

Chair's update

FOR INFORMATION/DISCUSSION/DECISION

1. Board developments

It was good to see colleagues both in person and online at our recent Annual General Meeting, which built on the opportunity that our earlier July strategic meeting in person had given board members to meet and start to get to know each other. We will have a chance to develop our relationships and ways of working further at the end of September during our board development day.

I am grateful to the staff team for enabling us to hold the August board meeting as a hybrid event and will be asking board members afterwards for feedback on this format so we can evaluate it as a future option.

I'm glad to report that the Annual General Meeting re-appointed four trustees (Ramone Samuda, Jan Taylor, Alex Booth and Neil Tester) for a second three-year term from November 2024. The meeting also approved the report and accounts.

RECOMMENDATION - The Board is asked to:

1. Note the updated board terms for the four re-appointed trustees.

2. Organisational developments

I am delighted to report that Geoff and I have now been able to sign our new core contract with the County Council on the basis previously agreed by the board. My thanks to the Executive Leadership Team and to our council colleagues for all the work that has gone into getting this process right. For the first time since before the pandemic, we now have the additional certainty of a multi-year contract. The contract is for three years with the option for the council to extend for up to a further two years. I believe this will make a significant difference to our ability to make longerterm plans for the projects and programmes, as well as enabling us to take the strategic, impact-focused approach that the board is aiming for, in the context of the multi-year strands of work across the Integrated Care System.



As board members are aware, we published our statutory <u>annual report for</u> <u>2023-34</u> on 8 July. The report develops further the way we tell the story of our impact and outcomes. It really brings home the scale, volume and quality of the work our team undertakes. Last year the board had a useful discussion to reflect on the annual report. The plan is to do so again this year but after the arrival of our new chief executive so that she can be part of the discussion.

This board meeting will be the last involving our outgoing chief executive, Geoff Brown, whose last day before he retires will be 30 August. As trustees will note from the agenda, I have asked Geoff to give us his reflections on his time with Healthwatch Hertfordshire. I'm very pleased that we also have the opportunity after this meeting to say an in-person farewell to him, to celebrate everything he's achieved during his time in the hotseat and to thank him for his unflagging commitment to making people's voices heard. I will say more at the meeting but I want to put on the written record my personal thanks to Geoff for all of the support and wise counsel he's given me in the chair.

I will update the board during the Part 2 meeting on the pre-arrival induction we have been providing for Geoff's successor, who starts with us on 4 September.

RECOMMENDATION - The Board is asked to:

2. Note the signing of the new core contract.

3. National and local system context

Since the last board meeting, voters have elected a new government. We are starting to get a sense of what this will mean in relation to health and social care, but as I said at the Annual General Meeting (in the last five minutes of this <u>video clip</u>) neither the fundamental issues on which people want and need us to focus nor our role within the system is going to change.

I have been pleased to see the focus the new Secretary of State has put on people's experiences and have reflected on that in this short <u>blog</u>.



Clearly the other significant national development has been the racist rioting in parts of the country. While the police and criminal justice response to the violence are not matters for us, I do think that the continuing policy debates surrounding the riots – and their wider impact on people of colour – will be of interest and relevance to us. I've shared some personal reflections, linked to our previous work, <u>here</u>.

The most visible and immediate consequence of national policy change for people in Hertfordshire is the decision to pause and review the New Hospitals Programme. This means that the planned developments at Watford and Harlow are back in the mix along with other projects, to the inevitable frustration of residents, staff and those who have been working for so long on the plans. By the time of our November board meeting we should know the outcome of the review in the context of the Budget and the Government's overall spending review. Whatever the outcome, the need for improved facilities is clear and it will remain a central part of our role to make sure people's voices are heard in all the relevant processes.

Board members will also be aware that while the Government and the British Medical Association have settled the junior doctors' pay dispute and the Chancellor has announced the acceptance of pay review body recommendations on healthcare pay, GPs balloted by the BMA have decided to undertake a complicated form of 'work to rule'. This is and is likely to remain a complex picture, so we will need to keep our eyes and ears open to understand how people are being affected in terms of their access to and experience of primary care as well as the knock-on effects elsewhere in the NHS.

Following the decision not to proceed with the social care charging cap, we are left in a situation where the Government has a manifesto commitment to undertake long-term development of a National Care Service but little in the way of tangible current policy apart from the commitment to work with the social care sector to improve care workers' pay. Board members may be interested in this useful work from Healthwatch England on <u>unmet care needs</u>.

4. 'Holding to account' and other meetings



During this quarter I represented us at the Integrated Care Partnership Board and at the Health and Wellbeing Board, where I was elected as vicechair for the coming year. This role provides a good opportunity to help make sure that people's interests and experiences are at the heart of future agendas and the way the Health and Wellbeing Board works. In addition to attending the Hertfordshire Health Scrutiny Committee, Chloe Gunstone and I presented at the County Council's Overview and Scrutiny Committee on our role, ways of working and relevant findings. This was a good opportunity to develop relationships with and awareness amongst a wider group of councillors, who had a very lively and interested discussion and will be asking us back.

We also had the usual wide range of meetings with the Integrated Care Board Chair and with senior leaders from provider organisations across the patch, as well as Public Health. It was especially useful to meet the new Chair of the East and North Hertfordshire Trust, who has now invited us to join their board meetings with a standing opportunity to reflect, question or challenge at the end of each one, and to present to the board twice a year. We will begin this process during the Autumn.

I have also taken part in several meetings of a Healthwatch England working group, exploring some of the issues concerning the national consistency, effectiveness and sustainability of the Healthwatch network that we discussed at the strategic board session in July.

RECOMMENDATION - The Board is asked to:

3. Note the report.