

Thursday 18 July 2024

## **Annual General Meeting (AGM)**

The Focolare Centre

### **Present:**

**HwH Board:** Alex Booth, Ryan Heard, Amanda Hutchinson, Ramone Samuda, Jan Taylor, Neil Tester.

**HwH Executive Team:** Miriam Blom-Smith, Geoff Brown, Jane Brown, Fiona Corcoran, Michelle Edgar, Chloe Gunstone, Nuray Ercan, Alice Lovell, Natalie Stone, Jo Wilkinson.

**Attendees in person:** Heather Aylward, Sarah Bellman, Glyn Berrington, Shazia Butt, Grace Chan, Marie Clare, Dianne Desmullie, Carmen Dillon, Davinia Dillon, Terry Douris, Michael Downing, Hannah Estrada-Bartlett, Shaoib Gillani, Helen Glenister, Mark Hanna, Rachel Harrison, Tom Hennessey, Michelle Hope, Angela Hughes, Indra Jones, Chris Kitchin, Nicola Latham, Kelly McGovern, Kevin Minier, Alex Morris, Simon Pattison, Anthony Power, Natalie Rotherham, Kirsty Sheena, Gurvinder Sidhu-Bissessur, Alison Spalding, Michele Stokes, Anna Sullivan-Jones, Michael Taylor, Richard Thake, Kristy Thakur, Claire Uwins, John Wigley, Sarah Wren.

**Attendees online:** Alan Bellinger, James Davis, Sam Foster, Hayley Mattacks, Asha McDonagh.

**Apologies:** Tim Anfilogoff, Eve Atkins, Simon Aulton, Susan Ebanyat, Fiona Guest, Sweenie Gunasekera, Lisa Harbron, Chris Harvey, Neil Harding, Mary Hartley, Richard Jones, Kate Linhart, Enoch Kanagaraj, Sally Orr, Nadean Marsh, Rabi Martins, Christine Oker, Vanessa Perkins, Sarah Perman, Juli Riley, Richard Roberts, Tim Sims, Colin Stodel, Jeff Solomons, Emma Wadey, Amy Willcox-Smith, Wendy Wills.

### **1. Welcome and apologies**

Neil welcomed everyone to Healthwatch Hertfordshire's (HwH) AGM and explained that in addition to the attendees in the room, we are also streaming the event online for those who couldn't make it in person. Apologies as above were noted. Neil ran through housekeeping.

### **2. Sign off of minutes of 18<sup>th</sup> July 2023**

Neil asked for any amendments or corrections to the minutes – none were raised. It was noted that the minutes of 18th July 2023 meeting were agreed as an accurate record and signed off.

### **3. Receiving the Annual Accounts and review**

Neil acknowledged the contributions of and thanked our Treasurer, Alan Bellinger, as well as Natalie Stone, Finance & Resources Manager, and our accountants at Bradshaw Johnson for the work put in to produce the Annual Accounts. Neil then handed over to Alan, who presented on the Annual Accounts via Zoom. Copies of the

Accounts themselves were provided as part of the document pack given to attendees.

Alan recapped on financial year 2022-23 as “exceptional”: it was both fantastic, and a ‘one-off’. However, the 2023-24 financial year was also very good, as we increased our revenue and set up a new subsidiary company, Healthwatch Hertfordshire Trading Ltd.

Summarising recent years, Alan explained that there would have been a deficit of £25k last year without any revenue generation; as it was, there was a surplus of £36.3k, which we placed into our reserves. During 2021-22, our reserves were at £291k. Now at the end of 2023-24, our reserves are up at £389k. We are required by Hertfordshire County Council to hold a minimum of £217k in reserves; our operational reserves have gone up from £78k to £189k. Alan highlighted that this increase in resilience in our finances is significant.

The 2024-25 financial year is also looking good, meaning we will be able to cover the operational deficit. Alan suggested that in the currently changeable and unpredictable health & social care landscape, there will be a number of different challenges for the organisation aside from revenue generation.

Neil asked that the accounts were adopted by the Board.

[The Board Members agreed the accounts.](#)

Neil handed over the Chair to Geoff for the next item.

#### **4. Re-election of Trustees**

Trustees to Healthwatch Hertfordshire serve a maximum of three, 3-year terms on the Board; every three years they must be re-elected by the sitting company members. The following Trustees were nominated for re-election by Alan Bellinger and Eve Atkins, having served a 3-year term:

- Alex Booth
- Ramone Samuda
- Jan Taylor
- Neil Tester

Geoff invited members of the company to confirm their re-election, and it was agreed. [The nominees were therefore duly re-elected.](#)

#### **5. Highlights of the year**

Geoff talked to his presentation slides highlighting achievements and challenges from throughout the year. Geoff explained that if anyone needs more detail on some of the contents of his presentation, much of it can be found in our [Annual Report](#). A copy of Geoff’s presentation can be obtained by emailing [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk) or by calling 01707 275 978.

In light of the fact that Geoff is leaving soon, a question was asked about the effectiveness of the Hertfordshire County Council Health Scrutiny Committee and its helpfulness to the work of HwH. Geoff stated that it has been an important relationship and that we have always felt listened to by the Health Scrutiny Committee, and the Overview & Scrutiny Committee. He also said that the issues and views we hear are often reflected in what Committee members hear from their constituents as well. Geoff highlighted the value of HwH being able to present to those committees on research findings to raise awareness of issues, as needed. Neil added that Scrutiny meetings have been an excellent forum and setting in which to showcase the common themes and inter-connectedness of concerns raised about various services. Neil also praised the impact of Scrutiny findings and that when there isn't sufficient improvement, that is and will be followed up on.

The representative from Health Scrutiny thanked Geoff & Neil for their comments, and asked them to continue to hold the Scrutiny Committees to account. Geoff was also thanked for his years of service as Chief Executive of Healthwatch Hertfordshire.

A question was raised regarding the effectiveness and integration of health & care services in west Essex, considering our remit covers Hertfordshire only. Geoff responded to say that the new government has thankfully showed signs of continued support for health & care service integration, and so this was a good thing in terms of that integration growing and improving. Geoff explained that our conversations with Princess Alexandra Hospital and Healthwatch Essex (HwEssex) have been positive in terms of further integration. We also work with HwEssex on the research programme on primary care for the Herts & West Essex Integrated Care System. Geoff acknowledged that engagement with other services outside our patch but who Herts residents regularly use (e.g. Addenbrooke's, Royal Free, etc) is slightly more difficult; we engage with that service's local Healthwatch when necessary. Geoff added that now (compared to 3 years ago) there is much more integration of local services, so overall the position is quite positive.

There was a question about the adequacy of the Patient Engagement Forum/Community Assembly provision for east Herts and west Essex. Geoff responded that the area of east Herts had been covered via the current Health & Care Partnership in east and north Herts; however, there could potentially be better links with counterparts in west Essex. Unfortunately some of those forums appear not to be as evolved as east & north or south & west Herts. An individual from the East & North Herts Health & Care Partnership added that the integration with west Essex is in fact there and has been for 20+ years, it is almost on a "subconscious level", but the links are now being properly formalised.

There was a comment regarding the research work HwH carried out and the findings regarding lacking support for carers in primary care, which they praised as 'blunt but true'. Geoff was asked what the carer support community needs to do next to improve the situation overall. Geoff praised the charitable sector for the support they provide to carers. In terms of further pushing the carers' agenda, Geoff suggested that carers and the impact on them needs to be brought up in every forum and meeting where appropriate – there was a meeting during the development of the Hospital at Home model where the question needed to be asked, "what about the added demands on carers that this will place on them?" As a result of us raising this, it was added as a risk factor in the Hospital at Home model.

A point was raised about the difficulties for local residents who live on the borders, and how patients' choices for where to access healthcare services are essentially determined by what public transport links exist. Geoff responded by saying that we are aware of issues with public transport links and how that can affect patients' ability to attend appointments. Geoff said it was important that this is a factor which is taken into account when new services are being developed, and we do try to make that point in those meetings. The individual was invited to use the HwH Signposting Service if they had any more specific queries that they wanted to discuss.

Another individual spoke up about the distinction being made between carers and patients, and they wished to make it clear that carers are patients as well who are very often having to manage their own health conditions. The point was acknowledged.

A question was raised about challenges for neurodivergent people and how they can better access healthcare services. Geoff thanked them for their question and invited them to keep it in mind for a later presentation by Chloe, whose presentation would be touching on that exact topic.

A final question was raised about how to tackle the systemic issues relating to communication between various health and care services, both between organisations and between organisations and the patient/carer. The fragmentation of the health and care systems was also mentioned as an interrelated difficulty. Geoff suggested a reduction in the use of jargon (e.g. 'pathways'), and pointed out that the majority of people don't know or care about how health and social care services are different or relate to each other. Geoff praised the patient and carers' perspectives being brought into discussions and given proper consideration. Geoff also suggested that health & social care needed to be given parity of esteem by decision-makers, and how this change, if achieved, could lead to improvements in personalised care (considering the individual rather than the service(s) they are under).

Neil took over the Chair again to thank the entire staff team for their contributions to the work of Healthwatch Hertfordshire which had made it such a successful year. He also wanted to thank the Trustees for their contributions and the time they generously give up as volunteers. Neil then introduced Fiona to talk about the impact of our Cost of Living report, launched at last year's AGM.

## **6. Cost of Living Report: Impact**

Fiona Corcoran, Deputy Chief Executive talked to her presentation slides. A copy of the presentation can be obtained by emailing [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk) or by calling 01707 275 978.

A question was asked regarding whether any data was collected showing how respondents to the survey had managed their situation themselves, without any additional outside support (such as the Herts Money Advice Unit). Fiona responded by explaining that the focus of the research had been on people's experiences at that time, rather than exploring what they were doing to "help themselves". Some respondents did volunteer that information, however it was not focussed on or well elicited by the survey itself. Fiona said it could be a good idea to go back to the responses and see if there is anything we could pick up on and share in terms of "techniques". Fiona agreed to take that on as an action.

Another individual stated that they could understand why people feeding back had been more comfortable in the anonymity of the survey, but said they would encourage people who are struggling to speak up and ask for help when they need it. They also raised the idea of perhaps integrating that information into GP records or in another appropriate way. Fiona agreed it was important for people to "be brave" and speak up when they need help.

A representative from West Herts Teaching Hospitals (WHTH) spoke up to say they would like the kind of impacts that had been spoken about in the presentation to be replicated in their Emergency Department. They asked how they would go about that. A representative from Hertfordshire County Council responded by saying they were sorry to learn that they weren't already aware of the Cost of Living response work that's being carried out across the county. They encouraged the promotion of HertsHelp for those who the WHTH was thinking of, who come into the Emergency Department. The Household Support Fund was also mentioned as a resource people could tap into via HertsHelp's signposting/referral functions, as well as the Cost of Living Support page on the Herts County Council website where food vouchers can be accessed (as an example). There are also "flashcards" with all the relevant information for these services and facilities, which professionals can use in order to support someone where necessary. The representative from Herts County Council encouraged anyone in the room to reach out to them for the flashcards if they wanted copies.

Neil thanked Fiona for her presentation and the excellent conversations it had clearly sparked, then handed over to Sarah, the next speaker in the agenda.

**7. Keynote Speaker: Sarah Wren, Chief Executive for Health & Independent Living Support (HILS) on the topic of “Opportunities and challenges for the VCFSE sector working with the NHS and Social Care”**

Sarah’s presentation discussed ‘[Wicked Problem’ theory in social policy](#), how it relates to the local health & care system, and how organisations in the VCFSE (Voluntary, Community, Faith & Social Enterprise) can be a real asset in dealing with particular sections where there are seemingly unsolvable issues. Sarah discussed the various difficulties that both the VCFSE and health and care sectors face, but turned them on their heads to try to focus on the opportunities they present. She looked anecdotally at how HILS has managed it, and how they work on a small scale with the NHS & Social Care to complement each other and make a difference to people’s lives. Sarah highlighted that everyone can make a change and improve people’s lives, and that members of the VCFSE, plus staff in the health & care sector are part of that – any small change can have a “ripple effect” that can change people’s lives.

Sarah also talked to her presentation slides. A copy of the presentation can be obtained by emailing [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk) or by calling 01707 275 978.

Neil thanked Sarah for an inspiring presentation and then opened up the floor to questions.

Sarah was asked how to demonstrate the many benefits of the more holistic multi-organisational approach of HILS to recovery and independence as the preferred and most cost-effective approach, rather than placing someone in a care home (for example). Sarah responded by saying they have funding from the Better Care Fund, which is jointly-funded by health & social care, and they have access to that because they could evidence that their approach prevents falls. Regarding a particular case study of someone who’d lost motor function after a stroke, Sarah explained that HILS provided eight 1-1 sessions with a physiotherapist on a weekly basis, as well as regular check ins from HILS to keep that person motivated and following the advice they’d been given by the physiotherapist. This had resulted in a marked improvement in that individual’s stats, giving them their independence back, and for a cost of only about £400. Sarah said that might be comparative in cost to a complex case spending one night in hospital, and was in stark contrast.

Sarah was again thanked by an attendee for the excellent presentation she gave. They then made the comment that “the wickedest of problems” is that there are “too many” organisations involved in the delivery of health & social care services. They



said they thought that communication and integration of services could be much improved if they were all one and the same organisation. Sarah responded by saying that she thought it was right that the complexity of the system does pose problems; however, that particular issue is not within any one organisation's gift to change, so we must change how we work within that system.

Following that, Neil handed over to Chloe for her presentation.

## **8. Themes and Trends that have come out of our Research in 2023-24**

Chloe Gunstone, Senior Research Manager, talked to her presentation slides. A copy of Chloe's presentation can be obtained by emailing [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk) or by calling 01707 275 978.

Neil thanked Chloe for her powerful presentation looking into the key themes, particularly in primary care, during the past year. The floor was then opened up to comments/questions.

An anecdote was given regarding the experience of a patient who had said they always had good experiences with clinicians, but reception staff are often problematic – the individual reporting this said that Chloe's presentation aligned very well with that feeling. The individual speaking said they could recall free training having been made available to GP Surgeries circa 2019 to train reception staff in how to speak with patients, and they wondered what the take-up of that had been like – also, had that training been embedded into the organisational memory as staff change. Chloe responded by pointing out that our reports recommended training for all surgery staff, including receptionists; particularly in the Autistic Adults report, we learned of some really great experiences with reception staff (reading the patient's notes, making reasonable adjustments, etc), but also some quite poor experiences where none of that happened.

Further to that point, the individual stated that it could be interesting to know how many patients' records are populated with their reasonable adjustments or communication preferences. It would also be interesting to do an audit of the accuracy of those records. Chloe agreed.

Another point was made about enhancing the attention being put on GP records and how well referred to they are by GP Surgery staff. The individual said they thought it wouldn't take long for patients and carers to start to see the difference, as they thought any difficulties were due to ignorance and a lack of understanding of other people's needs – and this could potentially be addressed by refocussing on this issue. Chloe agreed that this could be a good idea.

Neil highlighted that each of the reports investigated into the primary care sector are presented on and reviewed by the Herts & West Essex Integrated Care Board Primary Care Transformation Group. Each time that Group meets, there is an item on

the agenda which looks at a report and recommendations made by either HwH or Healthwatch Essex, and they look into how those recommendations have been progressed and/or whether there is further action that needs to be taken. Neil emphasised the power of the qualitative data that is collected via our research programme, and how effective that is at bringing the unintended consequences on patients/carers to light.

There was a query asking if an individual with relevant lived experiences could be introduced to forums such as this AGM to speak with some of the higher-up professionals in the room. Neil responded by saying that this is excellent practice that we encourage across the system, however our AGM would not be the appropriate forum for this to happen. This would be more appropriate for a conference.

## **9. Themes & Trends, Opportunities & Challenges for the Health and Social Care System**

Neil took over the presenting role with an overview of the Health & Social Care system as a whole, and where we fit into it – especially in the light of the recent change of government. He said that services in our area, overall, *are* more ‘joined-up’, but still not quite to the level that they need to be. Thankfully, the new government does not appear to be changing the sector’s direction so that the integration work must stop.

Neil summarised some of the key priorities of the new government:

- Renewed focus on reducing waiting lists
- Mental Health Act review finally leading to updating the legislation
- Population Health & Prevention, e.g. Tobacco and Vaping Bill

Neil then reminded everyone that these issues, and others, will not be injected with a huge amount of resources by the government. The current issues will persist, and so this is going to present a real practical challenge for those who are planning and delivering services. Neil said he thought the government had been trying its best to manage expectations before it was elected, and since, but people are surely going to be disappointed short-term, having heard the message of ‘change’ throughout the campaign.

There are certain areas where rapid change is going to be focussed: e.g. elective surgery waiting lists, and access to GP Services. Neil suggested there are some risks attached to that: long-term systemic and structural issues (such as social care) continuing to be postponed and ‘put on the back burner’ in favour of quicker wins. Neil advocated for HwH taking steps to keep items like these on the public agenda. Another risk highlighted was that because they (the providers) are moving quickly to ‘tick things off the list’, the services used for this may be overstretched (exacerbating



the problem), and/or, patients may have a much worse experience than they would have done otherwise.

Neil started to sum up by saying that the goals and gift of Healthwatch appears so far unchanged, and the new 10-year plan for the health system presents an opportunity for us to continue to develop and grow within that. It was suggested that the plan also allows us to identify opportunities where co-production with patients can be employed successfully, and enables us to continue to hold services to account where the patient voice is perhaps not being given proper consideration.

#### **10. Chair's thanks to Geoff Brown, Chief Executive, and Jo Wilkinson, Projects Manager**

Neil thanked Geoff and Jo on behalf of the Board, Volunteers, and Staff Team, for their excellent contributions to the success of the organisation over the past 10+ years. Neil said a common theme between them both was that they had both set things up in such a way that gives strength to and will strengthen Healthwatch Hertfordshire for years to come. He praised both their contributions as being instrumental to the culture and ethos of the organisation, and therefore great foundations to build upon. Neil then handed over to Geoff for his farewell speech.

Geoff gave thanks to the people of Hertfordshire for sharing their views with us, enabling us to have the impact that we have had. He also thanked people and organisations who represent particular groups and communities who may not otherwise have necessarily had their voices heard. Geoff thanked Patient Representatives for their determination in trying to ensure that the patient voice is heard in the right forums. Colleagues in the NHS and social care services were thanked as well for working "tirelessly" every day to deliver high quality services to people. Colleagues in the VCFSE were also thanked for their empathy, passion, and the practical support that they provide to the people they serve.

The Healthwatch Hertfordshire Board Members and Chairs over the years were thanked for their belief in the staff team and in the direction of travel the organisation has taken. Geoff thanked them for their support through both good and bad times over the past 10+ years.

Geoff finally thanked the staff team for all their effort over the years, their commitment, insights, and values & behaviours, who he credited with making the organisation the joy that it has been to work in. "It's been a lot of fun".

#### **11. Important Business notified to the Chair before the start of the Meeting**

There was no business notified to the Chair.

Neil thanked everyone for attending the Healthwatch Hertfordshire AGM and for all the questions and reflections.

**NB: If you would like access to any of the presentations referred to within these minutes please email [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk) stating the meeting date and presentation you would like to receive.**

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