

Healthwatch Coventry Steering Group pre-meeting notes

Held via Zoom on 11 August 2020

Attendees: Stuart Linnell (Chair), Catherine Smith, David Spurgeon, Ed DeVane, Dennis Saunders, Sue Ogle (VAC), Ed Hodson (Citizens Advice Coventry), Christine McNaught (FWT); Apollo Economides

Staff Present: Ruth Light, Samantha Barnett

Apologies: Hakeem Adedaja

SL welcomed everyone to the meeting and apologies from Tervinder Bhangal and Hakeem Adedaja were noted.

1. Pre-meeting discussion

A) CRCCG request for letter of support

RL talked through a letter received from the chairs of the three clinical commissioning groups in Coventry and Warwickshire requesting a letter of support for the merger of these organisations. The group discussed this and resolved that on balance they were happy to send a letter of support. They agreed the following points should be made:

- The single CCG should work in the context of more local places and communities, Coventry being one of these geographies. Reflecting the variation of needs and considerable health inequalities.
- The health services for residents of Coventry must not be disadvantaged by the merger.
- Communication and engagement with local communities and particularly the diverse communities of Coventry by the CCG must be strengthened.
- Approaches to engagement are tested with local communities.
- Patient centred care becomes an integral in the commissioning of services and patient voice influences all aspects of the commissioning cycle.
- There is greater transparency and accountability to local people by the organisation.

DSa stated the view that Healthwatch should not indicate 'support' for the merger of the three local CCGs via the letter Healthwatch was asked for.

SL said that he and DSpur attended a CCG workshop to discuss the new constitution for the merged organisations. Points were made about the importance of engagement with local people but was not sure this was taken on board. DSpur said he agreed, there was little reference to the public.

Actions from the meeting

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| <ul style="list-style-type: none">• RL to draft letter to CCG based on the above and send to SL for sign off |
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B) Covid-19 related briefing and discussion

SG members received a letter from NHS England about the next phase of reinstating service within the NHS. From 1 August the main priorities were:

1. Accelerating the return of near normal non-Covid health services
2. Preparation for the winter demands
3. Doing the above which takes into account lessons learnt during the first Covid peak

By September, 80% of last year's activity should be taking place and by October 90%.

On page 6 of the letter there is a call to action for mental health services, autism services and the flu vaccination.

RL highlighted the under primary care there was a statement about face to face appointments being available to those who need them.

Members noted that there were a lot of requirements in the letter and that due to making sure there was infection prevention in place service could not necessarily run at the capacity they did previously.

DSau said there does seem to be a softer approach for digital first.

CM said that there is a section about health inequalities and the drive to reduce this but with digital first there are still people who have a lack of access to IT at home or do not have the digital skills.

RL informed the SG that we have received a letter from UHCW saying that Andy Hardy has been seconded to NHS testing and a number of the Executive team will be acting up whilst he is seconded. RL said she would circulate the letter.

Actions from the meeting

- RL to circulate the letter about UHCW and Andy Hardy's secondment.

Healthwatch Coventry Steering Group meeting Held via Zoom at 11:15 on 11 August 2020

Minutes

Attendees: Stuart Linnell (Chair), Catherine Smith, David Spurgeon, Ed DeVane, Dennis Saunders, Sue Ogle (VAC), Ed Hodson (Citizens Advice Coventry), Christine McNaught (FWT); Apollo Economides

Staff Present: Ruth Light, Samantha Barnett

Apologies: Hakeem Adedoja

Additional Attendees: Rose Uwins, Senior Communications & Engagement Manager, Coventry and Rugby CCG

1. Minutes of the meeting held on 2 June 2020

The minutes of the last meeting were agreed, actions complete and no matters arising.

2. Locals service updates

A) Cheylesmore Boots Pharmacy consolidation application - **paper 1**

RL reported that the application from Boots to consolidate their two pharmacies in Cheylesmore had been rejected by NHS England on the basis of reduced patient access. Healthwatch Coventry had discussed this previously and made a submission of concerns about opening hours and location.

B) Renal Service review and adult critical care review - **paper 2** for information

The group received information from NHSE/I regarding a review of renal services across the region. Members considered the recommendations for services that were highlighted and supported them.

Members noted the reference to transport under pathway integration and stressed the importance of effective patient transport and findings from Healthwatch Coventry looking at patient transport for renal patients to and from dialysis. It was agreed to send a short response in support of the recommendations and highlighting transport.

C) Information was also circulated about the critical care review which was being undertaken. DSau said that after reading the paper he didn't realise the Coventry was grouped with these other areas and asked for clarification about the bed numbers.

Actions from the meeting

- RL to send an email to NHSE about the Renal Service review
- RL to identify source for figures regarding critical care beds and circulate too SG members

D) CRCCG - Rose Uwins from Coventry and Rugby CCG

RU provided an update on CRCCG work:

a) Merger Application

The pre application is being submitted by the end of August.

b) Letter

RU asked if Healthwatch would be sending a letter of support regarding the CCG merger. The letter which the CCG has sent asking for Healthwatch to provide a letter of support for the merger. RL confirmed that the group had discussed this and Healthwctch would be and would take the opportunity to raise key points about how the new organisation should work for the benefit of patients and the public of Coventry.

C) Communication strategy

RL said that a meeting took place recently with RU and Healthwatch Warwickshire to discuss the communication and engagement strategy RU is developing for the merged CCG and this was a useful meeting. The document would look at how the CCG will interact with the public. RU said that another meeting will be put in the diary to go through the strategy.

SG members raised the following points:

SL and DSpu discussed the constitution meeting they attending and the disappointment they had with the lack of engagement with patient/public being mentioned. RU said that the constitution document needs to be quite lean with what is included but she will take back the comments to the relevant person in the CCG and ask if there can be a form of wording that can be included.

DSau queried whether a specific requirement regarding GP patient participation groups could be put in the CCG Constitution. RU relied that this sat in the nationally agreed GP contract.

AE said that the merger is a golden opportunity to get the public involved at the grass routes level.

CM asked what the future planning for engaging with communities would be as the options are limited at the moment. RU said that they have identified this as a problem at the moment as we have become very digital. The CCG have been using the Community Champions as lead contacts through whats app groups.

RL suggested that a session with the CCG specifically about the Engagement and Communications strategy and plans would be a good next step as this is a draft document at the moment. This was agreed.

ED raised the discussion which had taken place at the Primary Care Commissioning Committee of the CCG which he attends about organising a conversation with the IT lead at the CCG. This was to get more detail about IT strategy, and expenditure to answer questions that had not been answered at the committee.

Actions from the meeting

- RU to liaise with RL to set up a meeting with IT lead at the CCG and ED and DSau
- Specific session regarding the Engagement and Communications plan/strategy to be arranged

3. Healthwatch work

a) Healthwatch activity

RL provided an update on Healthwatch activity:

- RL presented the Digital report findings at the Primary Care Network (PCN) leads meeting, this was received well. Next steps were discussed perhaps setting up a task group or working with one PCN
- GP websites have been reviewed by volunteers indicating some issues
- Contact has been made with 25 care residential home managers to discuss the impact of Covid-19, support received and lessons learnt

SO provided an update on the Healthwatch contract:

- The final grant aid agreement has not yet been received but the Local Authority have been busy with responding to Covid
- Two posts are currently being recruited and we are bringing the main Healthwatch delivery into VAC
- IHCA (this has previously been called ICAS) is planned to be delivered by The Law Centre

b) The Dr will Zoom you now report

Members considered work by Healthwatch England and National Voices to carry out research and produce the report entitled 'The Dr will Zoom you now' RL reported back from an online launch she had attended that an idea was developing to get people to support a kind of good practice charter around the use of virtual appointments and that this report had been getting a lot of coverage in NNS related bulletins.

DSpu said that it is important that all GPs provide face to face appointments, there have been some advantages to digital and telephone appointments as they has been less waiting in order to get an appointment.

AE said that Covid speeded up the use of IT, it is welcomed up to point but it is crucial that face to face appointments are kept.

c) Representatives reports

Members received written reports from the meetings representatives had attended no behalf of Healthwatch. RL noted that similar agenda items had been covered in most of the meetings.

RL said that links to meeting papers have been included to reports and the Test and Trace paper were interesting.

4. Healthwatch England update

Members received an update on the work by Healthwatch England to take the information provides by local Healthwatch to the Health and Social Care Select Committee launched inquiry into 'Delivering core NHS and care services during the pandemic and beyond'.

RL noted that there is a positive channel through Healthwatch England to national discussions.

5. CQC Strategy review

RL highlighted slides from the Care Quality commission about their current review of their approaches for Steering Group members information. This was a start of the process and the CQC has set out what it was aiming transform by:

1. Meeting people's needs
2. Smarter regulation
3. Promoting safe care for people
4. Driving and supporting improvement

Some of the CQC's thinking was shared:

- a. Regulating services through the eyes of people who use them
- b. Providing information that people need, when they need it and in the way they need it
- c. Transforming how we collect and understand people's individual experiences and those of local communities, particularly people from seldom heard groups, those made vulnerable by their circumstances and those at risk of abuse
- d. Providing timely public transparency about what we are hearing from people and how we have acted on it
- e. Being bold in speaking out about poor care and inequalities in health and care provision, including at a system level

- f. Empowering people to improve their own care
- g. Taking a more active role in identifying variations in the quality and availability of care in an area and how well the system responds to local needs
- h. Becoming a world leader in coproduction and codesign

RL flagged that there are regular invites to webinars from the CQC. RL asked SG members to send an email if they would be interested in being involved.

Actions from the meeting

- SG members to email RL if they are interested in being involved in CQC webinars

6. Any Other Business

A) Additional papers given for information:

National picture:

- King's Fund Publication The road to renewal: five priorities for health and care - Paper 8
- COVID-19 in Black, Asian and Minority Ethnic populations: An evidence review and recommendations from the South Asian Health Foundation: <https://www.sahf.org.uk/covid19>

B) Local work regarding health inequalities

CM said that she is on a new sub group - BAME Health and inequalities and would provide feedback to the SG

C) How services are being restored?

ED asked if there was a local consultation about how NHS services are being restored, if not then this is a gap. It does need to be considered.

D) Agenda for future meetings

RL discussed and members agreed the following potential items in order of priority:

1. Pete Fahy to discuss the Social Care Peer Challenge
2. NHS perspective on restoration
3. Test and Trace

7. Future dates of meetings

- Tuesday 6 October online by Zoom - meeting in public at 11:00 am and pre-meet at 10:30
- Tuesday 17 November - venue to be confirmed