

Chair's update

FOR INFORMATION/DISCUSSION/DECISION

1. Board developments

I'm glad to report that the Annual General Meeting on 23 July appointed Natalie Kelly, Karen Middleton and Yolanda Roach as trustees and to welcome them to the board. I'm grateful to them for their enthusiasm and determination in continuing to be committed to our work in the light of the potential changes covered later in this paper. I've enjoyed our 1:1s and other interactions as part of the induction process and look forward to their contributions to our decision-making.

This meeting will also be the last meeting in public for our two longest-serving trustees, Eve Atkins and Alan Bellinger, who will both complete an incredible nine years of service in October. This is the maximum that our governing document allows any trustee to serve. They have seen and helped to steer us through a wide range of changes over the years and we owe them huge thanks on behalf of the residents of Hertfordshire. They've also undertaken important additional duties for us, Eve as a link to the mental health world and as a supporter of our work to keep our profile up, and Alan as our Treasurer and Chair of the Board Advisory Committee alongside his role linking us with the Community Trust and his ability to connect us to other conversations across the system. Board meetings won't be the same without them.

As discussed at the Board Advisory Committee, there is a recommendation in this paper that our Vice-Chair, Amanda Hutchinson, should now also chair the Board Advisory Committee.

I'd also like to thank our former trustee colleague, Meg Carter, who has generously continued to represent us, for several years after retiring from the board, in various capacities at the West Herts Hospitals Trust and is now stepping down from that role. Amongst other things Meg has made sure over the years that the right issues have been raised about engagement, involvement and co-production in relation to the Trust's various plans for new buildings and reconfigured services, and I'm grateful to her.

As board members and our external stakeholders are aware, at the end of June and the at various points during July the Government announced its

intention to change the law to implement the new approach recommended by Dr Penny Dash in her review of patient safety organisations, specifically:

“Recommendation 5: bring together the work of Local Healthwatch, and the engagement functions of integrated care boards (ICBs) and providers, to ensure patient and wider community input into the planning and design of services

The statutory functions of Local Healthwatch relating to healthcare should be combined with the involvement and engagement functions of ICBs to listen to and promote the needs of service users. This should incorporate PPGs and patient or user engagement teams in provider organisations. This will:

- ensure greater clarity and improved effectiveness in bringing wider patient, user and community inputs into care planning*
- support clearer accountability from all organisations within an ICS to their local populations*

Local patient and user engagement teams would be supported by the new patient experience directorate within DHSC.

The statutory functions of Local Healthwatch relating to social care (a very small proportion of the work of Local Healthwatch) should be transferred to local authorities in order to improve the commissioning of social care. The combined functions should:

- provide insights into the work of ICBs and local authorities (as commissioners), as well as strategic planning more widely*
- support the co-design of services*
- continue to be driven by the needs of local communities, operating locally at place level, while ensuring benefits of scale by influencing across an ICS-wide footprint*

The strategic functions of Healthwatch England should be transferred to the new directorate for patient experience at DHSC. The directorate would have an explicit responsibility to:

- encourage feedback*
- ensure a significant improvement to complaints functions across the system*

This would allow the existing deep patient advocacy expertise of Healthwatch England and Local Healthwatch to have a greater impact, thanks to:

- closer alignment with the commissioning and provision of care*

- *greater emphasis being placed on the patient voice by DHSC, commissioners and providers.”*

Media briefing before the formal announcement led to coverage that talked about local Healthwatch being abolished. After the initial formal announcement but before full details were published, the Government confirmed that it does not intend to preclude local systems from discharging their new responsibilities by commissioning activity from organisations currently providing local Healthwatch services. The Dash recommendations, accepted in full by the Government, talk about bringing our work together with the system, and subsequent answers to parliamentary questions talk about the abolition of Healthwatch England but “changes to local Healthwatch”. Until the legislation is published, most likely this autumn, the range of possible scenarios remains uncomfortably large. I hope that we will have more detailed information on which to base our plans by the time of the next board meeting at the end of November.

We were fortunate that we had a pre-planned strategic awayday session soon after the announcement, which enabled the board and executive leadership team to act swiftly and laid the foundations for our subsequent planning and the bulk of the agenda for this meeting.

It is clear that we will be facing the need to undertake more detailed work than will be possible solely in Board Advisory Committee and Board meetings, so in the private session we will be considering the terms of reference for a working group on future planning. We will then consider a formal proposal to constitute such a group, to supersede the previously planned finance group, during the public session.

As discussed at the Board Advisory Committee, this board meeting sees a change in format in response to the discussions we will need to have and the decisions ahead of us following the Government’s announcements about its plans for Healthwatch. It’s important to us – as well as being a requirement of us – to continue to make decisions about Healthwatch activity in public. However, over the next few meetings there will inevitably be a higher than usual level of purely organisational governance and often confidential business to discuss. It now makes sense for us to do that at the start of our meetings to provide context for our subsequent public sessions focusing on our Healthwatch activity, rather than to take those private items at the end.

The board is also being asked to note the outcome of decisions made by email on our staff support offer and procurement of external advice on financial modelling.

A verbal report from the Board Advisory Committee is on our agenda but the Board is asked to note that the committee received and discussed a report from our lead director for health and safety, Jan Taylor, on a clean bill of health from the health and safety audit and agreed how to continue to ensure appropriate measures are taken so that we know home workers' electrical equipment is safe.

The staff team will soon be circulating options for future meeting dates. The Board is asked to agree to approve the outcome of that consultation by email rather than waiting until a later board meeting to do so.

2. Organisational developments

It was a huge boost to be able to launch our annual report, full of impact, soon after the Government announcement, and to follow it with a well-attended and positive AGM. This was a great way to demonstrate the difference we make, the value we add and the fact that we're still delivering business as usual – as evidenced by the excellent reports on asylum seekers and refugees and on the armed forces community that we've published since.

I'd like to take this opportunity to say farewell, thank you and good luck to our Deputy Chief Executive Fiona Corcoran as she prepares to take up her new role at the Electoral Commission.

3. National and local system context

Our commissioners at Hertfordshire County Council have provided both moral and practical support during this turbulent period, for which they have our continued thanks. Their response has been consistent with the wider support and encouragement we have had from those we work with across the NHS and in the voluntary and community sector.

The 10-Year Health Plan focuses, as we expected, on the much-trailed "three shifts" but also contains important and ambitious plans about inequalities and patient voice. As the system plots out its implementation of the national

plan, we will have plenty to say to inform thinking about how to ensure that the benefits of the independent approach we and other Healthwatch can take are not lost.

We are not alone in facing change and uncertainty, with very substantial structural, financial and personnel change taking place in Integrated Care Boards, the abolition of Integrated Care Partnerships, an evolving role for Health and Wellbeing Boards, local government reform and questions over the future of health scrutiny.

4. 'Holding to account' and other meetings

Since the last board meeting I have represented us at two Health Scrutiny Committee meetings (where our primary care work was cited) and the July Health and Wellbeing Board meeting, as well as having productive meetings alongside Ivana with the chairs and chief executives of our acute Trusts and an introductory session with the new Executive Member for Adult Care Services, Councillor Sally Symington. I also took part in the external stakeholder panel as the new 'clustered' Integrated Care Board undertook its Executive Director selection process.

RECOMMENDATIONS – The Board is asked to:

1. Agree to thank Eve Atkins, Alan Bellinger and Meg Carter for their service to Healthwatch Hertfordshire.
2. Agree to appoint Amanda Hutchinson as Chair of the Board Advisory Committee.
3. Agree to establish a Future Planning Working Group to supersede the planned finance group, on the basis of the terms of reference and membership developed in the private session.
4. Note the board's decisions, made electronically:
 - a. To provide for a staff support offer.
 - b. To procure external advice to support our financial modelling.
5. Note the Board Advisory Committee's consideration of the health and safety audit.
6. Agree to approve the next wave of future meeting dates by email.
7. Note the report.