

Chair's update

FOR INFORMATION/DISCUSSION

1. Board developments

As Board members are aware, Steve Palmer's continuing illness has led to his decision to step down as Co-chair and take a formal break from board activity until he is able to rejoin us in 2024. In consequence the Board has confirmed my appointment as Chair and expressions of interest in the role of Vice-Chair have been sought. Geoff and I have also agreed with Ramone Nurse that she too will take a temporary formal break from board activity as a result of some other calls on her time at the moment. We will review the position with Ramone in the New Year. Neither of these developments causes any technical problems for us in terms of quoracy or in relation to our plans to undertake further trustee recruitment next year.

I am sure that the Board will want to join me in continuing to wish Steve well and in thanking him for all he has done for Healthwatch Hertfordshire, first as Treasurer and then during his substantial time in the chair. I have been struck at various meetings by the concern our senior stakeholders have shown for him as well as by the esteem in which they hold him and the way in which he has represented us.

I am looking forward to our strategic session on 14th December, building upon the useful discussions at our board awayday in September. Our annual Board 1:1s will have taken place before then and will help us in that process as we look ahead. As part of Trustees' Week I recently attended the Hertfordshire Trustees' Conference, which included useful and relevant sessions on sustainability, inclusive boards and accountability.

Together with the Executive Team, I met Gavin Macgregor, Healthwatch England's Head of Network Development, to update him on our work and operating model and to discuss national thinking about the sustainability and commissioning of local Healthwatch. These themes were expanded upon when Geoff, Fiona and I attended the Healthwatch National Leadership Conference and when I took part in October's Healthwatch England meeting for chairs.

RECOMMENDATIONS - The Board is asked to:

1. Note that Steve Palmer and Ramone nurse will not be participating in board activity until 2024.
2. Express its gratitude to Steve for his service and achievements as Treasurer and Chair.

2. National context

I write this update on a day that has seen the appointment of a new Health and Social Care Secretary and further ministerial changes in her Department. Last month the Care Quality Commission published its annual [State of Care report](#), helpfully summarising the problems the new Secretary of State faces. During the pandemic, these State of Care reports highlighted both challenges and examples of systems tackling them, in ways that promoted joined-up, personalised care. Last year, the CQC said that “gridlock” had stopped that. Sadly this year’s report painted a picture of widespread deterioration. I pulled out some key points in this Twitter thread:

<https://x.com/ntweeting/status/1715282889179341064?s=61&t=bTiIMSlw0GdCUmK6FoueoQ>

This month Healthwatch England drew on insight shared with local Healthwatch, including us, to publish a useful report on people’s needs and experiences in relation to service integration, taking a particular look at people living with multiple conditions: <https://www.healthwatch.co.uk/report/2023-11-06/improving-peoples-care-working-better-together>

Discussions between the Government and the BMA on the various medical pay disputes appear to have been progressing quietly but productively. However, the impact of the strikes has continued to add to the waiting list challenge already developing before, and worsened by, the pandemic. The financial impact of strike cover has required NHS England to allocate funding to cover some of these local costs. However, this will not recover elective activity and comes at the cost of capital and IT funding as well as potential cuts to budgets for learning disability services, autism services, prevention work and support for people with long-term conditions. Nationally, Trusts expecting funding from the New Hospitals Programme are concerned that designs may need to be scaled back due to these financial pressures.

The total national waiting list reached another new record of 7.77 million in September. For the first time NHS England has identified that this total list is

made up of 6.5 million people, with 1.27 million patients waiting on multiple pathways. The number of people waiting more than 18 months has also increased.

There was vocal disappointment from mental health campaigners when the legislative programme in the King's Speech did not include the promised and very necessary reform of the Mental Health Act. This does not mean that the Bill cannot be brought forward during the current session of Parliament, but it does make it much less likely.

The National Audit Office has published a report calling for a long-term plan for social care reform, including how the range of reform and innovation initiatives already announced will be delivered:

<https://www.nao.org.uk/reports/reforming-adult-social-care-in-england/>

3. Our system context

Our partners across the Integrated Care System are continuing to value and use our insight. I'm pleased to say that as the ICS beds in, and with its strategy agreed, there are an increasing number of opportunities for our insight to help shape the agendas for future discussions, as well as monitoring the impact of current delivery.

This quarter, Brenda Davies and I were able to attend the County Council's Healthy Hertfordshire conference, at which I took part in a panel session on how employers can support workers' health and wellbeing. I also took part in the Health and Wellbeing Board's development session and the Integrated Care Partnership Board, at which we discussed winter plans as well as data-sharing and support for people experiencing homelessness.

In October I also took part in an insight day, organised by the NHS East of England region, bringing together all of the sites identified for funding under the New Hospitals Programme.

In November, Ofsted published its report, undertaken jointly with the Care Quality Commission, into Hertfordshire's SEND provision. While the report identifies some good practice, overall it is a highly critical report, requiring the County Council and ICB to make substantial improvements. The report is available here: <https://files.ofsted.gov.uk/v1/file/50232445>. The response is available here: <https://www.hertfordshire.gov.uk/about-the-council/news/news-archive/area-send-inspection-23>

4. 'Holding to account' and other meetings

During this quarter I joined Geoff and Meg Carter in a constructive meeting with the Chief Executive of West Hertfordshire Teaching Hospitals NHS Trust. Geoff, Fiona and I also met the chairs of Hertfordshire County Council's Oversight and Scrutiny Committee and Health Scrutiny Committee to further develop our collaboration with them. I attended the Health Scrutiny meeting at which councillors considered the ICS strategy. By the time the Board meets, I will have been part of a stakeholder panel for the recruitment of the new chair at East and North Hertfordshire NHS Trust.

At our last Board meeting, we agreed to contact Trusts and the Integrated Care Board following the verdict in the Letby case. Geoff and I wrote jointly to Chairs and Chief Executives of each Trust and the ICB, co-ordinating with Health Scrutiny in relation to its connected work. We have received most of the responses and the ICB has also agreed to take an overview of Trusts' replies. We will update the Board further when we have been able to consider all of the responses, which we hope will be in the near future.