

Healthwatch Coventry Steering Group
Pre-meeting notes
Held at Warwick Road United Reform Church Centre
At 10:00 am on 12 October 2021

Attendees: Stuart Linnell (Chair), Apollo Economides, David Spurgeon, Edward DeVane, Catherine Smith, Sue Ogle (VAC), Steven Hill (Coventry and Warwickshire Mind)

Staff Present: Ruth Light, Owen Lawrence

Apologies: Steve Thomson (Carer's Trust Heart of England), Christine McNaught (FWT), Hakeem Adedoja, Dennis Saunders

Stuart welcomed everyone to the meeting.

1. Steering Group membership

RL advised that a recruitment round has opened for individual and three voluntary/ community group places on the Steering Group.

RL put forward proposals for renewing Stuart's role as chair for a second 3 year term and extending AE's membership of the group for one year. It was agreed that an online ballot would take place via email on both options

If approved by the Steering Group the proposal regarding the Chair's term would then go to the VAC board for decision.

Promotion of the Steering Group vacancies was also discussed. EDV offered to look into developing links with a mental health group at Warwick University.

Actions

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| <ul style="list-style-type: none">• RL to email Steering Group members to confirm their opinion on these proposals |
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2. Staff team update

Felicity Haines has been away from work due to a medical problem since August, she has now left post as Engagement and Volunteer Co-ordinator.

Phil Smith has joined the team from 16 August as Information and Signposting Officer.

RL proposed to the Steering Group that the Healthwatch Annual Meeting take place this year as part of Voluntary Action Coventry's AGM on 8 December. It is not yet known whether this will take place in person or over Zoom. This was agreed.

Ruth reported that she and Stuart had had further conversation with NHS organisation regarding dermatology services at University Hospital Coventry and Warwickshire (UHCW) and changes being made or proposed to these. The Clinical Commissioning Group (CCG) is aware of the thresholds that apply for a full consultation on a service change. Healthwatch Coventry will continue to watch the situation/developments.

3. Updates on emerging issues and information sharing

Steering Group members considered national developments in health and social care and the implications they would have locally.

EDV said that historically CCG's have underspent their Primary Medical Fund. This normally meant they will receive less funding in future.

SH said that the expansion of mental health services is positive news. However, he has concerns about the sustainability of this change as the funding is short term and will only last 3 to 4 years.

RL noted that addressing one gap in services can cause another gap somewhere else as staff move around.

DSpu said that social care is the thing most likely to deteriorate first. The wage increases in areas such as hospitality will make it even harder for social care to recruit staff. Losing unvaccinated social care staff will only exacerbate this issue.

RL said that interviews for the Chair of the Integrated Care System (ICS) and Chief Executive of the ICS have taken place.

The Director of Public Health at Coventry City Council, Liz Gaulton, is leaving post. The Deputy Chief executive Professor Sir Chris Ham is also leaving.

DSpu noted that a number of Health and Social Care Scrutiny Board 5 meetings have been cancelled or rescheduled. There remain eight items on the work programme for the remainder of the year.

**Healthwatch Coventry Steering Group meeting
Held at Warwick Road United Reform Church
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Minutes**

Attendees: Stuart Linnell (Chair), Apollo Economides, David Spurgeon, Edward DeVane, Catherine Smith, Sue Ogle (VAC), Steven Hill (Coventry and Warwickshire Mind)

Staff Present: Ruth Light, Owen Lawrence, Phil Smith

Apologies: Steve Thomson (Carer's Trust Heart of England), Christine McNaught (FWT), Hakeem Adedoja, Dennis Saunders

1. Introduction and declaration of interests

SL welcomed everyone to the meeting.

SL asked if there were any declarations of interests to be made - there were none.

2. Minutes of the previous meeting

The minutes of the previous meeting were agreed as an accurate record. There were no amendments.

There were no matters arising not covered by agenda items.

3. Integrated Care Systems - guidance and implications for Healthwatch

Steering Group members looked at a paper providing summaries of the key guidance documents produced by NHS England for Integrated Care Systems (ICS) as they set themselves up.

Healthwatch England's response to the Health and Social Care bill was also circulated for information.

SL asked SO how the voluntary and community sector had been involved with ICS development locally. SO said Coventry is in wave 3 (the final wave) that money had been allocated nationally, with Coventry and Warwickshire receiving ten thousand pounds. SO explained that Coventry and Warwickshire Clinical Commissioning Group (CWCCG) is managing this money and setting up a workshop. RL advised that Rose Uwins of the CCG was setting up a voluntary sector alliance.

SH asked where Healthwatch could focus on in order to have the biggest influence. RL said that Healthwatch was still trying to get into Coventry place, for which UHCW are going to be responsible. This makes a relationship with UHCW important. Local place structures also need to be a focus.

RL said that it was a good time to revisit the 'Good Engagement Charter', one of the first pieces of work Healthwatch Coventry did. This could be reframed to be useful to the emerging ICS and help Healthwatch Coventry set out what it sees as good practice in patient public involvement.

SL highlighted that one of the major concerns for the new NHS system was the finances.

CS said that the CCG is spending money for the population, and it is vital that the spending of this money directly benefits the population.

DSp noted that the same government that introduced Clinical Commissioning Groups is abolishing them. However, he could not argue with the words 'integrated care system' as social care and health care should be integrated. However there was not clear national plan for social care. He continued to say that a lot of work on integrated records systems has been progressing which is another positive.

RL highlighted key concepts in the 10 principles for the integrated care boards within the ICS guidance which are patient/public focused/centred and welcome.

RL told the Steering Group that she had a conversation with Deloitte which had been commissioned to do work on the ICS digital strategy including integrated patient records. They are running an online workshop for the public to attend. She asked Steering Group members if anyone would like to attend. EDV had already responded to this workshop, but it was agreed for the invitation to be sent to the all Steering Group members.

Actions

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| <ul style="list-style-type: none">• RL to send invite to Deloitte session to Steering Group members• members to let RL know if they attend |
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4. Work priorities

RL presented a paper detailing emerging issues, opportunities, and requests for work. RL had developed this format after the discussion at the last meeting whereby the Decision making policy for Healthwatch work was updated. RL asked if this was a helpful format and the proposal was to bring an updated version to each Steering group meeting.

RL said that in recent week Healthwatch had started to receive request to join a number of ICS work stream groups. This was likely to continue. Therefore it would be helpful for the Steering group to consider how requests should be prioritised.

For example RL recently attended the first meeting of Diagnostic Hub Programme Board. A national report was published concluding the NHS does not have enough capacity for diagnostics services. The Coventry and Warwickshire ICS has bid for one to set up new diagnostic hubs including one in Coventry.

A cancer patient experience and engagement group invited Healthwatch to become part of this group and attend meetings. SL asked to see the terms of reference.

RL said the work priorities paper and discussion should help to decide what groups Healthwatch should join by clearly identifying priority work areas.

SO asked if a document could be drafted of all the meetings Healthwatch attend. She also asked if it was better for Healthwatch to be raising concerns or solving current problems and what the outcomes were.

RL said there is a list of meetings/groups which can be circulated. Relationships and influencing are key to successful Healthwatch outcomes. Healthwatch England is running support regarding 'Theory of Change' and influencing.

RL said that Healthwatch was going to have to decline attendance to some groups but that it was important to find another way for Healthwatch to be kept up to date and for patient public involvement to be on the agenda even if Healthwatch is not there. Healthwatch Coventry was not yet on the strategic group for Coventry Place.

DSPu suggested that each Steering Group member could assign scores to issues in order to determine their priority.

Actions

- RL to do further work on the issues, opportunities, requests document and SG members to feedback
- RL to circulate a list of committees, groups and meetings and their purpose
- Further discussion to be planned

5. Healthwatch activity

RL summarised Paper 5 which detailed Healthwatch's activity.

Also tabled was Coventry and Warwickshire CCG's response to the GP mystery shopping report performed by Healthwatch. They accepted the recommendations Healthwatch made in the report.

AE said that GP patient groups are not meeting currently which means there is no active feedback to GP surgeries. EdV said that patient feedback had been suspended and was restarting now.

6. Healthwatch representatives report

Steering Group members noted written reports of the meetings Healthwatch representatives had attended.

RL said that a separate development session for the Health and Wellbeing Board had been held. However there remains the question of where the board will fit in the new 'Place' structure.

7. Service updates

a) GP services

The CQC inspection report of Holbrook's Health Team was considered. The practice was treated as requires improvement overall but inadequate in the well-led domain.

SL noted that the report did not mention patient experience or the concerns people had raised. A considerable amount of feedback had been gathered by Healthwatch Coventry and passed on to the Care Quality Commission (CQC) and CCG.

RL said that conversations had been held with managers at the CCG and Healthwatch is urging the CCG to communicate with patients and the public, acknowledge the feedback received and the plan to address issues.

DSpu noted that there was an enormous range of in the quality of GP surgeries in Coventry. EDV said that CQC inspections being suspended for 2 years will have had an impact on this.

AE said that communication between practices and patient participation groups is poor.

RL informed Steering Group members that letters had been sent to specific GP practices with specific feedback after the mystery shopping exercise.

b) Improving outcomes for older people

Steering Group members were sent a letter from Coventry City Council and Coventry and Warwickshire CCG regarding improving outcomes for older people by looking at urgent and emergency care and care at home.

RL asked if this had been raised at the Health and Social Care scrutiny meeting. DSpu said no.

DSpu asked what One Coventry is. RL said it was a brand aiming to bring about collaboration between council departments and a range of external organisations.

c) Pharmacy services

The Ball Hill pharmacy merger discussed previously, which Healthwatch objected to has gone ahead. There are now shorter pharmacy opening hours.

SL said that he had heard of pharmacies no longer being able to perform blood tests due to a lack of a phlebotomist.

8. Publications

RL said that the Coventry Director of Public Health's Annual Report had just been published. This had a focus on COVID-19 and also on what has been learnt or should be built upon. RL advised Steering Group member to read the report.

The Director of Public Health's Annual Report - https://www.coventry.gov.uk/info/191/public_health/4034/coventry_director_of_public_health_annual_report_20202021

The following publications were highlighted to Steering group members for broader reading:

- [Good for you, good for us, good for everybody: a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/94443/good-for-you-good-for-us-good-for-everybody-a-plan-to-reduce-overprescribing-to-make-patient-care-better-and-safer-support-the-nhs-and-reduce-carbon-emissions.pdf)
- CQC COVID insight report Sept 21 - recovery of hospital services <https://www.cqc.org.uk/publications/major-reports/covid-19-insight-13-recovery-nhs-hospital-services>
- Ethnic differences in health outcomes, highlighting the variation across ethnic groups and health conditions [The health of people from ethnic minority groups in England | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/ethnic-minority-groups-in-england)

9. Any other business

DSpu said that he was unclear how COVID-19 booster vaccinations were being booked. RL said the information helpline was just starting to pick up queries about booster vaccinations and the team would seek more information.

10. Dates of future meetings:

- 10 am 7 December - Healthwatch Steering Group meeting
- morning of 8 December - Healthwatch Annual Meeting (part of VAC AGM)