

Friday 19th July 2019

Annual General Meeting
Beales Hotel, Comet Way, Hatfield, AL10 9NG

Present:

HwH Board: Maryrose Brennan, Meg Carter, Virginia Kirri-Songhurst, Sundera Kumara-Moorthy, Jayne Taylor, Michael Taylor

HwH Executive Team: Geoff Brown, Jane Brown, Chloe Carson, Nuray Ercan, Susan Lee, Alice Lovell, Natalie Stone

Attendees: Kenneth Appel, Heather Aylward, Denise Boardman, Victor Boulter, David Brewer, Jenny Cox, Catherine Free, Sally Gale, Joy Hale, Lynda Howell, Shanie Hutton, Linda Ivey, Tracy Kinsella, Chris Kitchin, Jacqui Linskey, Trisha McSeane, Kevin Minier, Hemant Mistry, Norman Phillips, Imelda Redmond, Tim Sims, Andrew Smith, Annemarie Smith, Jeff Solomons, Colin Stodel

Apologies: Eve Atkins, Alan Bellinger, Leslie Billy, Annabel Chapman, Helen Clothier, Jenny Coles, Seema Dahad, Michael Downing, Denice Gately, Raymond Gibbins, Fiona Guest, Sweenie Gunasekera, Brian Gunson, Neil Harding, Dorothy Hosein, Errol John, Ed Knowles, Iain MacBeath, Jim McManus, Ken Moore, Steve Palmer, Paul Regan, Keith Shephard, Sam Stott, Priya Vaithilingam, Sue Wilkinson

1. Welcome and apologies

Kumar welcomed everyone to Healthwatch Hertfordshire's fourth AGM and ran through housekeeping.

It was noted that our Chair Steve Palmer was indisposed and could not attend. Kumar confirmed that he would be Chairing and presenting as Vice-chair on his behalf.

It was noted that Alan Bellinger, Treasurer could not attend the AGM and Geoff confirmed that he would present the accounts on his behalf.

2. Re-election of Trustees

Geoff explained that Trustees serve a term of office for three years, after which time they may stand for re-election. Two Trustees are in this position and have agreed to be put forward for re-election. Geoff clarified that only members of the Board and Company could vote.

Geoff asked for Trustees agreement for the re-election of Virginia Kirri-Songhurst and Steve Palmer. Trustees agreed via a show of hands. It was noted that they were duly re-elected.

3. Sign off of minutes of 26th June 2018

Kumar asked for any amendments or corrections - no corrections were raised. Michael Taylor proposed that the minutes be signed off and Maryrose seconded this. It was noted that the minutes of 26th June 2018 were agreed as an accurate record and signed off.

4. Receiving the Annual Accounts and review

Geoff talked through the presentation, which Alan had put together. Two questions were posed: **Is HwH operating effectively and is HwH financially secure?**

Two years ago HwH faced a significant cut in funding. This has had an impact on how the organisation's priorities and work. We needed to ensure that we were financially secure and this might meant making difficult decisions about what the organisation could take on.

The financial position looking at the last financial year: HwH received approximately £382k income from the HCC contract, and other separately commissioned revenue and the organisation spent approximately £492k. However the figures presented are skewed slightly

as the periods covered by the income and expenditure are different; 12 months against 14 months respectively. We have used reserves to remain financially viable, an approach made in conjunction with our commissioners.

The position has changed over time and through looking at the presentation slide it can be seen where income from HCC was cut. However, we do forecast a rise in our income in the coming financial year due to an increase in separately commissioned work. Cash reserves have declined over the past few years as we've needed to use some of this to take account of the shortfall in funding. HCC would expect HwH to have reserves to cover 6 months operating costs amounting to approximately £200k.

HwH have had a strange situation whereby our chosen financial year was February to January and so was out of synch with everybody else's. The start of the year can be changed every five years and the financial year has now moved of 1st April - 31st March. To do this a 14 month financial year had to be created, which is why the figures presented at this AGM are slightly skewed.

Over the year we have re-focussed the operation onto high priority activities. HwH has worked on a range of targets set by commissioners as well as on additional pieces of work. With some of these HwH has made a decisions about cutting non critical work and looked at doing things in a slightly different way, for example, HwH been working in partnership with Viewpoint over the last year.

One of the challenges over the past year was to shift to a model of revenue generation, outside of the commissioned contract. HwH has been thinking about ensuring there are the right skills within the team to deliver on additional projects, as well as going out to spread the word that we are now in a position to take this on.

As an organisation, HwH is very fortunate to have a Board of Trustees who are very key to having a very robust model of governance; in terms of keeping an eye on the financial situation and cost reduction when possible and also shifting the way finances were recorded so that everyone could understand them and make decisions accordingly.

It was noted that the financial accounts within the annual report covers the period 1st April 2018 to 31st March 2019 and so the figures are different than the ones reported within the Annual Accounts, which covers a 14 month period.

Geoff asked the Board of Trustees whether they were happy to sign off the Accounts as provided. All Trustees agreed.

5. Highlights of the Year

Geoff recapped on the role of Healthwatch including representing the views of patients and service users, running a signposting service and having a statutory power to hold services to account.

Geoff explained that the big changes and new challenges over the year included:

- A new contract approach with clearer targets and an acceptance by commissioners that reduced commissioned income will mean reduced commissioned activity
- A shift to a greater focus on research and engagement, with two new members of staff to give us extra capacity
- Staff team has been strengthened with a new staff team structure
- New streamlined governance with two sub-committees and task and finish groups when appropriate
- New partnerships and the pilot partnership with Viewpoint
- New volunteer roles

Geoff went onto recap on highlights of the year and where we made a difference:

- 75 improvements we suggested were adopted by services to make health and care better in our community

- We spent almost 240 hours talking to people who had accessed Healthwatch advice and information online or contacted us with questions about local support
- We have contact with nearly 4000 people on a regular basis
- Within our HCC commissioned contract: we met 76%, partly met 14% of targets. 10% were not met and these were mainly due to external factors.

The next two slides highlighted the number of projects HwH has conducted over the past year - 15 in all. They also indicate the breadth of activity we are focussed on.

Geoff highlighted a couple of these projects and how they have impacted on improving services and pathways for patients and the public.

Geoff talked through a signposting case study about a family who contacted us about their family member who was on life support, who had been refused contact with the End of Life Team by the consultant. By contacting HwH we were able to confirm to them that they has a right to speak to the End of Life Team as they needed more information to be able to make an informed decision, we put them in touch with the End of Life Team, and raised this with the Trust concerned as an issue to look at also.

Signposting cases are important though they are also very often difficult and distressing. Geoff thanked the team for dealing with these sorts of issues on a regular basis in a professional and supportive way.

Geoff thanked the Board and Team to help make the organisation one that they can all be proud of. Thanks were given to all HwH volunteers who play a valuable role in reaching out to communities. Geoff also thanked partners in the NHS and social care - who are always so responsive and who have an equally strong commitment to improving services. Geoff thanked the voluntary sector and Healthwatch across the network with which we conduct joint projects with such as HwEssex. Geoff also added that our ultimate thanks goes to patients and the public, without all the people who have fed in their views, experiences and suggestions for improvement we wouldn't be an effective organisation.

On behalf of the Board of Trustees Kumar thanked staff and volunteers who have given their time to deliver our plan.

6. Questions on Governance and AGM aspects

Question: Andrew Smith, Viewpoint: Thanked Geoff for the name check in his presentation however were concerned that Viewpoint were not mentioned in the annual report. At a time when there are concerns around capacity to become involved in co-production but where there are less resources, what do you see as the future of mental health user involvement as being in Hertfordshire?

Answer: Geoff: The opportunity of the partnership is to enhance this. Where we have been able to do this is when pooling resources and making sure we are fielding the right organisation to the right meetings, so Leslie has represented HwH on some meeting and vice versa. There is still work to be done about how we avoid duplication but that we ensure that the position is strengthened. For example, Viewpoint forums provide an opportunity for support, service user feedback and issues to be raised - how do these fit into the model we have, ensuring that this feedback is shared more widely. Could these forums have broader agendas that take account of health and care issues that we deal with where it would be important to get the perspective of people with mental health issues. There is also more work in understanding with the help of the commissioner which services are commissioned for each organisation so that support is provided and voices get heard. There is still some more work in terms of governance and how we work effectively together to make the best of it we can. It's a pilot so some things will work and others won't and we will have to review this with the commissioner. The importance of the voice is crucial, the 'how' still needs to be resolved.

Andrew Smith: It is the diminished capacity to support service users in their work is what troubles Viewpoint, at a time when statutory services are calling for more and more involvement. Are concerned about how Viewpoint supports Healthwatch.

Geoff: Our role is about ensuring that voices are heard and raised with appropriate services. We do not do empowerment support that Viewpoint do and it is how those services are commissioned alongside the voice service.

Shanie Hutton (commissioner for both Healthwatch Hertfordshire and Viewpoint) said that she was happy to link in with Leslie and Geoff about the above issues.

Question: Kenneth Appel: There is a statement within the minutes of the last AGM that it is not Healthwatch's role to put pressure on the government to restrict the intake of alcohol by the general public. However this causes a lot of expense to the NHS and it should be HWH's role to publicise this in order that it is taken notice of by the press and at a national level.

Answer: Imelda: So many thousands of issues come up all the time, however interestingly in the 2.5 years she has been at Healthwatch England, alcohol consumption has not come up as an issue from the public to Healthwatch England. This is not to say that it is not an issue, it's just not one that the public are prioritising. If the government were doing some work around it Healthwatch would give the evidence that they have on it (which would come from research and projects).

Geoff: And this is the same at a local level. For example with the 'stop smoking' programme, our role is not to campaign on this, it is more about understanding how effective the programme has been and the patient perspective / experience.

Question: Hemant Mistry: Each of the NHS Trusts have to implement Equality and diversity systems. One of the three elements within this is about the support of service users/patient views. Concerned with regards to the patient story raised. Trusts are supposed to provide evidence to say what they have done. Have Healthwatch ever considered using the information they have to cross check to identify trends or gaps? Involvement in the Equality Delivery System programme is a challenge but this is a very key area for Healthwatch to look into.

Answer: David Brewer, ENHH NHS Trust: A very timely question as the Trust is holding an open Stakeholder meeting on 22nd July for colleagues to test the Trusts self-assessment forms and HWH (and other colleagues) very welcome to join in this event. The Trust welcomes the involvement and challenge of colleagues to help them get better.

Heather Aylward, Herts Valleys Clinical Commissioning Group: The Clinical Commissioning Group is very keen to broaden their engagement and also to discuss how better to get Equality Delivery System information through to colleagues. The Clinical Commissioning Group sends invites and information out to colleagues and organisations regularly but perhaps more work needs to be done on broadening how to get the comms / promotions out about it and making it accessible to everyone.

Geoff: Confirmed that he would be meeting with Hemant in August to explore how HWH can work more effectively together. From this there will also be an exploration of how to make the connections stronger to ensure opportunities are provided.

Kumar: Confirmed, on behalf of the HWH Board that they often get contacted and sent information from the Trusts and CCGs encouraging involvement and representation. In addition, we would be very happy to circulate information round.

Jane: HWH has been very involved in the reassessment with the Hertfordshire Community Trust recently. The transgender work came out of the Equality Delivery System and HWH

was involved in this. These are really good ways in which we can look at merging these services and can use this information within the research and engagement team when planning new projects.

Question: Cath Free: As it is now crucial for HwH to get outside funding, how is the organisation going about this to ensure grants are successful and that you have the right research skills?

Answer: Geoff: HwH has been looking at opportunities for potentially working with other Healthwatch, for example Healthwatch Essex with their research contacts. Also working with the National Institute of Health Research involving a group of Universities working together with a pot of research money. We are likely to be working with them when they put in bid on pieces of work covering the patient voice elements of research. A press release was issued last week on this. We have also been commissioned by a number of organisations within the NHS to do pieces of work, for example we will be doing a piece of work commissioned by HVCCG on social prescribing.

7. Key note speaker: Imelda Redmond, CBE National Director of Healthwatch England

Imelda thanked everybody for inviting her to the AGM. She explained that there are 152 Healthwatch across the country, one in every local authority area. Healthwatch was set up as part of the 2012 Health and Social Care Act with the purpose of bringing the voice of the public into the heart of the design and delivery of social care.

There has been a history of these types of organisations set up by government in law and Healthwatch is the latest incarnation. There were Community Health Councils, then Public and Patient involvement in Health, then LINKs. All of these different models have had different flaws in them. Healthwatch was set up to bring the best of what had gone before together.

Healthwatch has a sponsorship arrangement with the Department of Health and Social Care. All local Healthwatch are commissioned by their Local Authorities so they are separate independent organisations. This means that each Healthwatch has a good understanding of their local communities. Healthwatch is different from other voice organisations in the fact that we have statutory powers and as a result of this we are at tables and must be consulted, listened to and responded to.

Healthwatch has a really good track record across the country of hearing the voice of the seldom heard into the heart of policy. Project information from all local Healthwatch is fed up to Healthwatch England and they have seen that work has been done on prisoner experience, gypsy and travellers, Somali communities, sex workers etc.

The only other organisation that covers both health and social care is the Care Quality Commission in their monitoring role, this means that Healthwatch has a breadth of knowledge across the whole system. Healthwatch's role in collecting views from the public for Long Term Plan is a good example of this breadth. Healthwatch's relationships with partners, voluntary, advocacy and statutory services are incredibly important. Strength comes from having these partnerships.

Healthwatch England was in a really strong position to help with the forming of NHS England's 10 year plan as they could analyse the views of 85,000 members of the public's views and what they had told local Healthwatch. When the plan was published Healthwatch's data was acknowledged and this feedback can be seen throughout it.

When analysing the country's Enter and View reports Healthwatch England have observed that dentistry provision in care homes was poor. Healthwatch England has raised this with CQC who have incorporated this in into their inspection regime. It has also been raised with NHS England who have now put more funding in to ensure that dentists have the capacity to go into care homes.

Local Healthwatch really do contribute, and HwH has really helped with the whole of the Healthwatch Network, for example in developing research governance frameworks to help improve information and informatics across the network and to raise standards across the country.

Imelda is an advisor on the green paper on social care and Healthwatch England is doing a lot of work around social care. There has been a commitment to additional resources for the NHS, however it is recognised that it continues to be under enormous pressure. Healthwatch England alongside other organisations continue to apply pressure for the social care green paper not to slip off the agenda though there is no doubt that Brexit has caused the most enormous policy vacuum.

Healthwatch England works also to have strong relationships with key politicians. For example they meet regularly with Sarah Woolaston, Chair of the Health Select Committee. There is also a similar relationship across the House of Lords, many of whom have a very keen interest in health and social care.

8. Involving the Public in the NHS Long Term Plan

Jayne Taylor presented on involving the public in the NHS Long Term Plan, which is just one example of a research project HwH has undertaken over the past year.

For more on Jayne's presentation please find below the slides:



AGM Involving the
Public in the NHS Lo

Jayne handed over to Dee for the STP response to our work on the Long Term Plan.

9. Response to the Long Term Plan report from the STP Denise Boardman, Lead System Director for Primary Care, Hertfordshire and West Essex Sustainability and Transformation Partnership (STP)

Denise introduced herself and thanked everyone for the invitation to talk at the HwH AGM. She very much welcomed the HwH report as it will help the STP do its work. The work is so welcome because the plan was launched in January 2019 and every STP across England have been asked to prepare their plans to respond to the Long Term Plan. So now a preparation of the 5 year forecast of what the plans will be need to be submitted by September 2019, and a final one by November and the report will assist with this.

It is really powerful to have patient and public's voices, words and thoughts about how the STP take the work forward. When guidance / policy comes down we question as to how it can be delivered and how it is going to make a difference and the data HwH has been able to gather helps with this planning.

On behalf of the STP, Denise made a commitment to share the data with the STP Board. In addition, all the data will feed into all the workstreams so that as plans are built and prepared, key themes are taken through. The patient voice, through working with Healthwatch, patient and participation groups and others has been so important, and will continue to be so going forward.

Denise highlighted that from reading the report the three issues that stuck out for her were: Integration of health and social care, listening to patients and the public in understanding what the needs are and communication, communication, communication.

Denise introduced the 'My Plan' pilot across the STP. She explained that the My Plan booklet responds to what the public have already feedback within the Long Term Plan responses. It is being piloted across a number of Community / Mental Health Trusts across West Essex and Hertfordshire. It is really key to get everybody's support to test and deliver it. The My Plan

booklet aims to communicate what an individual wants from their health and social care. It maps out needs and expectations, demographic details - so it avoids the re-telling of key information and wishes multiple times.

Primary care Networks are key as it is the framework which will drive general practice, health and social care and voluntary and statutory sector together to deliver more care locally but also in a more unified way. This Clinical Commissioning Group has 34 Primary Care Networks across its areas coming together to work together to deliver the priorities within the Long Term Plan.

10. Questions to Imelda, Jayne and Denise

Norman Phillips, Carer: Has just been through an experience where individual services (GP, Lister Hospital, Hertfordshire Community Trust) have provided excellent care on an individual basis but when they came together it was a complete disaster. Joint up work is the vision but he asked when it is actually going to happen. He has feedback to all the individual services but the same response keeps being heard which is that it is the other organisations fault. If there is no joint up work and sharing of information this puts people at risk. Last year a similar experience happened. As a carer, he is being asked to take on more and more responsibility yet the system isn't there to support this when things go wrong. He published his story and has had 84 responses from across the UK of people in a similar situation.

Denise responded to say that she was very sorry to hear this. She said that the complexity is not an excuse but that this can hinder joint up working. PCNs from July have to do it. It is the first time NHS England has invested direct money into General Practice, staff and wider networks. There is a STP programme of work on data sharing (professional to professional) so that this can also help.

Data records and data sharing was discussed amongst the room.

Annemarie Smith: Attended the East and North Herts AGM yesterday, which was excellent however Hertfordshire Partnership Foundation Trusts held their AGM on the same night so this is an example of silo working.

David Brewer: Thanked Annemarie for her feedback and said that they would ensure this did not happen again in future years.

Ken Appel: He raised the medical, social and financial issues caused by alcohol and asked Imelda to look into this.

Imelda: It is a very valid point. The issue doesn't come in numbers from the public. Imelda said that it often appears within different forms/feedback, for example alongside mental health or homelessness. Imelda said she would ask her team to look into this further.

Kevin Minier: There are lots of members who do lots of representing for various different organisations and there is duplication of effort. Kevin asked Healthwatch England to look at this area. On the other side of this is 'feedback' - knowing what involvement has been done. Sometimes in a long report there will only be a short statement saying there was patient and public involvement, with no quantity, qualification or how this affected the outcome of the project.

Imelda: There is huge amounts of duplication of effort. The 2012 legislation fragmented the whole sector. The same thing is happening all over the country. Imelda confirmed that she has asked NHS England to map this so that it is known.

Hemant Mistry: How many complaints are received by care services that the council engage? Very often individuals will not complain about a poor service because they fear that it will have adverse affects.

Hemant Mistry: How many people does STP have on its Board that represent BME communities?

Imelda: Confirmed that she will ask the question of the National STP Advisory Group. She agreed that it is not about having someone from an ethnic minority in the room because they are normally professionals talking with their professional hats on, it is about having someone who has the connection back to their communities and understand the community.

Victor Boulter: Do you do an annual report and a newsletter?

Imelda: Yes for both and the Healthwatch Hertfordshire team will help anyone wishing to sign up to receive it.

Meg Carter: The integration of health and social care isn't new and has been around for many years but somehow never quite happens. Do you have reason to feel more optimistic that it might happen or do you have a sense of what the obstacles might be to prevent it?

Imelda: Confirmed that she feels optimistic, not because she feels that it will be achieved but because people in the NHS are understanding social care in a way they didn't before and they are planning at STP level. There are many obstacles because the funding base is different, there are very different structural reasons for why it can't come together easily. The main concern for Imelda is not what the structure is but what it feels like for people and she thinks this is what the STP is trying to do. But until the issue of funding is resolved it will be fragmented.

Kevin Minier: There is an interesting disparity because people want to stay longer in their homes but the importance of community support networks are not recognised. We are getting the message out but if the demand isn't there because people don't know about the community support networks.

Imelda: Agreed.

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

Kumar brought the formal AGM to a close, thanking all members, volunteers, staff and Geoff.

Kumar also thanked all the speakers for their informative presentations.

Kumar reminded everyone to complete the feedback form and hand back to Nuray to improve AGMs in future.

12. End of formal AGM - refreshments and break