

**Chris Bain (Chief Executive of HWW):**

Beginning of recording missing

Apologies:... Jerry Roodhouse, Lisa, Lisman, Len Harvey, Sue Phillips, and Right. Anita Vig and Maggie Roberson

The agenda for today should be with you now. Once we get through this 'attendance and apologies' I will be handing over to Liz Hancock, who is the Chair of Healthwatch Warwickshire for her Annual report which will build on the report that was circulated earlier on this year. We'll then have a finance report from our chair of finance and audit, Mike Flaxman, who's on the call. Once Mike has finished, we will deal with the appointment of auditors, and then any other business, and there will be an opportunity at the end of the meeting to ask any questions or to make any observations that anybody in the meeting might want to make. So, I hope that all seems reasonably clear. With that I think I'll hand over to you chair.

**Liz Hancock (Chair of HWW Board of Directors):**

Thank you, Chris, and welcome everybody. I'm delighted to once again, as chair of Healthwatch Warwickshire present to you our annual report, which can best be described as a year of great change.

However, it is with sadness that I start with news that our previous chair Robin Wensley recently died. Robin acted as chair from November 2016 to December 2018 and left us due to challenges with his health. Our thoughts are obviously with his family at this difficult time.

This year we've experienced several staff changes. Claire Jackson leaving to work for the Scottish Government. Lucy Dean, heading back to engineering and to work for HS2, Poonam Thompson who now works for Warwickshire County Council, and Isabel Jonas, who we hope is enjoying her retirement.

However, I'm delighted that 3 new members of staff have joined us over the year, in our Engagement and Outreach team Carla Searle, who is taking the lead in the north of the county, and Caroline Graham, who leads in the South, and our Finance Assistant, Lesley Miller.

It's been a difficult year for everyone, but our small team of staff and volunteers have continued to work hard to be an accessible, trusted, independent source of advice listening and responding effectively, so that they can express the voice of local people on health and social care issues.

A couple of weeks ago, we held a strategy day for board, staff and volunteers, and the emerging themes from that day were maternity services, young people, and the need to avoid and reduce assumptions and bias.

Next week we're holding a board development event to ensure that as a board we continue to effectively support the work of Healthwatch Warwickshire and the team.

As you know the ICS, the integrated care system, formally started on first of July, Healthwatch Warwickshire seeks to engage with the Coventry and Warwickshire ICS to ensure the patient voice is heard at all levels; that's System, County, Place and Neighbourhood

Currently we have secured non-voting places on the Integrated Care Board, the Integrated Care, Partnership, and the Care Collaborative Executive. We're also negotiating with the mental health, learning, difficulties, and autism, Care Collaborative to join on a similar basis.

We have joined the Place Executive in Warwickshire North, South Warwickshire, and Rugby, and are also on the place delivery groups for all 3 areas.

We are pleased to also work with the Health and Well-being Board, the Coventry and Warwickshire Health and Well-being Forum, The Health Overview and Scrutiny Committee, The Warwickshire Aging Well Committee, Safeguarding Partnership and the GP Task and Finish Group for Warwickshire County Council.

We continue to work closely, with Healthwatch Coventry, Healthwatch England, including giving leadership to the combined East and West Midlands Healthwatch group, University of Warwick, Warwick Medical School, West Midlands Applied Research Collaborative, Newton County Councillor's Network and West Midlands Combined Authority, the Mental Health Commission.

I hope you can see from this that we strive to represent Warwickshire people across several different platforms.

Our Annual Report for April 2021 to March 2022, which was, as Chris said, distributed earlier this year, and is available on our website, highlights that 1,410 people shared their experiences of health and social care services with us and during the year, we published 10 reports, all of which are available to view on our website.

Our most recent performance report for May 2022 to July 2022 shows that we engaged with 2,571 people, which is a 24% increase on the previous quarter. We received 73 information and feedback contacts, telephone inquiries increased from 47% to 52%. We signed posted 52 inquiries to other organizations.

Feedback on hospitals and GPs continues to be a subject that is mentioned the most and feedback from the under 35-year-olds rose by a further 14%.

Our most recent surveys are the dental survey which closed this month, and analysis of the 264 responses is ongoing, and the LGBTQ+ survey is ongoing until the end of November and can be accessed via our website.

Alongside Healthwatch England we will also be part of a national survey to better understand what is working and what needs improving for people who develop mental health difficulties relating to their maternity experience. There'll be more information regarding the survey soon.

Following guidelines and advice from the Care Quality Commission, CQC, and Healthwatch England, we're looking to refresh and relaunch our Enter and View activities which was obviously stalled during the height of the pandemic and colleague training on this starts next month.

I'm very proud of the impact our small team of staff and volunteers, including my fellow board members, continue to make. I would like to thank them all those past and present for the role they play.

Thank you.

So, as Chris said, there will be an opportunity for any questions at the end.

But at the moment I'm actually very pleased to hand over to Mike Flaxman for the financial report.

**Mike Flaxman (Chair of HWW Board Finance and Audit sub-group):**

Good afternoon, welcome to the least interesting part of the Annual General Meeting. It's the least interesting but absolutely necessary, unfortunately. Just on a personal point, as well as being a board director of Healthwatch I'm also on the South Warwickshire Patient Engagement Forum with David Johnson, and I'm also a public Governor for the South Warwickshire University Foundation Trust which is an interesting time. It involves reading many, many, many pages of paperwork, but there you go. It's one of these things we do. Just before I launch into the report that was put on the website which I'm sure you've all read in great detail. Hoho! We did appoint new auditors during this year. The previous ones having been with us for about 8 years, we decided it was time for a change.

We had an unqualified audit report on the 21/22 accounts which we were very delighted with and the other thing I need to do is welcome Leslie Miller to the team who is bookkeeper, Accounting Officer, and I really do appreciate the input that she's making to the team because it's been incredibly useful to have a really qualified bookkeeper doing the accounts, or the background accounts anyway, it's been very useful. Just to launch into my report then as you all probably know to carry out the work we do we're funded by the Warwickshire County Council (as an aside, not quite enough, we'd like some more, thank you very much!)

Following our successful tender in 2018 we got a 3-year, fixed sum contract at £217,000 a year, increased to £221,340 2022. All this is reflected in the audited out turn in the Annual Report.

Our contract now runs until October 2023, as it was extended for a further 2 years. Retrospective inflation funding for this current year, at only 3% was being provided by the County Council, and we're in negotiations for a further uplift for the final year of our contract. We're hoping it will be somewhere near inflation, but I have my doubts. We expect the service to be re-tended early in 2023, and commence in November 2023, subject to County Council decisions on tendering periods, they might change it, so it starts in April, and reflects our financial year instead of the original contract year. In financial year 2022, we received £16,500 additional income from other sources.

We got this through the very hard work by our chief executive, Chris and the other staff who managed to get us contracts particularly with South Warwickshire Foundation Trust to do work around the Shipston Hospital reconfiguration and some work on the Carers Discharge Project which is published on the website and is being seen as a very, very successful and detailed piece of work that's been done, and I know that SWUFT are taking it into account when they're looking at the their quality improvements for the coming year. And I think the way SWUFT works is that successful discharges are the secret to keeping the place running and that our Carer's report points to a lot of things that could be done to improve that situation. So, I'm straying into service stuff here. That's a bit interesting, isn't it.

As I say, we've had very good success in terms of our project work, and last year we underspent by just about £5,000, which is being carried forward.

Going forward we've funded all of the posts in our new organisational structure, which I'm very pleased with. We will continue to use our reserves in 2022/2023 and going on to fund priority projects and surveys and look forward to a successful tendering process as a Healthwatch Warwickshire contract to come. That's me done, thank you.

**Chris Bain:**

Thanks, Mike, that was a comprehensive report. If there are any questions to Mike, we'll pick those up at the end if that's all right.

The next item on the agenda is the appointment of auditors.

I have written to Michael Harwood, who are content to be proposed and seconded. So is anyone willing to propose Michael Harwood and Company as our auditors

**Mike Flaxman:**

Yes, can do that proposed by me

**Chris Bain:**

Thank you, Mike. A second

**Liz Hancock:**

Gita, and I both have hands up for seconding

**Chris Bain:**

Well, thank you, is everybody content, then that Michael Harwood and Company should continue to be our auditors? I think they've done a good job this year.

**Mike and Liz:**

Yes, pleased with them.

**Chris Bain:**

Great stuff. Thank you very much. So that takes us on to any other business, and any questions that people might have either in terms of the annual report, the finances, or anything else that's on people's minds. This is the opportunity now.

**Judy Falp (Cllr, Portfolio Holder W.D.C. Safer Communities, Leisure and Health. Town, District and County Councillor for Whitnash):**

The question and the compliment. The question is, how much reserves do you have to keep, 3 months, 6 months? Normally most organizations have 3- or 6-months reserves.

**Mike Flaxman:**

We're not required by anything to keep a reserve level, but we have throughout our existence managed to retain a reserve to deal with the issue of our close down, should that happen. Because obviously there will be redundancy costs and things to run out. So, we've always kept a reserve to do that, and I would say the balance of our reserve would probably cover us for about 4 or 5 months.

**Judy Falp:**

Yeah, that's fine. Because most organizations these days have to because of the uncertainty of funding.

**Mike Flaxman:**

We try to be prudent. We keep an eye on what we buy, and we buy things as reasonably priced as we possibly can. Good question. Thank you.

**Judy Falp:**

The other is compliment really and I was at a meeting with Chris where we were dealing with all this high level strategy, as we tend to, don't we Chris at these meetings? and then we have the Healthwatch report and I actually said this is right that we're doing Healthwatch Report at the same meeting because it makes us realize who we're actually doing all this strategy for, bring it down to the level of our residents. I'm very keen when we're talking strategy that we have to think who we're doing it for, because you can get very high level and you're not actually doing it for the people you should be doing it. It's a compliment well done, because you are on so many Health Boards, at least you bring the voice of the people along with counsellors of course, but we do sometimes get into too much strategy and forget what we're doing it for. So that's a compliment from me.

**Chris Bain:**

Thank you, Judy. I mean the only reason we can bring the voice is because of the hard work of Healthwatch staff and volunteers in finding out what people are saying, and we can then tell you what it is. So, I think it works pretty well as a team.

David

**David Johnson (Chair of South Warwickshire Patient Engagement [SWPE]):**

Thanks, Chris, follow up on Judy's compliment. I think, particularly bearing in mind the rotation of staff that you've had over recent months, I think Healthwatch, you and your team have done a fantastic job across a number of topics, and you've kept the show on the road very well, despite those difficulties also on behalf of South Warwickshire Patient Engagement, I'd like to thank you personally for the support that you've given to our group, which is greatly valued. So, thank you for that.

Just to follow up really again from Judy in a question to Mike. Last year Mike, when you talked about the finances, you were fairly comfortable, that your reserve position would see you through to the end of the contract despite perhaps the Warwickshire County funding not being quite where you'd like it to be, of course, since then we've seen a deterioration of the general economic situation and very high inflation level, are you still comfortable that you'll get through the contract period without too much difficulty?

**Mike Flaxman:**

Yeah, I've got no worries about the contract period. I'm obviously very keen to ensure that we win the next contract. Another 3 to 5 years, I think, will be very important for health watch, actually, because I think we're really gathering speed and doing very well. I think that some of the things that

happened in the last year other people have taken notice of, and it's been, I think, a very productive year, actually. We managed to give the staff a pay award that was around the sort of wages indexation this year, which I think we were quite pleased to be able to do, and I look forward to being able to do the same for next year, assuming the County Council aren't too mean with their inflation funding. But we will keep the pressure on them as we do every meeting we have.

**David Johnson:**

I have no doubt that depends on the central government support for local authorities. Good luck with that Mike.

**Mike Flaxman:**

They've got problems with all of their service providers in that they do recognize that all of their service providers, whether it's for residential care or cleaning or anything else that they're going to need to have to fund, something substantial this year they do recognize that and I think they're running round in circles trying to work out what it should be.

**Chris Bain:**

Thanks. David, you know we will continue to bear down on costs and do our bit to make sure that we remain financially stable, going forward. But at the same time, we have to meet the needs of people out there. So, it's a balance we continually have to strike.

**Mike Flaxman:**

And looking after our staff at the same time

**Chris Bain:**

Just a small point there, Mike, just a small point. Quite right.

John.

**John Holland: (Cllr, Leader of Labour Group, Warwick West)**

Thank you for the information that you're giving us in this meeting, and the thing that struck me from Chairs Report is just how many different organizations there are, all of which are legal entities, and who is joining it up from the customer's point of view. And really you're almost the only people, and it really is, it's not just sort of baffling, but I feel that you know, better use of cost effectiveness and quality could be achieved if we can get all the different health and care providers into a more unified system, but a question I'm coming around too is, in Chair's Report there was mention of the Place Board and the delivery teams and the, as I understand it, please correct me if I'm wrong, that the needs assessment, the Joint Strategic Needs Area

Assessments were carried out in 2019, and the Place Boards are then looking at that, but what actually is the delivery part of the Place Board

**Chris Bain:**

The Place Board sets priorities and the actual delivery on the ground is where the Place Delivery Board should be working. So, we go along to those Place Delivery Boards to ensure that the voice of the patient is not lost in translation from the strategy down to the delivery on the ground.

So I think the only way you are going to get a proper alignment between service provision and the needs of populations is to listen to those populations on a continuous basis and to respond to what you're hearing and what we do on those Places Delivery Boards, have been doing it for a little while now, is to hold them to account, to make sure that they do align with what people are telling us they need. My big concern is one that you've had John is that there's a danger that without us there, it's the NHS talking to each other. And to be fair the NHS have opened up to us really well, and they do listen, and they do engage. So, I actually, I'm slightly more optimistic than you are about the future of the Integrated Care System, and I think if we can continue on the path we are, we will become more and more integrated.

**John Holland:**

I don't have a problem with people talking to each other, it's the people who don't talk to each other that are the problem. But the delivery parts of the Place Boards don't actually deliver anything, themselves, do they? Do they rely on other organizations, which are then separate legal entities, who may or may not do it, or am I again being pessimistic?

**Chris Bain:**

No, I think it is the actual providers who sit on the Place Delivery Boards, providers and commissioners sitting together and talking about what needs to be actually delivered on the ground. That's what the place delivery boards are for, and we're going to make sure we continue to be part of that, to make sure that the patient voice continues to be heard, and those very important frontline decisions.

**Dilys Skinner (HWW Volunteer):**

Many thanks to Liz for a really good report. I'm always worried about Liz because I thought she was going to have to stand down and just return to Mary Anne Hospice. But is she able to continue? Which would be great.

**Chris Bain:**

Liz Hancock and I are in conversation, Dilys.

**Dilys Skinner:**



Right, you carry on. You keep talking. That's fine.

**Liz Hancock:**

Thank you. Dilys. That's lovely to hear. I really appreciate that.

**Chris Bain:**

Mike

**Mike Flaxman:**

I'm just going to add something for John Holland, the ICS are due to publish their health strategy on the 31st of December and what I'm concerned about is whether that strategy has any relationship with the strategies of our various provider units. Bringing together the provider unit strategies with the commissioning strategy strikes me as being quite important so between January and the end of March I think there's a lot of work to be done to ensure that there's some comparison of those provider and commissioning strategies, and we'll see what they're like but the ICS seems to be dragging its feet a bit, and you don't see much progress, I have to say, John, which is a bit worrying. But maybe they'll, you know, surprise us all and produce a wonderful healthcare commissioning strategy on the thirty-first of December. We'll all have to come into the office that date rather than prepare ourselves for our New Year celebrations.

**Chris Bain:**

The integrated care partnership met this morning in person, at Shire Hall, Caroline and I were both there and some of the challenges you've identified about bringing all the various parts of the system together within a single strategy. I think, were discussed in some detail, and there was some acknowledgment of exactly the challenges that you've identified. I couldn't help but intervene in that and talk about the need for proper engagement. But I think they do understand some of the complexities that you're picking out, and I have some optimism. What they did say was that the document that's going to be produced by the end of December is the beginning of a process rather than the end of one. I think as they go forward, they will look to make it an iterative process. So that it learns as it goes, and I don't think there's any other way of doing it. The timetables are just too squeezed for me.

You've got your hand up, Jackie.

**Jackie Prestwich (HWW Volunteer):**

I think I'd just like to say that as a volunteer with health watch, someone who's been involved in patient engagement since 1998, I would like to say that volunteers for organizations such as health which are absolutely vital in order to help and continue their work and it leads volunteers into some very interesting arenas, and some very interesting experiences, and some very interesting stories. But I would like to say that of all the organizations I've

encountered in all these years I'd like to commend Healthwatch Warwickshire for the way that it does treat their volunteers and looks after their volunteers because an organization such as this one cannot function without a good system to enable volunteers to do the best they can. So well done, Healthwatch Warwickshire. I'm very proud to be associated with you. I love Healthwatch Warwickshire, and may it flourish in the next year, but thank you for the way that you look after your volunteers. I feel that it needed to be said.

**Chris Bain:**

Thank you, Jackie, that's very kind. Our volunteers are the lifeblood of the organisation, and we couldn't live without them.

So, if there are no other questions, we can close the meeting and thank everybody for their attendance and their support. If you do think of any questions, do get in touch and we'll see if we can clarify some points for you. Thank you and enjoy the rest of your day and we'll see you again.