NHS Reset Round Table

Healthwatch England / NHS Confederation

Key issues from the webinar – 17 July 2020

NHS Reset – background

The coronavirus outbreak has changed the NHS and social care, ushering in rapid transformation at a time of immense pressure and personal and professional challenge. Over the past few weeks, one message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course. NHS Reset is a new NHS Confederation campaign to contribute to the public debate on what the health and care system should look like in the aftermath of the COVID-19 pandemic. Galvanising members from across the NHS Confederation and wider partners in health and social care, it aims to:

- recognise both the sacrifice and achievements of the health and care sector's response to COVID-19, including the major innovations that have been delivered at pace
- rebuild local service provision to meet the physical, mental and social needs of communities affected by severe economic and social disruption
- reset our ambitions for what the health and care system of the future should look like, including its relationship with the public and public services.

It will seek to influence forthcoming national strategies, including from NHS England and NHS Improvement, and their priorities for a reset. It will also look to guide local systems through their own thinking, ensuring they are able to lock in the beneficial changes they have collectively brought forward. Find out more in the NHS Reset briefing and catch up on the discussion in the NHS Reset webinars.

As part of the NHS Reset conversation, Healthwatch leaders joined an online session to share their learning from the response to the pandemic, including what worked well and what needed further consideration. There was good coverage from across the country, with a mix of chief officers, board members and engagement leads.

It was an open agenda to allow Healthwatch leaders to raise issues they had seen in their area, including sharing good practice. This paper picks up the key themes from both the discussion and the online chat and the results will be shared widely across the NHS Confederation's members.

What we heard

Remote consultations

The system is adopting a digital approach enthusiastically, but it also needs to consider the wider implications. There was consensus that there are many benefits but there is a risk of increasing inequalities if the needs of people who are not digitally-enabled or digitally-skilled are ignored.

On remote mental health consultations, we've had feedback from Mental Health workers about clients who are living in overcrowded / troubled environments and can't talk confidentially without family members overhearing. Examples of people choosing to take their virtual mental health appointment while walking around their local area. Not an ideal environment for therapy.

The issue was described as "trying to turn the conversation from digital *exclusion* to how to create digital *inclusion*".

Engagement in a time of rapid change

The most consistent message was the concern about rapid change to services without sufficient public engagement. Healthwatch were not looking to prevent change but do want to make sure that there is sufficient time for appropriate engagement.

Some examples were reported where services said that they would have liked better involvement, but Healthwatch were not contacted even though they were still functioning and providing insight.

Recuperation and rehabilitation following covid

Healthwatch Liverpool is hearing from people who are having a long recovery period, resulting in them being sent to a number of specialists – but this is not coordinated. A further concern is that this has affected a number of health and care staff who are struggling to return to work which may have implications for staffing levels during any second wave.

Inequalities

Discussions about technology raised several issues relating to inequalities which were recognised across the network:

- Disenfranchisement of people who did not have access to the technology. Telford and Wrekin reported the local carers' group are aware of 1,000 people who do not have digital access.
- The implications for rural areas with poor connectivity, and with an ageing population.

Connectivity issues can also affect communication. Healthwatch West Sussex heard how a drop in connectivity meant the professional heard the person was fine – when in fact they had said they were NOT coping but the word 'not' was lost.

"Also concern about disability inequalities - we've had feedback from people who say that remote access isn't working for them due to hearing issues, autism and more."

NHS reorganisation

There were many comments about the restructuring of the NHS with two major issues:

- The need for clarity about where decisions are made – is it ICS, ICP or CCG level?
- The need for engagement that actively takes account of local voices

We have a new mega CCG in Surrey. We have quite good representation at CCG/ICS. level but nothing at place - ICP - level. Needs to be multi-layered. Takes a lot of resource

Mental health

Concerns were expressed about an increase in people looking for mental health support, possibly as a result of the pandemic and the lockdown. In Warwickshire, this was described as an "unprecedented" number of people who were not previously known to services – approximately one third of patients. This highlights the need for mental health to be given equality priority with physical health.

Healthwatch Herefordshire had been asking for quicker access to mental health support for some time. In response to the pandemic the new provider introduced a 24/7 helpline.

In response to the increase in demand for mental health services, Portsmouth has developed a Mental Health Alliance Group including providers and the thirds sector.

Dealing with covid

As more elective surgery is planned there are concerns for the implications for people who may need to self-isolate. This can be particularly difficult for people in cramped or shared accommodation and in London was seen as a factor in a reduction in the number of people coming forward for treatment. If people are unable to access services, this may further increase health inequalities.

Concern that the criteria for endoscopy has changed. Patients coming to us with letters telling them their endoscopy procedure has been cancelled because they no longer meet the criteria post-covid, but they did pre-covid!

The Isle of Wight, which had not previously made a lot of progress has seen some changes – for example blood tests were made available at all GP surgeries. Healthwatch has been pushing for this for two years.

The complexity of Test and Trace online facility was highlighted as a particular issue, relying on a level of skill at using technology.

> We're noticing an increase in complaints starting. Probably the tip of an iceberg. Some people very unhappy with experiences of care / delays to care. Some people to scared to go near hospitals. I don't think we can assume that the public's support for NHS staff means that we can assume they will be happy with the new normal. People staying away from services at the peak was a good thing. But it had consequences and can't continue indefinitely - delayed cancer diagnosis etc. The consequences of staying away will not fall equally as covid itself hasn't.

Governance

Concern about diminishing transparency under the cover of the pandemic was expressed from several areas. There was further concern where it was suggested there was lobbying for 'more light touch governance'. During the pandemic, it has not been possible to scrutinise decisions in the same way and this creates risk.

The rise of mega CCGs was a particular issue. In one area of London relationships were described as being better at a pan-London level and needing improvement in the mega CCG areas. This leads to concerns about how views from local levels will be represented and specific concerns about losing quality meetings in the CCG area, and these being replaced by something that was not transparent.

Health and wellbeing boards appear to be very inconsistent. There was some strong feeling that they could have a clearer role looking at strategic issues, but that in many areas they are not achieving anything at the moment. Although Health and Wellbeing Boards have the potential to be a strong local voice, in some areas that is not the case. Action is needed to bring all boards to a high standard.

Overall, there were general concerns about the lack of public voice as new systems develop, with particular concern that this might be seen as the 'new normal' with local people's views not considered. The role of Healthwatch in new arrangements needs to be understood and acknowledged. Although there was some good interaction during the pandemic, there were several areas where Healthwatch was not used to best advantage.

Dentistry

Several areas saw significant problems with provision of, and access to, dentistry. Communication at a national level seemed inconsistent and was confusing for both patients and dentists, with significant variations across the country.

The financial impact is causing severe difficulties with concerns that some private dentists may go out of business, potentially putting a greater strain on NHS dentists. In some cases, increased

safety costs – PPE etc - are being passed on to patients which may contribute to further inequalities.

Integration

One Healthwatch reported changes in local relationships, working well with the local authority, but less well with the CCG (although it was normally the other way round) – and the local authority and CCG were also seen as not working well together.

Herefordshire reported good working between the hospital and the local authority – great improvement in a short time, particularly in supporting care homes.

Community & voluntary sector response has been spectacular - need to capitalise on this going forward looking at digital literacy aspects - integrated systems need to embrace voluntary sector help here

Palliative and End of Life Care

There were concerns from several areas about the use of Do Not Attempt to Resuscitate orders – and whether these were recorded in line with national guidelines. More broadly, end of life care was seen as an area which need further attention.

Advance Care Planning conversations have been handled poorly and had a negative impact on some.

Role of Healthwatch

There was a lot of support from the network for considering the role of Healthwatch, and how they can be used for best effect. This could be used around accountability, particularly in relation to engagement – across the whole system.

Several Healthwatch mentioned reports that they had produced to make the system aware of how the pandemic, and the response to the pandemic, was being viewed by their local community.

The coordination of engagement – to help avoid engagement fatigue – was seen as something that could be a useful role and one which Healthwatch could offer to the system.

Several areas reporting feeling that there appeared to be a lack of public voice in the ICS when they should be listening to the diversity of views across the area. The Healthwatch network is well-placed to help ICSs reach their communities, and good engagement between Healthwatch and the ICS is essential for this.

Local and national relationships

Several areas mentioned difficulties in the relationship between local services and central government. This was also felt to be a factor in issues relating to local lockdowns (as in Leicester currently).

One example given was PPE where a local system had good arrangements in place but these had to be changed to national system which did not appear to be as effective.

Future government approach re central v local control a massive issue. Great frustration here that far more could have been done locally if allowed to.

Social care

There was concern that social care still seems to be treated as a lower priority – particularly domiciliary care – even though it deals with very vulnerable people. The PPE difficulties which were experienced in some areas highlight the difference in priority. Future planning needs to consider the needs of social care – including care homes, domiciliary care, personal budgets and informal carers – to ensure that it is given equal priority.

Opportunities

There are areas where it was felt there is cause for optimism and opportunities for development:

Where services are responding well to challenges about lack of engagement and looking to draw on the expertise of Healthwatch – in Cambridgeshire and Peterborough the system is recognising that it doesn't know what it means to be a patient in the current circumstances

The increased focus on 'place' – in Warwickshire this is leading to earlier involvement

General

- How private provision fits into the new arrangements
- How learning from the pandemic will feed into planning for winter pressures.

Response from Healthwatch England

One of the greatest strengths of the Healthwatch network is its commitment to putting people at the centre of health and care. This means that it has a great interest in what is going on at an operational as well as a strategic level – and works to bring the two together. The pandemic has changed the way that Healthwatch work, but what it has not changed is that commitment to using people's experiences to drive improvement.

Working with NHS Confederation gives us the chance to work with those who plan and deliver NHS services and put people at the heart of services.

Many of the issues raised by the network are familiar – but have been brought into sharper focus during the pandemic – and some are already part of our work programme. This insight will help us make our case strongly.

The focus on NHS services during the pandemic has meant that the vulnerability of people who relied on social care was not recognised at a national level until there were severe outbreaks. I am working with the Social Care Task Force to make sure that the full range of social care is considered in future planning, and will continue to make that case. This not only includes care homes but also needs to take account of people receiving care at home and consider the needs of family carers who make a vital contribution to supporting people.

The response of local Healthwatch to the pandemic has been impressive, but there are clearly concerns about how some Healthwatch have been involved in planning at a local basis. It is important that Healthwatch can provide its local insight – and local voice – to help develop future services both to respond to the pandemic and in the future. As part of our submission to DHSC about legislation to support the NHS Long Term Plan, we said that Healthwatch needs to be heard at all levels including the ICS. I will continue to emphasise the importance of Healthwatch being around the table to share insight, but also to be able to report back to people in their area about what strategic plans mean to them.

The network clearly identified concerns about inequalities in health and makes the case that this can affect people in a number of ways. Healthwatch England's work programme is looking at the implications for health inequalities across all areas of work – not as a separate workstream but something that underpins all our work such as research in people's experience of discharge from hospital during the pandemic and our response to the roll-out of digital.

I want this conversation to continue. It has shown what the network has learned from the response to the pandemic, and helps set an important agenda for the future. I am sure that NHS Confederation members – commissioners and providers – will recognise many of these issues from their own experience. Services achieved a great deal and we will all want to make sure that we can keep the benefits of changes where we find them. This may need some fine-tuning to ensure that new arrangements meet everybody's needs and Healthwatch will be keen to be a partner in that work, sharing their insight and helping keep people updated through the advice and information service. NHS Reset provides real opportunity to build on local relationships, and to make sure that people are at the heart of health and care.

Imelda Redmond

National Director

Response from NHS Confederation

COVID19 has taught us a lot about the way that we design commission and deliver health and care services and our NHS Reset work has been key to collecting this learning from our members.

One key reflection from members is that need to understand the communities that we serve better. Our members have said that we need greater insight into the problems that communities face in order to challenge our health inequalities better. They recognise that deeper and more authentic relationships with patients are at the heart of creating a leaner, lighter and more agile way of governing, moving away from 500 page board reports to more open and honest conversations with patients.

During our Reset campaign and working in partnership with the Healthwatch network we have represented the views of patients- quite correctly, more than any other constituency. This new relationship with Healthwatch, extending our Reset conversation will help our organisation practice what we preach, and reach out actively to gain insight on what's really important to people, patients and communities.

It will be an evolving relationship. We are not the Department of Health, or NHSEI. We don't commission or deliver services directly. But we are the only organisation that looks to speak out on behalf of the whole health and care sector. But we are committed to reaching out, to listening, and to gaining the insight we need to speak on behalf of the whole sector.

Niall Dickson

Chief Executive

Next steps

This was a conversation that enabled the Healthwatch network to talk about the issues that they were seeing in their localities and to discuss how these related to regional and national developments. It provided an opportunity to share concerns not only amongst themselves, but also with NHS Confederation.

Sine this initial meeting, members of the Healthwatch network have contributed blogs to the NHS Reset Campaign on the NHS Confederation website, and these have also been used in NHS Confederation's document *A new relationship between the NHS, people and communities: learning from COVID-19.*

Healthwatch England will continue to facilitate meetings between the network and NHS Confederation on a regular basis. These will evolve to meet the needs of the network and will develop an agenda accordingly.

Some useful resources:

Healthwatch Central Bedfordshire – GP websites

Healthwatch Herefordshire -Palliative and end of life care

Healthwatch West Sussex - Young People's Views on Digital Services

NHS Confederation - Reset

National Audit of Care at the End of Life 2019 - Key findings at a glance

A new relationship between the NHS, people and communities: learning from COVID-19

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