



**healthwatch**

**Hertfordshire**

# **Annual Report**

**2020-2021**





# Contents

<b>Message from Our Chair</b>	<b>4</b>
<b>About Us</b>	<b>6</b>
Our Year in Focus	
Highlights from our Year	
<b>How We've Made a Difference: Research and Engagement</b>	<b>11</b>
Covid-19 Patient Experiences - What can Hertfordshire learn?	
Digitally Excluded during the Covid-19 Pandemic	
Annual Health Checks - Voices from the Learning Disability Community	
Improving Access to Healthcare for Veterans	
Our Work with Academic Partners	
West Hertfordshire Hospitals NHS Trust: Improving Patient Care through Co-production	
<b>How We've Made a Difference: Helping you Find the Answers</b>	<b>22</b>
Our Signposting Service	
<b>How We've Made a Difference: Holding to Account</b>	<b>26</b>
Holding providers and commissioners to account during the pandemic	
Dental services - NHS England Improvement, the Local Dental Network and NHS 111	
Mental Health Services - Hertfordshire NHS Partnership Foundation Trust	
Ensuring patient involvement in hospital developments	
<b>Valuing Our Volunteers</b>	<b>31</b>
Enter and View	
<b>Finances</b>	<b>35</b>
Finances and Resources	
<b>Our Plans for Next Year</b>	<b>37</b>
Message from Our Chief Executive	
<b>Thank you</b>	<b>40</b>
<b>Get Involved</b>	<b>41</b>

# Message from our Chair



Steve Palmer, Chair

In May 2020, I was writing the introduction to last year's Annual Report as we were coming out of the first Covid-19 lockdown.

While we are in a stronger position this year with the rollout of vaccines giving us hope for a return to normality, we still don't know what twists and turns Covid-19 will throw our way and sadly we can't close the door on this chapter of our lives just yet. Nor should we forget that at the time of writing this introduction, more than 3.5 million people have sadly lost their lives as a direct result of Covid-19, a figure that is probably an underestimate and will of course only get worse.

One thing is certain, I have never been more proud of the resilience of our Board, our hard-working staff, volunteers and the health and care sectors across Hertfordshire. Their ability to adapt, work together and meet challenges day after day during the past year has been a credit to them all.

Of course it was the NHS staff, health and social care workers who faced the frontline challenges, but it was the patients who also suffered in numerous ways and we have worked hard to ensure their voices have been heard and provided them with the information and assistance they need to navigate the changing landscape of health and care.

Our signposting service is a testament to the problems faced by patients as the pandemic unfolded. Ongoing issues with poor communication, changes to services and cancelled appointments left many people feeling alone and confused about where to turn to get the help they needed. Our research has been crucial during the past year, allowing us to gain insight into the changing patient landscape and gather evidence about people's experiences of health and care during the pandemic. Ongoing issues with social inequality, mental health, digital exclusion and dentistry have been highlighted and exacerbated by Covid-19 and our work continues to understand and help improve these complex areas.

As you'll see in this report, not all of our work focused on the pandemic, we also undertook valuable research into the experiences of healthcare for veterans in Hertfordshire which showed that the NHS needed to do more work to deliver the levels of care to which veterans were entitled. Many of the issues and projects I mentioned in last year's Annual Report are still ongoing, such as the redevelopment of acute services in our area. Public involvement in these projects is essential and we will continue to promote opportunities to provide feedback and the patient perspective.

Our goal with all of this work is to inform commissioners and providers of services in a way which helps them to bring about meaningful change.

Obviously work to help the NHS recover from the impact of Covid-19 will take years, as will efforts to address high levels of staff exhaustion and problems with recruitment and retention across the sector. In the community, there are hidden crises such as widespread mental health issues and an estimated huge increase in smoking - thought to have set back anti-smoking efforts by decades.

Over the next few months we will continue our focus on inequalities and hearing from those seldom heard. Crucial to our work will be looking at the impact of Covid-19, the learning that has come from this and ensuring the patient perspective is central to recovery programmes.

I hope you enjoy reading about our work this year, and thank you for your continued support.

A handwritten signature in dark ink, appearing to read 'Steve Palmer', with a long horizontal flourish underneath.

**Steve Palmer**  
**Healthwatch Hertfordshire Chair**

“Local Healthwatch have done fantastic work throughout the country during the Covid-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. Covid-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

**Sir Robert Francis QC, Chair of Healthwatch England**

“The last year has sadly been dominated by the response to the Covid-19 pandemic. Healthwatch Hertfordshire has articulated clearly and quickly the impact on people and family carers, which has in turn helped public sector organisations tailor their responses.”

**Chris Badger, Director of Adult Care Services, Hertfordshire County Council**



About Us



# Who we are and what we do

We are an independent champion for people using health and social care services in Hertfordshire. We are here to make care better by ensuring those running services put patients at the heart of care.

As a charity with statutory powers we work to make sure local people’s voices are heard. Our role is to understand the needs, experiences and concerns of people about health and social care services and to ensure their views help shape and improve them.

By providing robust challenges and holding the system to account, we strive to get services right for the future and to ensure that people’s worries and concerns are addressed.

## How we work

Through our innovative and varied research and engagement activities, we encourage people to share their views and lived experiences. Using this data, we make evidence-based recommendations to the NHS and social care organisations and demonstrate how lived experience can have a positive impact on the redesign and improvement of local services.

We also provide a confidential Information and Signposting Service to help people access, understand and navigate the health and social care system. The experience and data we collect using this service provides a further source of valuable information.

Meeting with health and care leaders on a regular basis enables us to ensure that they hear people’s voices and involve people in their decision making. This means we can assess key initiatives together, highlight issues raised by patients and the public and help to shape service improvements and outcomes.

Being commissioned to be independent helps us to hold providers and commissioners to account if, and when, their services do not reflect the expectations and needs of people using them.

## Who we work with

We work closely with partners and stakeholder organisations in Hertfordshire as well as health and social care commissioners and providers including the NHS and Hertfordshire County Council.

As part of the wider Healthwatch network, we share information and contribute to initiatives with Healthwatch England and the Care Quality Commission, which helps us to have an impact across the County and help shape the national agenda.

# Our Governance

We want to make sure that as many people as possible can share their voice and stories with us and continue to take steps to involve the public and volunteers in our governance and decisions about our work.

Our Board of Trustees are all volunteers appointed for having a mixture of skills, which includes lived experience and knowledge of health and social care. They govern our activity and by setting priorities, are responsible for the strategic oversight of Healthwatch Hertfordshire. The Board ensure that we fulfil our legal obligations, use our resources wisely and that we keep to our charitable purpose. The Board meet six times a year with four public meetings and two strategic sessions for Board members only.

“Our relationship with Healthwatch Hertfordshire continues to be a constructive and mutually supportive one. In this most extraordinary of years for the NHS, the insight brought by Healthwatch has been invaluable, particularly in understanding how patients are feeling about the changing way in which health care has been delivered during the pandemic. Healthwatch Hertfordshire also continues to ensure that patient concerns and feedback about local services are raised with us, which plays a big part in improving the health and care services that are provided for our population.”

**Dr Jane Halpin, Joint Chief Executive Officer, Hertfordshire and West Essex Integrated Care System and Clinical Commissioning Groups**

“We are delighted to have been able to continue our collaborative work with Healthwatch Hertfordshire over the last year, working in partnership to support our patients and public constituents access our services and have the best possible health care experience. We enjoy a positive working relationship with Healthwatch Hertfordshire colleagues and we are especially grateful for their continued support during the Covid-19 pandemic. We look forward to continuing to work together to deliver the very best care to our patients and the public.”

**Rachael Corser, Chief Nurse & Director of Infection Prevention and Control, East and North Hertfordshire NHS Trust**



# Our Year in Focus

It has been a year of unparalleled change and uncertainty, not only for us, the NHS and social care services, but also the voluntary sector and wider communities.

To support our partners and the public during this difficult period, it became even more crucial to engage with the public in a bid to understand a variety of topics which were central to the delivery of health and social care. Responding to the confusing and often scarce communication available, our information and signposting role also became even more important, providing clear information to the public.

Our priority was to deliver on our programme ensuring that everyone - our staff, colleagues, patients and partners - felt safe and supported and our purpose and values guided this response.

Our Strategy ***Looking Ahead 2020/24*** was published during the year and set out our direction for change and reflected our shift in approach. Despite the uncertainties we kept focused on outcomes, holding the system to account and developing our work programme to help tackle the impact of those disadvantaged and address inequalities in our communities, all with a focus on our strategic priorities.

- ✓ Being more strategic
- ✓ Gathering more evidence
- ✓ Carrying out more research
- ✓ Reaching more seldom heard groups
- ✓ Focusing on outcomes
- ✓ Generating more revenue

Pages 22-25 showcase examples of how our professional signposting team quickly adapted in response to Covid-19, providing information and support to the public when information and resources were scarce. Pages 11-21 demonstrate the ways our high quality research service focused increasingly on inequality issues and hearing from those who were traditionally overlooked or disadvantaged. Pages 26-30 show how through our holding to account approach we continued to scrutinise services, whilst recognising the unusual circumstances and pressures they faced.

This year, our relationships have developed across the County through wider involvement with the voluntary and community sectors and District Councils, raising our profile and broadening our reach. To further enhance awareness of our role and become more accessible we launched a new website which went live in March 2021. The new website provides an opportunity for us to demonstrate the impact that we have had over the year in an easy, accessible way. It also provides many ways and opportunities for people to share their views and find information about the NHS, social care and ourselves.

Opportunities to generate revenue during the past year have been limited as understandably several projects were delayed. However, the financial situation for the coming year looks positive as these projects recommence and other work is also likely. Hertfordshire County Council adjusted funding from our contract to reflect increased costs of living and to complement our revenue. We generated some notable efficiency savings in a range of areas including printing and website charges.

# Highlights from Our Year



We engaged with **1,187** people and **1,072** people shared their health and social care story with us.



Our Signposting Team spent over **391** hours providing support and information to people who contacted us for help.



**3,615** subscribers received our free newsletter, updating them about our work and services.



We received **106** compliments from the public and partners.



**43** improvements we suggested were adopted by services to make health and care better in our community.



We attended **51** Chair and Chief Executive meetings, as well as **45** different Boards and Committees, providing patient views to influence providers and commissioners.



# How We've Made a Difference: Research and Engagement

# Your voice matters

Your lived experience is at the heart of our work. In 2020/21, thousands of you shared your lived experience of health and care with us.

Central to our success as an organisation is our rigorous and nationally recognised research. Through expert staff and robust methodologies, endorsed by research partners such as the University of Hertfordshire and Healthwatch England, we can be confident of our research findings and recommendations.

This year we have strengthened our relationships with academic, voluntary and community sector partners, as well as with health and social care partners - enhancing our reputation regionally and nationally.

We continue to have an honorary fellowship at the University of Hertfordshire and to be a named partner in the Applied Research Collaboration East of England (ARC EoE). We also represent the Healthwatch region at the Applied Research Collaboration East of England Board meeting and the Public Health Interventions Response Studies Team (PHIRST). Our role at these meetings is to:

- Ensure that the patient voice is central at all stages of research
- Identify involvement opportunities for local Healthwatch in the region
- Encourage and promote community involvement and engagement
- Help partners assess the effectiveness of their work

## The impact of the pandemic on our work programme

Our main challenges this year were long pauses in projects creating a backlog and, once projects resumed, a need to shift to mainly online and remote engagement methods. This meant exploring innovative ways to build trust and openness online with participants and finding different ways to reach those who were seldom heard or digitally excluded.

We are proud to say these challenges were embraced and as a team we have produced some really insightful work, which has added value to the research already available and importantly brought about change and improvement.

The following pages detail some of the highlights of our busy and varied programme. Read how we captured your voice through our reports and working in partnership on various projects.

### Specialist services we offer



#### Gathering patient experiences



#### Co-production



#### Patient involvement



## Covid-19 Patient Experiences - What can Hertfordshire learn?

During the Covid-19 pandemic, we have celebrated the NHS and others who have continued to put their own health at risk and deliver what services they can. However, there have been challenges and concerns raised about how patients have been affected.

To better understand local experiences of health and social care services, we carried out three online surveys between May and July 2020. One survey focused on how Covid-19 had affected people’s mental health, another focused on the experiences of those who had been shielding and the last focused on health and social care more generally. **In total, 667 people shared their stories with us.**

### What we found

In summary, local people said poor access to dental services, an increase in mental health problems, communication failings and over-use of technology were key issues that needed to be addressed as a result of the pandemic.

In contrast, people highly valued good communication when it was supplied and really appreciated the practical information and support provided by the voluntary and community sector.

#### Mental health

For most people, Covid-19 had negatively affected their mental health. However, only a small number accessed support for their mental health. This was largely because they were unaware of what services were available and how to access them. People who answered the shielding survey echoed this finding.

When respondents mentioned trying to contact the Mental Health Trust for support, they noted difficulty getting through. Respondents mentioned particular frustration in trying to access the Out of Hours Service and Single Point of Access.

“My anxiety is extremely high and I have struggled with depression.”

“It concerns me that the GP can prescribe medication without seeing the person and their condition.”

#### Technology

Key changes to care included the use of online technology, cancellation and postponement of appointments and reduced care and support.

Where technology helped reduce waiting times or travel, it was welcomed. However there were certain services and treatments where people felt face to face appointments were needed. People were especially concerned about the over-use of technology for mental health services, GP and hospital appointments that require a clinical assessment or diagnosis and the accessibility of online appointments for people with learning disabilities.

## Shielding

Quality of communication and information from services was very mixed.

Those shielding tended to have a particularly poor experience regarding communication. They shared experiences of anxiety caused by the lack of contact from GPs and clinicians. They also noted that shielding information and communication was usually generalised and not specific to the patient's condition. Meaning, they would have benefited from a follow-up call from a GP with personalised information on what shielding meant for them individually and where they could get support and more information.

"During this whole time I've been shielding and in isolation, no one from the surgery has rung to check on me."

## What we did

We made 12 recommendations to service providers and commissioners which focused on improving communication and information and access to services.

The findings and recommendations were shared with service providers and commissioners to assist them in rebuilding improved health and social care services in the short and long term. Through our holding to account role, we have been monitoring how actions are being taken forward and have also been working closely with Hertfordshire County Council Health Scrutiny to share evidence (see page 28).

"The Covid-19 pandemic has had an enormous impact on all of our lives and we know that it is likely to have a lasting impact on our communities for the short, medium and long term. As we try to focus on rebuilding our communities, it is hard to overstate the importance of setting the right priorities for that journey which is why this report by Healthwatch is vital, as the approach will be shaped by some of those most affected."

**Cllr Linda Haysey, Leader of East Hertfordshire Council and Chair of the Community Reassurance Cell of the Hertfordshire Local Resilience Forum**

## What are people telling us about Covid-19 vaccines?

To help inform the local rollout of the Covid-19 vaccination programme, it was important to understand local residents' attitudes towards the vaccine, as well as people's experiences of receiving the vaccine when offered. This included any difficulties they had booking and attending appointments, their thoughts on information about the vaccine and whether they had concerns about the vaccine.



## What we did

Between February and May 2021 we launched two surveys. One survey was aimed at those who had already received the Covid-19 vaccine, to understand their motivations for wanting the vaccine and their experience of receiving it. The other survey was for those who had not yet been offered the vaccine, with the purpose of understanding their likelihood of having the vaccine, as well as what concerns they might have.

**1,820 local residents took the time to share their thoughts and experiences with us.**

Monthly interim reports detailing the findings were shared with NHS and social care partners. A full report, available to the public, will be published in August 2021.



# Digitally Excluded during the Covid-19 Pandemic



Findings from our Covid-19 Patient Experiences report told us that the use of online technology did not suit everyone and resulted in some people feeling excluded, having a negative impact on their experience during the pandemic. We wanted to find out more, so carried out some additional research talking to people who have been digitally excluded during the pandemic.

## What is digital exclusion?

Digital exclusion is the inability to access or use online products or services which can result from multiple factors such as affordability, accessibility, lack of confidence, skills and trust.

## What we found

We carried out six 1:1 in-depth interviews with people across the County who told us:

**The main barrier to digital inclusion was the cost of the devices and the mistrust of online platforms, particularly social media and online banking.**

“I’m nervous to do anything financial on it because of the several experiences of friends who’ve had people who’ve gone onto their computers and done all sorts of things.”

**Other barriers included physical ability, lack of skills and lack of confidence to use their devices to get online.**

“I have no training to use the internet, I don’t know how to use a laptop.”

**People missed healthcare appointments and experienced increased feelings of isolation and loneliness during the pandemic.**

“I normally ring up or go in there and they give me an appointment, but I don’t know what the procedure is now so I haven’t bothered going.”

**People felt frustrated that most of the information about the pandemic could only be found online.**

“Everything is ‘go to this website’, phone numbers are not given so you can’t even phone anybody.”

**Some participants were motivated to become digitally included, seeing it as a way to increase their independence, help them access more information and keep in contact with friends and family.**

“It would help greatly if I could learn how to get online and I could do it myself.”

## What happened next

Through our holding to account role, our findings were shared with health and social care services, Councils and voluntary and community sector enterprises so that digital inclusion initiatives could learn from experiences in our report.

We also used our meetings with health and social care partners to encourage services to adapt their communication and information to take into account people who were digitally excluded.



# Experiences of Annual Health Checks - Voices from the Learning Disability Community

Working with the learning disability community in Hertfordshire and listening to their concerns, Healthwatch Hertfordshire helped to improve the uptake and quality of Annual Health Checks for service users.

## What they told us

- Service users praised the patience and friendliness of clinicians. However, they had concerns about the quality of Annual Health Checks, with some only receiving a short appointment and a basic examination of their health: **“There is not much point going to an Annual Health Check as they don’t really check anything.”**
- Some GP practices did not provide reasonable adjustments and/or accessible information, and some did not allow service users to bring support with them.
- Some service users were not aware Annual Health Checks existed and/or have never been offered an appointment: **“I never knew my child could have an Annual Health Check, I never knew they even existed!”**
- Those aged 14-17 years old were less likely to have an Annual Health Check. For those who had, they were given greater choice: **“Having an Annual Health Check makes me feel better because the doctor can tell me if I am unwell or not.”**

## What happened next

Supported by the Learning Disability Mortality Review (LeDeR) who provide scrutiny and evaluation, we published our findings in August 2020 and made 15 recommendations to providers and commissioners. The recommendations aimed to improve:

- **Awareness of Annual Health Checks amongst patients, carers and staff**
- **Information provided to patients and carers**
- **Quality of appointments, particularly encouraging more support, choice and control for patients and carers**

The report and recommendations have been shared with all members of the Improving Health Outcomes Group (IHOG) and with all GPs in Hertfordshire by the Learning Disability Clinical Leads for Herts Valleys Clinical Commissioning Group and East and North Hertfordshire Clinical Commissioning Group. These recommendations will also be referenced in the Learning Disability Strategy 2019-2024 and addressed through IHOG. The learning and impact will be closely monitored by LeDeR and ourselves via an annual review in Autumn 2021.

“We commend the report produced by Healthwatch on Annual Health Checks. The research and report are invaluable to enable our care and services to improve following feedback from those who are at the heart of our work. We need to ensure the health inequalities experienced by people with a learning disability are addressed through the Annual Health Check and without their feedback it would not be possible to ensure this is effective. We are grateful to Healthwatch for this work and also to those who participated in the research.”

Learning Disability Clinical Leads for Herts Valleys Clinical Commissioning Group and East and North Hertfordshire Clinical Commissioning Group

# Improving Access to Healthcare for Veterans

Recognising concerns about gaps in data and access to healthcare for veterans in Hertfordshire, we worked with the Health Subgroup of the Hertfordshire Armed Forces Covenant Board to research experiences of local veterans in relation to their healthcare needs.

## What we did

From June to December 2020, we engaged with nearly 100 veterans through 1:1 interviews, focus groups and an online survey. We also interviewed key NHS professionals to ensure different perspectives were heard.

In December we held a co-production event with veterans and NHS professionals to jointly consider how services could improve experiences for veterans and what future projects could be taken forward by the Health Subgroup of the Hertfordshire Armed Forces Covenant Board.

In March this year we published our report looking at improving access to healthcare for veterans.

## What we found

- Most local NHS services did not identify veterans who access their services. Where services did identify veterans, there was no consistent way of sharing this information with other services, which affected access to priority treatment.
- Veterans are often reluctant and/or not aware of the importance of sharing their military history with services, preventing them from accessing support.
- Because few services collect or share data on veterans, their healthcare needs are not fully understood. Services and veterans do not all agree on what ‘priority treatment’ means for veterans, so experiences and practices differed greatly.
- Veterans can find it difficult to access priority treatment, largely because services are not always aware of this entitlement.
- Services are often unaware of what support is available to veterans, preventing them from signposting veterans effectively.



“When I told them I was a veteran, they had no idea how they would update my records.”

“Nobody asked me about my military service so I didn’t mention it.”

“There are veterans who have taken their own lives and that’s because they’ve not been able to get help.”

## What happened next

As a result of our report, the Health Subgroup of the [Hertfordshire Armed Forces Covenant Board](#) developed practical steps in their 2021/22 action plan to address areas for improvement for veteran healthcare access. This action plan will be presented to the NHS Integrated Care System Board of Hertfordshire and West Essex at an upcoming meeting.

To help increase the understanding of the Armed Forces Covenant amongst practitioners, the subgroup is working with the Veterans Covenant Healthcare Alliance to promote the Veteran Aware accreditation scheme to Hertfordshire Trusts. **East and North Hertfordshire NHS Trust has been accredited, as well as the East of England Ambulance Service NHS Trust since the publication of our report.**

Amongst primary care practitioners, the Health Subgroup has been promoting the [Royal College of GPs Veteran Friendly GP Practice Scheme](#) to Hertfordshire GP surgeries, of which there are ten currently accredited. The Subgroup is working to ensure that there is at least one accredited practice per District Council by April 2022.

The Health Subgroup is also highlighting the needs of veterans in social prescribing workstreams and working with the Integrated Care System to ensure consistent recording and reporting on issues facing veterans. Hertfordshire Covenant Board members continue to promote the Veterans Gateway app, to signpost where appropriate to HertsHelp, and encourage healthcare organisations to sign up for the [Defence Employer Recognition Scheme](#).

### What is social prescribing?

Social prescribing involves helping patients to improve their health, wellbeing and social welfare. It is when health professionals refer patients to community services which might be run by the Council or a local charity.



“The Veterans’ Healthcare Access survey, funded by Public Health Hertfordshire, is the first local survey to try and find out what the healthcare access barriers are in Hertfordshire. The final report from Healthwatch Hertfordshire provides the Health Subgroup of the Hertfordshire Armed Forces Covenant Board with an evidence base of veteran’s experience in Hertfordshire. This report will play a key part in helping us focus our main priorities for 2021/22 which aim to ensure that veterans are actively supported and face no disadvantage when accessing healthcare in Hertfordshire.”

**Harper Brown, Director of Integrated Specialist Care NHS and Chair of the Hertfordshire Armed Forces Covenant Board Health Subgroup**

“Healthwatch Hertfordshire has once again been a key partner for the CCG and we have continued to work closely together during the past year. Their expertise and local connections have enabled us to supplement quality assurance visits to providers - which have been scaled back because of the pandemic, with additional patient feedback. This has helped us to better understand people’s experiences of local health and care services during a time in which much has changed for the NHS. Healthwatch also helped us to focus on the inequalities agenda from a patient perspective, for example working to ensure veterans are appropriately prioritised for health services and in our efforts to ensure that we tackle digital exclusion, an issue which has taken on greater significance as more health appointments are offered remotely. We look forward to continuing these key workstreams and others over the coming year.”

**Sharn Elton, Managing Director, NHS East and North Hertfordshire Clinical Commissioning Group**



## Data sharing and health: Are the public engaged?

Working with the University of Cambridge, Public Health England and other local Healthwatch in the East of England, we tested local resident's views on the different ways their health data is used.

The project aimed to inform health care, public health and research. At present, much of the data relating to people's health is held separately in different organisations. However, before joined-up datasets can be developed, people need to be confident that any information that they share is held securely and used appropriately.

Through focus groups and 1:1 interviews, we explored with residents whether they had different feelings about their data being used to improve their own health, the health of their community and for public health research. We also explored who they were happy to share their health information with and for what purpose, as well as what concerns they might have about sharing this type of information.

### What people told us



Strong concerns were raised around who has access to data; what the data is used for; and the implications this has for privacy and consent. Confidence that their health data was being stored securely and only shared when appropriate was important.



Sharing data for their direct care, or the care of a dependant, to help improve their health was seen as a benefit. They also saw value in their health data being shared across health and social care providers to avoid repetition and continuity of care.



The idea of sharing their health data for research and population health management purposes was more challenging. This was largely due to concerns regarding the security of their data, and lack of knowledge around how the data was going to be used.

### What next?

The University of Cambridge is currently pulling together the findings from across the region. A lay summary and detailed report of the findings will be made available to all collaborators and participants in Autumn 2021.

Specific briefings will be prepared for researchers to guide how they talk about data sharing when they engage with the public and recruit participants in ongoing and future population health research projects.

Future information on this project will be available on the [project webpage](#).

The project was funded by UK Research and Innovation (UKRI) and supported by the NIHR Applied Research Collaborations East of England, Population Evidence and Data Science theme. The project was led by Dr Louise Lafortune, University of Cambridge.



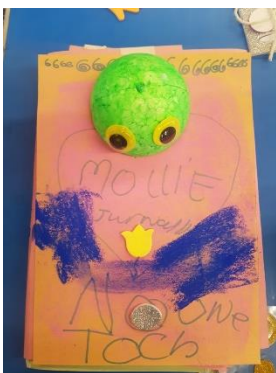
# Improving health and wellbeing of children in Stevenage

In February 2020, we launched a project with the University of Hertfordshire, Stevenage Borough Council and health and research partners across the region to build a health and wellbeing research partnership with children and their families living in the most socio-economically challenged areas of Stevenage. The work was paused in April 2020 due to the pandemic, with only parts of the project able to resume in September 2020.

## What we did

In collaboration with research staff from the University of Hertfordshire and playcentre staff, we crafted creative methods to engage with children and young people (5-14) and their families. The focus being on developing ways to have sensitive conversations with children and their families about health and wellbeing issues that matter most to them.

Through lots of different activities, we discussed what made the children feel safe, what made them feel happy or sad, as well as what they felt they were good at and what their aspirations were for the future.



## What we learnt

As the project couldn't be completed as intended, the findings were limited. However, learning included:

- The value placed on the services like the playcentre by the communities they serve. In particular, children said the staff and centre provided a place of safety.
- What types of engagement methods work best in a community playcentre setting.
- What types of engagement methods work best with children and families that are less engaged with research.
- The huge body of knowledge that community services have and the importance of continuing to involve them as partners in research and community planning.
- The value of partnership working across disciplines and organisations.

## What next?

We are currently working with the University of Hertfordshire to produce a report and short film. Both of these should be available to the public in Autumn 2021.

“Supporting the health and wellbeing of children is both a national and local public health priority. Those living in socio-economically challenged areas can be vulnerable to poorer health and emotional wellbeing. Public engagement and research activities often fail to engage and hear the voices of children and their families in these areas about their experiences and what is important to them. The project aims to bridge this gap and create awareness and understanding of the key issues for children and their families in Stevenage.”

Dr Julia Jones, University of Hertfordshire



# Improving patient care through co-production: West Hertfordshire Hospitals NHS Trust

In last year’s Annual Report we described how we had been working with West Hertfordshire Hospitals Trust (WHHT) to create a culture of co-production within their involvement and engagement work.

Aimed at setting up a new Co-production Board to oversee work across the Trust, this exciting new model provides opportunities for WHHT to work in partnership across the system and with voluntary and community sectors.

Although plans were put on hold at the beginning of the pandemic, the new approach was implemented for August 2020 with virtual Board meetings bringing together clinical and specialist staff from the Trust with community leaders from the voluntary and community sectors.

The Board co-chaired by the Deputy Director of Nursing at the Trust and the Chief Executive of Healthwatch Hertfordshire oversees a work programme where clinical staff and patient and community representatives work together to develop solutions to improve services. Each meeting also includes speakers from the NHS and voluntary sector with a focus on sharing expertise and enhancing opportunities to work together.

The work programme is diverse with ideas coming from communities and staff to develop shared, practical solutions. These include:



Working with mothers to improve approaches to induction of labour



Making the complaints process more meaningful for people with learning difficulties or disabilities.



Enhancing support for carers at the Trust



Looking at ways to reduce the risk of patient possessions (this loss causes considerable distress)



Improving information and support for asthmatic children and their parents

Each of the areas has a project plan to deliver improvements and we look forward to seeing progress over the next few months.

“Healthwatch Hertfordshire has supported us in the role of ‘critical friend’ during another very important year for West Hertfordshire Hospitals NHS Trust. We found their advice invaluable as we engaged our local communities in discussions about plans to redevelop our hospital estate. The expertise that Healthwatch Hertfordshire has in bringing the lay perspective into discussions about engagement and working with us on ways to address key areas of concern relating to the redevelopment programme is much appreciated. We have also worked with Healthwatch Hertfordshire on a co-production project. With their help, this project has moved from an idea to reality. We have set up a co-production board which Healthwatch Hertfordshire co-chairs and this group is making great headway with a wide range of projects which have the experience of patients as their top priority.”

Louise Halfpenny, Director of Communications, West Hertfordshire Hospitals NHS Trust



**How We've Made a  
Difference:  
Helping you Find the  
Answers**

# Our Signposting Service

If someone has a question about health and social care services, our experienced signposting team is available to help them - this can be when things go wrong, how to access a service or how to give feedback.

We provide free confidential advice and information, online and over the phone to help people navigate and access the health and social care services they need. If someone has a query about a NHS or social care service we can direct them to the most appropriate place, or places, for help.

We use anonymised experiences and data to help improve services and future patient encounters with services.

Working as a team, we identify and analyse patient feedback and share this with service providers and commissioners. This can include recognition of good practice, gaps in service provision and sometimes highlighting areas where we think improvements can be made. We are able to do this effectively because we are an independent charity - not part of the NHS or social care services - and we have the benefit of a robust evidence base to support us.



This year staff spent **391 hours and 45 minutes** signposting

## What are people contacting us about?



Seeking support on how to raise a concern or complaint about the quality of care/treatment received.



Frustration with administration and communication, including unclear or misdirected communication and blanket letters.



Difficulty accessing NHS dental care - during and after Covid-19 lockdowns.



Sharing negative experiences of staff conduct.



Requesting information about health and social care service changes.

## How did they hear about us?



Contacted us before



Internet search



HwH member



Word of mouth

# Communication and Support

The top two reasons people contacted our signposting service was to request support in raising a complaint and to share their frustration with the lack of communication they were experiencing. Below we have provided examples of the communication issues local residents shared with us, as well as the lack of support they sometimes felt.

During the first wave of the Covid-19 pandemic and the first lockdown in March 2020, no one knew exactly what the plan was for the millions of people that needed medical procedures - both urgent and elective. Blanket letters were sent to patients, stating that their appointments had been cancelled until further notice and to await updates.

One patient we spoke to who had received a blanket letter from a Trust, had waited over three months without an update before trying to contact the Trust. When they phoned reception, no one was able to provide any reassurance or signpost them to someone who could help.

We also heard from an individual who felt deeply aggrieved by the Trust's choice of words 'non-essential' when giving the message that their cancer operation was going to be postponed.

When the vaccination programme started, GPs were expected to identify and contact patients in the designated priority groups set by the Joint Committee on Vaccination and Immunisation.

In January - February 2021 we heard from the families of housebound patients eligible for the vaccine, who had not been told when they could expect to receive it. The families said that their GP surgery was either unable to give any information or told them that there were 'no plans to vaccinate the housebound currently'. Understandably, this was very worrying for the patients and families affected. However, we were able to reassure them by providing information about what they should expect, when they should expect it and what to do if they didn't hear from their GP.

Assessing the ever changing situation and providing clarity for patients was especially challenging during the pandemic, but we worked closely with partner organisations to ensure we could provide the most up to date information and effective support for our clients.

"Thank you very much for your support [Healthwatch Hertfordshire], am very grateful." - Compliment from signposting client

"Thank you very much...I think Healthwatch Hertfordshire asking the question has made a difference here." - Compliment from signposting client

# Dentistry During Covid-19

The third reason people contacted our signposting service was because of difficulty accessing NHS dental care. Read below the types of issues people were experiencing, as well as how we helped change services in response.

During the first national lockdown in March - June 2020, all dental surgeries were told to close to patients. However, it was unclear where patients were expected to go for dental emergencies during this time as the newly created Urgent Dental Care Centres were slow in being set up and responding to queries. A number of people we spoke to were forced to seek private treatment because they were in so much pain and couldn't wait for the NHS dental team to call back.

Once dental practices were allowed to open again, we heard from many people who were unable to register as a new NHS patient, despite requiring urgent treatment. People also shared with us their frustration with long waiting times. These patients were often offered private treatment, to join an NHS waiting list, or nothing at all. However, private treatment was not an option for everyone, with many struggling to pay even NHS fees.

In response, we provided individual support through our Signposting service. We also provided up to date information on our website using guidance from the Hertfordshire Local Dental Network on what patients could expect. This meant that the public had clear information about what to do when they needed dental treatment, who to contact and what to expect when they went to the dentist. We then shared this information with other organisations and local networks to increase awareness.

Importantly, we also raised the issues shared by patients with NHS England locally. NHSE acknowledged these concerns and established a supplementary route for patients who contacted us needing urgent dental care. One such patient was recovering from cancer and had been given several successive courses of antibiotics for an abscess, in preparation for the practice's earliest "urgent" appointment in 5 weeks' time. With this new treatment route, we were able to get that patient's appointment moved up to the next day.

Additionally, as a result of providing NHS England Improvement with this intelligence, an enhanced pathway to urgent dental treatment via NHS 111 has been created with the aim of ensuring that no dental patient in pain is left alone. Read more on page 29.

"[Healthwatch Hertfordshire] has been so incredibly helpful, I am so grateful - thank you!"  
- Compliment from signposting client

"I now feel like I have the ammunition to go into that dental surgery and get what I need. Thank you [Healthwatch Hertfordshire]!" -  
Compliment from signposting client



**How We've Made a  
Difference:  
Holding to Account**



# Our Approach

Earlier in this report, we have explained how we receive evidence through research and signposting and use that information to determine where improvements are needed in health and social care services. Using this intelligence, we then **hold the system to account** from a patient and service user perspective.

Our approach to holding to account includes:

- Holding regular meetings with health and social care leaders to provide a formal opportunity for us to
  - Raise important issues fed back by patients and the public,
  - Hear about current performance and assess key initiatives and changes from a patient and community perspective.
- Meeting with Directors of Nursing to raise patient concerns and, where necessary, discuss any actions they will be taking to remedy the issues.
- Working with partners, such as our work recently with Hertfordshire County Council Scrutiny, where we provided evidence for the scrutiny of the management of the pandemic in care homes.
- Attending Boards and Committees across the system to ensure the patient and service user perspective is considered.

Our holding to account role covers both strategic and operational matters and includes everything from planning new services to addressing flaws in current provision.

If necessary, we have statutory powers at our disposal to ensure a response is given. Health and care commissioners and providers must make available certain information on request and acknowledge our concerns, reports and recommendations by responding to us explaining what actions they will take, or why they are not acting. In practice we rarely need to use these powers as they generally value our involvement and feedback and respond to our points openly and positively.

“Our colleagues at Healthwatch Hertfordshire continue to be key partners in the work we do. Alongside their strategic level contributions at board level and public and patient involvement committee, we have valued their research work on the public response to the Covid-19 vaccination programme; there was some really important insight that came out of that project which has been used as the programme rolls out.

Other helpful research includes the survey of GP practice websites in Hertfordshire with a particular focus on information about cancer and Covid-19.

Healthwatch have also provided us with an active and very helpful representative to sit on our urgent care services project team - providing a valuable fresh perspective on the development of plans for the St Albans area.”

David Evans, Managing Director, Herts Valleys Clinical Commissioning Group

# Holding providers and commissioners to account during the pandemic

Unsurprisingly, in the last year Covid-19 and its impact have been fundamental to our holding to account role.

The public's experiences, collected through our research and signposting service, highlighted local and national concerns which at times aligned and at other times differed. Importantly, the evidence collected identified specific issues that needed feeding back to Trusts and Clinical Commissioning Groups, so that areas for improvement could be acted upon.

## Areas we raised included



### Shielding

Using evidence from our research, our focus was to ask questions such as whether the right people were on the list? Whether information and communication from GP practices could be clearer and more supportive? What support was provided for people removed from the list?



### Social care

We asked important questions at the most senior level to gather information about safe discharge from hospital into care homes and effective Covid-19 testing to protect care home residents and staff.



### Clarity of Communications and information

We raised the tone and clarity of information shared by the NHS and social care during the pandemic. For example, at one Hospital Trust we highlighted good practice but also pointed to omissions, discrepancies and concerns.

The need for adequate communication between clinicians and patients, including the importance of involving next-of-kin despite the challenges of Covid-19 and the importance of shared messages from different parts of the NHS about patient care.



### Access to Primary Care

Working with commissioners we raised the importance of flexibility in primary care including:

- How use of new technology helped address the long-standing challenge of seeing a GP but, as our digital exclusion research showed, it was not a panacea and needed to be used appropriately.
- Other barriers to GP services were raised with commissioners, including issues of GP registration impacting on people's ability to get vaccinated. We also highlighted some weak practice where surgeries had over-complex telephone and other procedures.

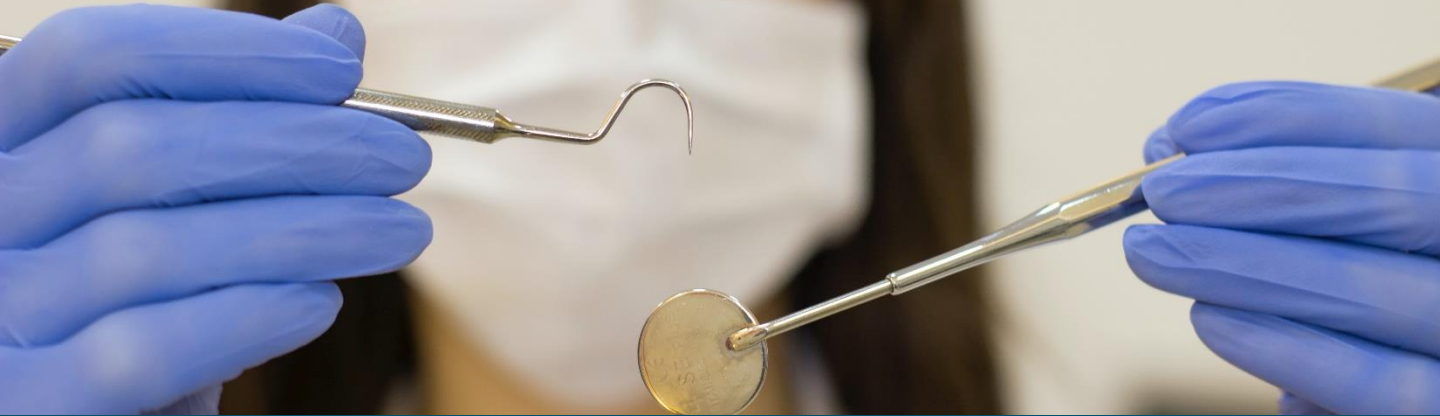


### Dentistry

Access to NHS dentistry has been a serious issue this year - covered in a separate section of the report (page 25). Read how these experiences have made a difference for others on the next page.

“During the pandemic it has been vital that we continued to hear the patient voice. Healthwatch Hertfordshire were instrumental in providing this to both the Health and Overview Scrutiny Committees. Healthwatch supported our committee work and scrutiny reviews. This meant we were able to maintain our focus on the patient perspective despite the challenges of Covid-19.”

Seamus Quilty, Chair of Scrutiny, Hertfordshire County Council



## Holding to Account In Focus: Dental services - NHS England Improvement, the Local Dental Network and NHS 111

Earlier in the report (page 25) we showed the challenges faced by patients trying to access NHS dental services.

Thanks to partnership working\* we were able to improve access to dental services for people struggling to obtain emergency and routine treatment.

### What we did

- Bi-weekly meetings with NHS England Improvement (NHSEI), the local dental network and all local Healthwatch in the region were created to share information and feedback on the current situation to improve services.
- Through a partnership approach, we were able to directly refer patients who needed emergency treatment to NHS England so that they could source some immediate help for them.
- Using the findings from our dental Enter and View visits, we created a self-audit checklist for dentists to start a conversation with their patients about meeting their access needs and this has now been published by the British Dental Association.
- After our region fed back to NHSEI about the difficulties patients were having, an enhanced pathway to urgent dental care via NHS 111 was created to ensure no patient was left in pain; we later provided NHS 111 with patient feedback about how the new pathway was working.
- Together with other local Healthwatch, our feedback has been used by Healthwatch England to highlight to the Government the national problems that dentistry faces and the need for NHS dental reform plans to create more equitable and affordable dental care.

We continue to work with dental partners to highlight the difficulties NHS patients have in obtaining treatment compared to private patients and want to see dentistry integrated into the ‘whole-system’ approach to health and care planning.

*\*Partners included NHS England and Improvement (NHSEI) in the East of England, the Local Dental Network Chairs and all the local Healthwatch in the region.*

# Mental Health Services - Hertfordshire Partnership University NHS Foundation Trust

For many people, mental health declined during the pandemic. This included people who were already seeking support from mental health services, but also people who had previously never used these services before. The main issues identified by the public were:

- Ineffective communication and promotion of services that are available
- A lack of service users and carers receiving immediate support at a time of crisis
- Concerns about patients being prematurely or unsafely discharged

In response, the Trust provided a detailed action plan which included updated service changes and a detailed list of actions which aimed to address the issues listed above. Actions included:

- Evaluating the newly established 24/7 helpline which is in place to provide an improved response for service users.
- Providing details on how they would improve communication for a second pandemic wave.
- Improving service awareness with clear guidance on how to access services and what to expect, with a focus on the helpline and crisis support.
- Monitoring readmissions to look for any unsuccessful discharge, the reasons why this might be and action to be taken.
- Using the Transformation Programme being implemented to address challenges of demand for services such as crisis services and rehabilitation.

“Healthwatch has continued to be a valued partner to Hertfordshire Partnership University NHS Foundation Trust (HPFT) over the past year. Their support has been vital during the collective response to the pandemic. Covid-19 has disproportionately affected those with a mental health or learning disability and Healthwatch was able to consult with the local population about the response to the first wave and enable us to strengthen how we responded to the second wave. We have particularly welcomed Healthwatch’s involvement in leading an advisory group to address the needs of carers when people with mental health needs are discharged from hospital. This work has led to a joint action plan and supports the development of the HPFT Carer Plan for 2022 to 2025.”

Dr Jane Padmore, Executive Director of Quality and Safety (Chief Nurse), Hertfordshire Partnership University NHS Foundation Trust

## Ensuring patient involvement in hospital developments

Despite the pandemic, work has been progressing on the planning of significantly improved acute care hospitals for local people in Hertfordshire including replacing some very poor and outdated buildings and modernising provision by moving more services into the community. These projects are at West Hertfordshire Hospitals NHS Trust, Princess Alexandra Hospital in Harlow and the Mount Vernon Cancer Centre. Our approach has been to ensure a wide range of patient, carer and community involvement opportunities as planning moves forward. We want an open and supportive process for patients to be heard and enable patients to influence service changes where possible by:

- Working with a reference group at West Hertfordshire Hospitals NHS Trust and acting as witnesses to a Scrutiny Topic Group at Hertfordshire County Council. As part of this we presented a paper outlining patient and community involvement in health service development locally over the last eight years.
- Attending the New Hospital Stakeholder Group at Princess Alexandra Hospital and encouraging online public engagement, promoting the importance of the views of Hertfordshire residents.
- Being a member of several patient involvement groups for the Mount Vernon development and providing patient representatives proportionate to the percentage of Mount Vernon patients from the area. In addition, a patient reference group has been set up to explore how patient feedback has influenced the options that are developed.



# Valuing Our Volunteers



# Valuing our Volunteers

Currently, Healthwatch Hertfordshire has thirty-seven active volunteers who, in different ways, all play a vital role in helping people have their say on health and social care.

- **Members of the Board of Trustees:** who are collectively responsible for governance and organisational oversight.
- **Enter and View Authorised Representatives:** supporting us through projects and conducting monitoring visits to services; examples this year included an Audit of GP websites and a Mystery Shopping Exercise.
- **Representative Volunteers:** representing the patient voice at a decision-making level - they attended over half of the Boards and Committees that we sit on across the County this year.
- **Engagement Volunteers:** helping to promote Healthwatch Hertfordshire by holding stalls at events.

Like much of our work, our volunteering activity was constrained by the pandemic this year. Most of our planned activity had to be put on hold to ensure the safety of our volunteers, staff and the public. Examples of this were community stalls and monitoring visits.

However, where work could be moved online, we adapted our practices to enable this to happen. We started to hold our Board meetings virtually and some of our representative volunteers began attending online meetings with our partners. Our Enter and View authorised representatives used their skills to conduct useful telephone and website audits - you can read more about these in the next few pages.

We feel proud to have such an adaptable, skilled and dedicated group of volunteers and we look forward to continuing our work with them in the year ahead.

“We really value working with Healthwatch Hertfordshire, they provide us with clear and insightful analysis of the state of health care and patients in Hertfordshire that helps us to tailor and focus our services into areas of greatest need. We work in partnership with Healthwatch to deliver targeted wellbeing outcomes, supporting the most vulnerable residents to make a positive difference to their quality of life.”

Dr Simon Aulton, Chief Executive, Community Action Dacorum





# Enter and View

Our powers to Enter and View allow us to visit health and social care services to find out what care is like for people. We talk to people who use services, their family, carers and staff to understand what can be improved.

In response to the Covid-19 pandemic we had to pause our Enter and View activity but our authorised volunteers were still keen to support service improvement, even if that had to be carried out virtually rather than face to face. This is how our volunteers supported our projects.

## GP Website Audit - Finding Information on Cancer

**Fifteen volunteers** helped audit **103 websites** of our Hertfordshire GP practices and found that while most offered advice for patients about cancer, the quantity and quality of that advice was not always very good.

The aim of the audit was to find out how up to date GP websites were and if there was easily accessible cancer advice available for patients, particularly at a time when there would be more people accessing information online. Volunteers also commented on the overall access and quality of the websites.

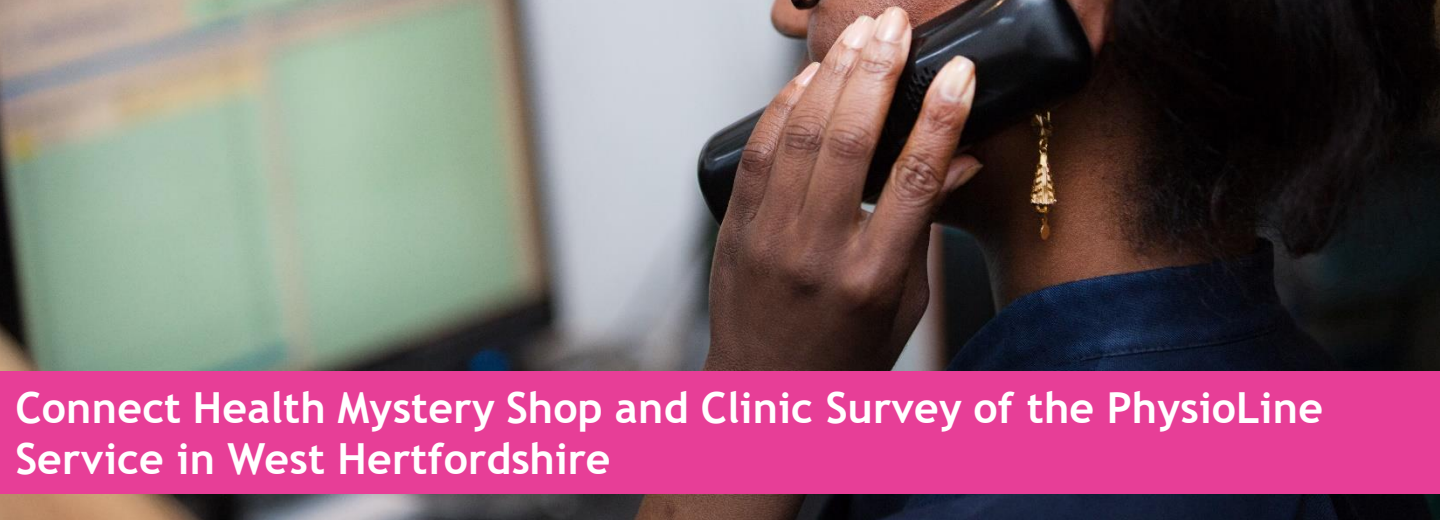
We found that the best websites had a cancer heading on the front page that took patients to the 'Be Clear on Cancer' page, telling them what to do if they had a symptom they thought might be cancer and when to contact their doctor. However, some sites had very outdated information and in some cases the links to online cancer information didn't work.

We have shared the findings with both East and North Hertfordshire Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group so that they can work with GP practices to improve their information.

The work was also shared with the NHS England regional team and with Healthwatch Central Bedfordshire as a collaborative piece of work to share with the Eastern Region Cancer Alliance.

“We will be working alongside GP practices to improve information for patients - starting with developing a central resource on the Clinical Commissioning Group website using the 'Be Clear on Cancer' information that all practice websites can link to and that can be managed centrally to ensure validity and consistency.”

**Shazia Butt, Head of Quality Assurance, Herts Valleys Clinical Commissioning Group**



# Connect Health Mystery Shop and Clinic Survey of the PhysioLine Service in West Hertfordshire

Four volunteers agreed to pose as patients to find out what it was like having a physiotherapy assessment on the telephone - testing both the administration booking system and the clinical assessment.

In July 2020, following a number of changes made to improve the service and moving to telephone/virtual appointments due to the pandemic, Connect Health asked us to review the PhysioLine service via a mystery shopping exercise and to gather patient experience on their Wolsey House Health Clinic.

Connect Health provided individual medical scenarios and dummy health records for our volunteers and we prepared them with virtual briefings and feedback sessions.

The volunteers had some very positive experiences and made detailed observations of the service, but also made some recommendations to improve the patient telephone assessment to ensure:

- Patients are well prepared for the telephone appointment
- Patients are given enough time to answer the telephone
- Telephone answer messages left for patients are clear about the timing of call backs

Twenty-eight patients attending the clinic also provided feedback through a survey on their experiences of the referral process, access, location, communication and treatment.

Connect Health gave a full response to all the recommendations made by the volunteers and patients and our volunteers are looking forward to following up on these in the Autumn to see what impact the work has had.

**Our volunteer Joan Twitchett said:**

“2020 was a very unusual year for us all. Our ‘Enter and View’ projects were cancelled and I wondered if there would be any tasks for me as a volunteer. However I was fortunate to be able to support Healthwatch from the safety and comfort of my own sofa!

In May, I was auditing GP websites looking for information about services available for patients during Covid-19. In November I became an actress to mystery shop the online clinical service provided by Connect Health Physiotherapists. I felt pleased to be able to continue my voluntary role during this difficult time. Both tasks were very interesting and I enjoyed being involved.”



26

Finances

# Finances and Resources

To help us carry out our work, Healthwatch Hertfordshire is funded by our local authority Hertfordshire County Council. More detailed information about our finances is provided in our [annual accounts](#). The County Council allocated Healthwatch Hertfordshire just over £384,000 for 2020/21. Below is our expenditure for the year.



## Holding to Account and Representing the Patient Voice

**£87,000**



## Research and Engagement

**£148,000**



## Communications

**£63,000**



## Signposting

**£91,000**



## Governance

**£27,000**

Healthwatch Hertfordshire's total expenditure for 2020/21 was just over £402,000. This figure was a reduction in expenditure of just under £12,000 compared to the previous year. We generated some efficiency savings in a range of areas including printing and website charges.

The headings above link to areas of our work and where our money has been spent. Although this expenditure figure exceeds income from the County Council, we also received money from other sources and used a small amount of reserves this year.





Our Plans for  
Next Year

# Message from Our Chief Executive



Geoff Brown, Chief Executive

## Reflecting on the Year

The NHS, social care and the voluntary and community sectors have done a remarkable job since the pandemic began and even once the adrenalin wore off after the first wave, their resilience shone through.

They then tackled their next challenge, a national vaccination programme - the most successful in the history of the NHS - with the same resilience and positivity. The public response has been very encouraging but there are still concerns about the impact of Covid-19, particularly in disadvantaged communities and the level of vaccination take up that needs to be addressed.

An additional challenge has been Long-Covid which has affected more than 1 million people\* in the UK so far. As more information emerges about the varying effects and impact on individuals we will continue to monitor support offered from services across the County.

At Healthwatch Hertfordshire, our role has never been more important and your feedback is an essential part of restoring and, in some cases, transforming the health sector. As shown in this report, NHS organisations, health workers and those who deliver services are very keen to hear the patient voice. They are asking for feedback, listening to what people are telling us and are grateful for the input that we can provide. Going forward this is what we will build on and our role will continue to influence changes and respond to individual needs.

## Our Focus for the Year Ahead

There is an admirable keenness in the health sector to reinvent itself and incorporate the best of the old with the new, but it must meet the needs of patients and provide them with optimum care and facilities. There needs to be a balance between the restoration of services and new ways of doing things, including an appropriate mixture of face to face and virtual activity with a focus on improved personalised and patient-centred care. As an independent organisation, we will be holding services to account and influencing change as they tackle their **recovery programmes**.

Whilst advances in technology suit some people, we reported last year on cases where the negative impact of **digital exclusion** hit hard and we will continue to monitor this going forward.

The pandemic has highlighted serious inequality issues and impacted disproportionately on particular groups and communities, meaning that a focus on **health inequalities** will also be a major strand of our work in the year ahead.

\* Source: Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - 4 June 2021 (Office for National Statistics)



**Mental health** will be a key focus of our work this year - recognising the severe impact the pandemic and ensuing lockdowns has had. Meeting the needs of those who already required help before Covid-19 and the many who have developed new mental health issues during the past year is something we will closely monitor.

**Dentistry** for NHS patients will be a long term challenge for us. People began coming to us with concerns about lack of access to dentists at the beginning of the first lockdown and many are still struggling to get routine care at their local dentist and, even more concerning, access emergency treatment.

During 2021 the next phases of the three significant **hospital redevelopment** projects will be underway serving the residents of Hertfordshire. These projects at West Hertfordshire Hospitals Trust, Princess Alexandra Hospital in Harlow and at the Mount Vernon Cancer Centre, are in relatively early stages and our involvement will emphasise the importance of a wide range of patient, carer and community voices being heard.

## In Summary

In general terms we don't know how people will feel about using health and care services - some patients may need confidence and reassurance to return. It may be that fears generated by the pandemic are going to be some of the hardest invisible challenges to overcome. We will do our part to reassure people that measures are being put in place to enable health and care services to be safe and open for business. However, regaining confidence will take time.

Thankfully there are positive signs ahead, helped in no small way by the impact of the vaccination programme, and hopefully we can look forward and take the next steps back to some semblance of normality.

So plenty of challenges ahead, but our role will always be to ensure the voices of the people are heard and acted upon.

The best way you can help is by sharing your experiences. Taking part in the many forms of engagement and research we are planning for the coming year gives us the evidence we need to ensure decision-makers and those on the frontline know what is working well and what needs improvement.

“As we all know, the past year has been highly challenging across the NHS, yet Healthwatch has continued to consult and work closely in partnership with Hertfordshire Community NHS Trust. HCT highly values Healthwatch's ability to help us reflect the feedback from patients, users and carers into the services we provide. Healthwatch has also been a key partner in developing the Trust's patient engagement strategy. We look forward to using more of Healthwatch's invaluable insight and voice of the community, helping us to further improve and develop our services and therefore the patient experience.”

**Elliot Howard-Jones, Chief Executive, Hertfordshire Community NHS Trust**

# Thank you!

I would like to end on a positive note celebrating our strengths and passing on my thanks to everyone.

Firstly, although Healthwatch Hertfordshire is a relatively small organisation, we have been credited with punching above our weight on a number of occasions. We have an excellent team who embody an organisation that is influential, independent, credible and one-looking to address health inequalities. Their work is to the highest standards and their commitment brilliant. Thank you, team.

Thank you to our Chair and Board who bring effective, insightful, patient focused governance to the organisation to ensure we have the strong, ethical business that is Healthwatch Hertfordshire. Thank you to our volunteers for their key roles and patient insight and for partners in the NHS and social care, the voluntary and community sector and across the Healthwatch network for their dedication and positive inclusive approaches.

To conclude though, as I say every year, the final thank you must go to the people of Hertfordshire who have given their views to help us try to improve health and care across the County and beyond.

A handwritten signature in dark ink, consisting of the letters 'GB' followed by a long, sweeping horizontal stroke that ends in a small upward flick.

**Geoff Brown**  
**Healthwatch Hertfordshire Chief Executive**

# Get Involved!



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