

# Healthwatch Coventry Steering Group Pre-meeting Notes

## Held via Zoom at 10:15 am on 30th March 2021

**Attendees:** Stuart Linnell (Chair), Catherine Smith, David Spurgeon, Apollo Economides, Steven Hill (Coventry and Warwickshire Mind), Christine McNaught (FWT), Sonja Woodhouse (Carer's Trust Heart of England)

**Staff Present:** Ruth Light, Owen Lawrence

**Apologies:** Ed Hodson (Citizens Advice Coventry), Hakeem Adedoja, Sue Ogle (VAC), Dennis Saunders

Stuart welcomed everyone to the meeting.

### 1. Healthwatch Coventry work programme

#### Healthwatch work priorities review

Steering Group members were sent a review of Healthwatch's work priorities - Paper A. This paper showed the actions Healthwatch had taken in relation to the work priorities decided in June 2020.

RL talked about the priorities and how Healthwatch had worked to achieve them and said that it was time to begin to consider the process for setting future work priorities.

RL highlighted the existing method of agreeing work priorities, which had been in place since the early days of Healthwatch Coventry. This was an annual process. There is a requirement for local Healthwatch to have and publish a decision making process to cover how decisions are taken and local Healthwatch should have independent decision making about work priorities.

There were strengths and weaknesses to the existing approach. For example a weakness now seemed to be that this was not very flexible. Members highlighted that the clarity of the process was a strength.

RL talked through recent guidance and thinking from Healthwatch England about measuring the impact of Healthwatch work and utilising 'Theory of Change' methodology as part of work planning. This was about considering impact from design and how to measure impact of work in different ways.

Other considerations for work planning are the evolving COVID-19 situation/ restrictions and the significant change taking place within NHS structures.

RL suggested that priority 4, which related to the merger of the CCG's, should be amended so that it now relates to ensuring that Healthwatch has a voice in new NHS structures and planning:

To working to ensure a Healthwatch voice within new NHS and 'Place' structures and for patients/public to be at the heart of service planning. This was agreed.

RL also proposed to hold a separate session with a focus on Healthwatch's work planning. This was agreed.

The updated work priorities will remain until new ones are considered and set by the Steering Group.

<b>Action:</b>
<ul style="list-style-type: none"><li>• A separate meeting with a focus on Healthwatch's work planning to be scheduled and held.</li></ul>



## 2. Recent developments and discussion

### Plans for the structures of the NHS

The group received a summary of the Health and Social Care White paper and information from Healthwatch England about the likely timeline and the emphasis of their work related to the proposed changes and the role of Healthwatch in the new structures. NHS England has also published an online consultation on proposals for the NHS Provider Selection Regime. This sets out a new approach to procurement of services

# Healthwatch Coventry Steering Group meeting

Held via Zoom at 11:15 on 30 March 2021  
and live streamed on YouTube

## DRAFT Minutes

**Attendees:** Stuart Linnell (Chair), Catherine Smith (left at 12:00), David Spurgeon, Apollo Economides, Steven Hill (Coventry and Warwickshire Mind), Christine McNaught (FWT), Sonja Woodhouse (Carer's Trust Heart of England), Ed DeVane

**Apologies:** Ed Hodson (Citizens Advice Coventry), Sue Ogle (VAC), Hakeem Adedaja

**Additional Attendees:** Rose Uwins, Coventry and Rugby CCG, Senior Communications & Engagement Manager, Phil Johns, CCG, Accountable Officer

### 1. Welcome

SL welcomed everyone to the meeting.

RL informed Steering Group members that Ed Hodson is stepping down from his role in the Steering Group. He had a co-opted role representing Citizens Advice Coventry. Members wished him well and thanked him for his contribution.

### 2. Declaration of interests

SL asked the Steering Group if there were any declarations of interests that a member needed to make.

There were none.

### 3. Minutes of the meeting held on 26 January 2021

SL asked the Steering Group if there were any comments relating to the accuracy of the minutes of the previous Steering Group meeting, held on 26 January

There were none.

#### Matters arising

There were none.

#### 4. Presentation by Phil Johns, Accountable Officer merging clinical commissioning groups

Phil Johns, the accountable officer for the merging Clinical Commissioning Groups, attended the meeting to provide an update and discuss:

- Plans for the merged CCG's.
- Change to NHS structures: the Integrated Care System and Partnership and how it affects Coventry.
- The CCG's relationship with Healthwatch Coventry.
- Public engagement.

PJ said the CCG merger was ready to happen on 1 April 2021 and the first meeting in public of the new governing body was to take place on the same date. The new Integrated Care Partnership is timetabled to be implemented by 1 April 2022. This busy period of transition means that the CCG needs to focus on making sure that transition does not affect the organisation's ability to meet people's care needs.

PJ said that the move to Integrated Care Systems (ICS) is the right thing to do because it will be much clearer how health and care organisations work in partnership and a wider set of voices will be available to scrutinise health and care organisations. The local authority will be statutory partners.

The aim of ICS is to look at the care provided and the wider determinants of people's health i.e. how to keep people well.

PJ said GP's voices need to still remain important as they provide the bulk of NHS patient care.

PJ gave an overview of how the new system would work in Coventry and Warwickshire:

- There are 4 proposed 'places': Warwickshire North, South Warwickshire, Rugby and Coventry.
- Every ICS will consist of a number of Integrated Care Partnerships. They will be the statutory NHS provider holding the collection of contracts that the CCG currently holds.
- Organisations need to shift from competition to collaboration.

SH asked where voluntary organisations fit in to the new structure? PJ said that voluntary organisations needed to be consulted about where they would best fit.

SL asked for further detail on the idea of 'collaboration not competition.'

PJ said that the theory behind the new system was to get organisations working together to provide care, instead of commissioning groups having to purchase individual aspects of care from multiple different organisations. There will also be a move away from the 'procurement' approach. The CCG will be able to award

work to large organisations rather than always having to allow organisations to compete for work/contracts.

DSpu asked why this structure is better than the previous one? He also asked how an ICS could be devised when no white paper for social care had been published yet?

PJ said that plans for social care may come. However, even if it is not released, the intent to work more closely with local authorities is still correct.

PJ then discussed how patients and the public would have a voice in the new structure. There was an ongoing commitment to work with Healthwatch.

There is an ongoing commitment to use Healthwatch as a readily available source for a wide range of public opinions.

RU said that an engagement strategy is still in development, having been put on hold due to COVID.

Information and opinions need to be able to easily travel through hierarchies.

There also needs to be a focus on identifying groups that historically have proven harder to reach, and then a focus on reaching them.

RL stressed that Healthwatch has a role set out in statute which is to represent the interests of local people in NHS and care services. Healthwatch brings an important and often different perspective to discussions.

PJ said that regarding priorities most were being set nationally and will focus on restoring services.

EDV said that Healthwatch already collects and possesses data that could prove useful to achieving the goals outlined above, particularly during a period where patient satisfaction monitors have been suspended on digital health and digital monitors.

PJ said that there is a presumption in the NHS that digital services are necessary in order to provide services to everyone and avoid shortages. However, he recognised that access to services has deteriorated in some places as a result of a move towards digital services.

DSpu said that a national survey showed that a majority of GP's want to resume practice-based appointments.

PJ said that appointments went digital to control the spread of infection. Face-to-face appointments should still be available to people when necessary. Maximising the effectiveness of digital appointments will help to clear backlogs and should theoretically create more face-to-face appointment capacity.

SH asked if there will be accountability over the quality of services provided? PJ said that there will still be quality standards which service providers will be held to. These quality standards may change with the restructuring but that is not yet known.

## 5. Healthwatch activity

RL talked through elements of work undertaken and described in the activity report paper:

- a) The number of sessions on the Healthwatch website for January and February totalled 3000. In the previous quarter, the number of sessions totalled 2156. The launch of a new website has had a positive effect.
- b) 47% of enquiries to Healthwatch Coventry's information line were related to COVID-19 vaccination.
- c) Work with the Carer's Trust relating to specific case studies was still ongoing and that information could be collated when the work is finished. SW said that she would chase up the case studies.

RL asked the Steering Group if they wanted to meet with Coventry and Warwickshire Partnership Trust to discuss the outcomes of CWPT's quality goals, and their quality goals for the future. The Steering Group agreed to the meeting.

<b>Action:</b>
<ul style="list-style-type: none"><li>● A meeting with CWPT to be scheduled.</li></ul>



## 6. Representatives report

Steering Group members noted reports from Healthwatch representatives on external groups/meetings.

SL said that in the meetings he had attended with items relating to digital access of NHS services, he had been told many times that "returning to how we were is not an option."

RL said that benefits that have arisen due to digital appointments should not be disregarded, but also that Healthwatch needs to provide pushback against any presumption that digital is better and more appropriate in all circumstances.

SH said that a blended model between digital and face-to-face appointments should be the way going forward.

DSpu said that GP's should not consider phone appointments 'the norm.'

EDV said that 'easier' cases were being given to organisations providing just digital access and more difficult top those still offering face-to-face appointments, whilst the 'easier' cases were given to digital appointments. This creates a danger of there being two tiers of service between digital and face-to-face appointments.

RL said that national level correspondence had gone out to local authorities telling them that they need to restart face-to-face meetings after 7 May 2021.

## 7. Service updates

Steering Group members received reports related to updates or changes to services. RL highlighted:

- a) There has been a change of ownership of the pharmacy on Bennetts Road in Keresely.
- b) There are new keyworker roles to support children and young people with autism and/or learning disabilities.
- c) A rehabilitation hospital has also been set up to help sufferers of Long Covid. DSpu asked where the location of this hospital was. RL said that the paper did not give the location but that she would t find out

This centre is in Birmingham  
<https://www.circlehealth.co.uk/rehabilitation>

- d) The operating model for hospital discharge was also shared. This is a nationally determined approach which aims to shorten the amount of time people spend in hospital.

## 8. Healthwatch England update

Steering Group received an update from Healthwatch England which highlighted outcomes resulting from the work of the Healthwtch network.

Healthwatch England are still focusing on the challenges of accessing dentistry services during the pandemic.

## 9. Publications

Steering Group members were made aware of the following publications:

- CQC report on do not attempt resuscitation practice  
[www.cqc.org.uk/publications/themed-work/review-do-not-attempt-cardiopulmonary-resuscitation-decisions-during-covid](http://www.cqc.org.uk/publications/themed-work/review-do-not-attempt-cardiopulmonary-resuscitation-decisions-during-covid)

RL said this had received media coverage due to the findings of inappropriate practice of not involving people in decision making and applying blanket order to groups of people such as people with learning disability in some places.

- NHS England guidance for NHS Trusts on communicating with patients [www.england.nhs.uk/coronavirus/publication/good-communication-with-patients/](http://www.england.nhs.uk/coronavirus/publication/good-communication-with-patients/)
- Public Health England report [Inequalities in oral health in England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Further evidence regarding the importance of dentistry.

- CQC Covid Insight report issue 8 <https://www.cqc.org.uk/publications/major-report/covid-19-insight-issue-8>

## 10. Any other business

EDV proposed that he shared a paper on childhood obesity that he was publishing with the Steering Group. All members agreed.

CMN proposed that she shared a report published by the Women's Health Committee looking at the economic impact of COVID on women with the Steering Group. All members agreed.

This report can be found at:

[https://publications.parliament.uk/pa/cm5801/cmselect/cmwomeq/385/38503.htm#\\_idTextAnchor002](https://publications.parliament.uk/pa/cm5801/cmselect/cmwomeq/385/38503.htm#_idTextAnchor002)

Meeting ended at 12:20