

Healthwatch Hertfordshire Annual General Meeting - Friday 13th October 2017

Birchwood Leisure Centre, Longmead, Hatfield, AL10 0AN

Present:

HwH Board: Meg Carter, Michael Downing, Brian Gunson, Virginia Kirri-Songhurst, Sundera Kumara-Moorthy, Barbara Suggitt, Michael Taylor

HwH Executive Team: Tom Barrasso, Geoff Brown, Jane Brown, Nuray Ercan (minutes), Alice Lovell, Paul Regan, Amy Stanton (arrived 10:20), Priya Vaithilingam, Frankie Walsh

Attendees: Ken Appel, Colin Barry, Roger Beeching, Victor Boulter, Maryrose Brennan, Sarah Clemerson, Mark Edwards, David Josephs, Carol O'Brien (arrived 10:10), Elizabeth Paske, Tim Sims, Andrew Stenson (arrived 10:25), Norman Tyrwhitt

Apologies: Linda Ash, Eve Atkins, Maureen Bachelor, Patricia Bailey, Alan Bellinger, Doreen Bratby, Monika Brzozowska-Neroth, Alan Campbell, John Carling, Chrissy Cobbold, Nigel Dale, Alan Dyer, Rochelle Elliott, Chris Firth, Carolyn Gale, Tony James, Paulette Kane, Ula Kazmierska, Maria McGuinness, Linda McIntyre, Audrey McCracken, Sharon Meakin, Pam Morris, Joy Newman, Siani Perrera, Norman Phillips, Carol Pillinger, Mike Pym, Andy Robertson, Jo Wilkinson

Welcome and apologies

Michael Downing welcomed everybody and ran through housekeeping. He announced that photos would be taken and he encouraged attendees to tweet using @HwHertfordshire. He made reference to the apologies and acknowledged there was a long list which were accessible to anyone wishing to see it.

Annual General Meeting for this year and next year

This years AGM is a smaller affair. There is a statutory obligation to Companies House to approve the accounts and new trustees and so we have decided to have a low key event and next year we will have a major public meeting in April which will be followed by our AGM in July. We have to have a meeting in April because the terms of office of various trustees run out then. Michael informed the group that he will not be re-standing at the April meeting so this will be his last AGM ad Chair.

It has been a busy year for Healthwatch, with all sorts of pressures internal and External. The closing of Douglas Tilbe House meant that we had to find alternative accommodation, which led to us sharing premises with Age UK and could lead to closer partnership working. External pressures include continued demands on our time and we were pleased to recently be asked to get involved in the recent consultations undertaken by the two Clinical Commissioning groups on the re-figuration of services. We can be proud of what we have achieved; our reputation has grown and the quality of our work has been consistently good, though we are always trying to learn how to organise ourselves to better meet the demands on our time.

Michael expressed his thanks to his fellow Trustees, also recognised trustees who have left through the year: Mike Pym and Mobeena Khan. Michael also thanked the Healthwatch Hertfordshire staff who worked above and beyond the call of duty and have been very dedicated to making a difference to health and social care in Hertfordshire.

The next year will be equally, if not more challenging and with new Trustees we will have opportunity of raising our game as a board and will do an even better job for the people of Hertfordshire.

A representative from Isabel Hospice (who took over Douglas Tilbe House) offered the facility for hire at no cost.

Election of Trustees 2017 - 2020

Geoff Brown introduced the item and explained the process: Trustees interview potential candidates for the role of Trustee and recommend to members of the Company at a General Meeting those candidates that were successful through that interview process. We will need to give a months' notice before a general meeting so there will be an additional general meeting at the beginning of the next Board meeting in November, which will formalise the process and confirm them as Trustees.

The following candidates are standing for election:

- Roger Beeching
- Maryrose Brennan
- Carol O'Brien
- Andrew Stenson

Geoff asked for Trustees and members of the company for support of these nominees. There was no opposition.

Receiving the Annual Accounts and Review

Steven Palmer, Treasurer introduced the item. We have had our funding cut by the Hertfordshire County Council. We have costs of about £460,000 per year and the income from the County Council comprises 98% of our income, which is about £370,000 so there is a short fall going forward by £80,000 per year. A substantial part of the Boards work over the next year will be meeting this gap.

In the short term, we have £500,000 of reserves which enables us to think strategically about how to bridge the gap going forward.

Per head of the population we receive 32p which is lower than other Healthwatch in the region.

Going forward we will be looking at how we present financial information so that it enables us to effectively run the organisation.

Question asked about funding:

Where does your funding come from and how? The funding comes from central government to local government and is not ring fenced.

How is the per capita figure justified? The government gives a figure depending on population and demographics eg deprivation. The County Council has a policy of top slicing. In the current year the County Council in social care made a decision that all the contracts were coming up for renewal would be reduced by 20%, to reflect the budget limitations that the council was facing. In other places it may be that Healthwatch has been protected or that cuts have not been made to social care in the same way.

You have reserves of about £500,000. Reflecting on how stretched you are as an organisation should you not spend more money on activity now to utilise this? Yes, we are

doing this. There is a historical reason for some of the money in reserves. Hertfordshire County Council require their commissioned organisations to have 6months of reserves as standard.

Michael Downing asked if Board to approve the accounts. Michael Taylor proposed they were passed and Barbara seconded. All Trustees agreed.

Important business notified to the Chair before the start of the meeting - None.

‘Question Time’ with Healthwatch Hertfordshire Trustees and Officers

Before opening out to questions Geoff Brown thanked Trustees and volunteers, without them we could not deliver on all the services we do. Also praised the talented individuals who work for Healthwatch. People work for Healthwatch because they are committed to and care about health and social care. Because of the organisation we are, we have been doing some work around our values and behaviours: if we are an empowering organisation and committed to hearing the voices of the patients and the public so we have been reflecting on ensuring that the way we do things enable those voices to be heard.

There are three main roles we have, in terms of what Healthwatch Hertfordshire is commissioned to do: we have a signposting service, we hold the NHS and social care to account and we are the voice of the public.

The Board have been reviewing what our focus should be for the next year and there is an opportunity for attendees today to raise issues that you think that the Board might wish to reflect on.

Over the past year we have done a lot of research and engagement work around dentistry and complaints. There has been a focus on communications, of getting messages out to communities through social media and getting feedback through those channels too. There has been lots of work around assessing the quality of services and there is a Quality and Improvement Sub Committee which deals with our Enter and View Programme. Holding to account is an important strand of our work which has involved looking at changes in the NHS though attending Board meetings and inputting into plans. A lot of work also goes into running the business.

Going forward the Board still have a commitment to mental health and the Sustainable Transformation Programme. We will be working more closely with patient practices. Primary care is also fundamental as well as revenue generation for Healthwatch Hertfordshire to be sustainable going forward.

Michael opened the meeting out to questions.

Q: Always very pleased to receive your newsletter but it was disappointing the only the date of the East Herts Hospital Trust AGM date was given, and not West Herts Hospital Trust AGM also, which took place within a couple of days of the other. Also an important point is that mics should be used so that people can hear the questions and answers so that any meetings that the public are involved in we ensure we can hear what is being said.

A: Paul responded - We put in the dates that we have and it may be that they put their dates out later than we published our newsletter. The newsletter is growing and we try to improve it every time and we will try to be more proactive in getting dates out in future.

Q: Having been involved nationally in setting up screening procedures. Can HwH ensure that in their monitoring visits that they check that patients are getting their regular screening? And also to publicise that men are encouraged to get an abdominal aortic aneurism screening?

A: Brian Gunson responded - He represents Healthwatch Hertfordshire on East and North Herts CCG meetings and he has received a text from his GP practice for these. The commissioned service now for West Herts is through Hertfordshire Community Trust. It is happening now through GP Practices and everyone gets notification once they reach 65 years. We are supporting that all screenings happen through our various representation routes. If anyone hears that this is not happening they should flag it with HwH and we will take this up.

Q: Concerned about HwH effectively publicising itself. Almost never see advertisement about Healthwatch in communities through surgeries or the local press to get the word out so that people know where to go.

A: Paul Regan answered: We have experimented and run press campaigns in the past and they had little effect. Studies show that to get any traction and to get your brand recognised you should commit to a half page spread over a long period of time. The cost to make any tangible difference through print media would be costly. We will be getting posters printed to put up in surgeries and this is in the communications plan for the next year. We do need to up our game to getting better known in our communities and we will explore ways to best achieve this.

Q: Could we ask the Board to consider how to get Healthwatch brand known better in communities?

A: Michael Downing responded - Yes, it is on our agenda.

Q: Why can't Healthwatch do stalls in village fates and communities? What about parish councils that have their one stop shops?

A: Paul Regan responded - We do quite a bit of that already. We give up weekends and evenings to do this and we need more volunteers to help us with this. We have recently been training volunteers up for this role and we want to do more. We are exploring our links to Parishes and Town Councils through our new volunteer role - Community Ambassadors.

Q: Parent of a child at Nascot Lawn - In June of this year HVCCG announced that it was pulling funding to that centre. Thanks to our actions, and because it was taken without consultation and therefore unlawful HVCCG have extended funding until April 2018. Staff however are leaving Nascot Lawn. The CCG are launching a condensed period of engagement and the final meeting is next week. Can Healthwatch Hertfordshire publicise and attend to show the depth of public support to seek a long term solution?

A: Geoff Brown responded - we can make people aware of the situation and promote the opportunity to express an opinion about the decision. Success in the future is going to need the County Council and HVCCG to come together to bring money from both pots. People might wish to look at information about Nascot Lawn and get involved fairly quickly as there is a short turnaround.

Q: Tuesday's Daily Mail does a Health Watch section in it and this week there was a question answered in it about dentists. This particular dentist keeps calling people in for

review and never does any work and because of this they have changed practices. Have you looked at dentists in your work?

A: Jane Brown responded - we are doing a programme looking at dentists, looking at access for vulnerable people. We've been focussing on Welwyn and Hatfield and St Albans and Harpenden and we are just about to choose the next area. Jane invited the person to chat to her after to find out more about the specific issues being experienced.

Q: Went to a meeting with the two CCGs. Both CCGs need to save money and to do this they will be cutting service. It is an impossible target. There are also inconsistencies on the offer depending on where in the county you reside. I wonder what Healthwatch can do to help to advertise and make people aware of your role of holding organisations to account and your signposting service. Why have free prescriptions from age 60 why not have free prescriptions when you qualify from a government pension - that would lead to a major saving. We've all got to look at things outside of the here and now.

A: Michael Downing and Brian Gunson responded - yes, you're right and this is one of the standing agenda items of the Strategy sub-committee. It is a priority of HwH to help the organisations to think about working as one system.

Q: A lot of hope is going into the STP but when you add together the total indebtedness there are huge losses on current account and for future projections. We were able to get investment into our NHS up to European average levels and it is now dropping and the gaps are now showing.

A: Michael Downing responded - There are different views on the STP however we do have a task and finish group focussing on examining our involvement with the STP and how we want to intervene as we are the only organisation which has an overarching role in both Health and Social care which enables us to do this.

Q: Isabel Hospice - Represents on the STP End of Life and looking for user participation. It takes place in Essex Hospital and contact her if interested.

A: Thank you, Please contact Elizabeth Paske if interested.

Q: The NHS doesn't have a retiring age but the contract of GPs insist that they retire at the age of 60. We are losing people with a lot of experience and we are short of GPs. It seems silly to enforce a contract which is in general contradiction of the NHS. Can we inform the government of some of the adverse effects of policies.

A: Michael Downing responded - This could be done by escalating to Healthwatch England as it is not only a Hertfordshire issue.

Q: Talking about saving the money for the NHS, can we lobby the government in trying to reduce alcohol consumption as it would provide savings as far as hospital services are concerned?

A: Michael Downing responded - thank you for the point, it is well made. I am unsure if we can give a definitive answer at this meeting today.

Michael Downing thanked everyone for the quality and depth of all the questions. He thanked everybody for their contributions over the past year and closed the meeting.