

Tuesday 18 July 2023

Annual General Meeting (AGM)

The Focolare Centre,

Present:

HwH Board: Alan Bellinger, Alex Booth, Brenda Davies, Jan Taylor, Neil Tester

HwH Executive Team: Miriam Blom-Smith, Geoff Brown, Jane Brown, Chloe Carson, Fiona Corcoran, Michelle Edgar, Nuray Ercan, Susan Lee, Alice Lovell, Asha McDonagh, Natalie Stone, Jo Wilkinson

Attendees: Louise Carney, Grace Chan, Michael Downing, Brian Gunson, Neil Harding, Indra Jones, Chris Kitchin, Nita Lewis, Anand Mann, Norman Phillips, Donna Powell, Juliet Rodgers, Andrew Smith, Dr Phil Smith, Jeff Solomons, Kristy Thakur, Claire Uwins, Prof. Wendy Wills, Margaret Windsor

Apologies: Eve Atkins, Shoaib Gillani, Sweenie Gunasekera, Ramone Nurse, Steve Palmer, Chris Rogers, Tim Sims, Michael Taylor

1. Welcome and apologies

Neil welcomed everyone to Healthwatch Hertfordshire's (HwH) AGM and explained that Steve is unwell at present so as Vice-chair he would be chairing this year's AGM. Apologies as above were noted. Neil ran through housekeeping.

2. Sign off of minutes of 18th July 2022

Neil asked for any amendments or corrections to the minutes – none were raised. [It was noted that the minutes of 18th July 2022 meeting were agreed as an accurate record and signed off.](#)

3. Receiving the Annual Accounts and review

As company secretary Nuray highlighted that we have worked with Bradshaw Johnson who have prepared our Annual Accounts and that we have had a good year in terms of our finances. Nuray handed over to HwH's Treasurer Alan Bellinger to give an overview of the accounts.

Alan Bellinger, Treasurer introduced the annual accounts which had been shared as part of the AGM document pack. Alan described the past year as exceptional; both outstanding and out of the ordinary. The 2022-23 financial year saw the organisation move from a deficit to having a surplus, the first time this has happened. Our usual model sees us spending more to deliver a high level of service and to cover this by using reserves.

We were able to achieve a surplus through various means. We received an increase of funding by 3k, we had revenue generation of 76k and we made savings of 12k. Although understaffed in the year, a lot of work took place within the research team

to generate income with some work taken place in the 2021-22 financial year that was paid in 2022-23 also.

Alan highlighted that as a result, our reserves have increased to 353k. We are required to keep 200k in reserves by HCC who are the commissioners of our service.

Neil thanked Bradshaw Johnson, Alan and Natalie for the work to produce the accounts and asked that the accounts were adopted by the Board.

[The Board Members agreed the accounts.](#)

Neil handed over the Chair to Geoff for the next item.

4. Change to Healthwatch Hertfordshire's governing document to allow the potential for co-chairing

Explained that this proposal had come about due to pragmatism and looking at the best ways forward. It has been a challenging few months. Steve not being able to be involved has meant that Neil as vice chair has been covering. The role is quite a demanding one and we are therefore considering the possibility of being able to have co-chairs. If we chose this as a way forward we would need to change the organisations governing document as a charity, the Articles of Association. The Board would then consider what sort of options and approach they wish to take.

Geoff highlighted that this decision would need to be taken by members of the Board and Company only.

Referring to the slides shown, Geoff talked through the proposed changes to the Articles of Association. If anyone would like a copy of the slides please request these by emailing info@healthwatchhertfordshire.co.uk or by calling 01707 275978.

Geoff asked if there were any questions. He responded to a query regarding the Charity Commission's position on this issue by explaining that we explored both this and the National picture, and increasingly charities are going down this route in a similar way that job sharing roles work.

A request was made to amend the proposed wording to 21.1 '...If the organisation has Chairmen one of the co-chairs will chair the meeting. If both are absent the Trustees present shall determine which of them shall take the chair' to clarify that 'them' referred to within the second sentence refers to 'the remaining Trustees'.

Geoff also responded to a query regarding potential for conflict between the co-chairs. He explained that the Board would consider the practicalities and that the co-Chairs would be working in partnership so would want to ensure that both people were not doing exactly the same role. We will build guidance into our processes to help with this.

Neil also highlighted that this proposed amendment does not mean that we are taking a decision to have co-chairs; this amendment would enable the organisation to have the option of having co-chairs in the future if circumstances gave reason for it.

Geoff asked Board if they were happy to make the changes to the Articles of Association which enables the option of having co-chairs.

[This was agreed unanimously by all present.](#)

Neil introduced Geoff to talk through the highlights of the year. He added that hard copies of the Annual Report were available at the sign in desk, alternatively it can be found on our website here: [Listening to you helped us improve local health and care - our Annual Report 2022/23 | Healthwatch Hertfordshire](#)

5. Highlights of the year

Geoff talked to his presentation slides highlighting achievements and challenges from throughout the year. A copy of Geoff's presentation can be obtained by emailing info@healthwatchhertfordshire.co.uk or by calling 01707 275 978.

Geoff and Neil thanked the staff team, the Board, partners/organisations, volunteers and the public for making the past year such a success to drive change.

In response to a question about how the 10,000 people who shared their views/stories with us were obtained, Geoff explained that this was through a variety of ways including surveys, focus groups, signposting and online. He answered the second part of the question about whether this is a good outcome in proportion to the population of Hertfordshire by highlighting that the views obtained are representative of the challenges that the broader population face as well the balance of the broad majority focus versus our increased focus on hearing from seldom heard voices.

In response to a question about whether we are doing any work on the resilience of our health and social care system with regards to the possibility of the number of informal carers starting to fall Geoff said that Carers in Herts had raised a similar point with us. We have raised this issue to senior people within the NHS and social care, so for example with the Hospital at Home initiatives where people are no longer in acute settings and being looked after at home are great for the person. There has not been consideration of the added demand on carers in this situation and this is now being addressed as a risk for the implementation of this model. We know that being a carer impacts on people's health and that they are tired so it is a real issue - there needs to be proper support. Neil added that the Integrated Care partnership and the 10 year strategy that partnership has laid out alongside the detailed implementation planning it is now doing talks specifically about improving and deepening the support for carers. This is a positive sign that the system is thinking differently about an issue that has been neglected.

With regards to a query about complaints received Geoff explained that we do not tend to get many due to the nature of our service. They tend to be focussed on people who are frustrated with the system or would like us to focus on something specifically that is emotionally important to them as an individual.

In response to a question about giving an example of where the system had changed or improved as a result of our intervention Geoff highlighted our audit of care home visiting which has led to better support for families visiting a loved one. Another example from signposting is where someone was waiting for the surgery to transition from one gender to another. They had been to their GP for support and medication to aid this process but none of the GPs within that practice felt qualified to prescribe the medication. We raised this issue with the ICB nursing and quality team and they are now putting in mandatory training for GPs so that can be more confident.

With regards to a query about Enter & View (E&V), Geoff responded to say that we did not conduct E&V through the pandemic and beyond. This gave us an opportunity to step back and assess whether the approach was the right one for us. We are now using E&V as an approach we take to support other work if there was a need but that we wouldn't have a formal programme throughout the year.

In response to a question about how the ICS is progressing given that when it was first set up there were concerns about how they would be accountable to other bodies, including Healthwatch and to users of services in general, Geoff responded by saying that in some ways there are positives. For example there is a real commitment to hearing the patient voice now. The involvement that we have in the Integrated Care Partnership and how the Board is set up in South and west of the County so patient voices are heard. Coproduction is happening at a strategic level. There was a challenge in creating new structures of bringing people who were involved before into this new structure which is now starting to happen again. There is a remaining challenge between the culture of the NHS and social care in terms of accountability. Culturally it has been positive but in terms of the complexity it is challenging and there is plenty to be resolved.

**6. Key note speaker Health and care research in the county and across the region
Professor Wendy Wills, Director of the National Institute for Health and Care
Research Applied Research Collaboration (NIHR ARC) East of England, Professor in
Food and Public Health and the Director of the Centre for Research in Public Health
and Community Care (CRIPACC), University of Hertfordshire.**

Professor Wills talked to her presentation slides. A copy of Professor Wills' presentation can be obtained by emailing info@healthwatchhertfordshire.co.uk or by calling 01707 275 978.

In response to a question about where Hertfordshire's achievements sit in the bigger national picture in terms of outcomes, Professor Wills said that this is hard to quantify as there are so many different metrics that could be used. Currently all the ARCs are working together to work out the best way to demonstrate this both across the region and nationally and welcomed thoughts on this. Having a national ARC website may be part of this as it is currently a gap. There is however lots of sharing with all the other ARCs and also sound mechanisms to feed information up.

With regards to a query about any work going on to improve the crisis management situation that the NHS are in, Professor Wills responded to say that there are so many national documents and white papers on the need for more focus on prevention rather than treatment, cure and management but there still seems to be very little investment in this. She explained that from a research perspective, one of the things she has an eye on is the capacity and capability in research in particular areas of public health and prevention. ARC is involved in a lot of regional and national groups that drive this agenda and she will keep pushing.

In response to a question from Kristy, HCC commissioner, about how the ARC is linked in directly with commissioners of social care or how commissioners could link in with the ARC, Professor Wills explained that there is a long standing relationship between ARC and Public Health and with social care it is starting to happen now. For example the Clinical Research Team has just employed a researcher to work within the social care team within the council. They are really trying to drive those links better. A Clinical Research Network ambassador in the audience also supported the formalisation of this link as the next step so that more communities can be made aware of research projects such as the dementia study.

With regards to a query about how they were able to get children and young people to participate, Professor Wills said that her team worked really hard to form the young people's advisory group by reaching out to a whole range of other existing groups to make sure that they knew about research and participation. They were able to reach young people who talked about homelessness, refugee status and from different parts of the county to make sure it reached a really diverse group of young people. Prof. Wills offered the leads contact details to link in and discuss ideas on this.

In response to a question about how ARC can change evidence based policy Prof. Wills highlighted that they have a real champion in Lucy Chapple as she sits with all the advisors to ministers.

Neil thanked Professor Wills and encouraged everyone to note the various contacts and suggested avenues she provided to use for further collaboration.

7. A few words from Dr Phil Smith, Associate Director of Research East and North Hertfordshire NHS Trust

Neil introduced Dr Phil Smith. Dr Smith talked about the Research Engagement Network Development which is dependent on the people who take part in the research. Unfortunately not everyone can take part in research which means that some of the treatments and services being delivered (based on research evidence) aren't the best for everybody. This has been recognised as a real problem and we want to make research available for everybody so that services can benefit all.

Phil referred to the detail on pg.23 of the HwH annual report for more detail on this project. Phil thanked HwH for delivering the bulk of the work of this project, highlighted that Chloe, Geoff and the team were fantastic in running focus groups to bring through the patient voice.

The project has highlighted that many people don't trust the health and social care system so they don't engage in research about it and those that do access it may encounter language difficulties. Those who want to participate may also find it difficult due to being in work and not able to attend engagement opportunities. Considering these issues a Herts and West Essex Strategy is now being developed which seeks to enable research to involve everybody so that decision making can be based on evidence to treat everybody.

Neil thanked Phil and highlighted how important it is to get inclusion driven right the way through the research agenda.

8. Cost of Living research final report: Chloe Carson, Senior Research Manager Healthwatch Hertfordshire

Neil highlighted that our important piece of work on the Cost of Living is due to be published on 19th July and that Chloe would be delivering a very powerful session on the final report and how this is affecting people.

Chloe talked to her presentation slides. A copy of Chloe's presentation can be obtained by emailing info@healthwatchhertfordshire.co.uk or by calling 01707 275 978.

Chloe highlighted that the report is a tough read; it contains really painful lived experiences of Hertfordshire's residents through personal case studies that show the extent to which people are struggling and it's filled with quotes of people's real stories. We acknowledge there are no single solutions to this crisis and getting people the support they need requires long and short term action. We have been providing partners with data and the findings have been used to help local providers decide where services and new schemes are most needed. This will continue to be at the centre of our inequalities work and we will continue to monitor what the council, the NHS and other local organisations are doing to ensure action is taken.

Chloe thanked Hertfordshire County Council for partnering with us on this project and for using our data and for taking this forward.

Neil thanked Chloe for her presentation and encouraged people to read the full report saying that he thinks that this will have resonance well beyond Hertfordshire. There will be lessons for people within other parts of the country due to scale of the project and the range of lived experiences. Healthwatch England have been supporting by sharing our interim report so this is already affecting national thinking.

In response to a question about the reasons for the under 54 age group being most affected Chloe said that we actually heard from more older people. However, for the under 54's the pressures of rent and keeping up with mortgages, coupled with them being much more likely to have families, and the pressures of both providing for themselves and dependents meant that they were in a worse position.

An attendee spoke about having spent all their savings looking after their wife. They spoke to their social worker to ask if they could use 10 hours of their respite to get part time work and they were told that this was not respite and wasn't allowed. Respite to them means 10 hours of not worrying and being able to earn some money to help their finances but the system says no. The system needs to be more flexible. Chloe echoed this by saying that many people who responded to the survey also highlighted the inflexibility of the system for carers. We are speaking with Carers in Herts about this to try to work out messages to share across the system to encourage change in this area especially. Kristy Thakur, HCC commissioner said that she would take this issue back.

Kristy went onto congratulate Chloe, Asha and Miriam. She highlighted that she chairs a cost of living response group which is a system wide, multi-agency group and they have attended all meetings and have done a fantastic job. The actions that are coming out are being looked at within the group as well as starting to look into supporting unpaid carers.

A wider discussion was noted on carers and the amount of savings that benefit the government which should be re distributed, as well as the terminology 'unpaid carers' versus informal carers. Issues around mental health, the negative impact of the benefits system changing and the benefits of volunteering were also noted. Attendees were encouraged to join the forum to feed in their experiences and get their voices heard.

Dissemination of the report was discussed and the importance of getting it out to all voluntary organisations in Herts as well as nationally. A suggestion was made to try to get it to Marmot as the lead advocate of health inequalities.

The prevention agenda is so important in tackling the public's access to services and the current inequality that exists. The ICS has a crucial job to get to grips with what population health management means in practice. Prof Wendy Wills highlighted that the presentation shows that there is not only one group struggling,

that it is all groups in different ways and that she will be pushing the report up to Marmot herself.

A view was expressed that the challenge was not shortage of money or the lack of quality or quantity research it depends on changing the political imperatives so that people believe that change is possible. Healthwatch and others can contribute to this fundamental change (without being political) and the way in which people think about these issues and belief that it is possible to have an alternative.

Chloe highlighted that at the end of the survey all participants were directed to HCC's website with information about the different types of support available as it was really important to us that people were not left alone without avenues of help/support. We have also included information on this at the start of the report as well as sending groups more tailored signposting support. Kristy also updated that HCC has a suite of comms on their webpage and for anyone who doesn't know where to get help. HertsHelp is the first point of contact.

9. Important business notified to the Chair before the start of the meeting

There was no business notified to the Chair.

Neil thanked everyone for attending the Healthwatch Hertfordshire AGM and for all the questions and reflections.

NB: If you would like access to any of the presentations referred to within these minutes please email info@healthwatchhertfordshire.co.uk stating the meeting date and presentation you would like to receive.