

Tuesday 19 July 2022

Annual General Meeting (AGM)

Virtual via Zoom

Present:

HwH Board: Alan Bellinger, Alex Booth, Brenda Davies, Steve Palmer, Ramone Nurse, Jan Taylor, Neil Tester

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

Attendees: Ife Akinyemi, John Amos, Heather Aylward, Kate Belinis, Amanda Budd, Mercy Bwomono, Meg Carter, Anna Cason, Kat Clark, Stephen Crow, Michael Downing, Naomi Duncan, Harriet Frosh, Brian Gunson, Joy Hale, Karen Hannan, Dr Mary Hartley, Tom Hennessey, Enoch Kanagaraj, Chris Kitchin, Sundera Kumara-Moorthy, Rushna Miah, Ken Moore, Thomas Rankin, Harjit Singh, Andrew Smith, Jeff Solomons, Tony Uwadiale, Cath Watts, Kelly Young, Zaitun Zadikali

Apologies: Eve Atkins, Michelle Edgar, Neil Harding, Errol John, Tim Sims, Michael Taylor

1. Welcome and apologies

Steve welcomed everyone to Healthwatch Hertfordshire's (HwH) AGM. Apologies as above were noted. Steve ran through housekeeping stating that the meeting would be recorded for the purposes of the minutes, asking everyone to mute their microphones when not speaking and to switch cameras off if this is preferred.

2. Sign off of minutes of 13th July 2021

Steve asked for any amendments or corrections to the minutes – none were raised. It was noted that the minutes of 13th July 2020 meeting were agreed as an accurate record and signed off.

3. Receiving the Annual Accounts and review

Alan Bellinger, Treasurer introduced the annual accounts which had been shared as part of the AGM documents via the HwH website. At the last AGM he updated that due to the pandemic we adapted to remote working and in the past year this approach has been furthered by adopting a hybrid approach. We now have a very small office reducing premises costs in the year.

HwH over the past few years has wanted to maintain the level of service. Funding received from our Hertfordshire County Council commissioners has been static so we have increased our revenue generating capacity through alternative activities to meet this level of service. We are running at a deficit each year and have reserves to support this. Year end reserves are at 319K (200K must be retained).

Our income for the year was 390K and our expenditure was 407K so there is a deficit of 17K.

Alan concluded that overall the accounts are in a very healthy state, and thanked Natalie for her support in managing finance and bringing the accounts together.

Steve highlighted that Bradshaw Johnson, our accountants have prepared our Annual Accounts, and have confirmed that they are in good shape. Alan and Steve recommended that the annual accounts be accepted and signed off. It was noted that Board signed off and approved the Annual Accounts.

Brian asked what impact the inflationary pressures would have on the deficit. Alan responded to say that running at this level of deficit could be sustained for about six years, but given the inflationary pressures this year, this might perhaps come down significantly.

4. Highlights of the year

Geoff talked to his presentation slides highlighting achievements and challenges from throughout the year, drawing attendees attention to our recently published Annual Report. Please also see Geoff's 'Highlights of the year' presentation for more information.

Geoff highlighted that for a relatively small organisation we do a huge amount of work, whilst also working significantly in partnership alongside other organisations some of whom are in attendance.

Through his presentation Geoff recapped on the context in which we work; gave information on the direction that the Board are setting, covered the strands of activity accompanied by some numbers and scale of operation, research projects and patient involvement work which has become an increasing aspect of developing new models of patients being involved in health and social care, and a reminder of our signposting service including issues we have been hearing about. He highlighted that good governance and back office approaches enables the organisation to be effective as possible.

Geoff concluded that partnership working is key to our success and that improvements made to our communication channels to improve accessibility, readability and style have made a big impact.

In response to a question about positive examples of patient experiences Geoff highlighted that it is good when we get positive feedback. We raised issues about communications around the do not attempt resuscitation procedures and the Trust responded very positively to address this issue. Another example is a strong

commitment recently by Hertfordshire Partnership Foundation Trust in involving carers are directly aligning with the triangulation of care approach. Also the evolution of the virtual hospital. Additionally, a point was made about ensuring that HwH stays in touch with the need and the importance of communicating positive stories as changes as a result represent a direction of healthcare which is important for the public to know about.

In response to a query about whether there is an opportunity for HwH to bring together the good practice of many GP surgeries so that it can be shared, Geoff highlighted that HwH chaired a meeting last Autumn which brought together patients across Hertfordshire and West Essex as well as various GPs. This meeting brought to light various challenges and since then there has been investment by the NHS in addressing some of these challenges eg. phone systems. We have also been able to promote good practice, and at our regular meetings with the ICS we talk about both the good and bad experiences that are reported to us who are then able to challenge or support practices as appropriate. To ensure patients get a good experience rather than be affected by the 'postcode lottery' Geoff highlighted that GP contracts are national and that as a network local Healthwatch will feed issues up to Healthwatch England whose role is to influence the Department of Health and Social Care nationally.

In response to a question raised about whether HwH has plans to focus on areas such as cultural competence and understanding, since translation and language services is now cited as the main barrier to healthcare Geoff agreed that this is a really important area of focus. Chloe and Tasha will be talking about cultural sensitivity within their project presentation and there will be recommendations to which the NHS and ICS will respond to. There are also other opportunities such as at our meetings with commissioners and providers. The work we do has opportunities to impact in a range of ways both at an integrated care system level and at provider of service level.

5. Thanking Trustees who stepped down during the year

Steve thanked long standing trustees Brian Gunson, Sundera Kumara-Moorthy (Kumar), Meg Carter and Michael Taylor who had served three terms of office and stepped down during the year. A token of our appreciation will be sent to them shortly. Additionally Steve thanked both Jayne Taylor and Virginia Kirri-Songhurst for their contribution who also stepped down during the year.

6. 'Making Local Healthcare Equal for All' research project – Chloe Carson and Natasha Austin Key note Speaker

Chloe and Tasha presented headlines from HwH's major research project 'Making Local Healthcare Equal for All' expected to be published in late Summer.

Their presentation explained their focus on Black and Asian communities for this project. In 2021 HwH ran a research project exploring how Hertfordshire residents viewed the Covid-19 vaccine and their experience. At the time national and local data showed that there was a lower uptake of the vaccine in Black and Asian groups in comparison to the white British population.

This prompted us to reach out to Black and Asian community leaders to understand concerns within their communities – not only did we focus on their views of receiving the vaccine but their concerns around ethnic, health and inequality more broadly. This was due to the lower uptake in these communities and due to the size of these communities within Hertfordshire there was also a need to understand and address their concerns. Additionally Black and Asian community leaders highlighted that their communities wanted the opportunity to talk about their concerns with healthcare more broadly. It would be unrealistic and unfair to group all communities together so by focussing down we were able to understand concerns unique to their communities and work to specifically address this. We aim to continue this broader work on inequalities on a long term basis.

They explained their research approach, how they used different methodologies including 1:1 interviews, focus groups and surveys, what they learned and how they were able to gain more trust. Over the six months a total of 156 Black and Asian Hertfordshire residents shared their story with us.

The findings present a complex picture of how people's perceptions of the NHS are formed from their own personal lived experience, the experiences of those around them, historical racism and modern day systemic inequality that is not unique to the healthcare system.

They highlighted some poignant personal stories told by people sharing their experiences to illustrate key findings including issues of discrimination, mistrust in healthcare and public bodies, and lack of cultural competence.

Findings from interviews with NHS leaders showed that there is a strong commitment to tackle ethnic health inequalities and to improve the care Black and Asian people receive.

The findings and recommendations are being shared with NHS leaders across Hertfordshire for their responses and actions they are taking to address these.

In response to a question on whether the report focusses on clinical outcomes or patients experiences Chloe highlighted that it predominantly focuses on patients experiences however it does also include some clinical outcomes based on experiences.

Chloe highlighted that there were some really good examples of good practice highlighted within the report – Central London Community Hospital has a 91% completion rate for collecting patient ethnicity data compared to the national average for community services is around 60%. They have been doing some really good practice on educating their staff on the importance of collecting that data as well as educating their patients on why they are collecting it. Hertfordshire Community Trust also collects communication and language preferences.

In response to a query about whether the proposed recommendations have been shared with the community leaders to make it meaningful for them, Tasha confirmed that the recommendations were pulled together by the HWH research team based on the findings. The recommendations will be shared with a few community groups who worked very closely with us on the research tools but this will not be possible for all of the community groups.

The following question was raised within the chat box – Those of us with neuro-divergent conditions experience minority stress in the same way as other minorities, that can result in barriers to accessing things like health and social care. Because of our levels of trauma, and communication and sensory preferences. E.g. autistic people without an intellectual disability are 9x more likely to die by suicide compared to any other person. Is this also being addressed? Chloe answered to say that this is not something that we are currently exploring but that as part of our research programme we are looking for new issues to explore so it would be good to talk about this to understand about this further.

Healthwatch England are aware that we are doing this work and we will be sharing the report with them. The project has been a real learning curve for the team – for example we are no longer using the term BAME and instead we are using ethnically diverse communities and if possible being specific. Also ensuring that we are using appropriate imagery and will be looking at our own equality and diversity policies to ensure that they are fit for purpose and that we are culturally competent.

Steve thanked Chloe and Tasha for their presentation and highlighted that this is the start and not the finish, and that this time next year there will be a lot more progress to report on.

7. Tom Hennessey, Director Health Integration Hertfordshire County Council: 'Integrating Health and Social Care – why it matters to people'

Tom introduced himself and highlighted that he is aligned with the Integrated Care Board within the NHS so part funded within the role. His role is to try to exploit opportunities for how we might use resources jointly to deliver better health outcomes for people.

By making reference to the Health and Care Act 2022, Tom explained why integration is important and really matters. He set the scene by highlighting a list of benefits to integration which included using resources jointly for better health outcomes, working more collaboratively, pooling resources and challenging legislation and cultures. He emphasised that a key aspect and solution is to treat people and not conditions by putting in place tailored treatments which would result in efficiency, and savings in time and costs.

He talked about:

- providing better care and gave examples of how other factors can affect our wellbeing such as living conditions
- how in some cases individuals currently have to hit a crisis point to access care which doesn't make sense, and
- how the pandemic put a spotlight on gaps in provision and the reliance on carers

Tom acknowledged that the system is complicated and provided an overview of the new Integrated Care System and how the Integrated Care Board (ICB) do the commissioning and the Integrated Care Partnership (ICP) will develop a strategy for Herts and West Essex. He commented that the legislation wants decision makers both NHS and local authorities to come together and pool resources under section 75 which is a legal framework emphasising that it is incumbent upon us to make sure that we include those broader set of voices and this is where Healthwatch has a massive role to play – they will be sitting on the Board and it is Healthwatch's role to be challenging of both the Local Authority and the NHS – to say 'this is what we are hearing from our partners and the public and this is where changes need to happen'. The Strategy is due to be finalised by March 2023 and we have an opportunity to influence decisions until December of this year.

The ICB launched on 1st July 2022 with the ICP having its first meeting on the 28th July 2022. He said that the Herts and West Essex Integrated Care Partnership are, in his opinion, ahead of the game and we should maximise what we already have – we already have a good track record of working together.

He identified the five Government expectations for Integrated Care Partnerships which include being rooted in the needs of people, communities and places and developing and overseeing population health strategies to improve health outcomes and experiences. Governance arrangements are set up for the ICP and significant cross sector engagement took place with VCSFE, Healthwatch, Health and Wellbeing Boards and Councils in shaping their role which includes agreeing population health outcomes for the strategy, pooling resources and agreeing priorities. A new Health and Wellbeing Strategy will be their areas of focus.

Thinking about our approaches to working together, he talked about a long list of things to tackle and invest in that affect health conditions such as employment and education and that we need an 'all age' approach ensuring that children and young families live healthy independent lives. He referenced having an overview of system wide strategies for conditions such as dementia and ageing well whilst focusing on priority areas where significant improvements can be achieved through partnership working. He then focussed on the enablers to success including:

- joint workforce planning and how to sustain a viable offer
- sharing data (there is a target to share care records from 2023)
- having informed discussion for shared services

Tom's key messages were about the challenges that people currently face on a daily basis and the importance of treating people and not conditions. He gave examples of how multiple conditions could be treated with other solutions for example using pharmacies for advice and health checks and ended with this statement "We cannot afford not to do this".

Tom opened out to receiving questions:

Qn: The aim is to bring health and social care together however social care is already a challenge in itself as it is delivered by multiple agencies – does this provide further challenges?

The NHS is fragmented and so is social care so neither are homogenous. Our ability to influence is tenuous but we need to redirect money from the NHS into social care so that we can start to stabilise the precarious market that is social care. We need to stabilise before we can then start to do things in an innovative way going forward.

Lots of the gains that are intended are going to take years because it is about people and organisations changing their culture and behaviour so while that all happens what are the short and medium term indicators that we should be keeping an eye on to see whether momentum is happening and the trajectory is being worked to?

One of the biggest disablers to having a preventative approach is that the NHS has to deal with the demand now and do not have the headspace to stop and think and do things differently. This is why it is so important to engage with local authorities, HwH and the voluntary sector – if things were done earlier it may reduce demand. Short term measures will be to get governance structures right, sharing data, emphasis on treating people not conditions, a bigger role for pharmacies going forwards. They may be relatively small things but will have big impacts on the outcomes of people.

In recent legislation it was noted that there was an absence of reference to children – does this prevent Herts from blazing a trail on integration in early years or will Herts still be keen to do this?

It was very disappointing that children weren't given a mention in the Integration white paper. The government has focussed on where they think the biggest cost areas are. HCC social care spends half of their money on people with learning disabilities and mental health. We need to keep make sure we are banging our drums for children's provision particularly with the rise in mental health amongst this cohort, especially within the struggling community service provision. The director of Children's Services Jo Fisher is working closely with the NHS on trying to ensure we have the broad oversight on what the key challenges are.

Could we have more background as to how the changes may affect things such as specialist services commissioned at a regional/national level and also some of the very small niche services?

A lot of specialist services were hugely affected by the pandemic. There needs to be tailored services but there are huge backlogs all over so HwH's role here will be to lobby and ensure that services know the impact of the wait on patients.

It is an understatement to say that we've being talking about this for a long time – is there anything about this new structure that is realistically going to turn this around?

It has to because we can't sustain the current situation.

It is not only learning disabilities but hidden disabilities that are affected – mainstream schools are not very well set up to support children with sensory, environmental and communication needs. This impacts on mental health and services/therapies are not able to help as they are not specialist enough which leads to a cliff edge at 18 years old trying to access adult mental health services. It is great that the NHS and social care are now coming together but what about education, as it is often where the mental health starts.

Tom agreed with this saying that there is a huge amount of work to be done to resolve this because it leads to crisis later when it could have been lessened if we took an earlier approach.

Are there any signs that the NHS are beginning to do coproduction properly?

We have been trying to support NHS colleagues to use some of the coproduction forms used within HCC. Part of this is a cultural challenge. The NHS is still quite paternalistic and coproduction is quite scary. Geoff added that there is a positive sign in the work we are involved within in West Herts where it is NHS led coproduction but built a lot on the model that has been used in social care with heavy involvement from the voluntary sector and patients. HwH has been asked to

ensure that the models of coproduction are robust and sincere so it is up to us to ensure that happens.

How will the new potential government leaders cutting taxes help the establishment of integrated care?

The message we are hearing is around appealing base voters, wanting small government and low taxes. Social care reform requires a penny on NI but there is a risk that this will be undermined. If we move away from the current plans to use the additional money from NI to try to support social care we would have moved no further than we currently are, which is an unsustainable system.

Steve thanked Tom for such an interesting presentation and for answering so many questions.

8. Important business notified to the Chair before the start of the meeting

Steve confirmed that he'd received two items and welcomed Tony Uwadiale, newly appointed Engagement officer from Watford Borough Council to introduce himself.

Additionally two questions were asked in writing prior to the AGM and we have liaised with the ICS to obtain a response:

The Department of Health disclosed that 600 Addison's Disease patients were NHS registered in 2000 and this has now risen to 10,000 patients. It's estimated that many more are living with mental health issues (undiagnosed Addison's Disease) that could be treated if only there was a wider understanding of the prevalence of this condition. Is this an area of concern for the NHS in Hertfordshire?

It is not clear whether the increased number of people diagnosed with Addison's is due to an increasing number of people with the illness, or better diagnosis or recording of Addison's in health records.

It is the case that early-stage symptoms of Addison's disease are similar to other more common health conditions, such as clinical depression or flu. People with Addison's disease can experience:

- lack of energy or motivation (fatigue)
- muscle weakness
- low mood
- loss of appetite and unintentional weight loss
- increased thirst

Symptoms like these can also be indicators of a range of health concerns, which should be brought the attention of a person's GP, so that they can investigate and work with each patient on a diagnosis, and treatment options.

We do know that more people are living there with mental health conditions for a whole range of reasons, including as a result of long-term health conditions. GPs manage patients on a case by case basis, and coordinate care to ensure that their patients can access the services they need, including mental health help.

The sadly high proportion of COVID-19 deaths in diabetic patients, and identified as Clinical Endocrine patients, has been troubling. Is the NHS in Hertfordshire aware of the disproportionality and is Healthwatch Herts aware of any work being done to address this?

People with diabetes who contract COVID-19 are known to be amongst those who face bigger risks of serious illness than the general population, which is why the national vaccination programme targeted people with diabetes amongst the priority groups for vaccination.

We know that stable diabetic control reduces patients' risks of admission to hospital and further complications. We have invested in ensuring patients with long term conditions such as diabetes have their annual and other reviews to maintain their conditions, which helps reduce risk. We have supported GPs to more easily identify those most at risk and to ensure that they have proactive care.

Those most at risk have also been prioritised by the national COVID Medicines Delivery Unit programme, which means that they can receive antiviral medication and other new therapies to reduce their risk of serious illness if they do contract COVID. This has achieved very positive results in our area.

Steve thanked everyone for attending the Healthwatch Hertfordshire AGM.

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