

**Healthwatch Hertfordshire Board Meeting**  
**10am on Tuesday 23<sup>rd</sup> August 2022,**  
**Virtually via Zoom**

**Please note:** It will be assumed that reports will have been read prior to the meeting

<b>Board Members:</b> Alan Bellinger, Brenda Davies, Ramone Nurse (joined at 10:45am), Steve Palmer (Chair), Jan Taylor, Neil Tester
<b>Executive Team:</b> Geoff Brown (Chief Executive), Jane Brown (Quality Manager), Nuray Ercan (Deputy Chief Executive Interim)
<b>Visitors/others:</b> Stephen Booth, Sarah Daly (HCC Continuing Health Care), Elizabeth Fernandez (HCC Continuing Health Care), Nashreen Lallmahomed (HCC Continuing Health Care), Matt Mardle (HCC)
<b>Apologies:</b> Emily Adams (Alzheimer's Society UK), Leslie Billy (Viewpoint), Alex Booth

### **1. Welcome, apologies and register of interests**

Steve welcomed everyone present and Nuray communicated apologies, as above. Steve reminded everyone that it is important to declare any personal/professional interests.

Stephen Booth raised the following interests: elected councillor at Stevenage Borough Council and Foundation Trust Public Governor for Hertfordshire Partnership University Trust.

### **2. Minutes of 24<sup>th</sup> May 2022 and outstanding actions**

The minutes were approved as an accurate record. There were no outstanding actions within the tracker.

### **3. Chair's update**

**Steve's gave his Chair's report on the following items:**

#### **1. Integrated Care Partnership Board (ICP)**

##### **a. Update on the first meeting of the ICP Board**

The ICP Board is at the 'forming' stage and made formal decisions about its constitution at its first meeting. It was a good first meeting and we are looking forward to seeing how the partnership strategy develops.

##### **b. Consultation draft response**

Steve has drafted a response which has been sent off to them – Steve asked for contributions. Board agreed that focussing on a few key issues and getting key points across was a good tactical approach.

#### **2. Patient Participation Groups under the Integrated Care System (ICS)/ Integrated Care Partnership (ICP)**

Alan gave a summary of his involvement with Patient Participation Group (PPG), the Building Engagement with the Public Group, and the associated strengths and challenges. There is a desire to make PPGs effective and a task group is working with the Patient Association to create a train the trainer/mentoring type programme so that good practice

can be shared with other PPGs. The task groups aim is to gain a clear impression of what good looks like, what the benefits are and how to support other PPGs to do this. The aim is to have a practical programme to roll out to others by October.

#### **4. Our role in the Integrated Care Board's (ICB) governance**

Referring to the paper circulated, Neil highlighted that it would be good to agree how we can be as impactful as possible within their governance structures, and to manage the demands on our time. Since the paper was written Jan has offered to represent HwH on the Primary Care Commissioning Committee. With the different elements of their governance structures there will be challenges for us with different people representing on different committees, and there is a risk that agendas will overlap. We will need to have a collective handle on the issues coming up, in which forum and when to ensure we know where we can have impact.

It was suggested that would be a good at a future Board Advisory Committee to discuss the various committees, take stock and set objectives of what we are trying to achieve.

Geoff updated that we have been asked to join approximately 20 groups so far. We will also need to work out key messages and have a crib sheet for everyone attending.

[Action: Create a key messages/crib sheet document and discuss/take stock of ICB Governance involvement at a future BAC meeting.](#)

#### **5. Chief Executives update**

Geoff updated that, again, it has been a busy quarter in all areas of our work. We have had various holding to account meetings with the NHS and social care where we are raising issues that patients have fed back to us and/or important national issues where we have a local perspective. We also now have monthly meetings across both Health and Care Partnerships in Herts at an Assistant Director level to discuss issues that are impacting general practice and secondary care – they have taken a number of issues forward as a result.

It has also been busy with projects – the making Healthcare Equal report has now gone to providers and they are responding to the recommendations. Staff numbers has reduced to 6.6FTE and we are starting our recruitment process this week with a view of having new staff in post by October.

Board recognised the amount and quality of work still being delivered given that we are understaffed at present and asked if they could do anything to support the team. Geoff gave thanks and said that it would be great for Board to promote the vacancies through their channels and to also attend meetings when we are double booked. The Strategic Direction Task and Finish Group have their final meeting this week and then will submit a paper to Board following this. This provides an opportunity to at that meeting to perhaps think about short-mid-term resource.

We will soon be meeting with commissioners and Matt to talk about what the contract monitoring returns will look like going forward.

#### **6. Policy sign off – none at this time**

#### **7. Report sign off – none at this time**

## **8. Finance – Management Accounts**

Alan gave an overview our operating model and then summary of the accounts:

- We received an additional 10k funding from HCC
- We have slightly reduced our income generation target
- Reserves will finish up at 290k – this rate of loss may be sustained for another 4 years however this does not take into account inflation
- Geoff explained had been agreed with commissioners that we will budget for a small deficit this year and we'll be looking to move away from using reserves in future years

Board discussed the budget for next year, including staff costs and income generation.

## **9. Board Advisory Committee (BAC)**

Alan updated that the committee focussed on holding to account and gave a summary of the Board Advisory Task and Finish Group progress so far. The Task and Finish Group will shortly be looking at all the activity of HwH and make recommendations to Board about the strategic direction going forward.

Steve highlighted the importance of Board Members attending the BAC meetings as they contain in-depth discussions that can impact the organisation.

## **10. Any other business including questions from the public**

Nuray updated Board that we have received the latest Charity Commission news which communicates their plan to have closer contact with Board members in the future. It also outlines changes as a result of the update to the Charities Act 2022. Nuray will circulate this to Board Members.

Stephen Booth asked what work HwH is doing to promote the organisation. Geoff responded to say that 3,500 people receive our newsletter which contains information about how to get involved in the projects we are working on, where we often work in partnership with other organisations. Publications are sent to local councils, we have lots of information on the website and engage via social media too. He highlighted that there is a balance between the funding we receive and potentially providing a service to 1.2 million people in Herts. Very often people will reach out to us when they have a particular issue where we can help. Steve added that the best way to promote ourselves and engage people is to base our activity/projects in a specific area – their residential area. Stephen suggested cascading information to District Councillors through Council Chief Executives..

## **Speaker session**

## **11. 'Continuing Healthcare' (CHC)**

Nashreen Lallmahomed, Hertfordshire County Council's Continuing Healthcare (CHC) Lead for Older People Services introduced herself and her colleagues: Elizabeth Fernandez Lead for Adult Disability and Sarah Daly Lead for 0-25 team.

CHC is an assessment to see whether people have any needs that the NHS or the Integrated Care Board (ICB) can fund and where those needs are best met. While doing care act assessments, CHC professionals (anyone who is employed by Herts County Council eg. social workers, community care officers, district nurse) will use a checklist covering 11 main domains if the client has complex needs. Once completed this is sent to the ICB for a decision to be made,

and usually a full assessment is arranged. This is a meeting where all professionals involved in the person's care, as well as the client and their family come together at a 'Decision support tool meeting' to discuss the checklist in more detail. A decision is then made by the professionals based on the discussions and evidence as to whether they are eligible for continuing healthcare.

During Covid, through covid funding CHC were able to discharge clients to a discharge to assess bed which allowed people to have quicker in depth assessments away from hospital beds. This has now reverted however there is appetite for continuing the discharge to assess model but there aren't the funds available. Finance colleagues are now having discussions ahead of winter to plan to decide what will replace this. At present people might be sent into a short stay bed and have the assessment there or within their (care) home. Continuing healthcare funding is non-means tested so clients care fees would stop if they were awarded 100% CHC funding.

Families, carers and the clients themselves are encouraged to engage in the process as much as possible. If advocates or interpreters are required these will be arranged by the ICS. The NHSE publish application and conversion rates on a quarterly basis; the national average is approximately 30% - Hertfordshire is lower than this. With the ICB being in its infancy, it is hoped that there will be more joint working in a year's time and learning from individual cases for the benefit and better outcomes for clients. Sarah and Elizabeth will shortly be looking at the number of conversions for people with learning disabilities as there is a nationwide trends that people with complex learning disabilities are not being awarded CHC funding at the rates that they would hope they were. They will be doing some analysis and liaising with other ICB's as to their conversion rates for this demographic.

The Board thanked Nashreen, Elizabeth and Sarah for their informative session.

**Part 2 - Closed**

**12.** Hospital Redevelopment Programme

**Next formal meeting of the Board: Tuesday 22<sup>nd</sup> November 2022, 10am – 1pm**