

## Chief Executive's Update

### **1. Background and Purpose of the Paper**

This paper sets the background context for the upcoming Board meeting. It provides a cohering cover note and sets the backdrop to the paper pack and discussions at the meeting.

### **2. External context**

As the external context continues to evolve, it is important that we continue having conversations with colleagues across the sector. There are now talks of ICB clustering, and there is a strong suggestion that Bedfordshire, Luton and Milton Keynes ICB will be merging with the Peterborough and Cambridgeshire ICB, and only Hertfordshire in our own ICB (West Essex may move to another ICB cluster). Whilst not written in stone, I am meeting with the relevant Healthwatch CEOs to understand levels of representation across those ICBs and the state of those relationships, and how the regional Healthwatch might work together. Healthwatch England have also offered opportunities to reflect on ICB changes, which our team is planning to engage with.

Whatever the new configurations look like, there will be less resource to ensure that effective public engagement and involvement is central. Furthermore, with an acute hospital trusts becoming a lead institution (ENHT, anticipated to be host in East and North) and host institution (WHTH in South and West) for each of the two healthcare partnerships, our engagement at the local level is important at ensuring that the views of our residents are represented across the breadth of services and do not just focus on what's most useful to those taking the lead in the geography of the partnerships.

In the meantime, by having a more detailed look at the Quality Accounts of all the locally relevant hospital trusts and hospices over the past month, we have taken the opportunity to crystallise and share our core messages about patient involvement, health inequalities and connected, patient centred approaches. We have also learned more about the strengths and opportunities for improvement of these organisations, giving more detailed feedback than in recent times and setting us up for stronger holding to account conversations in the coming times.

### **3. Annual Healthwatch Hertfordshire Trading Ltd Directors meeting and next steps**

In Autumn 2023, in order that additional revenue could be separately recognised from our core contract grant from Hertfordshire County Council, Healthwatch

Hertfordshire established a subsidiary called Healthwatch Hertfordshire Trading Limited (HwHT). It is wholly owned by Healthwatch Hertfordshire.

The three Directors of HwHT (currently Chair, Treasurer and Chief Executive) have their annual meeting on 26<sup>th</sup> of June 2025. Directors are responsible for decisions and protecting HwHT and its assets; physical, financial and intangible. It is their responsibility to agree, prepare and file annual accounts in compliance with company law, and run the business as a going concern with effective governance.

At this meeting, the Directors will:

- Review and sign off the annual accounts for HwHT, for recommendation to board at the AGM on 23<sup>rd</sup> July 2025 (in line with our overall financial reporting approach and timeline)
- Agree the surplus to be donated to Healthwatch Hertfordshire
- Review any operational activities undertaken to support the effective governance of HwHT and compliance with Companies House.

Healthwatch Hertfordshire trustees will be asked to:

- Note the HwHT accounts, when they sign off the Healthwatch Hertfordshire annual accounts at the AGM on 23<sup>rd</sup> July 2025.
- Note a paper summarising the outcomes of the Director's meeting at the Board Advisory Committee meeting on 30<sup>th</sup> July 2025.

#### **4. Annual Business Plan - Quarter 1 2025-2026**

Since sign off in April this year, a number of activities have taken place to action the Annual Business Plan and put into place the early planning for the execution of upcoming activities in the year. The appendix to this paper provides an update on progress against the work undertaken in Quarter 1 of this year, and welcomes your feedback and reflections.

As previously agreed, we are using this inaugural year of the business plan to discuss and agree best ways of reporting to board on our various activities in a way that is most useful for the team, and which provides sufficient scope for strategic discussion and steer from Trustees whilst not delving too deeply into operational elements. These conversations will help us shape the evolution of reporting to the Board, and help us steer this together in a way that best enables Healthwatch.

However, given the external context, we must anticipate some flexibility in our planning in order to be responsive to the needs of our residents and partners. Much of the work of understanding and pivoting for external change will require time and head space for our board and leadership team to ensure we can respond effectively whilst maintaining our core services delivery. This means that the scope for internally facing change (the timelines of which are more so in our gift to manage), need to be carefully balanced against the external environment.

## **5. Partnering for increased impact and improved outcomes for our communities**

As part of the principles underpinning our annual business plan discussions, we agreed that a focus on impact through partnerships was key. We recognised that for a small organisation that is limited in resource, we must be clear about where we can effect the most change, i.e. where we can champion work with the biggest impact and outcomes, and make this the focus of our efforts.

Therefore, where this is *not* the case, in order to maximise positive outcomes for the residents of Hertfordshire we might contribute to the work of others or use our platform and networks to enable others that can more effectively bring about change. In light of this, we've taken active steps to enable change through contributing and convening partnership conversations over the past quarter.

### **4.1 Working with the voluntary and public sector in Hertfordshire – leveraging our expertise and networks to enable better outcomes**

Healthwatch Hertfordshire already has a positive reputation across the voluntary sector in our county. The team is deeply connected to a number of organisations through our work in research and our representation on various committees and public fora, and our aspiration is to make this a focused and targeted initiative over the coming year: to prioritise VCSFE partnerships to maximise the positive outcomes for people.

We hold an Associate Member (non-voting co-opted) role on the [VCSFE alliance](#) (ICB funded steering group of elected representatives from, and supporting engagement with, the voluntary, community, faith and social enterprise organisations across Hertfordshire and West Essex via membership, and helping to deliver the [Health Creation Strategy](#)). Over the past 9 months, I have been involved with supporting the Alliance with their work to:

- undertake a sector wide engagement to set the Alliance priorities
- elect a new Chair, update their Terms of Reference and committee roles
- update the job description, and sit on the interview panel for a full time Director role – recently completed
- consider ways of linking into the Healthwatch program of work to ensure the voices of the communities they serve are represented in our research

As a Healthwatch, we work closely with system partners and I am in conversations with the new Chair about how we might ensure that the insights from the VCSFE organisations in the membership might be best fed into the system, and vice versa (e.g. system coproduction/community fora).

Additionally, I have been in conversations with the Chair of the Citizens Advice (CA) Hertfordshire CEO Network, about ways in which we might helpfully collaborate. Given the incredible role that CA play in supporting and signposting, and the wealth of information they hold about underserved communities suffering from health inequalities, we are in early conversations about a potential MOU around insight sharing, case studies and potential joint bids for funding.

We have a number of powerful projects under our belt in working with the voluntary sector in our research program, including our recent work on drugs and alcohol addiction and refugees and asylum seekers. Our strengths in translating people's stories into recommendations for change, and taking it to the right decision makers, have resulted in a partnership with Age UK Hertfordshire (with contributions from Citizens Advice Stevenage and Carers in Herts) for a project around advance care planning, and resources around ageing well, for later this year.

Finally, we have been in active conversations with the Centre for Research in Public Health and Community Care (CRIPACC) at the University of Hertfordshire, an internationally renowned multidisciplinary research centre focusing on improving quality of health and social care. They have hosted us to present our work, and we have engaged them on our project around children and young people – we are continually assessing ways in which we can utilise each other's insights to bring positive change.

I am currently in conversation with their Reader in Youth Involvement (who runs a young people's research advisory group) about setting up an East of England event that will bring together young people across the region to talk

about their health – leveraging the various networks and connections at our mutual disposal. This will have young people at the helm of setting the agenda for these conversations with decision makers in the room.

#### 4.2 Convening service leaders and the public – enabling public involvement and coproduction in Hertfordshire healthcare partnerships.

Both the East and North healthcare partnership (HCP) and the South and West HCP have leaned into Healthwatch expertise and leadership through their patient engagement committees, reporting into their top line HCP leadership group.

- In **East and North**, the HCP has established a wide ranging public and patient involvement forum named the **Community Assembly**.
  - o This is co-Chaired by the Development Director for the HCP and Healthwatch Herts CEO
  - o The focus is on creating a forum for conversation between patient reps, voluntary sector, providers, local authority and the public, about local health and social care issues – circa 85 representatives
  - o Currently under review in scope and remit, with intention to move into a more strategic space, mapping the patient engagement landscape and connecting different fora to ensure effective engagement
- In **South and West**, the HCP has established a **Coproduction Advisory Board**, to ensure the transformation work of the HCP can consult on and be held to account on the quality and embeddedness of coproduction.
  - o This is co-Chaired by the Development Director for the HCP and Healthwatch Herts CEO (and we also designed the model)
  - o The focus is on coproduction – doing it well where appropriate, ensuring inclusive ways of thinking and engagement with the breadth of this HCP's communities
  - o Currently broadening its membership and mapping agendas against upcoming HCP priorities

In both committees, our role is to make sure the conversations are not just 'tick boxes' of speaking to the public, and to ensure that we hear from our communities what they think about the work of the partnership. There is a high level of engagement from the attendees and the development directors are bringing project leads to the meetings and encouraging quality

conversations. Our role is to help shape the agendas and frame the conversation to keep people's voices at the centre.

Although we are not taking the lead on the work programs in question, our role in convening the right people for the right conversations has created positive change to our communities, and improved expertise on public engagement and involvement for the providers in each of the partnerships.

**6. It is the Healthwatch team that make this all possible**

It would not be possible to share such a powerful and impactful update if the staff team wasn't working so incredibly hard, with immense pride and sterling reputation. It is a privilege and a pleasure to be part of their team.

**Ivana Chalmers**

**02.06.2025**

**Appendix. Update on Annual Business Plan – Quarter 1 2025–2026**

This appendix provides a high level overview of the progress against the work allocated to quarter 1 of our annual business plan. It does not contain the full spread of activity planned across the year, and instead focuses on activities that were due to be completed in Quarter 1.

In case helpful, the activity that is across the year as well as in planning stages for key delivery in Quarter 2, has been identified.

	Goals for 2025–2026	Key strands of work supporting this goal <i>Leads are identified by their initial. F–Fiona, N–Nuray, I–Ivana, C–Chloe, TL – all team leaders</i>	Q1 Apr – Jun 2025
(Links to strategy)			
Efficient and impactful CORE services  (2 & 3)	<ul style="list-style-type: none"><li>- Maximising evidence and insights</li><li>- Impactful <b>Holding to Account</b> relationships</li><li>- Build reputation on <b>coproduction</b> expertise</li><li>- <b>Research and engagement</b> program focuses on key areas of impact and inequalities</li><li>- Resilient and robust <b>signposting</b> service</li></ul>	<ul style="list-style-type: none"><li>- An impactful and well evidenced Research and Engagement plan</li></ul>	<b>Completed</b> – with opportunity for future review if so required.
		<ul style="list-style-type: none"><li>- Crystalize coproduction impact aspirations (C, I)</li></ul>	<b>On track</b> for FY 25–26. Evolving picture.
		<ul style="list-style-type: none"><li>- Update HCC reporting in line with updated spec (N)</li></ul>	<b>Completed.</b> Q2 reporting will be provided with updated spec template.
		<ul style="list-style-type: none"><li>- Ongoing review of signposting flows and cases, with process to ensure capacity (N)</li></ul>	<b>On track</b> for FY 25–26, with recommendations for change to arise in next financial year.
Staff team success and wellbeing  (1, 2, 3 & 4)	<ul style="list-style-type: none"><li>- Create space for team building and support</li><li>- Ensure clarity of roles and priorities</li><li>- Audit of function resilience and capacity challenges</li><li>- Maintain supportive culture and relationships</li></ul>	<ul style="list-style-type: none"><li>- Set up measurable PDR process (objectives) in alignment with business plan (TL) and JDs</li></ul>	<b>Completed.</b> All team members have clear annual objectives flowing from business plan and in line with their responsibilities.
		<ul style="list-style-type: none"><li>- Enable ways of working, gaps and overlaps, team building (TL)</li></ul>	<b>On track</b> for FY 25–26, with one team away day completed, changes to ELT, team leader and whole team meeting agendas to enable better working together.
Influencing at a strategic level  (1 & 4)  Influencing at a strategic level  (1 & 4)	<ul style="list-style-type: none"><li>- Shaping the core of our efforts by ‘biggest need and impact’</li><li>- Clarity on which partnerships require most focus and effort given the opportunity</li><li>- Grow our comms profile and reach: Create a recognisable brand for HwH that is about insights, tenacity about key issues, trust and simplicity (key messages/audiences)</li><li>- Leverage Healthwatch national and regional links</li></ul>	<ul style="list-style-type: none"><li>- A clear set of priorities for working with partners including NHS, HCC, political stakeholders and VCSFE sector (F, C, I)</li></ul>	<b>On track</b> for Q2, planning underway to finalise priorities. Evolving picture may affect future plans.
		<ul style="list-style-type: none"><li>- Deliver an impactful annual report and AGM (TL)</li></ul>	<b>On track</b> for Q2.
		<ul style="list-style-type: none"><li>- Audit our horizon scanning and external changes responsiveness (I)</li></ul>	<b>On track</b> for FY 25–26, evolving picture, team and board primed to review and discuss.
		<ul style="list-style-type: none"><li>- Build impact reporting into scoping negotiations and contracts (C, F, I)</li></ul>	<b>On track</b> for FY 25–26, early conversations to enable have been completed.
Enabling and	<ul style="list-style-type: none"><li>- Explore frameworks to better leverage board expertise and interest</li></ul>	<ul style="list-style-type: none"><li>- Pilot ways of working with Vice Chair (N, I)</li></ul>	<b>On track</b> for FY 25–26, ELT/Chair’s meeting set up to accommodate

(Links to strategy)	<b>Goals for 2025-2026</b>	<b>Key strands of work supporting this goal</b> <i>Leads are identified by their initial. F-Fiona, N-Nuray, I-Ivana, C-Chloe, TL – all team leaders</i>	<b>Q1</b> <b>Apr – Jun 2025</b>
<b>empowering governance</b>  (1, 2, 3 & 4)	<ul style="list-style-type: none"> <li>- Continue to meet statutory, legal and compliance requirements</li> <li>- Clarity of direction and purpose to enable annual business plan 2026 – 2027</li> </ul>	- Pilot ways of working to build on board expertise (N, I)	<b>On track</b> for FY 25-26, to feed insights into governance review FY 26-27
		- Review annual board cycle for alignment to strategic objectives and annual business plan (N, I)	<b>Completed.</b> Ongoing update as required.
		- Recruit and induct three new trustees (N, I)	<b>Recruitment completed. Induction on track</b> for Q2.
<b>A financially sustainable HwH</b>  (1, 2, 3 & 4)	<ul style="list-style-type: none"> <li>- Actively protect and stimulate current income streams</li> <li>- Explore new income and partnership opportunities</li> <li>- Develop clarity on true cost of activity</li> <li>- Ensure FY 26 – 7 budget is developed alongside business planning</li> </ul>	- HCC contract renewed with evidence to back funding to 100% of cost base at renewal (N, I, F)	<b>On track</b> for FY 25-26, to feed into contract renewal.
		- Audit of public funding streams, opportunities and upskilling needs (C, I)	<b>On track</b> for Q2, collecting insights and information for board strategic steer in July.