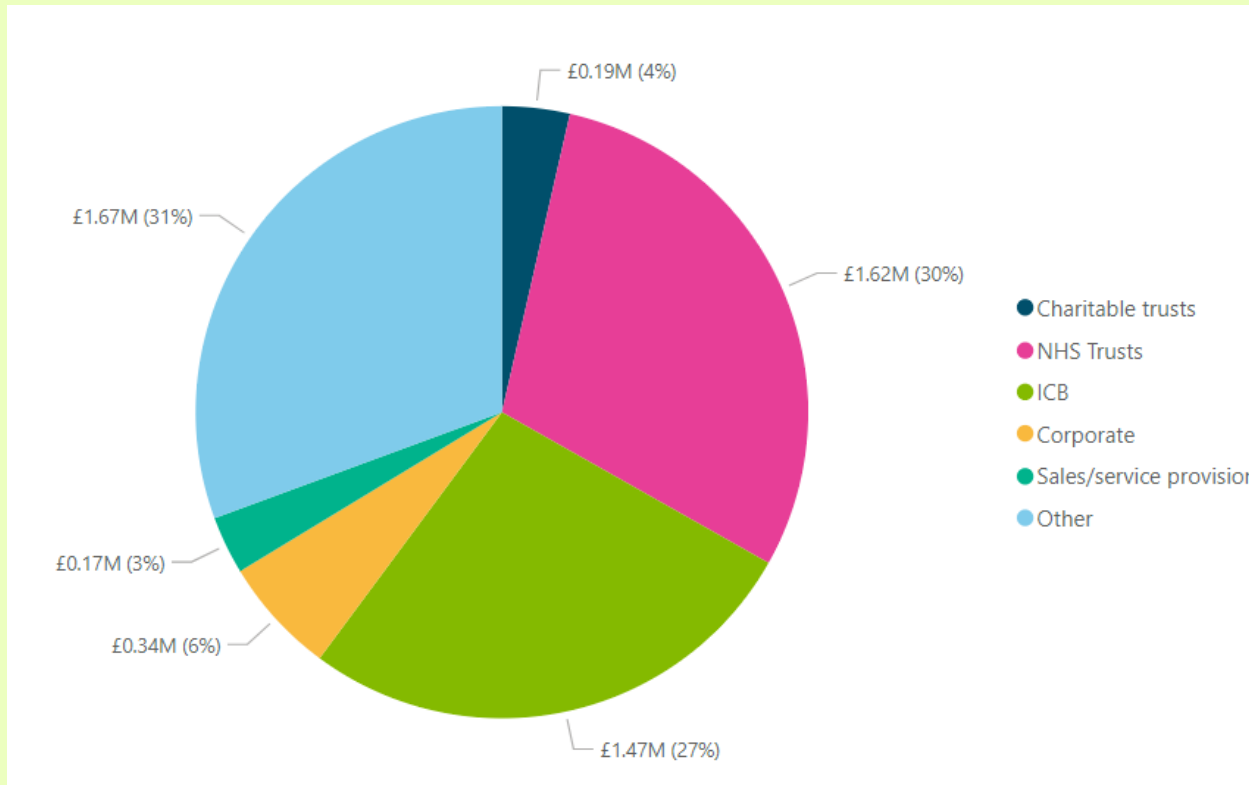Number of jointly commissioned Healthwatch: 23 local authorities

Number of new providers: 1 (CVS)

Exchange of contracts between multiple providers

# Total additional income generated by Healthwatch



£0.19M (4%)
£1.62M (30%)
£1.67M (31%)
£0.17M (3%)
£0.34M (6%)
£1.47M (27%)

- Charitable trusts
- NHS Trusts
- ICB
- Corporate
- Sales/service provision
- Other

Total
£5.65m

We will share
examples of how
Healthwatch have
generated income

# Additional Income

Some Healthwatch are effective at generating income

- 84 (54%) generate additional income above £5,000

- 18 HW report value of additional income is 50% of core

- 9 HW report above 100%

- Successful, but also carries risk

- Mostly standalone, rather than hosted – skilled CEO?
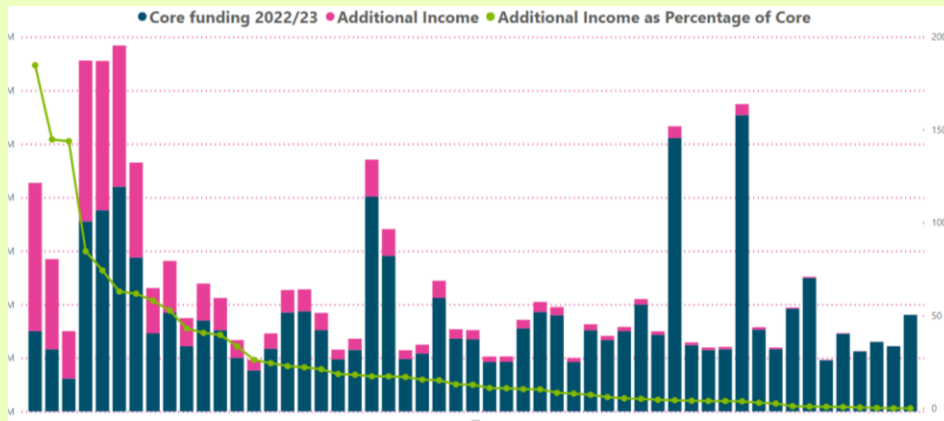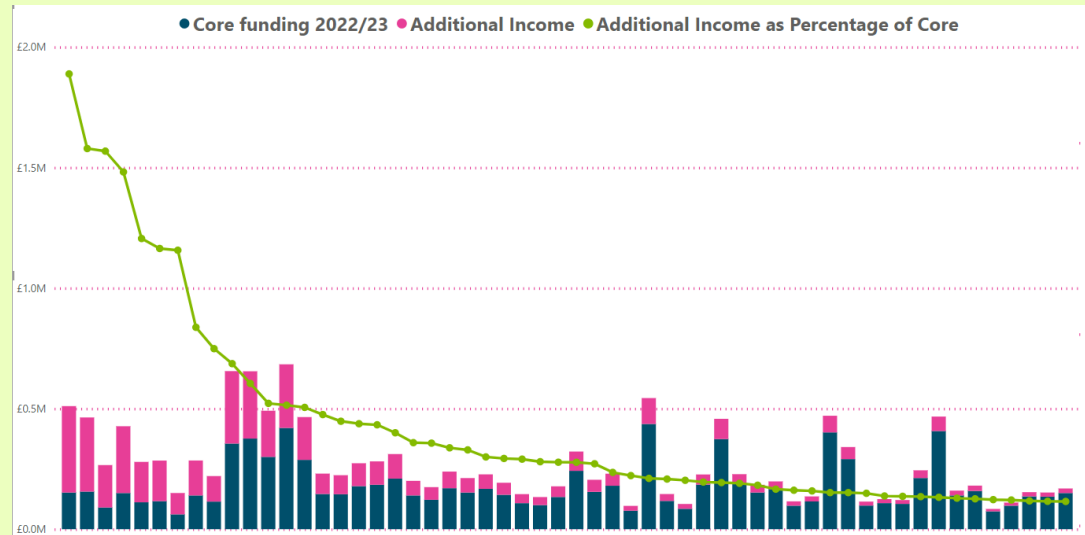




- When income held on behalf of other HW is discounted (eg Coordinator for an ICB), the additional income of 9 HW is more than 50% of core, with three Healthwatch reporting more than 140%.

- Some Healthwatch are delivering significant level of commissioned activity

# People

Overall, reduction in full time equivalent staff – 16% of HW reduced staffing due to funding cuts

70% of HW report no change in staffing due to reduced staffing – we think additional income is subsidising core

Leadership is key to influence and activities such as income generation – observation: after 10 years we are losing senior leaders – some difficulties in replacement; when contracts change, chief executive can be downgraded to manager

Volunteers: no change in the number of volunteers with the median number in each Healthwatch at 20.
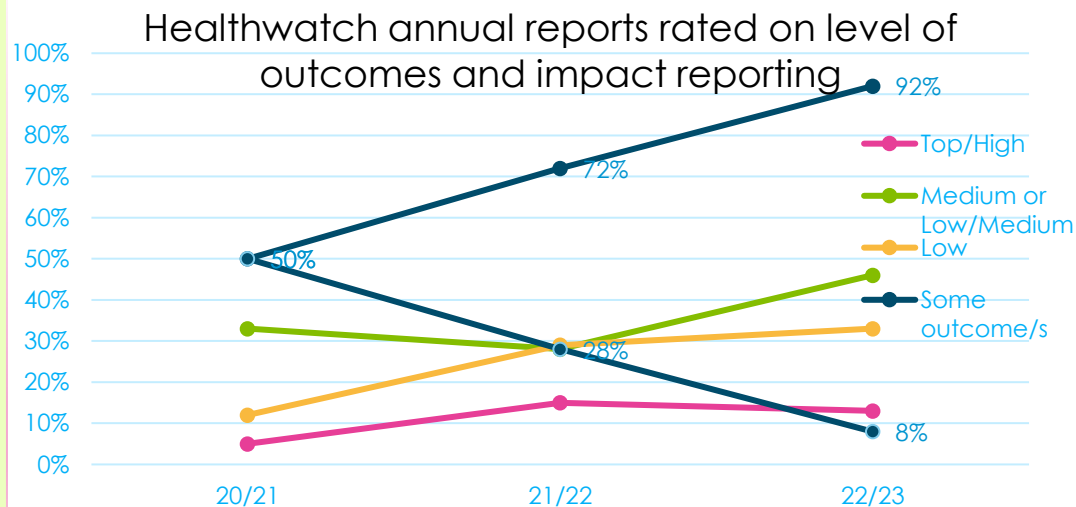
Board, Advisory Board and relationship with staff and host organisations is where HWE provides a lot of behind the scenes support to providers and local authority commissioners. Small numbers, but disproportionate impact

# Impact and Priorities

# Impact

- Already reported to National Committee trends on how Healthwatch report on their outcomes and impact – broadly improving - percentage of annual reports demonstrating some outcomes increased from 50% in 2020/2021 to 92% 2022/2023.

- All 22/23 annual reports were analysed to identify outcomes

- Regional managers met/are meeting with Healthwatch to discuss each annual report and support effective communication of outcomes.

- We are categorising the types of outcomes, to capture the different ways Healthwatch contribute to improving health and care

### Healthwatch annual reports rated on level of outcomes and impact reporting

Legend:
- Top/High
- Medium or Low/Medium
- Low
- Some outcome/s

Chart data points:
- Some outcome/s: 50% (20/21), 72% (21/22), 92% (22/23)
- Medium or Low/Medium: 33% (20/21), 28% (21/22), 46% (22/23)
- Low: 12% (20/21), 29% (21/22), 33% (22/23)
- Top/High: 5% (20/21), 15% (21/22), 13% (22/23); 8% label shown

- In preparation for 23/24 annual reports, we will ask Healthwatch to share outcomes in advance

- We are capturing and feeding back examples of when we use the work of Healthwatch in our work

# Tackling inequalities

- Legislation is not explicit about tackling inequalities – but expectation

- HWE has sought to put tackling inequalities as core to local Healthwatch work, as well as that of HWE

- HWE has led by example and in campaigns eg Accessible Information Standard; supported sharing of learning; promoted through communications; encouraged commissioners

- 66 (46%) Healthwatch selected 'Tackling inequalities' and/or 'Seldom heard' as one of their current or future priorities. Other projects may also address tackling inequalities – we will adjust our methodology to allow multiple selection

- But it suggests we still have work to do to address consistency

# Spotlight on hospital discharge

**Healthwatch Hartlepool's** work led to North Tees & Hartlepool NHS Foundation Trust's commitment to improve patient involvement in discharge planning, information accessibility, advanced transport planning, optimisation of the Discharge hub, and reviewing its workforce. The plan is set for further review in six months.

**Healthwatch Wirral's** work resulted in an action plan including employing an additional member of staff, increase in activities to improve recovery rates and training for staff to ensure stronger compliance with discharge policies.

**Healthwatch Southampton's** work supported Southampton NHS Trust produce a carers strategy, improve co-ordination of discharge processes and provision of training on compassionate care and accessibility.

**Healthwatch Cumbria's** work led to training for staff, including on improving communication

**Healthwatch Worcestershire's** work led to a specific section on mental health and homelessness and the involvement of carers in discharge planning

**Healthwatch Blackburn and Darwen's** work resulted in improved integration and family members feeling better informed of next steps following discharge

**Healthwatch Cornwall's** work resulted in reduced risk of a patient being discharged with the appropriate medication and travel arrangements not being in place

# Healthwatch project priorities

| | Current priorities | Future priorities |
|---|---|---|
| Primary Care | 79 | 49 |
| Health Inequalities | 68 | 33 |
| Mental Health | 60 | 30 |
| Seldom Heard | 36 | 28 |
| Social Care | 59 | 24 |
| Secondary Care | 36 | 24 |

- We asked Healthwatch to tell us about current and future project priorities

- 37 Healthwatch had not set future priorities eg awaiting outcome of tender

- Primary care and health inequalities are main categories for Healthwatch current and future priorities

- We will use the results to support collaboration

- We will introduce the facility for Healthwatch to update their priorities through the year

- HWE will use this to help inform our national work

# ICB and CQC Relationships

# Integrated Care Systems

## Additional Funding above £20,00 from ICB

Chart with funding amounts by area:
- £300,000
- £200,000
- £100,000
- £0

Areas (left to right): North..., Waltham..., Islington, Sutton, Greenwich, Haringey, Hertfordshire, Oxfordshire, Sandwell, Newham, Blackpool, Cambridge..., Gloucesters..., Essex, Norfolk, Kent, Wirral

- 38% of Healthwatch received additional funding from their ICB – 38 HW (25%) funding above £5,000

- 20 Healthwatch have seen increase in income from ICB since 2022 – some on behalf of other Healthwatch in ICB

- Total increase of £435,000

- 78% HW assessed their relationship with their ICS as 'Very Effective' or 'Somewhat Effective'.
- 67% were represented on the ICB and 84% on the ICP boards.

We will inform all ICBs about how they are supporting Healthwatch and promote examples of collaborative working

# Data sharing and data quality

# Sharing data

- Agreed to retire legacy system March 23 – 56 HW were sharing data

- At end of Q3, 103 LHW have shared data with HWE at least once – 117 by end of January 24 (75% of HW)

- This includes several Healthwatch who have never shared data with us before.

- We have invited the other 30 to share data – and will escalate if required to achieve 100% of Healthwatch in 24/25

Healthwatch sharing data with HWE

● Q1 ● Q2 ● Q3 ● Q4
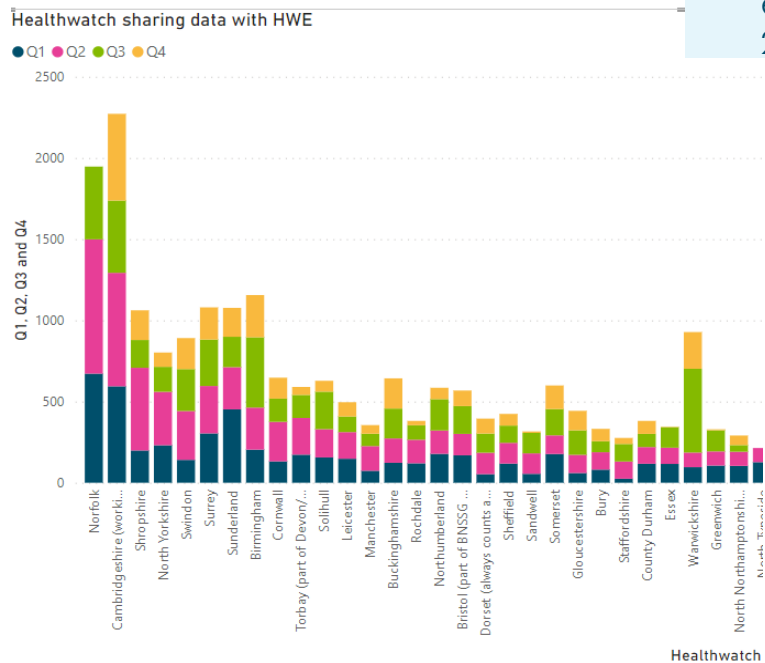


- Regular sharing is a challenge – needs chasing by HWE

- Churn of HW staff – means we need to keep training

- HW model means variation in how data is collected by HW eg via proactive engagement; social media or engagement platform such as Care Opinion – or simply information and signposting data

- Variation means national data analysis can be skewed, plus quality and completeness is also varied

# Demographic analysis

70% HW report they are 'Extremely' or 'Very confident' when collecting demographic data for research and engagement activities – 44% when collecting for information and signposting –stress of callers; lack of privacy and brevity of interaction cited as challenges affecting collection

Mismatch between reported confidence in collecting demographic and actually sharing such data

Work is needed in 24/25 to support Healthwatch to share demographic data

| Confidence | % with Age | % with Ethnicity | % with Gender | E/F records shared |
|---|---|---|---|---|
| b. Very confident | 0.77 | 0.72 | 0.83 | 2,272.00 |
| b. Very confident | 0.00 | 0.00 | 0.00 | 1,947.00 |
| b. Very confident | 0.54 | 0.45 | 0.67 | 1,156.00 |
| b. Very confident | 0.10 | 0.11 | 0.11 | 1,080.00 |
| b. Very confident | 0.39 | 0.05 | 0.50 | 928.00 |
| b. Very confident | 0.46 | 0.38 | 0.85 | 891.00 |
| b. Very confident | 0.55 | 0.43 | 0.65 | 802.00 |
| b. Very confident | 0.00 | 0.00 | 0.00 | 643.00 |
| b. Very confident | 0.92 | 0.86 | 0.96 | 628.00 |
| b. Very confident | 0.64 | 0.49 | 0.94 | 585.00 |
| b. Very confident | 0.02 | 0.96 | 0.83 | 496.00 |
| b. Very confident | 0.29 | 0.40 | 0.43 | 477.00 |
| b. Very confident | 0.59 | 0.41 | 0.68 | 381.00 |
| b. Very confident | 0.09 | 0.04 | 0.81 | 355.00 |
| b. Very confident | 0.33 | 0.07 | 0.73 | 332.00 |
| b. Very confident | 0.82 | 0.72 | 0.90 | 329.00 |
| b. Very confident | 0.42 | 0.51 | 0.79 | 276.00 |
| b. Very confident | 0.29 | 0.25 | 0.72 | 111.00 |

**Action taken by HWE to support HW demographic data collection**
- Funded HW Tower Hamlets to run workshops and produce guidance
- Set collection of demographic data as HWE priority and part of our EDI roadmap
- Provided e learning taken by 216 people with pass rate of 62% and 84% satisfied

# Demographic data

21 Healthwatch report staff are either slightly confident or not very confident in collecting demographic data – although some clearly still collect such data eg Southend

| Confidence | % with Age | % with Ethnicity | % with Gender | E/F records shared |
|---|---|---|---|---|
| e. Not at all confident | 0.37 | 0.17 | 0.42 | 3,631.00 |
| d. Slightly confident | 0.54 | 0.33 | 0.91 | 443.00 |
| d. Slightly confident | 0.15 | 0.11 | 0.18 | 424.00 |
| e. Not at all confident | 0.93 | 0.91 | 0.96 | 285.00 |
| e. Not at all confident | 0.11 | 0.05 | 0.31 | 260.00 |
| d. Slightly confident | 0.14 | 0.07 | 0.41 | 246.00 |
| d. Slightly confident | 0.01 | 0.01 | 0.02 | 87.00 |
| d. Slightly confident | 0.00 | 0.00 | 0.00 | 81.00 |
| d. Slightly confident | 0.00 | 0.00 | 0.00 | 31.00 |
| d. Slightly confident | 0.00 | 0.00 | 0.00 | 26.00 |
| d. Slightly confident | 0.50 | 0.12 | 0.92 | 26.00 |
| | | | | 5,540.00 |

We will target individual Healthwatch to understand barriers to sharing demographic data and work to find solutions

# Examples of how we will use the data

- Informing our work on reviewing the Healthwatch model

- Sharing the results with local Healthwatch

- Informing our support offer to Healthwatch, including targeting support

- Supporting collaboration between Healthwatch

- Sharing learning with ICBs on how Healthwatch and ICBs are working together and being resourced

- Informing local authorities on commissioning trends

- Reporting to government on the funding of local Healthwatch to enable it to track what is happening to its investment

AGENDA ITEM: Healthwatch England Chief Executive's Report

PRESENTING: Louise Ansari

PREVIOUS DECISION: N/A

EXECUTIVE SUMMARY: This report updates the Healthwatch England Committee on Key activity since the last meeting in November 2023

RECOMMENDATIONS: Committee Members are asked to NOTE this report

## Introductory note from the Chief Executive

The team have continued to ensure our work has impact over December and January. I would highlight a couple of areas. We have continued to raise concerns in private and public about the ongoing impact of industrial action on patients and urged both parties to find a resolution. We have also begun to release the results of our wok on Pharmacy, to support the delivery of the primary care recover plan. We supported the public with information on staying well over winter and supplied communications resources to the network to give similar information to their local communities.

1. **Influencing**

Since the last update, we have continued to have influence with decisions makers, including within NHS England and the Department of Health & Social Care, as well as with key political stakeholders across the main parties.

## Dentistry

I had a one-to-one introductory meeting in December 2023 with Andrea Leadsom, the new minister responsible for dentistry and other primary care services and public health. This was followed by Chris McCann's attendance at a roundtable led by minister Leadsom with various stakeholders, at which we set out in more detail our asks for the forthcoming dental recovery plan.

The policy team have been liaising with the health secretary's team during January to provide further details of our recommendations and supporting information from our evidence base.

Healthwatch evidence was also referenced extensively in a House of Commons debate led by Labour in early January 2024.

**Pharmacy - Evidence session**

On 16 January 2024, our head of policy, public affairs and research William Pett gave evidence in person to the House of Commons Health and Social care Committee for its inquiry on the future of pharmacy services. He called for action on 'three Cs':

- **Confidence** in core pharmacy services against a background of permanent and temporary closures, staffing pressures and medication shortages.

- The need for **culture** changes to raise awareness of the new Pharmacy First scheme (under which pharmacies can directly supply medications to patients for seven common conditions without needing to see a GP); and

- **Cost-of-living** pressures which affect people's ability to afford prescription charges or over-the-counter medicines and the need for greater awareness raising of pre-payment certificates.

**The *Public's Perspective: the state of health and social care***

In November, we published our first annual review of insight covering people's experiences of health and care. Drawing on the experiences of over 65,000 people we heard from between October 2022 and September 2023, the report aimed to stand back from the headlines and help policy makers understand what it is really like to use health and social care services in 2023.

Covering ten key areas of care, the report provided a snapshot of what is working and what is not from the patient's perspective, highlighted the disproportionate impact on those facing inequalities and made recommendations on how care can be improved.

Our findings highlighted that:

- Although many people get good care, accessing care in the first place remains the greatest challenge.

- Delays are being felt in every area of care, with a disproportionate impact being felt by those already facing poverty and poorer health outcomes.

- We risk a two-tier system, with those who can afford it increasingly turning to private care.

Our report and our recommendations were warmly received by our national stakeholders. During my meeting with Minister Andrea Leadsom, she welcomed the report and said that it aligns well with her priorities. Our findings were also covered exclusively by the Observer and HSJ.

In December, MPs on the Health and Social Care Committee also referenced the report's findings when they questioned the new health secretary for the first time since her appointment. This included our evidence about 1 in 7 NHS professionals advising patients to go private.

The report's findings on people turning to private dentistry were also referenced in a parliamentary debate.

## Visiting rights at care homes and hospitals

In December 2023, the government announced it would introduce a 'fundamental visiting standard' through secondary legislation to amend CQC regulations. This will mean that all CQC-registered residential settings will be inspected to ensure visiting and accompanying people to outpatient appointments is only ever prevented in exceptional circumstances.

This goes some way to meeting recommendations we made jointly with care bodies during and after the pandemic, after hearing that some care homes were still denying regular visiting rights to people – and not necessarily on infection control grounds. The CQC is running a consultation on the standard, and we will respond in due course.

## 2.   External Updates

It has been an eventful few months in the health and care sector. We continue to be agile in responding to the changing landscape.

## Industrial action

We have continued to raise concerns in private and public about the ongoing impact of industrial action on patients and urged both parties to find a resolution.

Our latest statement about the delays caused by the last strike was covered by the Press Association, Evening Standard, Sky News, ITV News, the Independent, Daily Mail and the Express.

## Patient Safety

We convened a meeting of local Healthwatch to discuss experiences where there have been significant patient safety concerns. As a result, we are developing a template for Healthwatch to use to raise patient safety concerns with the Care Quality Commission and introduce an escalation process through Healthwatch England.

## Thirlwall inquiry

Healthwatch England and Healthwatch Cheshire West will be separately providing a response in January to the Inquiry chaired by The Rt. Hon. Dame Kate Thirlwall, set up following the convictions of Lucy Letby for murder and attempted murder. The response will include the respective roles and remits of Healthwatch England and local Healthwatch and specifically identifying any activities and interactions relating to the neonatal unit at the Countess of Chester Hospital that led to the arrest and conviction of Lucy Letby.

3.   Support to the Healthwatch Network

Since the last update we have:

- held seven sessions with local Healthwatch to discuss the future sustainability of Healthwatch and identify potential solutions. We have engaged an external agency to have in depth conversations with a few Healthwatch and other stakeholders to help inform our thinking. We intend to hold further sessions with Healthwatch in the Spring to feedback results and discuss next steps.

- supported the NHS England funded programme of Action Learning Sets for Healthwatch and their respective Integrated Care System (ICS). We brought together Healthwatch and ICS Engagement Leads to share practice and heard from the Care Quality Commission about the introduction of assessment of ICSs and the role played by Healthwatch.

- provided a small amount of funding to Healthwatch Brent to support a collaborative group of five Healthwatch who will be working on tackling

inequalities in relation to maternity services with the work completing in March 2024.

- convened a meeting for Healthwatch to share activities to generate additional income.

- completed analysis of the data shared by local Healthwatch on their 2023/24 budget, staffing and volunteering size and strengths of relationships with the intention to publish a State of the Network report together with a report on Healthwatch funding.

- received submissions from local Healthwatch for the Annual Healthwatch Awards which will be announced in March 2024

- delivered 32 webinars and peer network meetings with 633 attendees between September and December 2023 with three action learning sets for volunteer managers.

- provided feedback to Healthwatch on their annual reports and communication of impact.

- prepared for Healthwatch to help develop shared values and behaviours.

- continued to support Healthwatch to share data with Healthwatch England – in January 75% of Healthwatch have shared data – a 40% increase since introducing our new data systems in May 2022.

4. Communications

Since our last update, we have continued to maintain awareness of Healthwatch and the issues that the public shares with us while at the same time putting in place the new approaches, we need to deliver our strategy. These activities include:

- Strengthening our brand: We began updating our brand in 2022, using extensive research with the public, professionals and local Healthwatch staff to develop new values, tone of voice and visual branding. Following the roll-out which finished in 2023, we have reaudited our brand to see how well it is being applied by the network and how easy they find it to use.

The audit involved a review of the communications of 30 local Healthwatch and a survey with communications staff. Key findings, which will inform our brand plan for 2024-26, include:

- o 94% of local Healthwatch had improved in at least one area of how they use the brand. The area that saw the greatest improvement was how local Healthwatch use the brand identity. The average score of Healthwatch was 'good' scoring 3 out of 4.

- o Local Healthwatch staff said they were most confident about using our visual brand (57% very confident, 34% somewhat confident), followed by our tone of voice (32% very confident, 52% somewhat confident).

- o We need to help the network increase the accessibility of their communications. Staff also told us that would like more support with creating video content.

- o With only 39% of staff who responded to our survey working full-time on communications, we also need to continue to provide tools which are easy to use or require little support to implement.

- Communicating our impact: We have continued to finalise our annual report to parliament, which will be used to communicate our impact for 2022-23 in March. The concept, which aims to highlight the value of listening to the public, will also form the basis for the template we provide for local Healthwatch annual reports in 2024.

- Engaging our audiences: We have continued to raise the profile of our insight in the media.  For example, we took part in an investigation by the Times into access issues in dental care for children.

- We also published a blog in the HSJ highlighting the impact of partnerships local Healthwatch have forged with the NHS. We have also finished our winter marketing campaign, which aims to help the public get the right advice and support over winter.  Our most popular advice articles where about getting help to travel to hospital and how and when to use NHS111.

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

| December 2023 | | |
|---|---|---|
| **Date** | **Event/Meeting** | **Attendees/Delegate(s)** |
| 04 December | Meeting with HHSE / National Voices / Patients Association | Claire Fuller – NHSE<br>Jacob Lant – National Voices<br>Rachel Power – Patients Association |
| 06 December | NHS Assembly Meeting | Ruairi O'Connor, NHS England |
| 6 December | Minister Leadsom | Andrea Leadsom MP |
| 12 December | Meeting – NHS Providers | Julian Hartley (CEO) & Rachael McKeown (Policy Advisor, Health Inequalities) NHS Providers |
| 21 December | Quarterly 1-2-1 Meeting – NHSE | Professor Bola Owolabi - NHSE |
| 21 December | Healthwatch / Boots - Winter | Jamie Kerruish, Boots |
| January 2024 | | |
| 11 January | Patient Safety Commissioner Advisory Group Meeting | Henrietta Hughes – Patient Safety Commissioner |
| 22 January | National Medical Examiner for England | Dr Alan Fletcher |

**AGENDA ITEM:** AFRSC TOR – Update

**PRESENTING:** Jane Laughton

**PREVIOUS DECISION:** Approved by the full committee May 2023

**EXECUTIVE SUMMARY:** Updates to the following AFRSC terms of reference

**RECOMMENDATIONS:** The committee are asked to **approve** the amendments to the AFRSC Terms of Reference

## Background:

Following the reduction in the composition of the full committee, a few minor amendments have been made to the AFRSC Terms of Reference to reflect the subsequent changes made to the finance, audit and risk subcommittee because of the change.

The committee is requested to review and approve the updated Terms of Reference document.

# Terms of Reference for the
# Audit, Finance and Risk Sub-Committee

## 1    Membership

1.1    The Sub Committee will comprise three members, including the Sub Committee Chair. Members of the Sub Committee will be appointed by the full Committee.

1.2    All members of the Sub Committee will be Healthwatch England Committee members at least one of whom will have recent and relevant experience in finance, procurement, audit and risk management, the Chair of the Committee will not be a member of the Sub Committee.

1.3    The Chair will appoint the Sub Committee Chair.

1.4    The Chair and Sub Committee Chair will between them appoint Members to the Sub Committee.

1.5    The Sub-Committee may appoint co-optees following the rules set out in *Statutory Instruments – Healthwatch England Regulations 2012*

1.6    Committee members who are not members of this Sub Committee may be invited to attend all or part of any meeting as and when appropriate.

## 2    Support for the Sub Committee

2.1    The Committee Administrator, or their nominee, will act as Secretary to the Sub Committee and will ensure that the Sub Committee receives information and papers in a timely manner to enable full and proper consideration to be given to issues.

2.2    The Sub Committee will also normally be attended by the following staff, to support its work:

- Chief Executive Officer
- Head of Operations, Finance and Development
- Strategy, Planning and Performance Manager

- Administrator

## 3 Quorum

3.1 The quorum necessary for the transaction of business will be two members.

3.2 In the absence of the Sub Committee Chair and/or an appointed deputy at a Sub Committee meeting, the remaining members present will elect one of themselves to chair the meeting.

## 4 Frequency of routine meetings

4.1 The Sub Committee will meet at least four times a year at appropriate intervals in the financial reporting and audit cycle and otherwise as required.

4.2 Outside the formal meeting programme, the Sub Committee Chair will maintain a dialogue with key individuals involved in the organisation's governance, including, as appropriate, with the Chair, Chief Executive Officer, Deputy Director, and Head of Operations. Finance and Development

## 5 Notice of meetings

5.1 **Meeting dates for each financial year will be confirmed as soon as possible by the Committee Administrator.**

5.2 Notice of each meeting confirming the venue, time, and date together with an agenda of items to be discussed, will be forwarded to each member no later than five working days before the date of the meeting. Supporting papers will be sent to Sub Committee Members at the same time.  The meetings are normally held online.

5.3 Agendas and supporting papers for routine meetings will be sent in electronic form, and by post when requested, no later than five working days before the date of the meeting.

## 6 Minutes

6.1 The Committee Administrator will minute the proceedings and decisions of all meetings of the Sub Committee.

6.2     Draft minutes of Sub Committee meetings will be agreed with the Sub Committee Chair and then circulated to all members of the Sub Committee unless it would be inappropriate to do so in the opinion of the Sub Committee Chair.

## 7      Duties of the Sub Committee

7.1     <u>Financial management and reporting</u>

7.1.1   The Sub Committee will review the draft budget and make a recommendation to the full Committee.

7.1.2   The Sub Committee will monitor the integrity of financial management and controls, and the financial statements of the organisation, including the quarterly reports and the annual financial statement. The Sub Committee will review and report to the Committee on significant financial and reporting issues.

7.2     <u>Risk management</u>

7.2.1   The Sub Committee will have oversight of the strategic and operational risks of the organisation, keeping under review the systems that identify, assess, manage, and monitor risks, including HR risks.

7.3     <u>Audit</u>

7.3.1   The Sub Committee will review and approve the internal audit plan ensuring that it is appropriate for the current needs of the organisation and is aligned to the key risks. It will receive regular reports on work carried out.

7.4     <u>Compliance</u>

7.4.1   The Sub Committee will have oversight of organisational compliance with mandatory training

7.4.2   The Sub Committee will receive regular updates on HR activity (e.g., staff sickness rates, completion of mid-year and annual reviews etc.)

## 8        Reporting

8.1        The Sub Committee Chair will report formally to the Committee on its proceedings after each meeting on all matters within its duties and responsibilities. This report will be in the format of minutes.

8.2        The Sub Committee will make whatever recommendations to the Committee it deems appropriate on any area within its remit where action or improvement is needed.

8.3        The Sub Committee Chair has a duty to raise any concerns regarding the senior management and oversight of Healthwatch England (such as impropriety or mismanagement) directly with the Healthwatch Committee Chair, or with the Chair of the CQC, as appropriate.

## 9        Review

9.1        The Sub Committee will at least every 2 years review its own effectiveness, terms of Reference for 'fitness for purpose', and report verbally its conclusions to the Committee.

<u>APPENDIX 1:</u> Draft Role specification for Chair of the Sub Committee

## 1    Purpose

1.1    To ensure that Healthwatch England's risk, finance and audit management process are operating efficiently and effectively

1.2    to ensure that Healthwatch England's risk, finance and audit management process are operating efficiently and effectively

## 2    Main duties and responsibilities

<u>To:</u>

2.1    Chair the meetings and provide expertise to the Sub Committee

2.2    Support, challenge and direct   Audit, Risk and Finance Sub Committee Members to ensure their contribution is relevant and effective.

2.3    Guide and advise the Committee in the approval of the annual report, annual financial statement, and strategic risk register.

2.4    Assure the Committee that Healthwatch England's financial integrity is sound

2.5    Ensure that an update report of each Sub Committee meeting is presented to the Committee at meetings in public

2.6    Ensure that the responsibility and duties of the Committee as outlined in the Terms of Reference are well understood by the Committee Members and executed as effectively as possible

2.7    Oversee the process for the Sub Committee reviewing is effectiveness, taking measures to address any issues

2.8    Undertake any other duties as requested by the Chair and/or Committee

2.9    Sub Committee Members, Chair, staff, and the audit team will have free and confidential access to the Chair of the Sub Committee

## 3    Appointment and accountability

3.1    The appointment will be for a three-year fixed term period with the opportunity to extend for a further three-year term, subject to an annual review which will be undertaken by the Chair of the Committee

3.2    The Chair of the Sub Committee is accountable to the Chair of the Committee

**APPENDIX 2:** Role description for the Members of the Audit, Finance and Risk Sub Committee

### 1    Purpose

1.1    To work with the Chair to ensure that to ensure that Healthwatch England's risk, finance and audit management process are operating efficient and effective

1.2    Ensures that the work of the organisation offers value for money.

### 2    Main duties and responsibilities

2.1    To provide expertise to the Sub Committee

2.2    To participate effectively in meetings, questioning and seeking clarification on matters falling within the Sub Committee's remit.

2.3    To support the Chair in guiding and advising the Committee in the approval of the annual report, annual financial statement, and strategic risk register.

2.4    To understand the procedures, key controls, and risk management to assure the Committee that Healthwatch England's financial integrity is sound

2.5    To execute the duties and responsibilities as outlined in the terms of reference effectively.

### 3    Appointment

3.1    The appointment will be for a three-year fixed with the opportunity to extend for a further term subject to review by the Chair of the Sub Committee.

## 4        Values

4.1    To be committed to the behaviours of Healthwatch England:


4.2        To be committed to the Nolan principles which are the basis of ethical standards expected within the public sector


Approved by HWE Committee 23 May 2023 (To be updated)
For Review 23 May 2025

# Healthwatch England Committee Meeting

## Tuesday 6 February 2024

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AGENDA ITEM: 2.1 (a)

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

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

**PREVIOUS DECISION:** None

**EXECUTIVE SUMMARY:** This paper summarises our progress against our KPIs and Business Plan objectives from April – January 2024

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

**APPENDIX:**
1. Performance Report against our Business Plan April – January 2024

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## Background

The following report gives an overview of how we are performing in relation to our key performance indicators (KPIs) from April to January 2024. Appendix 1 offers a comprehensive report on our progress in meeting the objectives set in our Annual Business Plan for the same period.

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

# healthwatch

## Healthwatch England

## KPI Performance Report

April – January 2024

# SECTION ONE: KPI SUMMARY REPORT APRIL –JANUARY 2023

RAG Status:

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



| Delayed Indicators | EOY Target | RAG Status and Reason for delay |
|---|---|---|
| 65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 20%) | 65% | Due to changes in reporting, we do not have comparable figures to the ones we originally reported in Q1 and Q2. |
| Completion of a financial sustainability model for Healthwatch England | Completion | We are still in the process of exploring various options to generate our own revenue, and we're also considering the required steps involved in this process, including the legal and compliance aspects that we need to follow. Ongoing conversations with Louise and Chris Usher. |
| 5% increase in media reach (Apr-Oct 22-23 v 23-24) | 5% | Our media reach by the end of Q3 was 2.2B. This is 9% lower than our average media reach by the end of Q2 in 2022-23. Media reach is lower because of the report pipeline. |

# SECTION TWO: FULL KPI PERFORMANCE UPDATE

RAG Status:

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

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| STRATEGIC AIM ONE: To support more people who face the worst outcomes to speak up about their care and access the advice they need | | | | | | |
| 1. | Evidence, Engagement and Influencing | HWE gathering insight data from all 42 ICS areas (at least quarterly) (Currently at 95%) | 42 ICS | By the end of quarter 3, we received insight data from all 42 ICS areas via the NDS, webform and local Healthwatch reports. | Complete – on target | Head of Policy, Public Affairs and Research and Insight |
| 2. | Evidence, Engagement and Influencing | 65% of data shared with us contains core demographic data on age, gender, ethnicity. (Currently at 47%) | 65% | Due to changes in reporting, we do not have comparable figures to the ones we originally reported in Q1 and Q2.  We are now using the NDS scorecard for this KPI, given the significant amount of time and resource required to compile the figures manually. This reports data excluding any feedback with "Not known" for each of the key demographic categories | Target unlikely to be met | Head of Policy, Public Affairs and Research and Insight |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| | | | | (accounting for 1.3% in December 2023), but we can't provide an overall figure for the amount of data that contains all three categories or exclude data that has been collected in ways where it is difficult or impossible to collect demographic data.  We have added a note to the Q1 and Q2 reports with amended figures (see table below).<br><br><table><tr><td></td><td>Age %</td><td>Ethnicity %</td><td>Gender %</td></tr><tr><td>Q1</td><td>29%</td><td>25%</td><td>38%</td></tr><tr><td>Q2</td><td>24%</td><td>19%</td><td>29%</td></tr><tr><td>Q3</td><td>30%</td><td>26%</td><td>38%</td></tr></table><br>This quarter 23 out of 95 Healthwatch have shared no demographic data at all.<br><br>We have put "Target unlikely to be met" as it was unrealistic given that nearly 30% of local Healthwatch data is collected in ways where it is very difficult or impossible to collect demographic data (i.e., post, email, social media and from third parties). | | |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| 3. | Evidence, Engagement and Influencing | 100% of all policy and research projects to have an equalities angle to them, exploring the experience of a particular community or communities. | 100% | Our work on cost of living has focused on income and age. The health inequality focus of our project on primary care is low income, age, minority ethnic groups and urban/rural areas. The focus for our women's health project will be low income/deprivation, disability, and ethnicity. The focus for our social care campaign and our community diagnostic hubs research is on disability. | On Track | Head of Policy, Public Affairs and Research and Insight |
| 4. | Data and Digital | 70% of Local Healthwatch who respond, rate our digital systems as good or very good (data collected via the satisfaction survey). | 70% | The satisfaction survey takes place in Q4 2023/24. A set of questions have been added to the survey that will capture this information. | On Track | Director of Communication, Campaign, and Insight |
| 5. | Communications | 5% increase in media reach (Apr-Oct 22-23 v 23-24) | 5% | Our media reach by the end of Q3 was 2.2B. This is 9% lower than our average media reach by the end of Q2 in 2022-23. Media reach is partly dependent on the policy/research report timeline. | Not on track | Head of Communication |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| | | | | | | |
| 6. | Communications | 5% increase in social reach (Apr-Oct 22-23 v 23-24) | 5% | Our social media reach by the end of Q3 was 12.3M. This is 149% higher than our average social reach by the end of Q3 in 2022-23. | On track | Head of Communication |
| STRATEGIC AIM TWO: To ensure care decision-makers act on public feedback and involve communities in decisions that affect them | | | | | | |
| 7. | Evidence, Engagement and Influencing | We achieve a 25% year-on-year increase in the number of times our evidence is accessed by our stakeholder audiences. | 25% year on year<br><br>Not possible to measure year on year but quarterly figures show significant increase. | In Q3 2023/24, there were 78,909 views of our evidence, compared to 51,144 in Q2 and 52,770 in Q1.  This is a 54% increase on Q2 and a 50% increase on Q1. As mentioned previously, we don't have a comparable figure for last year. . | On Track | Head of Policy, Public Affairs and Research and Insight |
| 8. | Evidence, Engagement and Influencing | % of stakeholders say they are using our insight and evidence to inform | 46%<br>To be measured stakeholder | Question from stakeholder perceptions work: "How often do you use insight and information provided by Healthwatch in your work". Results were 19% often, 27% sometimes, 21% rarely and | Baseline established | Head of Policy, Public Affairs and Research and Insight |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| | | their decisions. (New KPI – would need to create a baseline. We propose 46%). | survey 2025 | 24% never. Net total using insight at least rarely was 70%.   We propose the baseline is often plus sometimes – i.e., 46% | | |
| 9. | Evidence, Engagement and Influencing | 80% of stakeholders saying they value the work done by Healthwatch. (Baseline from 2020 was 71%) | 80% To be measured stakeholder survey 2025 | We will measure this against the 2025 stakeholder perception | 2-year target | Head of Policy, Public Affairs and Research and Insight |
| 10. | Evidence, Engagement and Influencing | 80% of stakeholders saying they believe our work is improving the quality of health and social care will increase by 10 points. (Baseline from 2020 was 59%) | 80% | We will measure this against the 2025 stakeholder perception | 2-year target | Head of Policy, Public Affairs and Research and Insight |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| 11. | Evidence, Engagement and Influencing | At least 2 major policy announcements a year by DHSC or NHSE (or another major system body) can be attributed to Healthwatch influence. | 2 | • Our cost-of-living research led to interest by a No 10 special adviser in the results about the cost of prescriptions.  They subsequently told us that our findings contributed to the government's decision not to keep free entitlement to prescriptions for people aged 60 plus rather than align it with the current state pension age of 67.<br><br>• Our evidence on inadequate 6-week post-natal checks, especially to assess women's mental health needs, informed NHSE's new *Three-year delivery plan for maternity and neonatal services* in March 2023. The plan says GPs will get additional guidance on carrying out the 6-week checks.<br><br>• Many of our calls of recent years to improve GP access (including reports on virtual appointments during Covid and ongoing feedback we've shared from the network) have been accepted by DHSC and NHSE in their joint *Delivery plan for recovering access to primary care*, published in May 2023, which has an | Complete – above target | Head of Policy, Public Affairs and Research and Insight |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| | | | | explicit commitment to ending the '8am rush' by funding practices to introduce digital telephony and train receptionists as care navigators so they can help patients at first point of contact and not tell them to ring back the next day. Healthwatch is named in the report as one of the stakeholders that informed the plan. | | |
| STRATEGIC AIM THREE: To be a more effective organisation and build a stronger Healthwatch movement | | | | | | |
| 12. | Evidence, Engagement and Influencing | 75% of local Healthwatch routinely (at least quarterly) sharing data and reports with us via the CDS (Currently at 71%) | 75% | 108 LHW have now shared data with us via the data sharing platform.  This is over two thirds of the network | On Track | Head of Policy, Public Affairs and Research and Insight |
| 13. | Organisational Development | Completion of a financial sustainability model for Healthwatch England | Completion | We are still in the process of exploring various options to generate our own revenue, and we're also considering the required steps involved in this process, including the legal and compliance aspects that we need to follow. Ongoing conversations with Louise and Chris Usher. | Target unlikely to be met | Head of Operations, Finance and Development |

| No. | Operational Plan | Description | Target | Progress | Progress Status (April – March) | Lead |
|---|---|---|---|---|---|---|
| 14. | Equality, Equity, Diversity, and Inclusion | EDI objectives in 100% of staff personal development plans. | 100% | Staff attending EDI Training. | On track | Director of Communication, Campaign, and Insight |
| 15. | Equality, Equity, Diversity, and Inclusion | 90% of staff feel valued and respected in the workplace | 90% | 90% of staff reported feeling valued and respected in the workplace from our 2023 staff survey | Complete – on target | Director of Communication, Campaign, and Insight |

# HEALHWATCH ENGLAND

## Business Plan 2023-24

## Updates - April 23–January 24

Business Plan Approved by Healthwatch England Committee: 20 September 2023

| Complete | On Track | Not on track | Target unlikely to be met | Paused/Stop | Not started |

## Communications

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

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadlines | Rag Status |
|---|---|---|---|---|---|---|
| 1. | Increase awareness and understanding of our brand, especially amongst those facing inequalities. | Develop new campaign platform to target those facing health inequalities in partnership with CQC. | • Planning for our joint campaign with CQC to increase feedback from those on lower income and ethnic minorities is complete. The final campaign platform has resulted from testing with the audiences, local Healthwatch and partners. We aim to launch the campaign in February 2024.<br><br>• We have continued to run micro campaigns to get public feedback to support our monthly insight reporting. By the end of Q3, 8.3K people had shared their experiences via these campaigns.<br><br>• We have also continued to promote our brand and our content via our always-on campaigns. As a result, 684K | Head of Communications | December 2023 | Complete |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadlines | Rag Status |
|---|---|---|---|---|---|---|
| | | | people visited our website in the first nine months of this year. Our average monthly website visits are currently up 30% on 2022-23. | | | |
| 2. | | Support communication of the state of patient experience report and communicate other key insights (cost of living, GP referrals etc.) | • Although our new campaigns will not report until Q4 2024, we have taken steps to increase awareness of existing and new insight through proactive and reactive media work.<br><br>• Our average monthly media reach at the end of Q3 was down 9% on our average monthly media reach in 2022-23 (254M v 281M). This in a significant improvement since Q1, when our media reach was down 23%.<br><br>• In November we published our first stock take of patient views over the previous year. The report was covered in an Observer exclusive and the HSJ.<br><br>• We aim to make further progress in Q4, with new insight likely to be available from our priority policy areas. | Head of Communications & Research and Insight Manager | March 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadlines | Rag Status |
|---|---|---|---|---|---|---|
| 3. | | Develop new strategy covering search, social and referrals. | • We have completed our review of our digital channels and put in place a new digital communications strategy covering search, social and other channels. This strategy is supported by an increase in spending to increase our reach, engagement, and follower numbers.<br><br>• Our new approach is paying off. Our average monthly social reach from Q1-Q3 was 1.3M. This is 149% higher than our average monthly social reach in 2022-23 of 550K. Our average monthly social media engagements have also increased from 26K in 2022-23 to 56K in Q1-Q3 of this financial year. | Head of Communications | October 2023 | Complete |
| 4. | Provide a consistent and accessible brand communications experience. | Audit brand, roll updated trademark and develop plan to strengthen brand until 2026. | Due to capacity issues, our work to review the brand was paused until Q3. However, now that the communications team has returned to capacity this work is underway and will be complete by March 2023.<br><br>We have however continued with work to ensure our communications remain accessible and consistent. | Head of Communications | March 2024 | On track |
| 5. | | Work with development team to improve network communications and carry out a review of | | Head of Communications, Head of Network Development & Digital Systems | March 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadlines | Rag Status |
|---|---|---|---|---|---|---|
| | | network channels, including the network site. | This work includes:<br>• Providing new brand resources (such as new photography and templates) | Development Manager | | |
| 6. | | Develop one network marketing, content, and campaigns approach. | • Improving the accessibility of our website. The rating our accessibility monitoring software currently give us 96 out of 100.<br>• Providing resources for the network for campaigns. For example, we have provided out of the box campaigns to celebrate 10 years of Healthwatch, to market our service and celebrate Black History Month and a winter marketing campaign to help more local people access advice and share experiences.<br>• We have increased the notice local Healthwatch get when it comes to campaigns introducing a monthly detailed update looking at the next four months as well as an annual campaigns calendar. | Head of Communications & Head of Network Development | December 2024 | Complete |
| 7. | | Work with digital to support website roll out and content syndication | • The project to migrate local Healthwatch websites is on schedule to be completed in Q4 2024. | Head of Communications & Digital Systems | March 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadlines | Rag Status |
|---|---|---|---|---|---|---|
| | | | • Work on the content syndication will start in Feb 2024. Initial development will be completed this financial year with a pilot rollout being conducted early next year with any adjustments being made Q1 FY 24/25. | Development Manager | | |
| 8. | Grow number of advocates and supporters | Develop a supporter strategy for professionals and the public | • We have seen a 22% growth in our follower numbers in the first nine months of 2023-24. Our fastest growing channels are sign-ups for email marketing and Facebook.<br><br>• Our tactics to grow follower numbers via promotion are succeeding. We will continue to ramp up this work over the remainder of the year.<br><br>• Over the last six months we have also invested more in email marketing to retain supporters, share insight and encourage them to act. This approach is bearing fruit with email open rates at 41% and click rates at 6.2%.  We match the average for all industries (41%) and our click rate is double the average for all industries (3%). | Head of Communications & Research and Insight Manager | December 2024 | Not on track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadlines | Rag Status |
|---|---|---|---|---|---|---|
| | | | • We are using this insight to develop our supporter strategy which will be in place by March 2024. | | | Not on track |
| 9. | | Start rolling review of communication channels and systems | • We have started our rolling review of channels by implementing new approaches to both social and SEO. We have planned in our review of channels over the remainder of the year. | Head of Communications | November 2023 | Complete |

| Complete | On Track | Not on track | Target unlikely to be met | Paused/Stop |
|---|---|---|---|---|

## Data and Digital

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

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| 10. | In 2022/23 we put the fundamental building blocks in place. We will continue to develop digital and data systems support the public to understand how | A six-month period will be required to bed in the new systems delivered at the end of 22/23. | • The six-month bedding in of the new systems was completed. We do continue to monitor and make changes to the system as higher usage identifies improvements. | Digital Systems Development Manager | August 23 | Complete |
| 11. | | Scoping of long-term strategic vision for digital | • External support to help with delivery has been secured, | Director of Communication | March 24 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | sharing their experience makes a difference through change at national, regional, and local levels. | will begin including development of Feedback and customer journey (Network Relationship) | meetings held with the supplier and the external supplier element of the project is now underway. | s, Campaign & Insight, Head of Network Development Team, Digital Systems Development Manager. | | |
| 12. | Our digital systems increase our reach, give good user experience, and support our business objectives. | Finish migration of local Healthwatch websites to Drupal 9 | • The project to migrate local Healthwatch websites is on schedule to be completed in January 2024. | Digital Systems Development Manager | March 24 | On track |
| 13. | | Transfer of website management from Comms to Digital | • Migration and onboarding are with Digital. The Network site is with the Network Development Team and Digital is providing support. | Digital Systems Development Manager | March 24 | On track |
| 14. | | Integrate website with National Data Store | • The Digital team continues to look at how various parts of the web platforms can work together to form a seamless experience for the end users. Steps to increase the integrated feel have included the upgrade of the branding of the platform. | Digital Systems Development Manager | March 24 | On track |
| 15. | | Set clear objectives to collect and share demographic data | • Depends on more joining Data Sharing Platform (DSP). Should be reformulated for next year | Research Insight Manager | March 24 | Paused |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|------------|---------|--------------|----------|------------|
| | | | | | | |
| 16. | | Extend analysis tools to allow view by ICS area. | • The project is still on task with first site expected in early w/c 5 Feb. | Digital Systems Development Manager | March 24 | On track |
| 17. | | Backlog to be uploaded to the reports library by August 2023. | • Backlog has now been completed | Research Insight Manager | July 23 (complete) | Complete |
| 18. | | Promotion of SMART Survey. | • Rollout of the SmartSurvey platform continues with 80 local Healthwatch (53%) being onboarded to the new platform allowing for cross network collaboration. | Digital Systems Development Manager | March 24 | On track |
| 19. | | Work with CQC on data sharing. | • We have met with CQC and developed a scope for potential work. Progress is dependent on CQC resource met CQC Principal Analyst Dave Gledhill who is considering what approach CQC would like to take. | Director of Communications, Campaign & Insight | March 24 | Paused |
| 20. | We aim to deliver faster, better quality, consistent data that is easily available to and valued by health and care system | Development of an evidence model | • We have completed the first draft of the evidence model, incorporating feedback from both the Leadership Team and the Local Healthwatch (LHW) network. | Research Insight Manager | March 24 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|-----------|
| 21. | | Development of a polling panel framework | • The CQC Investment Committee recommended that our framework be merged into the CQC's Research and Evaluation Framework. This framework has now been approved by DHSC and the tender went live before Christmas. | Research Insight Manager | March 24 | On track |

| Complete | On Track | Not on track | Target unlikely to be met | Paused/Stop |
|----------|----------|--------------|---------------------------|-------------|

## Equalities, Equity, Diversity, and Inclusion

**STRATEGIC AIM ONE:** To support more people who face the worst outcomes to speak up about their care and access the advice they need.
**STRATEGIC AIM THREE:** To be a more effective organisation and build a stronger Healthwatch movement

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|-----------|
| 22. | Ensuring that the projects we undertake are designed to deliver real-world impact on addressing inequalities in access to and outcomes from people's experience of Health and Care | Publish findings on Cost of Living (testing new methods) | • Cost of living findings has now been published | Director of Comms, Campaigns, and Insight | May 23 | Complete |
| 23. | | Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs. | • The qualitative research on Maternal Mental health has now been published | Head of Policy public Affairs and Campaigns | June 2023 | Complete |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | | | | | |
| 24. | | Scope our plans for later in the year on women's health | • At the beginning of November, we selected 10 successful local Healthwatch to carry out between them, 24 semi-structured interviews of women about cervical screening to explore their knowledge, attitudes, and experiences towards this.<br>• The three groups of women they are focusing on particularly are:<br>• Young women aged 24-29<br>• Women with physical or learning disabilities<br>• Minority ethnic women who are either Asian, Asian British, Black, Black British, Caribbean, African, Mixed White, and Asian, Mixed White and Black Caribbean and Mixed White and Black African.<br>• We are also planning to run a nat-rep poll of women in December or January asking broader questions. | Head of Policy Public Affairs and Campaigns | September 2023 | Complete |
| 25. | Ensure that we continue to develop an evidence base that focuses on demographics and geographic spread to | Promote the benefits of the new NDS to local Healthwatch who previously not shared data | • Feedback from Healthwatch using the new data sharing platform continues to be positive. We have an engagement plan to ensure all Healthwatch are sharing data. However, this has been affected | Head of Network Development | March 24 | Paused |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | provide a reflective sample. | | by staff capacity, which is being addressed by seeking additional staff (intern and admin) | | | |
| 26. | | Set up ongoing programme to manage incoming volumes of data and support better sampling of our data. | • 90 out of 152 HW have now shared data at least once via the new systems that we have developed. Our new sampling process working well. As part of our digital strategy development, we will be examining how best to manage increased volumes of data. | Research Insight Manager | March 24 | On track |
| 27. | Further promote local Healthwatch interventions on Equality Diversity and Inclusion, understanding the impact that this is having. Share good practice across the network. | Updated network roadmap on EDI. | • The review took place. We are integrating this into the Business Plan for 2024-26, where the areas of work will be reported against under Equalities, Diversity, and Inclusion. | Head of Network Development | To be reviewed ~~Sept~~ Nov 2023 | On track |
| 28. | | Develop improved approach to understanding. demographic make-up of local Healthwatch. | • Rescheduled to February due to delay in some Healthwatch responding to annual survey. | Head of Network Development | Demographic data collected Nov | Not on track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|------------|
| 29. | Healthwatch England is a workplace that demonstrates exemplary practice in Equalities Diversity Equity and Inclusion | Delivery of the second half of our EDI training Programme to c over - Recognising and avoiding microaggressions, Delive ring an inclusive and equitable workplace, Inclusive Leadership<br><br>. | • The second half of the EDI training programme from the Diversity Trust was completed in July. We surveyed staff on the programme to get their views and areas of focus for the next phase of staff training. | Director of Communication , Campaigns and Insight & Head of Operation, Finance and Development | July 2023 | Complete |
| 30. | | Identify and rollout continued EDI training for all staff to include working with a diverse group of people. | • The next EDI training for all staff will take place in February on learning disability and Autism. | Director of Communication , Campaigns and Insight & Head of Operation, Finance and Development | March 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|------------|
|     |          |           |         |              |          |            |

| Complete | On Track | Not on track | Target unlikely to be met | Paused/Stop |
|----------|----------|--------------|---------------------------|-------------|

## Evidence, Engagement and Influencing

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

| No. | Our Aims | Activities | Updates | Owner/Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|------------|----------|------------|
| 31. | Lead by example and encourage the network to focus less on the quantity of data and more on who we are listening to. | Conduct gap analysis of volume, quality and geographic spread of data shared with us. This will support ongoing efforts to ensure our evidence is more reflective of target communities and allow increasing use of sampling of our data. | • Awaiting progress on expanding data sharing platform sign up | • Research and Insight Manager | • March 2024 | Paused |

| No. | Our Aims | Activities | Updates | Owner/Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| 32. | | Upload function for reports library to be fully operational and production of guidance for local Healthwatch to add their own reports. | • Upload function operational and support being given to local Healthwatch | Research and Insight Manager | March 2024 | Complete |
| 33. | Our priority areas, approaches and recommendations are designed with and informed by those with direct experience | Publish the qualitative research on Maternal Mental Health – developed in partnership with PANDAs. | • Published in March 2023 | Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager | | Complete |
| 34. | | Stakeholder engagement and policy scoping on mental health to better understand influencing potential in this area for 2024/25. | • Both stakeholder engagement and policy scoping will be undertaken as part of the business planning process for 2024/25 | Head of Policy, Public Affairs and Research and Insight & Research and Insight Manager | January 2024 | On track |
| 35. | | Scope out plans for later in the year on women's health | • Conducted over summer 2023 | Head of Policy, Public Affairs and Research and Insight & | July 2023 | Complete |
| 36. | | Delivery of women's health project focused on poor uptake of cervical screening among certain demographic groups. | • Insight piece, poll findings & analysis by March 2024. Full report publication by April/May | Head of Policy, Public Affairs and Research and Insight | March 2024 | Not on track |

| No. | Our Aims | Activities | Updates | Owner/Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | These include black and Asian women. | | | | |
| 37. | | Delivery of project assessing the development of diagnostic hubs | • Research conducted by March. Publication likely May 2024 | Head of Policy, Public Affairs and Research and Insight | March 2024 | Not on track |
| 38. | | Continue work on access to primary care – with delivery of projects on pharmacy and GPs | • Polling in field and transcripts back. Released some findings to media in Jan 24 but likely full publication by March 2024. | Head of Policy, Public Affairs and Research and Insight | January 2024 | On track |
| 39. | | Scoping of project assessing patient experience of virtual wards | • Virtual wards being considered as part of the business planning process for 2024/25 onwards | Head of Policy, Public Affairs and Research and Insight | January 2024 | On rack |
| 40. | We are maximising our reach, reputation, impact, and evidence base by working in partnership with others. We follow through our research with campaigns to secure changes in line with our policy recommendations | Support local Healthwatch to collaborate and influence across ICS areas. | • ICS Engagement Leads and HW Leads meeting Jan 24 to discuss new CQC assessment of ICSs and the role for HW<br>• Delivery of 7 action Learning Sets between HW and ICSs completed and learning to be shared across the respective networks | Head of Network Development | March 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner/Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| 41. | | Develop our regional public affairs strategy which tracks local Healthwatch across all ICS | • Reviewing aims for the two-year business plan | Head of Policy, Public Affairs and Research and Insight | March 2024 | Paused |
| 42. | | Develop engagement plans for long-term sustainability of the network. | • Revise responsibility and activity in the two-year business plan | Head of Policy, Public Affairs and Research and Insight | March 2024 | On track |
| 43. | | Update stakeholder map with clarity on individuals within Healthwatch England with responsibility for maintaining positive relationships with external stakeholders | • Due to staff capacity the Stakeholder map will now be finalised Q4. | Head of Policy, Public Affairs and Research and Insight | December 2023 | Not on track |
| 44. | | Complete final scoping of social care campaign and launch. | • The Team is now delivering the campaign after sign off from the Leadership Team. | Head of Policy, Public Affairs and Research and Insight | December 2023 | Complete |
| 45. | Increase our influence and provide greater support to the | Complete round three of stakeholder perceptions research. | • Completed and analysed earlier this year | Head of Policy, Public Affairs, Research, and Insight | July 2023 | Complete |

| No. | Our Aims | Activities | Updates | Owner/Lead | Deadline | RAG Status |
|-----|----------|------------|---------|------------|----------|------------|
| 46. | network to ensure that policy changes are driving real world improvements. | Build upon, and update, policy position statements on the website. | • Most policy positions have now been published on a dedicated web page.<br>• The policy team continues to keep a watching brief on policy positions and will be updating more through the year | Head of Policy, Public Affairs, Research, and Insight | March 2024 | On track |
| 47. | | Work with comms to expand reach of insight pieces and develop web channels for sharing more policy focused content. | • Reach of insight pieces being increased through bespoke engagement with policy stakeholders post-publication | Head of Policy, Public Affairs, Research, and Insight | March 2024 | On track |
| 48. | | Follow up on findings from Referrals project with phase 2 findings and support network to promote | • Completed and promoted with good levels of engagement with local and national stakeholders | Research and Insight Manager | March 2024 | Complete |
| 49. | | Development of evaluation processes to track and increase influence following projects | • An evaluation process has been developed, bringing together policy and comms colleagues 6 weeks after a publication | Head of Policy, Public Affairs, Research, and Insight | January 2024 | Complete |

| Complete | On Track | Not on track | Target unlikely to be met | Paused/Stop |
|----------|----------|--------------|---------------------------|-------------|

## Local Healthwatch Relationship

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

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|-----------|
| 50. | People and communities are involved in the planning, development of health and care services and their feedback is gathered and used to improve them. | Develop a clear narrative which makes a compelling case for why listening to people leads to better health and well-being, including contribution of Healthwatch. | • We have developed an initial narrative, which we are using in our communications.<br>• We have also started work on developing a campaign to embed a culture of listening. This has included discussions with stakeholders. | Head of Communications | December 2023 | On track |
| 51. |  | Develop an action plan to embed a culture of listening across health and care organisations and the value of Healthwatch. | • Once we have clarified about NHS England, we will finalise the action plan | Head of Communication/ Head of Network Development | March 2024 | Paused |
| 52. | The Healthwatch 'model' has been systemically reviewed and refreshed to ensure health and care services are improved through people's feedback and the work of Healthwatch. | Scope updated Healthwatch model (Network Development Team to scope, Policy team to promote with stakeholders): Share options with Healthwatch and Commissioners<br><br>Commence ICS commissioned pilot | • Over 100 HW participated in seven webinars on the future sustainability of Healthwatch<br>• In-depth discussions with Healthwatch and stakeholders taking place in February to inform future proposals<br>• Local authority Commissioner events taking place in March 2024 to discuss sustainability<br>• Agreed role for Healthwatch England with first ICB/local authority commissioned | Head of Network Development & Head of Policy, Public Affairs and Research and Insight | October – December 2023 (Q3)<br><br>October – December 2023 (Q3) | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | | Healthwatch – due to start in April 2024 | | | |
| 53. | Healthwatch England and local Healthwatch effectively collaborate ensuring that people's feedback creates service improvements locally and changes in national policy where needed. | Consult and re-define Healthwatch England & local Healthwatch collaborative approach and support offer and communications with the Network. (2023):<br>• Deliver collaborations on Children and Young people; Maternity; Income Generation/sustainability; Promote tackling inequalities opportunities | • Healthwatch collaborating on young people, tackling inequalities, and sharing learning on generating income are underway or taken place | Head of Network Development | March 2024 | On track |
| 54. | | Consult with Healthwatch on their experience when serious patient safety concerns take place | • Developed template for Healthwatch to use to raise patient safety concerns with local bodies and/or CQC, with an escalation process involving Healthwatch England should the local Healthwatch remain unsatisfied with local response. | Head of Network Development | Ongoing | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| 55. | | Support local authorities on Healthwatch commissioning:<br>• Hold reference Group to consider contract monitoring and new model; Deliver 4 Commissioner events | • Invites to local authority commissioners have been sent for two sessions in March<br>• Funding pressures mean we are spending more time on supporting local authorities avoid a break in service | Head of Network Development | March 2024 | On track |
| 56. | Healthwatch England and local Healthwatch effectively collaborate ensuring that people's feedback creates service improvements locally and changes in national policy where needed. | Provide more support for network communications and carry out a review of network channels, including the network site (Development team, comms and digital):<br>• Transfer management of network email, Facebook workplace and network site.<br><br>• Start review of Network site.<br><br><br>• Rebuild of Network site. | • Transfer of network communications has been completed except for Facebook workplace which is scheduled to take place by July 2024.<br>• Work underway to revamp Network site by June 2024. | Head of Network Development, Head of Communications & Digital Systems Development Manager | August – September 2023<br><br><br><br>October – November 2023<br><br>January – June 2024 (Q4/Q1) | On track |
| 57. | | Delivery of Healthwatch face to face event (Healthwatch conference - Sept), plus two | • Lead Officers Conference completed | Programme Events Manager | September 2023 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | online events aligned to strategy:<br>• Lead Officers Conference<br><br>• Awards and Policy Conference | • On track for delivery of Awards and Policy Conference in March on women's health<br>• Additional event on the State of the patient taking place Feb 2024 | | March 2024 | |
| 58. | | Introduce core skills framework and L&D Calendar:<br>• Prepare participation reporting | • Core skills framework introduced<br>• Participation reporting to be incorporated in State of Network report in Q4 | Learning and Development Manager | March 2024 | Complete |
| 59. | | Support local Healthwatch to work effectively with CQC, including adapting to new CQC model:<br>• local Healthwatch and new CQC teams supported to work effectively together; Agree indicator with CQC to measure effectiveness by March 2024 | • Healthwatch informed about their role in the new CQC assessment of ICSs<br>• Slight delay due to CQC capacity to undertake evaluation of HW and CQC relationship until June 2024 | Head of Network Development | October 2023 | On track |
| 60. | | Collect, analyse, and report on Healthwatch Effectiveness, including local Healthwatch outcomes: | • Presentation to National Committee on the State of the Network at February Meeting | Head of Network Development | February 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|------------|
| | | • Report on local Healthwatch Outcomes<br>• Produce State of Network Report | • Briefing to be shared with HW in February | | | |
| 61. | | Engage with local Healthwatch about development and uptake of Healthwatch values and behaviours:<br>• Deliver 4 Healthwatch Events | • Sessions with local Healthwatch to help inform shared values and behaviours taking place in February 2024. | Head of Network Development | March 2024 | On track |

| Complete | On Track | Not on track | Target unlikely to be met | Paused/Stop |
|----------|----------|--------------|---------------------------|-------------|

## Organisational Development

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

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|------------|
| 62. | _Learning and Development_<br>We will support and develop staff to ensure they have the right skills to deliver on our strategic goals. | Produce an Organisational Development plan. | We have now developed a new learning and development programme to ensure that there is equity in our training and development opportunities for all staff. | Director of Communications, Campaign and Insight & Head of Operations, Finance and Development | June 2023 | Complete |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | | | | | |
| 63. | We will create a formalised and equitable process for requesting training and development opportunities. | Produce and implement a training agreement for any professional courses sponsored by Healthwatch England. | A training agreement for courses £1k and above have now been implemented. | Head of Operations, Finance and Development | June 2023 | Complete |
| 64. | | Produce a guideline and ensure that all staff have a personal development plan (PDP) set for 2023-24. | All staff have completed a personal development plan (PDP) to enhance their career development. | Head of Operations, Finance and Development | June 2023 | Complete |
| 65. | Governance<br>Our committee will be diverse and maintain the highest standards of governance.<br>. | New committee members will be appointed upon the appointment of the new Chair or interim chair in Q1. | We have now appointed two new committee members. Jane Laughton who started on the 1 September and Sul Mahmud who will start on the 8 January 2024. | Chief Executive Officer and Head of Operations, Finance and Development | June 2023 | Complete |
| 66. | | An interim governance review (Standing Orders. Cttee size) will be complete in Q1. | We conducted a review of the committee's Standing Orders and Accountability Framework, which received approval during the May 2023 committee meeting. | Director of Communications, Insight and Campaigns | June 2023 | Complete |
| 67. | Finance<br><br>Healthwatch England will maintain its | We will carry out scoping work for a three-year financial sustainability model. | We are continuing to explore the different financial sustainable options. | Chief Executive / Head of Operations, | January 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | financial viability and maximize the use of its resources, by exploring every possible avenue for raising funding and revenue. | | | Finance and Development | | |
| 68. | | Review supplier contracts before renewal on a rolling basis | As part of our ongoing commitment to obtaining the best value for money, we consistently review our supplier contracts prior to renewal. | Head of Operations, Finance and Development | March 2024 | On track |
| 69. | | Conduct a committee session on financial sustainability in Q3 (2023-24) | At our Committee and Leadership Team away day on January 18th, we discussed financial sustainability, with plans for further discussions to take place in the near future. | Chief Executive / Head of Operations, Finance and Development | January 2024 | On track |
| 70. | **Culture and Behaviours** <br><br> We will create a new process with committee and staff to establish a new culture set within our organisation. | Create a new process with committee and staff to establish a new culture set within our organisation. | We have conducted culture sessions with our committee and staff and shared the outcomes of these workshops with the committee, revealing many commonalities between the two groups. We are currently in the process of conducting our culture workshops with the network. | Chief Executive/Culture Champion Group | March 2024 | On track |
| 71. | | Produce quarterly report on staff diversity for committee and the Leadership Team | The next workforce report is due in April 2024. | Head of Operations, | March 2024 | On track |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|------------|
| | | | | Finance and Development | | |
| 72. | **Service Level Agreements (SLAs)** <br><br> Our SLA clearly defines and aligns with our expectations of the service we require from CQC to carry out our work. | Review SLAs to ensure the services we are getting are exemplary and meet our needs. | The review of our Service Level Agreements (SLAs) is currently running behind schedule due to some delays experienced by CQC. Currently, the Head of Governance (CQC) is working towards obtaining the necessary agreements from each service provider for our SLAs. | Head of Operations, Finance and Development | December 2023 | Not on target |
| 73. | | Establish measurable standards within the SLAs, so we can provide feedback to CQC on the service we are receiving. | Due to the delays in getting our Service Level Agreements reviewed by CQC, we are unlikely to complete this activity before year end. It will therefore be rolled over to our 2024-2026 business plan. | Head of Operations, Finance and Development | December 2023 | Unlikely to be met |
| 74. | **Review of Policies** <br><br> Healthwatch England and CQC will review the policies and processes | Review the CQC policies that govern us and produce a condensed version that is applicable to our work. | We have now commenced the process of reviewing the CQC policies that also governs us to ensure they align with our specific requirements. Abridged versions of these | Head of Operations, Finance and Development | March 2024 | Unlikely to be met |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|-----|----------|-----------|---------|--------------|----------|------------|
| | in place to ensure they are fit for our purpose. | | policies will be produced for approval by CQC and Healthwatch England.<br><br>This is unlikely to be completed within year and has been extended to our two-year business plan. | | | |
| 75. | **Management of our programmes of work**<br><br>Our programme management framework effectively manages our projects, resources, risks, and changes to achieve the goal set in our strategy. | Programme Management Framework Templates to be reviewed. | Our programme management framework has undergone a review, and we have implemented a more reliable framework that efficiently manages all our strategic projects while ensuring successful delivery. | Strategy, Planning and Performance Manager | May 2023 | Complete |
| 76. | | Produce quarterly performance reports for Leadership and committee | We now generate performance reports every quarter for both our Committee and Leadership team. | Strategy, Planning and Performance Manager | May 2023 | Complete – ongoing BAU |
| 77. | **Enquiries & Complaints**<br>We will have a consolidated process for handling and responding to our complaints, enquiries, and Freedom of | Create a process to consolidate all handling and reporting of all enquiries, insight, and FOI. | We have finalised a comprehensive process for managing and reporting enquiries. We are currently in the process of recruiting temporary staff to help with the implementation process. Additionally, we are developing | Head of Operations, Finance and Development | March 2024 | In progress |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | Information requests (FOI). | | clear guidance materials and flowcharts to streamline the triaging of incoming enquiries . | | | |
| 78. | **Healthwatch England Intranet** We will have an intranet service so that staff can stay informed and have easy access to our business information. | Scope the options available for an intranet e.g., SharePoint Site and/or staff team channel. | We have scoped the different option available for an Healthwatch England intranet site and the best option identified was a SharePoint site with communication pages. | Head of Operations, Finance and Development | May 2023 | Complete |
| 79. | | Assemble a Task Force working group and Work with Comms, CQC and the task force working group to develop and launch the Healthwatch England new intranet site. | The content for the intranet communication sites is currently being discussed and developed with teams. | Head of Operations, Finance and Development | March 2024 | In progress |
| 80. | **Programme of Internal Audit** We will develop an internal audit programme to identify areas of concern, so we gain further assurance on our operations. | Investigate the audit process for Healthwatch England via CQC. | Following the AFRSC meeting on July 20 an internal audit was not recommended due to the good level of assurance already provided to Healthwatch England Committee, CQC, DHSC and Secretary of State. However, a Management Assurance Framework focusing on high-risk areas like data | Head of Operations, Finance and Development | July 2023 | In progress |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | | management is being developed using the framework that CQC uses to peer review their internal systems and processes | | | |
| 81. | | Produce an assurance map of Healthwatch England. | An assurance map was produced and shared with AFRSC on the 20 July. | Head of Operations, Finance and Development | July 2023 | Complete |
| 82. | New Starters E-Induction<br><br>To develop and implement a comprehensive e-induction program for new employees, aimed at providing them with a seamless onboarding experience. By creating an engaging and interactive digital platform, we aim to streamline the induction process, enhance employee satisfaction, | Identify content and structure: Determine the key information we want to include in the induction program. Plan how the content will be organised and structured to ensure a logical sequence. | The content that needs to be included in the new starters E-Induction has now been identified. | Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager | October 2023 | Complete |
| 83. | | Create engaging content: Leverage Easygenerator's features to create interactive and engaging content. including multimedia elements like videos and images, to make the induction program more | We are currently in the process of creating our interactive content. However, we are currently behind schedule due to a change in work priority. We expect to have this process completed by Mid-February. | Head of Operations, Finance and Development / Learning and Development Manager / | November 2023 December 2023 | In progress |

| No. | Our Aims | Activities | Updates | Owner / Lead | Deadline | RAG Status |
|---|---|---|---|---|---|---|
| | | interactive and memorable for learners. | | Research and Insight Manager | | |
| 84. | | Test the user interface, content navigation, and interactive elements to ensure a seamless experience for learners. Gather feedback from a small group of users to identify any areas for improvement | Please see above comment. The new deadline for this activity is March 2024 | Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager | January 2024 | Not on track |
| 85. | | Launch and promote the new e-induction to New Starters. | Please see above comment. The new deadline for this activity is April 2024. | Head of Operations, Finance and Development / Learning and Development Manager / Research and Insight Manager | January 2024 | Not on track |

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**AGENDA ITEM: 2.2**

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**AGENDA ITEM:** Public Committee Meeting Forward Plan

**PRESENTING:** Chair

**PREVIOUS DECISION:** N/A

**EXECUTIVE SUMMARY:** This forward plan sets out for the agenda items for the Public Committee meeting taking place in 2024.

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

## Healthwatch England Committee Meeting in **PUBLIC** Forward Agenda 2024/25

| Date | Agenda Items |
|------|--------------|
| Standard Items for each Public Committee meeting<br><br>• Welcome and Apologies<br>• Declaration of Interest<br>• Minutes and Actions from last meeting<br>• Chair's Report<br>• Chief Executive's Report<br>• Committee Members' Reports<br>• AFRSC Minutes and Report<br>• Delivery and Performance report<br>• Forward Plan<br>• Questions from the public<br>• AOB | |
| 21 May 2024 | • LHW or other presentation on a key influencing area<br>• Reports from HWE Staff (?)<br>• Delivery and Performance End of Year report 2023/24<br>• Two-year Business Plan & KPIs 2024/26 - Approval<br>• Strategic Risk Register 2024/25- Approval<br>• Final Budget 2024/25 - Approval<br>• Diversity and Equalities Update<br>• Culture and Behaviours programme update<br>• New digital strategy |
| 17 September 2024 | • LHW or other presentation on a key influencing area<br>• Reports from HWE Staff (?) |

| Date | Agenda Items |
|------|--------------|
|  | • One Year Review of 2023-24 Strategy Progress |
| 26 November 2024 | • LHW/HWE or other presentation on a key influencing area<br>• Reports from HWE Staff (?)<br>• Annual Conference (check with Hollie)<br>• EDI update |