

Board Meeting in Public

Public and Confidential Agenda and Papers for the Board

Healthwatch Shropshire Meeting Room,
4 The Creative Quarter, Shrewsbury Business Park, SY2 6LG
30th May 2024 10am – 12.30pm

Public Agenda

	Item	Lead	Purpose	Time	Page/Item
1	Welcome and introductions	VB		10.00	
2	Election of Trustees	VB		10.05	
3	Apologies and Declarations of Interest	VB		10.10	
4	Guest Speaker: Penny Bason (Head of Joint Partnerships, STW ICS and Shropshire Council Health, Wellbeing and Prevention Directorate) – The Local Care Transformation Programme	VB/LC	For information / Discussion	10.15	Verbal
5	Minutes of Last Meeting	VB	For approval	10.40	Page 2
6	Chair's Report	VB	For information	10.45	Verbal
7	Chief Officer's Report	LC	For information	10.50	Verbal
8	Finance Report Q4	VB/LC	For approval	10.55	Item 2
9	Draft Forward Plan 2024-5	LC	For approval	11.05	Item 3
10	Questions from the public	VB		11.15	
Resolution to manage confidential business in closed meeting					

Minutes

Meeting: Board Meeting in Public 26th February 2024

Agenda item	
	Present
	Vanessa Barrett (VB) (Chair) Lynn Cawley (LC) Steve Price (SP) Daphne Simmons (DS) David Voysey (DV) Bob Welch (BW)
1	Welcome, introduction and apologies
	Rich Amos (RA) Anne Wignall (AW) Guests: Anita Walters (The Hollies) Julie Williams (The Hollies) Dave Crane (DC)
2	Election of Trustees
	VB invited Dave Crane (DC) to introduce himself as a potential Board member. DC has a wide range of experience and skills from which HWS would benefit, in addition to an interest in and willingness to serve HWS. DC was unanimously elected to the Board of Healthwatch Shropshire.
3	Declarations of Interest
	There were no declarations of interest
4	Minutes of previous meeting and matters arising
	Minutes of the Board Meeting held in public 20 th November 2023 were agreed. The Chair proposed that the minutes of the private session on 20 th November could also be taken in public today, agreed. There were no matters arising that weren't already on the agenda. However LC indicated that, with several new Board members a full day in late March/early April to consider the Forward Plan for 2024-25 would be useful. ACTION: LC to arrange meeting with the Board and volunteers to discuss Forward Plan 2024-25
5	Questions from the public
	No questions received

Confidential Agenda

	Item	Lead	Purpose	Time	Page/Item
11	Minutes of Last Meeting Action	VB		11.20	Page 4
12	Action Log	LC		11.25	Page 6
13	Chair's Report	VB		11.30	Page 7
14	Chief Officer's Report	LC		11.35	Page 8
16	Intelligence & Engagement Committee Summary Report (Actions Agreed and Updates)	DS	For information	11.40	Page 9
15	Governance & Assurance Committee Summary Report (Actions Agreed and Updates)	VB	For information	11.45	Page 10
	Budget 2024-25	VB/LC	For approval		Item 4
	KPI - Questions	LC	For information	12.05	Item 5
	IHCAS - Questions	LC	For information		Item 6
	Discussion papers: Sustainability of HWS Healthwatch England Sustainability Webinars	VB	For discussion	12.15	Page 11
	HWS SWOT Analysis and Organisational Priorities	LC	For approval	12.25	Item 7
17	Issues for escalation	VB/LC	To be agreed		
18	Any other business –	VB			
	Date of next meeting				To be tabled at the meeting
	Close			12.30	

Minutes

Meeting: Confidential Session of the Board 26th February 2024

Confidential

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Agenda item	
6	Minutes of previous meeting and matters arising
	See p.2
7	Finance
	<p>Julie and Anita from The Hollies attended. They were invited to express their view of how the transfer of banking and management accounting had gone. The Board was told that internal problems within the bank had made the process very time-consuming, but all is now resolved. There was some initial resistance to the transfer of responsibility for payroll from April, but that is also being worked through.</p> <p>Trustees commented that the format of the financial report is very clear and much appreciated. It was pointed out that for a charity 'Surplus and Deficit' would be more appropriate headings than Profit and Loss. The projected year end outcome was discussed, but financial performance at present is satisfactory.</p> <p>ACTION: LC to ensure that heading on financial report are amended</p>
8	Governance
8.1	Key Performance Indicators (KPI) Report <p>The Team was thanked for the work done to update Q3 under difficult circumstances. For the benefit of new Trustees, the report was discussed in quite a lot of detail and showed that momentum was maintained, although staff changes in Q4 may impact adversely by year end.</p>
8.2	IHCAS report <p>The slimmed down version was discussed. With a new IHCAS coordinator yet to come into post, LC agreed to look at the underlying data to ensure the relevant items are being captured.</p> <p>ACTION: LC to check that all relevant IHCAS data is included in the summary report</p>

8.3	<p>Risk Management Matrix.</p> <p>The small team of Trustees who had worked on this were thanked. A few amendments suggested by the Team were accepted and the document was approved as an ongoing agenda item to ensure risks are kept under review.</p> <p>It was agreed some more work on scheduling policy reviews, and perhaps combining some, is required.</p> <p>ACTION: Work to be done on scheduling policy reviews and combining policies where possible.</p>
9	<p>Committees of the Board</p>
	<p>The terms of reference for two new Committees of the Board (to replace all previous standing committees) were agreed. These two Committees are:</p> <ul style="list-style-type: none"> ▪ Governance and Assurance (to be held two weeks before the quarterly Board meeting) ▪ Intelligence and Engagement (includes Enter and View). Initially to be held every two months, but may be revised to once a quarter if appropriate. <p>LC was asked to send a proforma to all Board members, asking of which committee(s) they would like to be members. It was agreed each committee would elect its Chair at the first meeting.</p> <p>ACTION: LC to send a proforma to all Board members to ask which committees they would like to join.</p>
10	<p>Reports</p>
	<p>No reports shared</p>
11	<p>AOB</p>
	<p>None</p>
12	<p>Date of next meeting</p>
	<p>ACTION: Team to draft list of meeting dates for 2024-25</p>

Action Log

Item	Action	Who	When / Complete
	26th February 2024		
4	Arrange meeting with the Board and volunteers to discuss Forward Plan 2024-25	LC	Meetings held 9 th and 15 th April
7	Speak to Anita to ensure that headings on financial report are amended	LC	Email sent 08/05/24
8.2	Check that all relevant IHCAS data is included in the summary report	LC	Complete
8.3	Work to be done on scheduling policy reviews and combining policies where possible.	TBA	
9	Send a proforma to all Board members to ask which committees they would like to join.	LC	Email sent 30/04/24
	Team to draft a list of meeting dates for the Board	LC/BR	For this meeting

Reports

Chair's Report

Healthwatch Shropshire

I am delighted by the appointment of our two new Trustees: **Dave Crane** in January and more recently **Meski** (formalised at this meeting). I have every confidence that the wide range of experiences they will bring will refresh our board and will lead to some lively, challenging and productive discussions.

I should also mention that I attended a national Healthwatch webinar when **Rich** was on the panel promoting the added value to Boards of members with disabilities.

Healthwatch England

I attended other HWE webinars on the 'sustainability' of the Healthwatch network. They identified six key challenges to local HW having sufficient impact, which will be familiar to colleagues from our own discussions:

1. Insufficient funding means Healthwatch are unable to plan or implement well
2. Turnover (of staff and providers) threatens continuity of action plans and relationships
3. Too many masters: Healthwatch are pulled in many directions by Council, ICB, HWE.
4. Local Healthwatch cannot control implementation of changes indicated by their findings
5. Lack of brand awareness prevents public from engaging
6. Patient and public voice representation is a crowded market

In summary the 'market' for Healthwatch contracts is weak and is not driving high performance. HWE commissioned a report from Kaleidoscope on how to promote the sustainability of local Healthwatch e.g. to help rethink the Healthwatch commissioning model and identify potential changes to address operational, governance, and funding challenges. Their proposals will be published more widely soon.

The Integrated Care System

I regularly contribute to the system's MSK (Musculo-skeletal services) transformation board and have also attended a few other system/ICB meetings, to ensure HWS continues to be represented and to contribute. Earlier in May there was a meeting (they are held quarterly) with SaTH, HWT&W and LLAIS (the Welsh equivalent!) to discuss the concerns raised by people about Trust services. This meeting included reviewing progress made after the E&V visit to the new acute floor at RSH

(designed to relieve some of the pressures on A&E). It was disappointing that not all the commitments the Trust made in respect of HWS recommendations have yet been followed through. A positive outcome however was the agreement that all E&V reports on SaTH will be reviewed at these meetings six months after they are published – something we've been trying to instigate for some time!

Otherwise it has been a quiet few months for me, although I have continued to monitor the board papers of our local Trusts and feedback items that I feel are relevant to Lynn.

Chief Officer's Report

Healthwatch Shropshire

In June we need to focus on completing the Cancer Engagement Report and Healthwatch England Annual Report which must be published by 30th June. Due to staff leave the Annual Report is unlikely to be ready for draft approval until a week before it is due to be published to give us time to make any changes. So keep your eye on your inbox.

Like Vanessa I have joined Healthwatch England webinars on the future sustainability of local Healthwatch and I think it is important to note that these discussions are still in the early stages and Healthwatch England is currently refining their proposals. When I asked about timescales I was told it is likely to take 2-3 years before any changes are seen and so we cannot count on this to help us within this contact.

As you know since Christmas the Team have experienced a number of challenges, personal and professional, that have impacted on our capacity and inevitably morale. The loss of Alli from the team and the quick departure of Tina has been a real blow. I am prioritising caring for the team and encouraging to think about how the Board and volunteers can support them to manage their workload. As part of our membership of the Shropshire Chamber of Commerce we can access services from Quest which includes a 24 hour number where the team can call and speak to a medical professional about their physical and mental health needs. I am also encouraging them to take leave and use TOIL. As you know, I have an open door policy and the team know they can talk to me at any time if there is anything they are worried about.

The Integrated Care System

However, we are not alone with the challenges we face. Every day I am meeting people working across the health and social care system and the VCSE who are feeling anxious and frazzled. Every organisation is under pressure due to finances and staffing challenges. Since the announcement that NHS Shropshire Telford and Wrekin (the ICB),

like all ICBS, have to reduce costs by 20% the staff have been going through the Management of Change and key staff are disappearing. Today (21/05/24) I have heard that staff now know which roles are being kept. Those without a post have identified roles they would like to be considered for and are starting a four week trial. At the end of the four weeks they will find out if they have the job or are being made redundant. It will be another 6 weeks at least before the team has stabilised. I have asked for a list of senior leaders who are continuing to work at the ICB and their roles but have not received it yet.

Intelligence and Engagement Committee Report

Meeting date: 13th May 2024

Highlights for the Board

- Daphne Simmons appointed as Chair, Deputy Chair to be agreed at next meeting
- Terms of Reference for the committee approved

Actions

- Task and Finish Group of DS, DC and BR to review the Feedback Summary Report content and layout and identify required content going forward
- Staff team to advertise new HWS Volunteer roles externally
- DC to be invited to join system meetings about digital developments by LC as appropriate

Issues escalated to the Board

- HWS cannot be a member of the Council's Health Overview Scrutiny Committee (HOSC) but can attend as an observer. Board member to be identified to support LC to join these meetings and report back. (LC is a co-opted member of the Joint HOSC for Shropshire, Telford and Wrekin along with the CEO of Healthwatch Telford and Wrekin).

Governance and Assurance Committee Report

Meeting date: 20th May 2024

Highlights for the Board

1. In the absence of members election of Chair and Deputy Chair deferred to the next meeting
2. Terms of Reference approved with the addition of: "To ensure compliance with data protection regulations (GDPR)"
3. Anita and Julie from The Hollies attended the meeting to join the conversation about the finance figures to the end of March 2024 and the draft budget for 2024-25. It will be remembered that HWS set a deficit budget for 2023/24 (-£18,648). However the year's outturn shows an improved position of +£4,593. The proposed budget for 2024/25 will continue to be in deficit, but may be approx. -£10,000, if the Board agrees the Committee's recommendation to accept the draft budget.
4. It was also agreed to approach our commissioner for support in kind for some 'back office' requirements e.g. health and safety annual assessment, PAT testing.
5. Dave Crane spoke to the committee about his ideas for how we might be able to further develop our use of social media. There was a good discussion on extending our 'reach' for social media as well as the materials produced by Healthwatch England to promote the HW brand and messaging more generally. We recommend you have a look at these videos: [New videos produced to explain who we are and what we do | Healthwatch Network](#) They can be localised by adding our own logo.
6. In the wake of the E&V/IHCAS officer's early resignation there was discussion on how to fill the gap. It is acknowledged that E&V is essential in retaining the enthusiasm of our volunteers. It may be we can support E&V by a mixture of volunteers and a shared post with Public Health (which Lynn is exploring). In the meantime Daphne has agreed to accept a contract for up to five hours a week to manage IHCAS. Since IHCAS is a separate contract from the one for Healthwatch Shropshire, it was agreed this would not conflict with her Board responsibilities. As a consequence, you will see that it is proposed to reduce the hours allocated to the IHCAS/E&V officer to 15 for the proposed 2024/25 budget.

Actions

- Declaration of Interest Form to be shared with the Board, staff and volunteers

- It was agreed to work on some new local messaging for HWS including asking the Board and volunteers for their ideas about straplines and concise descriptions for who we are and what we do to be used in our messaging and press releases.

Issues/items escalated to the Board

- Draft budget and staffing proposals
- Draft Forward Plan to be approved before being shared with wider stakeholders for comment/suggestions

Discussion paper – Sustainability of HWS

Author: Vanessa Barrett (Chair)

Introduction:

Following the disappointing outcome of the bid for the 2023 HWT&W contract, the HWS board considered several strategic 'scenarios' for the way forward. At this point, after the first year of the new contract, I think it is appropriate to re-visit some of those discussions and evaluate the position of HWS going forward.

A brief history of HWS

The Health and Social Care Act 2012 required every local authority to commission a local Healthwatch. Resources were allocated, which were to be ring-fenced for one year only.

The Rural Communities Council (RCC) – now Community-Resource – developed the proposal for an independent charity, to be set up under the RCC, which won the contract. HWS was established April 2013, with a board of Trustees, one of whom was nominated by the RCC. The contract would run for three years, with the option to extend to five. The commissioning officer for Shropshire Council has been in post since before 2013, and has always been very supportive of HWS. The initial grant allocation was maintained throughout the first five years, unlike many other local HW (including HWT&W) which saw their allocations shaved year by year.

After a couple of years HWS decided to become a charity independent of RCC, which was agreed very amicably. In 2016 HWS bid for and was awarded the IHCAS contract for Shropshire.

There was another round of commissioning HWS in 2017. HWS bid for both Shropshire and HWT&W. We won the Shropshire contract, (from April 2018, again for 3 years, with the option for a further two years) but with a 25% reduction in the grant. The decision was made to reduce to a four day week. We felt fortunate in the commitment of the then staff team, who supported this reduction, despite the financial disadvantages to themselves.

Strategic changes for 2023/24:

One of our main reasons for bidding for the T&W contract was to achieve economies of scale necessary to ensure our long-term financial viability. In February 2023 we considered three 'scenarios'.

1. Cutting Our Cloth

The budget to be heavily pruned each year to ensure that it balances against rising costs. We will focus expenditure on those items that deliver positive outcomes for the people of Shropshire, and seek opportunities to reduce costs around 'back office' functions.

2. Diversify

In this option we look for other sources of income. These could be allied services, such as advocacy, advice services, community engagement work. However, starting a new service takes a lot of time, money and energy with no guarantee of success.

3. The Ultimate Sacrifice

In this option, we take the initiative and look for a compatible charity/HW provider to merge with. In reality, we would be offering up HWS to be taken over by a larger charity in return for certain guarantees (suitable positions for our staff, seats on the board of trustees, an independent HW committee for Shropshire made up of community representatives).

The way forward agreed for 2023/24

The board agreed a combination of 1 and 3. During 2023 we implemented a change in financial services provider and gave notice to cancel contracts for Payroll, Health & Safety advice, HR (personnel) services, and the previous Independent Examiner.

The option to 'diversify' was not supported. The Board was very aware of the impact on the staff team of the immense amount of work required to respond to the two 'invitations to tender' (which affected for several months our capacity to undertake our normal activities, which we had been so keen to revive after the pandemic). There is no capacity within HWS to extend into other areas.

In respect of option 3, I include some staff quotes at the time we were exploring this:

"I like working for this organisation because it suits my lifestyle. I am sure that would change under a merger. There are more cost-savings to explore still".

"My least favourite option would be a merger. Working with this particular team, and the flexibility I am offered is what I value".

Effects on HWS of other changes during 2023/24:

- a) **Staff turnover:** we start 2024/25 with the recent loss of one long-serving, highly-valued member of staff and two other relatively inexperienced members of staff, who require a lot

of support and supervision. In addition a new appointee resigned last month soon after starting in the role. This creates a heavy reliance on Lynn (who has significant other demands on her time as well as personal pressures) to support them in their roles. The decision not to re-appoint any admin support increases demands on all team members.

- b) Relationship with STW ICS/ICB:** In order to use our limited resources to best effect in Shropshire, it is essential to build and maintain good communication and personal relationships with key staff in the STW system. Most of this work has fallen to Lynn, who is seen as the 'face' of HWS.
- c) Relationship with HWT&W:** Despite our best efforts (e.g. seeking board to board meetings, inviting HWT&W to share jointly pieces of work etc) the relationship has not matured into a productive one. Indeed, there is a marked lack of response to all overtures.
- d) New HR and other legislation:** During the last year some new legislation was passed that will impact HWS (e.g. the right to flexible working on the employee's terms). Having dispensed with the previous HR contract, we will need to ensure we have access to appropriate advice and support. Similarly the annual requirement for a health and safety assessment is not something our small team has the capacity, or skills, to undertake.
- e) 2023/24 Financial out-turn:** Once we have the end of year accounts we can assess how much of our planned savings in year one of the new contract have actually been realised, and develop a realistic budget for 2024/25. This will take into account our best estimations for the increases in staff salaries and cost of living effects, as well as a realistic assessment of recurrent savings. If we do not believe HWS will be financially viable for the full three/five years of the contract we need to be making decisions now to safeguard its future.

I was enormously impressed with the event the team put on in 2022 called 'One Chance' (i.e. to get it right for people needing end of life care). As part of our planning for the coming year, I suggest we need to consider how we can promote more collaboration with local partner bodies also representing patient and public voices - there are many organisations out there with this role. As a statutory body, HWS has the potential to have a powerful convening presence and better understand where we can have the greatest impact and build 'brand awareness' in Shropshire. We should create opportunities to leverage greater voice and influence through more effective local networking. Lynn has already started our volunteers thinking about this. I would welcome the Board's views on making this collaboration as effective as possible.

Healthwatch England Sustainability webinars

Author: Vanessa Barrett (Chair) 16 May 2024

I have been attending webinars over the last few months, when HWE has shared some research they commissioned around the commissioning processes, funding levels and general sustainability of local HW, and have sought local HW views on the suggested ways forward.

I have to say that after 10 years as a Trustee this is the first time I have felt HWE is actually trying to 'co-produce' something with local HW! I presume this is down to a new approach from the new HWE chief exec Louise Ansari. However, as always when an initiative is consequent on one individual, it does not guarantee continuity into the future.

They came up with six key challenges to the wider Healthwatch network, none of which are a surprise to us:

1. Insufficient funding means Healthwatch are unable to plan or implement well. The market for Healthwatch contracts is weak and is not driving high performance.
2. Turnover (of staff and providers) threatens continuity of action plans and relationships.
3. Too many masters: Healthwatch are pulled in many directions by Council, ICB, HWE.
4. Local Healthwatch cannot control implementation of changes indicated by their findings.
5. Lack of brand awareness prevents public from engaging.
6. Patient and public voice representation is a crowded market.

HWE commissioned a report from Kaleidoscope on how to promote the sustainability of local Healthwatch e.g. to help rethink the Healthwatch model and identify potential changes to address operational, governance, and funding challenges.

I think few HW would argue with their analysis (copy available on request), but there are widely divergent views from local Healthwatch on how to address the problems they identify.

Six Kaleidoscope proposals:

1. Increase of contract length to minimum 5 years (7 to 10 preferred) would promote stability. However, long-term contracts should include uplift where possible; otherwise Healthwatch will need to make redundancies and reduce the scope of work in the later years
2. Clarity at national level on relationship between funding and work scope, e.g. what can be expected at different levels of funding. Clarity at local level on work plans to help Healthwatch seek revenue for additional work.
3. Joint funding from ICBs and councils for Healthwatch is broadly supported (but commissioning at ICB level is not). There is some risk noted by all stakeholder groups that this may further marginalise social care by focusing more of Healthwatch attention and resources on healthcare. Healthwatch providers note that ICBs talk about valuing partnership but tend to take a command-and-control approach, which does not suit the Healthwatch model.
4. Multiple-contract providers do see economies of scale, improved collaboration across patches, and reduced variation in approach, but there is a risk of losing local focus. *As an example, Engaging Community Solutions – ECS is one of these multiple HW providers. I looked at the annual reports for the six local HW ECS provides in 2022 (Bedford, Halton, Sandwell, Stoke on Trent, Walsall and Warrington). Despite these areas having very little in*

common, all their annual reports were on a single template and gave no indication of the value of local HW to its community.

5. Move away from re-tendering process, so that the expectation is that providers stay in place unless they do not fulfil statutory duties.
6. Commissioning at the national level (e.g. by HWE) could strengthen the independence of local Healthwatch and allow councils to be trusted partners, rather than commissioners

Rather disturbingly I got the impression that the national HWE Committee favours this last proposal as offering an improvement on the current plethora of Local Authority approaches.

The points I tried to make at the most recent of these webinars was that if we keep doing the same thing, don't expect anyone to give us additional funding when finance is tight. The patient's voice is underfunded and is needed more than ever. We really do need to find a model that will excite the politicians, not expect them to introduce new legislation to change the status quo.

I am very happy to share any/all the papers from HWE so far with colleagues who are interested. Alternatively, I think the discussion has a long way to go yet.




healthwatch Shropshire

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