

Chair's update

FOR INFORMATION/DISCUSSION

1. Board developments

As Board members are sadly aware, Steve Palmer, our greatly respected board colleague and former Treasurer, Chair and Co-Chair has died. I will say more at the meeting about Steve's contribution to Healthwatch Hertfordshire and we will mark his passing with a minute's silence at the start of the meeting. We, along with everyone who knew him, will miss him.

At the end of 2023 we undertook our annual board 1:1s and I am grateful to colleagues for their insights during that process. As board members know, Brenda Davies took the opportunity to step down from the board at that point. I am grateful to her for her contribution to the board and her continuing willingness to engage in our wider volunteer activity.

Geoff will provide a brief update on our current trustee recruitment process so I will restrict myself to saying how heartened I am by the range of people who have contacted us with a view to joining the board.

RECOMMENDATION – The Board is asked to:

1. Note the changes to the membership of the board.

2. Organisational developments

I am delighted that Healthwatch England has recognised our team's amazing work on the Cost of Living Crisis project by shortlisting it for the national impact award. By the time we meet, the team will have presented at the national impact conference and we will know the judges' decisions. Whatever the outcome, being shortlisted for an award for which any work undertaken by any Healthwatch over a decade was eligible for submission is an enormous achievement. Well done to the whole team – and to our partners for making use of our work to improve things for people.

As board members have been informed outside the meeting, Geoff has decided that this is the right year for him to retire from his role as Chief

Executive. I'm grateful to him for everything he's doing to help us secure a stable transition to new leadership towards the end of the Summer, as well as for all he's achieved over the years – of which more nearer the time.

3. National context

The national NHS picture continues to be extremely challenging. Consultants' leaders are recommending a revised pay deal to their members but junior doctors and nurses remain firmly in dispute and the BMA's GP committee is considering options to put to its members concerning industrial action in the Autumn if a referendum rejects the new GP contract, as seems likely.

The Budget provided limited additional funding for the NHS to cover most of the agreed pay increases and some money for IT transformation from 2025-26 onwards. However, some capital funding has been transferred to revenue budgets in the current year and the future funding increase is lower than the historic average.

The Budget provided no additional resources for social care, public health or wider local government activities.

On a more positive note, the Dental Recovery Plan has now been published and additional funding will be available to provide a premium to dentists who treat new NHS patients or those who have not been treated for more than two years. We continue to wait for the necessary reform of the overall dental contract system.

4. Our system context

Our partners across the Integrated Care System are continuing to value and use our insight. I'm pleased to say that the Integrated Care Board's Primary Care Board has now introduced a systematic and visible process for reporting on action taken in response to recommendations from us and our colleagues at Healthwatch Essex.

The main points of the Integrated Care Board's revised governance structure are now agreed, though some details are still to be worked through

and the role of the Health and Care Partnerships will continue to evolve over the coming year. These developments and what they mean for our ways of working are on the agenda for the April meeting of our Board Advisory Committee.

5. 'Holding to account' and other meetings

During this quarter I represented us at two meetings of the Primary Care Board, as well as the Integrated Care Partnership Board, the Health and Wellbeing Board and two meetings of the Health Scrutiny Committee, reporting on outcomes to our Board Advisory Committee.

I also presented our insight across a range of topics to the county council's Scrutiny Review on preventative healthcare. Our work was cited in the report and informed several of the subsequent recommendations.

I've also taken part in the usual meetings with senior leaders at our provider Trusts and the Integrated Care Board, as well as a helpful session with the county council's elected and executive leadership in relation to children's services.

As board members are aware, we have now received responses from all Trusts and the Integrated Care Board following our enquiries about their actions following the Countess of Chester hospital death and these are published in a report on our website.

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