

## Chair's update

### FOR INFORMATION/DISCUSSION/DECISION

#### 1. Board developments

It was good to see Board colleagues in person at our development day in September, following our in-person August Board meeting. At this November meeting we will be using some of Part 2 of our agenda to consider feedback arising from both, as well as to look ahead to our December strategic session. I will soon also be in touch with Board members to schedule our annual 1:1 conversations.

#### 2. Organisational developments

It has been a pleasure to work with our new chief executive, Ivana, during her first three months in post and to see how our staff have continued to deliver with their usual high standards during our leadership transition. At the last meeting, reporting on the signing of our new core contract, I said that I believed it would make a significant difference to our ability to make longer-term plans for 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. I am looking forward to the phase we are now entering, as we work together to bring this about.

#### 3. National and local system context

The new government continues to flesh out its short-term and medium-term approaches to the NHS as it begins to develop its long-term approach in the run-up to the publication of the 10-year plan in May. The focus on people's experiences that we discussed at the last meeting remains central, having been highlighted in Lord Darzi's independent review of the NHS, at the launch of public engagement on the forward plan and in the composition and leadership of the working groups developing the plan. The three shifts that the plan will be designed to deliver – towards prevention, from analogue to digital and from hospital to community – are not new ideas but they have huge potential to address people's longstanding issues and concerns if the focus on listening to people carries through to the shape of the plan and, crucially, to ongoing evaluation during implementation.

The Budget announced additional revenue and capital resources for health services but did not confirm the outcome of the review of the New Hospitals Programme. This announcement is due in the New Year and we will continue to monitor the situation closely along with the Trusts involved in the programme. As I said in our annual report: “Delivering the health services we need in Hertfordshire depends upon having much better facilities than the cramped and crumbling buildings in which too many clinicians are struggling to provide care. The promised new buildings will eventually make a substantial improvement to healthcare across Hertfordshire, but we will continue to be vigilant about potential delays and to ensure people’s views are sought and listened to as plans develop.”

There are unofficial indications that ministers are hoping to find a way to build a cross-party approach to social care reform. While moving ahead with some of their care workforce proposals, they are yet to make announcements about their approach to wider reform. Continuing uncertainty in this respect will naturally imply a continuing impact upon people who need and draw upon social care support as well as a continuing challenge for the development of integrated care.

The Secretary of State has commissioned Dr Penny Dash, who recently reviewed the Care Quality Commission, to undertake a subsequent review of the entire range of patient safety organisations. While she and ministers are clear that Healthwatch are not patient safety organisations, it has been agreed that it would make sense for Healthwatch England and local Healthwatch to be considered by this review. This is being seized upon by Healthwatch England as an opportunity to stress the effectiveness and cost-effectiveness of our network but also to point to what more we could all achieve with the right resources and routes to strategic influence.

Across our own Integrated Care System, overall strategies and plans remain unchanged but we may begin to see a clearer focus for activity over the months to come. While the Integrated Care Partnership will continue to set and monitor overall strategy, it has agreed to focus its partnership activities on developing support for children to attain and maintain a healthy weight. The Secretary of State has announced his intention that Integrated Care Boards should tighten their focus on effective commissioning, shifting away from performance management of Trusts. We will need to keep a close eye on these developments as we continue our efforts to ensure that we enable people to influence the right decisions at the right time, to maximum effect.

#### **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. As vice-chair of the latter I have been chairing a task and finish group setting the framework for a county-wide workshop on implementation of the Hertfordshire health and wellbeing strategy in March. I also presented our team's work on gambling harms at the Health Scrutiny Committee, where councillors were struck by the clear messages from research participants. Together with Ivana and other colleagues I have had the usual wide range of meetings with the Integrated Care Board Chair and with senior leaders from the County Council's adult social care and children's services as well as from NHS provider organisations across the patch. We will be meeting Public Health colleagues the day after our Board meeting.

I attended the East of England Healthwatch network meeting in Cambridge and represented us at the recent national Healthwatch conference, where the sponsor minister for Healthwatch and patient safety, Baroness Merron, thanked everyone involved in Healthwatch for our efforts and said: "If patients aren't satisfied, the Government isn't satisfied."

#### **RECOMMENDATION - The Board is asked to:**

1. Note the report.