

Healthwatch Coventry Steering Group Pre-Meeting Warwick Road United Reformed Church At 10:00 am on 6 June 2022 Minutes

Attendees: Stuart Linnell (Chair), Catherine Smith, Last Mafuba, Edward DeVane, David Spurgeon, Sue Ogle (VAC), Apollo Economides, Claire Dale (Carers Trust Heart of England), Rose O'Malley, Steven Hill (MIND)

Staff Present: Samantha Barnett, Ruth Light

Apologies: Christine McNaught (FWT a Centre for Women)

1. Welcome to new members and introductions

SL welcomed everyone to the meeting.

2. Refresh of Good Engagement Charter

RL gave an overview of work to review the Good Engagement Charter. The original Charter was a joint piece of work with Healthwatch Warwickshire involving conversations with the public. It created a nine point checklist for organisations to use when engaging with members of the public. We originally asked organisations to sign up to it. Some good work was done as a result, for example, by Coventry and Warwickshire Partnership Trust. However, in recent years the Charter has lost impetus and has largely been appended to various NHS plan/strategy documents.

We held a workshop on 20 March 2022 with engagement colleagues from Coventry City Council, CWPT, Coventry and Rugby GP Alliance and UHCW as a starting point to review the Charter. The idea was that then a survey would be distributed to a larger pool of people.

Those at the workshop felt the charter points were still relevant and suggested updates. Since the workshop, an updated draft of the statutory guidance to accompany the Health and Care Act has been out for a short consultation. This guidance contains ten principles for working with people and communities and in the new full version there are explanatory points under these. Some are similar to the Charter points.

The workshop also highlighted the barriers those involved in doing engagement work identified. We published these in:
www.healthwatchcoventry.co.uk/report/2022-04-27/report-discussion-workshop-good-involvement-local-people

This highlighted a feeling that there was not a strong enough commitment to listening and acting on what people say.

CS said that engagement should be underlying for organisations. RL said yes, this is fundamental.

ED said that organisations should have continuity of following this through.

RO said that with involving carers, there is very little evidence of this working. At UHCW, there was a carer's pass and triangle of care but it didn't work because it wasn't integrated. RL said that RO may find it interesting to read a recent report by Healthwatch Warwickshire where they talked to carers [<https://www.healthwatchwarwickshire.co.uk/report/2022-05-19/report-carers-experience-hospital-discharge>]

CD said that nationally, the Carers Trust are looking at re-launching the triangle of care. Carers get asked for a lots of information and don't hear back.

LM gave her experience of an exercise to get input from members of the community and not receiving any feedback to conversations, which had taken place over a year ago.

SH said that voluntary sector organisation would also need to own the charter principles too. It would need to be system wide.

We are currently having conversations with Healthwatch Warwickshire too.

SL said that we are arranging a meeting with Healthwatch Warwickshire to understand their position because the joint nature of the original work was part of its strength.

SO asked if the workshop involved Warwickshire people? RL said no, it was for organisations based in Coventry as this is what Healthwatch Warwickshire asked for.

Members agreed there was a role for Healthwatch in 'good engagement' and some form of scrutiny of this. A framework is needed to be able to understand clearly if engagement and involvement activity is being carried out as it should be and the local culture around engagement shifts.

Action
<ul style="list-style-type: none">• RL and SL to meet with Healthwatch Warwickshire• RL to meet with Rose Uwins at CWCCG

3. Draft Healthwatch Coventry Annual report

Every Healthwatch must produce an annual report by 30 June. There are some statutory statements with information that must be included. Healthwatch England provide a template for us to use.

RL asked SG members if they were happy with the content. Steering Group members agreed and it was noted that it will be given a full proof read before publication.

RO asked about the contact number within the report and if this is the number people phone to share experiences. RL said there is an online form on our website or people can call the office if they are not able to use this route.

[www.healthwatchcoventry.co.uk/share-your-views]

4. Updates on emerging issues and information sharing

The Integrated Care Board (ICB) has had its first shadow meeting and the Integrated Care Partnership has been formed. SL has been put forward as the person who will attend on behalf of Healthwatch. SG members agreed.

We have also been invited to attend the ICB shadow meeting but conversations need to take place about the role Healthwatch will play on this group and about resourcing.

Action
<ul style="list-style-type: none">• SL to attend the first ICP meeting and update Steering Group members at the next meeting

Healthwatch Coventry Steering Group Meeting

Warwick Road United Reformed Church

At 11:00 am on 6 June 2022

Minutes

Attendees: Stuart Linnell (Chair), Catherine Smith, Last Mafuba, Edward DeVane, David Spurgeon, Sue Ogle (VAC), Apollo Economides, Claire Dale (Carers Trust Heart of England) Rose O'Malley, Steven Hill (MIND), Liz Gaulton – Chief Officer Population Health and Inequalities (Interim) (NHS Coventry and Warwickshire Clinical Commissioning Group)

Staff Present: Samantha Barnett, Ruth Light

Apologies: Christine McNaught (FWT a Centre for Women)

1. Welcome

SL welcomed everyone to the meeting.

2. Declarations of interests

SL asked if there were any declarations of interest. There were none.

3. Presentation Equalities Strategy for Integrated Care System

Liz Gaulton, Chief Officer Population health and Inequalities (Interim) - NHS Coventry and Warwickshire CCG attended the Steering Group to give a presentation on the Equalities Strategy for Integrated Care System.

The slides are attached.

LG explained the NHS Core 20 Plus 5 approach to addressing inequality of health outcomes and access to services. Coventry has selected the priority of new and transient communities. Some examples were that A&E use is 31% higher in the most deprived communities and do not attend rates for outpatient appointments are also higher.

Steering Group members were asked if they had any questions/comments:

DS said Coventry has been doing work related to Michael Marmots inequalities agenda for 10 years or more, what can you bring that hasn't already been tried before? LG said that it will now include the Health and Care systems which is something that has not happened before.

ED said that on the Kings Fund model diagram within the presentation there is an overlap between the areas of Health Behaviours and lifestyles, communities and places we live in, the wider determinants of health and the integrated care system. This should be the area of focus for work rather than health and local authority.

SH the biggest challenge is communities not having confidence in service or the system. How do we build trust? LG said that we need to speak to communities directly, an example of this is using the community messengers.

DS said that at the last health Scrutiny Board meeting there was information given from UHCW that they are starting to weight waiting lists on deprivation? LG said that this is something that Kieran Patel is working on and it would be worth RL making contact to discuss in more detail.

SO asked when will you know its working? How will you test it? Are you tracking individuals? LG said that it will be done through tracking healthy life expectancy, and we won't be tracking individuals. We hope to see an uplift to accessing services and things like better case finding of hypertension etc.

LM said that the NHS was treating symptoms resulting from the social economic issue and the environment.

Action
<ul style="list-style-type: none">• SB to send round slides to Steering Group members• RL to contact Kieran Patel about the work taking place on weighting wating lists.

4. Minutes of previous meeting and matters arising

The minutes of the February Steering Group meeting were approved as an accurate record.

SL asked if there were any matters arising, RL raised a note from the previous minutes with regards to Clear Information Group reports and approval for these. It was agreed that a sub set of Steering Group members would approve any final reports for the group.

It was agreed this should be SL, ED and CS with other members sought if they are unavailable.

5. Healthwatch activity

A. Commentary on CWPT Quality Account

RL asked if SG members had any comments on the CWPT Quality Account Commentary?

ED provided some comments which members agreed as changes to the draft.

Steering Group members approved the commentary.

B. Healthwatch Activity report and emerging issue

SG received reports for information.

Action
<ul style="list-style-type: none">• RL to look at the commentary and add the agreed amendments before submitting the final version to CWPT.

6. Reports from meetings

Steering Group members noted Paper 7, giving reports from those attending meetings and groups on behalf of Healthwatch Coventry.

Also, within the papers there are the official documents from ICP including terms of reference and role description.

DS said that within the Adult Social Care Stakeholders meeting that they are not getting any more new stakeholders. They are trying to encourage people to join.

ED has been co-opted to join Scrutiny Board 5. Steering Group members agreed this.

7. Healthwatch England

Steering Group members received a copy of Healthwatch England response to the NHS mandate so they can see the points Healthwatch England is arguing for.

ED asked about NHS dentistry? RL said that Healthwatch England are campaigning about this. There has been some short term money but as yet no long term solution to NHS dentistry access.

RO said that the website for the walk in centre is not very clear. RL said she is unsure who runs this website and would find out. It is now called the Urgent treatment Centre but that has not been publicised well.

Action
<ul style="list-style-type: none">• RL to find out who runs the website for the walk in centre

8. Service updates

A. CWPT vision and strategy

CWPT have launched their final vision and strategy and Steering Group members were given links to strategy document and a short four page overview.

B. Pharmacy

There have been no closures but changes to ownerships.

The Local Authority is completing a pharmaceutical needs assessment which goes to the Health and Wellbeing Board. This is a process which happens to get an understanding of provision and use of pharmacies.

9. For information

Steering Group members received links to reports for information. RL highlighted the Kings Fund report and said that this website is a useful place to find easy explainers.

10. Any other business

DP wanted to congratulate ED on his new job at the Department of Health.

11. Dates and times of future meetings

- 9 August
- 18 October
- 6 December

All members' meetings start at 10am

All public meetings start at 11am.

All meetings take place at Warwick Road Church.