healthwatch Hertfordshire

Thursday 28th June 2018

Annual General Meeting

The Focolare Centre, 69 Parkway, Welwyn Garden City, AL8 6JG

Present:

HwH Board: Eve Atkins, Roger Beeching, Alan Bellinger, Maryrose Brennan, Brian Gunson, Virginia Kirri-Songhurst, Sundera Kumara-Moorthy, David Bernard Lloyd, Steve Palmer (Chair), Barbara Suggitt, Jayne Taylor, Michael Taylor

HwH Executive Team: Tom Barrasso, Geoff Brown, Jane Brown, Nuray Ercan, Alice Lovell, Priya Vaithilingam

Attendees: Helen Clothier, Michael Downing (speaker), Sally Gale, Andrew Holmes, Kevin Minier, Ken Moore, Pamela Rochford, Keith Shephard, Andrew Smith, Emma Jayne Taylor, Simon Des Forges, Sarah Hill, Sharn Ellen, Linda McIntyre, Kenneth Appel, Jacky Vincent, Charles Lambert, Graham Clarke, Paul O'Hare, Mark Edwards, Lauren Hague, Nuala Milbourn, Juliet Rogers

Apologies: Nina Ayade, Heather Aylward, Tap Bali, Philip Barton, David Brewer, Meg Carter, Sarah Clemerson, Valerie Conran, Will Davis, Wendy Frost, Bert Hayes, Louis Jones, Chris Kitchin, Frances Lewis, Iain McBeath, Joan Manning, Marlene Mantle, Janet Mitchell, Carol Munt, Richard Pecout, Norman Philips, Carol Pillinger, Geoff Proudlock, Andreu Quintana, Paul Regan, David Randell, Kishori Shah, Rachel Shorey, Michal Siewniak, Annemarie Smith, Amy Stanton, Andrew Stenson, Natalie Stone, June Tether, Ros Thomas, Richard Williams, Edward David Wesley, John Wood, Sarah Wren

1. Welcome and apologies

Steve welcomed everyone and ran through housekeeping. He announced that photos would be taken and to indicate to HwH Exec Team if anyone did not want to be photographed. He also encouraged attendees to tweet using #HWHAGM. He paid reference to the apologies and acknowledged there was a long list which was accessible to anyone wishing to see it.

2. Sign off of minutes of 13th October 2017

The minutes of 13th October 2017 were agreed as an accurate record and signed off.

3. Receiving the Annual Accounts and review

Steve talked through the annual accounts. HwH is facing significant financial challenges – the organisation has had a 20% cut in funding through its contract with the County Council.

One of the targets this year is to look at ways to income generate as well as to do things differently going forward. There was a £130,000 deficit last year. HwH has reserves, which could be sustained for a couple of years, but the organisation will need to generate income shortly.

The annual accounts are quite straightforward – 95% of income comes from the County Council and the vast majority of expenditure is staffing.

The annual accounts and annual report differs due to HwH's financial year ending in January, which will be changed next year to align with the HCC April to March year end.

Qn: On Pg9 Staff costs – reports the number of staff as opposed to actual staff costs? A: Yes, both have to be reported on.

4. State of the Nation and the achievements of Healthwatch Hertfordshire over the past year

Geoff looked back at the issues he spoke about at the AGM two years ago to see if they still resonated:

- **National funding, local pressures:** Is still a key issue. Everyone is feeling very positive about the extra funding going into the NHS at the moment but this extra resource is only just going to cover increased demand for those services. There is an opportunity to review what sort of services are provided, how services operate, and there is an opportunity to plan going forward. There are still concerns as to whether this will lead to a proper integrated health and social care system and whether the money is going to be used wisely. The pressures on finance have been very strong over the last couple of years. 'Let's Talk' events provided forums to explore what the NHS should be like locally. The role of HwH is key to ensuring that the voice of patients, carers and the public is heard in these decision-making forums.

- **Direction and clarity:** Where was the NHS, social care and social policy going? There is still some lack of clarity about this now. Questions such as how is it all fitting together, is the drive coming from CCGs locally, is it coming from the STP, how do integrated care alliances come in? In the broader picture there is a shared view, but in practice it could be quite difficult to get clarity on what it's going to mean, and solving an issue locally might not necessarily fit with the whole of the STP footprint. No one quite knows what it's going to look like in a year's time despite all the work that's going on to try to make the picture clearer.

- **Importance of patient voice:** This has not changed. HwH has been fortunate to be involved by commissioners, partners, and providers in ensuring that the patient voice is heard. We have been quite heavily involved and those organisations have been receptive to the patient perspective, so this is still key.

- **Capacity, resourcing and delivering our role:** Our budget was cut from 2017 onwards by 20% and this has had a significant impact on HwH as a small organisation. One of the challenges that HwH faces is about reducing the amount of activity that we undertake alongside raising income. Our commissioned services have been reviewed and scaled back.

- **Achievements and challenges:** Geoff highlighted a few examples over the past year, details of which are also within the Annual Report:
  - HwH made 307 recommendations for service improvement. This number is indicative of the breadth of work HwH has done.

  - A lot of resources over the past year have gone into Nascot Lawn. This is an example of how HwH has worked in partnership with families and carers of children who were receiving a service at Nascot Lawn. We worked together using the expertise of the parents plus using our role as independent of the system to help to get to a solution that reflects the needs of the families, but also takes into account the pressures on funding.

  - Work with young people continues to be a highlight. Frankie, Young People's Officer, has had to hand in his resignation as he is going to be acting as a full time carer for a grandparent. This indicates the compassionate approach he also brought to his work in going out in getting views from young people.

  - Enter and View visits – we will be doing less going forward but it will be just as important to us as an organisation. More detail of all the visits are in the Annual Report as well as full reports on the website. The recent focus on dentistry has been very successful.

  - Communication issues between providers and patients:
    - HwH has been successful in helping patients and the public know where to go to get the service they need or to get their voice heard. HwH's signposting service deals with complicated experiences on a daily basis, very often needing to unpick accountability and helping to navigate the system.

- Qualitative review of complaints at West Herts Hospital Trust: Invited HwH to review their complaints process and assess whether responses were appropriate, timely and whether, within their response to the complainant, they explained how as a result of their complaint services had been improved, or issues addressed.

- Supporting Acute Trusts in special measures: HwH has been working with West Herts Hospital Trust for a while, and more recently has been working with Princess Alexandra. This provides an example of working across county boundaries.

- Dual Diagnosis: (Where people have a mental health condition as well as an addiction to alcohol and/or drugs.) This has been a project, working with the providers of these services to ensure that the new protocols that have been put in place addressed the issues that had been raised with HwH by service users and carers.

- To summarise - a wide range of successes but a challenge to resource. Geoff thanked all HwH volunteers who have enhanced the organisation's capacity to deliver. We are a small voluntary sector charity but still punching above our weight. HwH has a good national reputation, for example; chairing the regional network; in terms of signposting; delivering good customer service, and research and engagement.

- There is now a new commissioning model – a partnership between different organisations that are fundamentally about hearing the views of service users and patients. We are now working closely with Viewpoint as part of this arrangement; this is an exciting opportunity to work closely in partnership within this new pilot for 2 years. There is also an expectation that other organisations will become part of the broader contract eventually.

- Finally, the same concluding message from 2016 still applies "There are opportunities to deliver as a team with challenging times ahead." Geoff added that he is very proud of the HwH Board and team and what they've been able to deliver in the last year.

  Qn: Will there be a 20% cut every year, year on year? A: No, it's not an ongoing 20% each year.

  Qn: Alcohol represents a great problem to the NHS. Can HwH promote restricting the intake of alcohol by the general public? Shouldn't we approach the government about this?
  A: HwH's role would be to hear and represent the views of patients; whether we would agree with their perspective or not is a Public Health role. Where HwH can have impact is if services weren't helping dependency or weren't available. It is not HwH's role to put pressure on the government to change how alcohol is seen.

  Qn: Linda MacIntyre (co-Chair of the Stakeholder Panel) took the opportunity to promote the stakeholder panel. They are looking for other organisations to join them. Board is held to account by Stakeholder Panel, made up by voluntary organisations. Let HwH know if any organisations are interested in being represented.

  Qn: It is thought that locally Clinical Commissioning Groups and Trusts, when wanting to make changes, have to work in strait jackets caused by national restrictions, therefore patient involvement becomes a tick box exercise. Can you say how many of the 307 recommendations have affected any change?
  A: Some are very practical actions, such as displaying charges within waiting areas or the complaints policy. Some are very immediate and the challenge comes when there requires a more significant shift, for example consistency in IVF provision and messages around it. There is a desire for services to be set locally but then there is also quite a heavy hand from the Department of Health running through deciding how things work. Geoff asked for the Clinical Commissioning Groups' perspective:
  Nuala Milbourn (East and North Herts Clinical Commissioning Group) responded in saying that she does not think that patient involvement is a tick box exercise. There are well prescribed rules around how the CCG engages the public on service change. Both the County

Council and Healthwatch Hertfordshire scrutinises the CCG on this and they try to work closely together for transparency.
Juliette Rodgers (Herts Valleys Clinical Commissioning Group) added that their engagement is not tick a box exercise. Both CCGs take their wide range of participation activities very seriously. The tension between decisions locally and the effectiveness (or otherwise) of the patient voice and what is happening nationally is within the backdrop of being restrained financially. Consultations held last year meant that there was a wide range of people to talk about the issues, genuine conversations that informed the CCGs' thinking - but there are constraints.

Qn: Understanding policy development role eg. Children's safeguarding – does HwH need to make a decision on whether they are going to hold the system to account in this area?

Geoff invited Michael onto the stage and presented various envelopes and gifts to thank Michael for his contribution to Healthwatch since before its inception. Geoff read a letter of thanks from the Chair of Scrutiny, which illustrated Michael's contributions across health and social care. Geoff added that Healthwatch Hertfordshire has been very fortunate to have Michael as Chair; he has brought wisdom and a sense of calm to the role.

The audience applauded and Michael thanked Geoff for his kind words.

5. **Key note speaker: 'Whatever happened to the 5th Social Service?'**

The short answer is – it never happened! He picked this title as this is where he feels we need more emphasis. Fifty years ago there was a lot of talk about changes to what was then known as 'welfare'. The Seebohm Report was published in 1968 and formed the basis of the 1970 Social Services Act, which created local authority social service departments.
The aim was that finally families would be treated as a whole by a new brand of professionally trained social worker. This would enable the creation of a new local authority service which would develop social care and have the same status as the National Health Service, education, income maintenance services, and housing.

Please listen to Michael's speech by clicking on the audio file below:

MD@AGM.m4a

Michael ended his speech by saying that it had been great to be part of Healthwatch and have a leadership role for the last few years. He wished everyone the best of luck.

6. **Important business notified to the Chair before the start of the meeting -** none
7. **End of formal AGM – refreshments and break**

8. **'Question time' with Healthwatch Trustees and Officers**

Question1: Keith Shephard asked: Will Healthwatch England, and constituent parts, be a consultee in the ten year plan for the NHS? What would be the three key messages from HwH?
Answer: Geoff responded: HwH liaised with HwEngland to get their perspective, they responded with the following: 'There hasn't been a formal consultation process thus far, but Imelda Redmond (Chief Exec HwE) did attend a roundtable event at No 10 Downing Street back in April that was convened to inform the Government's thinking. We're also in conversation with other groups to share intelligence and identify ways that we can work together to influence the plan.

It's not directly related to the plan, but we are of course also sat on the Government's social care green paper expert reference group, and so I'm sure conversations from that work will help to inform the wider 10-year strategy.'

Keith responded and added that with the headlines and challenges picked up by HwH, it is hoped that the ten year plan of the NHS does not miss the opportunity to tackle strategic integration of care and other wider issues, such as housing. Public Health is also an important contributor here.

3 key messages from HwH - 1: Prevention at the centre of the strategy, 2: patients should be at the centre of that development, 3: meaningful engagement, particularly with seldom heard voices so the consultation process involves everyone.

Question2: Sarah Clemerson asked: In a sentence for each outcome, how have outcomes for individuals and users of frontline health and social care services in Hertfordshire been improved by the work of Healthwatch Hertfordshire?
Answer: Geoff responded – the Annual Report is full of examples from which he has drawn out a few:
- **Enter and View:** 1) Phlebotomy services are being revisited at the New QE2.
2) Messages to patients have been made clearer as a result of our E&V and recommendations at dentist practices.
3) **Primary Care and GP practices** - HwH worked with Stockwell Lodge in Cheshunt. Worked with the CCG/CQC and got commitment of the practice to develop stronger approaches to customer care and make sure that staff were trained and able to respond to the needs of patients.
4) **West Herts Hospital Trust audit of complaints**, which has led to improvements to communications from the Trust and adopting further good practice. This piece of work was conducted alongside volunteers who looked at anonymised complaint letters and helped develop ideas for further good practice.
5) Through our **signposting service** we heard from an adult who had not had the MMR as a child now wanted it as an adult and who was misadvised by their GP. HwH explored this and ensured immediate rectification. We received cake to thank us!
6) Musculoskeletal service changes in the county (particularly in the West) – have had feedback about this service and changes and we have fed this back to CCGs – particular issue for Hertsmere residents who would have had services provided at Potters Bar Hospital and the CCG is exploring where this service will be located going forward.
7) **Dual Diagnosis** – the views of people on service improvements has enabled us to ensure that the new protocol addresses the issues that were raised with us.
8) **Nascot Lawn** and parents raising concerns about the reduction in funding and the impact of the services on their children. This has led to a judicial review. We would never have been able to understand the issues without working with the parents and carers and our involvement meant that we could help them with ideas of how to effectively put forward their case.

Question3: Kevin Minier asked: It is inevitable that cuts will affect the organisation and the system as a whole – whose job is it to decide what is to be done?
Answer: Geoff answered: The reality is that services that were provided before are not being provided – it is rationing in practice. HwH was at events last summer and it is really important that there is much engagement within communities and those groups that it affects. This is so that there is an informed picture but also a wider one, leading to a broader conversation about each service. The decision should be taking account of many different perspectives of the public, but ought to be looked at as a whole rather than on an individual basis.

Michael added that that the NHS has always rationed services but in a covert way. It now needs to be overt. HwH's role is to ensure that things which do not evoke public sympathy are not forgotten and is kept in the forefront.

Kumar added that the technical term for rationing is now 'demand management'. He said that there should be an ongoing responsibility for HwH to make sure that covert demand management does not creep in.

Question4: What is Healthwatch Hertfordshire's relationship with NICE? How does HwH feed patient views into this?
Answer: Geoff responded – If there is a NICE revision of a guidance then there will be an opportunity for members, through our newsletter, to input. We are not clinicians and would not be involved in the clinical aspects. Where we have used NICE guidance is where we have received feedback from patients to say that NICE guidance has not been used. We would use this to ask why they had not been used, as part of our holding to account role eg. within our dual diagnosis work. There is a connection between the two, however there will be times where we might be concerned that people may not be being treated with dignity and respect (even though in terms of NICE guidance it may be okay).

Everyone was thanked by Steve for attending and wished a safe journey home.