

### Contract Monitoring Projects & Activity Qtr 3 (October – December 2023)

<b>1. Website &amp; Social media (data broken down by media type/nr over the quarter)</b>	
a. Number of web visits	<b>9,631</b>
b. Facebook reach	<b>969</b>
c. 'X' (formerly Twitter) followers	<b>2,420</b>

<b>2. Number of groups HWH is represented on</b>	
a. Total number:	<b>53</b>
Staff	<b>35</b>
Board	<b>15</b>
Representative volunteers	<b>3</b>

### **3. Projects (Objectives/aims, Who benefits from the project (e.g. HWH, External organisations, a particular sector of the population), outcomes/potential impact) including groups where we have an ongoing leadership role**

#### **Hertfordshire and West Essex Integrated Care System (ICS) Research Network Development Programme (REND)**

##### Objective and Project Aims

- To increase participation and diversity in research, with a particular focus on reaching seldom heard communities.

##### Target Population

- General population
- Seldom heard groups

##### Activity

- Finalised project outline and activity (October)
- Weekly/fortnightly meetings with project lead to discuss project activity and outputs (October – December)
- Fortnightly facilitation of project steering group meetings (October – December)
- Monthly attendance at NHS England Research Network Development Programme meetings (October – December)
- Regular meetings with project partners to organise next steps and outputs (October – December)
- Meetings with voluntary organisations to discuss support and facilitation of workshops and public engagement (November – December)
- Attended National Institute of Health Research (NIHR) North West London Event (November)
- Attended NHS England Research Network Development Programme Event (November)
- Provided information about NHS Research to Herts People First Learning Disability Forum (November)
- Created and finalised focus group questions for workshop with people with learning disabilities (December)
- Facilitated focus group with Herts People First Learning Disability Forum (December)
- Facilitated and transcribed one-to-one interview (December)

**Contract Monitoring Projects & Activity Qtr 3 (October – December 2023)****Impact of the Cost of Living Crisis**Objective

- To support Hertfordshire County Council and the NHS in understanding public views towards the Cost of Living Crisis, and how rising costs are impacting physical and mental health.

Project Aims

- To explore how the Cost of Living Crisis is impacting Hertfordshire residents, and what changes people have had to make to cope with rising costs.
- To investigate how the Cost of Living Crisis is impacting access to healthcare.
- To understand whether the Cost of Living Crisis is impacting the public's mental and/or physical health.
- To provide Hertfordshire County Council with data about use and awareness of local services and provision.

Target Population

- General public
- Seldom heard groups

Activity

- Regular attendance at Hertfordshire County Council Cost of Living Response Group (October – December)
- Meeting with Hertfordshire County Council to prep for Cost of Living webinars (October)
- Presented at Hertfordshire County Council Cost of Living webinars (November – December)
- Presented Cost of Living findings at Hertfordshire Community NHS Trust Health Inequalities Week (November)

**Primary Care Board Workstream – Cervical Screenings**Objective

- To gather lived experience to feed directly into the Integrated Care Board (ICB) Primary Care Workstream.

Project Aims

- To explore the uptake of cervical screenings and whether people feel well-informed about cervical screenings
- To understand people's experiences of having a cervical screening
- To identify the barriers people may face in accessing a cervical screening
- To propose recommendations to the Integrated Care Board Primary Care Board

Target population

- Women/anyone with a cervix

**Contract Monitoring Projects & Activity Qtr 3 (October - December 2023)**Activity

- Shared methodology and findings with Healthwatch England (October)
- Analysis of survey data (October)
- Created draft report (October)
- Finalised report and sent to Primary Care Transformation (November)
- Shared findings with Hertsmere Borough Council (December)
- Presented findings and recommendations at the Primary Care Transformation meeting (December)

**Primary Care Board Workstream – Type 2 Diabetes**Objective

- To gather lived experience to feed directly into the Integrated Care Board (ICB) Primary Care Workstream.

Project Aims

- To understand public awareness of Type 2 Diabetes, and how awareness and understanding of the condition could be improved
- To explore how people who are pre-diabetic are supported by primary care services
- To identify how people with a diagnosis of Type 2 Diabetes are supported by primary care services to self-manage their condition
- To propose recommendations to the Integrated Care Board Primary Care Board

Target population

- General public
- People diagnosed with Type 2 Diabetes

Activity

- Analysis of survey data (October)
- Created draft report (October)
- Finalised report and sent to Primary Care Transformation (November)
- Presented survey findings at the South and West Hertfordshire Primary Care webinar (December)
- Presented findings and recommendations at the Primary Care Transformation meeting (December)

**Primary Care Board Workstream – GP Access for Autistic People**Objective

- To gather lived experience to feed directly into the Integrated Care Board (ICB) Primary Care Workstream.

Project Aims

- To explore the experiences of autistic people when visiting their GP practice

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- To understand the barriers autistic people may face when accessing their GP practice, and the impact of these barriers
- To consider the parent/carer perspective on accessing GP services for the autistic person they care for
- To identify any improvements GP practices could make to be more autism-friendly, from the perspective of autistic people

Target Population

- Autistic adults
- Parents and carers of autistic adults/children

Activity

- Presented findings to the Hertfordshire County Council All Age Autism Coproduction Board (November)
- Presented findings to the East and North Hertfordshire Health and Care Partnership Community Assembly (November)
- Published report on our website (November)

**Primary Care Board Workstream – Menopause**Objective:

- To gather lived experience to feed directly into the Integrated Care Board (ICB) Primary Care Workstream.

Project aims - Menopause

- To understand the views and experiences of women living in Hertfordshire when accessing support from primary care services for the menopause.
- To find out what information, care and treatment women want/need during the menopause.
- To explore whether women are being diagnosed with the menopause, and whether the treatment they receive is appropriate and timely.
- To consider whether women trust primary care services and feel supported during the menopause.

Target population

- Women who are going through or have gone through the perimenopause/menopause

Activity

- Presented findings to the East and North Hertfordshire Health and Care Partnership Community Assembly (November)
- Published report on our website (December)

**Public Health: Drug and Alcohol Services – Recovery and Reintegration Workstream**Objective

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- To support Public Health in engaging with service users and carers of those using in-treatment services, as part of its goal in implementing the National Drug Strategy.

Project Aims

- To understand from service users and carers, how easy it is to access drug and alcohol services
- To explore the barriers to accessing support from drug and alcohol services
- To identify what could help service users in their recovery
- To identify how moving between services and organisations could be improved for service users

Target Population

- Service users with a lived experience of addiction
- Carers of someone with a lived experience of addiction

Activity

- Meeting with Programme Lead to discuss report timescales (October)
- Analysis of interviews and focus groups (October – November)
- Report writing (November)
- Created draft report and sent to Programme Lead (November)
- Finalised draft report with Programme Lead (December)

**Public Health: Drug and Alcohol Services – Children and Young People Workstream**Objective

- To support Public Health in engaging with children and young people using drug and alcohol services as part of its goal in implementing the National Drug Strategy.

Project Aims

- To understand from children and young people how easy it is to access drug and alcohol services
- To explore the barriers to accessing support from drug and alcohol services
- To identify what could help children and young people in their recovery

Target Population

- Children and young people (14-24) accessing drug and alcohol services

Activity

- Created draft emails to promote the Children and Young People Survey and sent to Programme Lead (October)
- Meeting with Project Lead to discuss next steps (December)
- Updated surveys (December)

**Sexual Health/HIV Survey**Objective and Project Aims

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- To support Public Health in understanding access and attitudes towards Sexually Transmitted Infection (STI) and HIV testing

Target Population

- Hertfordshire residents aged 18+

Activity

- Closed survey (November)
- Analysis of survey data (November – December)
- Presented interim findings to the Hertfordshire County Council Sexual Health Network (November)
- Created draft report (December)
- Finalised report and sent to Project Lead (December)

**Stevenage Atrial Fibrillation Project Evaluation**Objective

- To support the Integrated Care Board (ICB) by completing an independent evaluation of the Stevenage Atrial Fibrillation Project.

Project aims

- To conduct one-to-one interviews with project members to complete an independent evaluation.

Activity

- Finalised evaluation questions (October)
- Shared evaluation questions with project group (October)
- Conducted one-to-one interviews with project members (October–November)
- Transcribed one-to-one interviews (October–November)
- Started thematic analysis of one-to-one interviews (November–December)

**HertsHelp: Mystery Shop project**Objective

To understand the experience of telephone callers to the HertsHelp service and to identify themes for improvement or to highlight good practice.

Project aims

- A better understanding of how quickly and professionally calls are answered.
- To assess the quality of responses to set scenarios covering a wide range of services.

Activity

- We have received some 'You said, we did' feedback from the commissioners of the HertsHelp service outlining steps they have taken to address some of the comments made by the volunteers taking part in the mystery shop programme.

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- Two of our volunteers took part in a test of the online Welfare Assist Scheme which will hopefully support the HertsHelp service.

**Hertfordshire Community NHS Trust (HCT) Integrated Care Co-ordination Centre (Adult Referral Hub) Telephone Mystery Shop Project**Objective

To understand the experience of telephone callers to the Integrated Care Co-ordination Centre and to identify themes for improvement or to highlight good practice. This is the single point of access for all adult referrals into Herts Community Trust.

Project aims

- A better understanding of how quickly and professionally calls are answered.
- To assess the quality of responses to set scenarios covering a wide range of services.

Activity

The completed report was shared with Hertfordshire Community NHS Trust (HCT), and they provided a comment that has been included with the report on how they will use the findings from the mystery shop.

**South and West Hertfordshire Health and Care Partnership Coproduction Board**Objective

- To support the South and West Hertfordshire Health and Care Partnership to develop and launch a Coproduction Board.

Project Aims

- To create a working Coproduction Board for the South and West Hertfordshire Health and Care Partnership.

Target Population

- Residents of the south and west areas of Hertfordshire.

Activity

- Meeting with Director of Strategy and Integration (Interim) to discuss governance and direction of the Coproduction Board (December)
- Meeting with the new Co-Chair of the Coproduction Board to update and discuss direction of the Coproduction Board (December)

**East of England Strategic Review of the Mount Vernon Cancer Centre**

Whilst work goes on to secure funding for a new cancer hospital, 3 new state-of-the-art radiotherapy machines have been purchased for the Mount Vernon Cancer Centre site in Northwood and a Care Closer to Home programme (chemotherapy at home) has been developed.

**Integrated Care Board International Staffing (Scoping)**

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- Meeting with Integrated Care Board to discuss methodology and aims (October)
- Created and sent proposal to Integrated Care Board (November)

**Communications Activity**

- Supported research team with Comms and social media for:
  - Publication of completed findings:
    - GP survey: Carers
    - GP survey: Heart Health
    - GP survey: Autism
    - GP survey: Learning Disability
    - GP survey: Menopause
- Produced:
  - An article about Social Care and how we can help people
  - Wording to announce Neil taking over as HwH Chair
  - A response statement about Lister CQC Report
- Liaison with Healthwatch England Comms Team re branded artwork
- Key Messages and Updates (formerly Headlines) email sent to Board and Representatives
- Wrote and published HwH hard copy newsletter and e-newsletter
- Reviewing imagery for use in Comms
- Ongoing monitoring of social media platforms to promote our key messages and engage with followers
- Continued reviews of HwH website and Google Analytics
- Supporting local charities, Healthwatch England initiatives, local councils and NHS/social care organisations via social media
- Ongoing monitoring of media stories relating to HwH and issues in general that may be relevant to our work

Website Articles

- <https://www.healthwatchhertfordshire.co.uk/news/2023-12-20/what-should-i-do-if-im-unwell-or-need-help-over-festive-period>
- <https://www.healthwatchhertfordshire.co.uk/news/2023-12-18/menopausal-women-call-improved-gp-training>
- <https://www.healthwatchhertfordshire.co.uk/news/2023-12-15/community-assembly-news-and-update>
- <https://www.healthwatchhertfordshire.co.uk/news/2023-11-29/gps-should-better-support-people-learning-disabilities>
- <https://www.healthwatchhertfordshire.co.uk/news/2023-11-08/calls-autism-health-checks-across-hertfordshire>
- <https://www.healthwatchhertfordshire.co.uk/news/2023-10-26/heart-health-younger-people-need-be-taken-seriously>



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- <https://www.healthwatchhertfordshire.co.uk/news/2023-10-16/feeling-good-week-2024-applications-are-open>
- <https://www.healthwatchhertfordshire.co.uk/news/2023-10-04/many-carers-need-greater-support-their-gps>
- <https://www.healthwatchhertfordshire.co.uk/advice-and-information/2023-10-31/shared-care-record-connecting-health-and-care-information>
- <https://www.healthwatchhertfordshire.co.uk/advice-and-information/2023-11-16/did-you-know-we-can-help-social-care>

#### **Recruitment**

We held two days of interviews for the Research Officer post in late-October; following this, we successfully recruited Sam Foster to the role. Sam started work with us and received the majority of his induction training throughout December.

#### **4. Holding commissioners and providers to account and partnership working**

*Please note, most meetings continued to take place virtually during the period, though a number are now 'face to face' or hybrid. This report begins with our roles around patient leadership at a strategic level, then listing meetings with commissioners, providers and partners and summarising key themes covered.*

**Hertfordshire and West Essex Integrated Care System (ICS)** – The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) remain major drivers for our activity and provide further opportunities to be involved around: patient experience, service quality, equalities and diversity and the role of the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector.

Healthwatch is seen by the Integrated Care System as a key organisation, and we have been heavily involved in work strands and meetings. The move towards greater delegation to Health and Care Partnerships provides further opportunities though the need to develop new ways of working and governance has meant some delays in implementing coproduction.

Activity has included:

- Involvement with meetings of the Integrated Care System including: the Integrated Care Partnership Board, the Primary Care Board, and Primary Care Commissioning Committee, and the Integrated Care Board Quality Committee.
- Six-weekly meetings with the Nursing and Quality Team across the Integrated Care Board to raise issues from signposting and research. These meetings have proved an excellent way for us to raise concerns and the ICB have been very responsive in taking action to address these.
- Our involvement around equalities work within the System and membership of the System's Inequalities Strategy Board. Continued meetings with the ICB Equalities Lead to develop Integrated Care Board research opportunities (see section 3).
- Membership of the Integrated Care System Voluntary, Community, Faith & Social Enterprise Sector Alliance and of its steering group.
- Regular meetings to address Primary Care Research, Engagement and Communication with residents with the Director of Primary Care Transformation and Engagement and Communication leads. Meeting with Healthwatch Essex to develop the research

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programme to deliver this work. Recently a streamlining of processes at the ICB has enabled the speeding up of publication of our reports.

- Involvement with the new Patient Engagement Forum (and its development) both as a member of the forum and liaising with the Forum Chair.
- Review of the processes and effectiveness of the ICB Quality Group.
- Involvement with the development of the new Elective Hub.
- Attended Local Maternity and Neonatal System (LMNS) Board Meeting and agreed to attend future meetings.
- Regular attendance of the new ICB Health Inequalities Communities of Practise Forum.

**South and West Herts Health and Care Partnership (SWHCP)** – Our involvement with the partnership continues to be extensive, encompassing our lead role on coproduction across the partnership. During the quarter, work has included:

- Membership of the Partnership Board with a particular role around patient involvement and coproduction.
- Membership of the Care Partnership’s Quality Group to ensure that the patient perspective is seen alongside clinical challenges.
- Meetings with the then Director of Strategy and Integration (Interim) to discuss ensuring effective coproduction and the operating model at the partnership.
- Meeting the new Development Director to brief them on coproduction and models of patient involvement.

**East and North Herts Health and Care Partnership (ENHCP)** – We also have extensive involvement with the partnership in the east and north of the county. This includes:

- Membership of the Partnership Board where we represent the patient perspective.
- Chairing and managing the Community Assembly, which looks at strategic issues on health and care across the area and aims to enhance opportunities for patient involvement with workstream priorities. The latest meeting included the work of the Patient Engagement Forum, primary care transformation activity, the latest from our research programme, models of patient and community involvement, and updates on the partnership development.
- Attendance of the Board’s group addressing health inequalities that meets monthly, as well as looking at the role of Healthwatch to evaluate work to address inequality.
- Membership of the Care Partnership’s Quality Group which uses a ‘deep dive’ approach to review a particular quality concern.

#### **Meetings with Service Providers**

*The meetings allow an important opportunity to raise issues from our research and signposting and the NHS and Herts County Council have been very receptive to feedback as to how their services need to be improved. These meetings also covered: the Countess of Chester issues, patient and community involvement, and our research programme and its findings. These meetings complement the meetings with senior commissioning staff mentioned above.*

#### **West Hertfordshire Teaching Hospitals Trust –**

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In the period activity has included meetings with:

- The Trust's Chief Executive regarding strategic issues including the hospital redevelopment (which includes new services at St Albans City Hospital), coproduction, a focus on outpatient services, and the development of the South & West Herts Health and Care Partnership.
- Meeting with the Chief Nurse to discuss signposting issues.

Our work with the Trust includes chairing the Trust's Coproduction Board and we met with the Deputy Chief Nurse and Associate Chief Nurse to review the Coproduction Board and explore how the Trust retains its commitment to coproduction.

**East and North Herts NHS Trust -**

During the period we took part in the Stakeholder panel for the new Chair of the Trust, as well as in the Trust's PLACE audit at Lister Hospital. We also had:

- Our quarterly meeting with the CEO and Acting Chair which explored: pressures at the Trust, the improved position on maternity services, opportunities for increased patient involvement and the plans for ICB delegation to the HCPs
- Our regular meeting with the Trust's Chief Nurse to discuss service pressures, strategic issues at the Trust and challenges for patients and staff and the development of the new Urgent Care Centre provision at the Trust for people with serious mental health challenges.

**Hertfordshire Partnership University Foundation Trust (HPFT) and The Mental Health, Learning Disability and Autism Health and Safety Partnership -**

During the quarter, our contact with the Trust included:

- Our regular meeting with the Chief Executive, Clinical Director, and the Director of Nursing to discuss concerns about recent developments and demands on services. These included ADHD services (for young people and adults), Dual Diagnosis (and partnership working with Change, Grow, Live) and the challenges of providing inpatient services.
- Our quarterly meeting with the Director of Nursing to discuss signposting and research matters, and Trust updates including improvements to services following Care Quality Commission inspections.
- A special meeting with the Managing Director, West Service Business Unit to discuss a serious patient case.

**Central London Community Healthcare NHS Trust**

The Trust remain keen to build on their relationship with us and we have monthly meetings with their Divisional Director of Nursing and Therapies, which they have requested. This includes discussions about service pressures such as the recruitment of specialist nurses and opportunities for patient voices to be heard. We also attend their quality meetings on a quarterly basis to ensure a focus on an external, patient perspective is included.

Additionally, we had a meeting with their Head of Volunteering and Engagement to look at opportunities for enhanced patient and volunteer involvement at the Trust.

**Cambridgeshire and Peterborough Integrated Care System**

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Our work with Cambridgeshire and Peterborough ICS during the period included monthly meetings of the Royston Infrastructure Steering Group. This included:

- discussions about Population Health Management with findings from data mapping (and identification of gaps or needs such as pockets of deprivation that may not be identified through data mapping);
- project review and next steps, including timelines factoring in consultation periods and elections;
- updates from the Infrastructure Steering Group including feasibility studies on estates;
- the North Herts District Council Masterplan and long term implications for the Health and Care needs of the Royston area;
- feasibility studies on estates;
- availability of capital;
- results of the 'Let's talk Royston' survey, and;
- how to ensure the voices of younger residents are heard.

During the quarter we have received regular updates from Cambridgeshire and Peterborough Integrated Care System regarding the development of the Cambridgeshire Children's Hospital, including comms material regarding patient engagement that we have shared on our social media channels.

**Hertfordshire County Council (HCC) – Adult Social Services –**

During the quarter we had:

- Our regular meeting the Executive Director and Executive Member and senior staff which focused on Healthwatch's roles around research, holding the service to account, service user feedback, cultural competency, and coproduction.
- Our quarterly meeting with the Director of Health Integration to look at key issues including discharge, service pressures and a focus on dignity for frail elderly patients.
- A meeting with the Head of Community and People Wellbeing and the Development Manager to look at how we can best promote our services around social care.
- Further meetings with our commissioners so they could report on their Board decisions around commissioning, discuss our contract monitoring and start to look at our contract for 2024 onwards.

**Hertfordshire County Council (HCC) – Scrutiny –**

Although we did not have a meeting with the 'Chairmen' of Herts County Council Scrutiny this quarter, we attended Scrutiny Committees and had the opportunity to present evidence at the Health Scrutiny Review of Prevention Services.

**Hertfordshire County Council (HCC) – Public Health –**

During the period:

- We met with the new Director of Public Health to discuss shared priorities and the role that Healthwatch plays to hold the system to account. We also explored prevention, dual diagnosis services and our research around drugs and alcohol work and sexual health services.

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- We took part in a panel session at the Healthy Hertfordshire conference on how employers can support workers' health and wellbeing

We continued to work on the \*C.H.A.T Coproduction (Common Holistic Assessment Tool) and attended two meetings of this group during the period, including a one day stakeholder conference with activities focusing on developing key areas of the CHAT tool such as drugs and alcohol and mental health and how to ensure questions and language used are accessible to the public.

#### **Herts Urgent Care (HUC) –**

Met with HUC patient involvement leads to learn about key areas of work, potential to work together, and opportunities to share comms messaging.

#### **National and Regional Meetings, including Healthwatch England (where we chair the Regional Meeting) –**

During the quarter we:

- spoke at the King's Fund Annual Conference in November on the theme of *"From listening into action: putting the voices of people and communities at the heart of health and care"*
- took part in an insight day, organised by the NHS East of England region, bringing together all of the sites identified for funding under the New Hospitals Programme
- chaired the meeting of Healthwatch in the East of England meeting
- were members of the interview panel for the new Director of The Centre for Research in Public Health and Community Care (CRIPACC) at the University of Hertfordshire
- attended the National Institute for Health & Care Research (NIHR) Public Health Intervention Responsive Studies Team (PHIRST) Connect Board Meeting and are also Board members of the NIHR Applied Research Collaboration (ARC) East of England
- Liaised with the Health Foundation about a possible opportunity for the Health Foundation to work with the Integrated Care Board on Transformation.

The importance and value of monitoring impact has been highlighted as a priority nationally by Healthwatch England. We have been able to incorporate recent guidance from Healthwatch England into our system for recording, monitoring, and publicising the impact of our work, which we have been developing during this quarter. This focus on impact will ensure that the impact of our work is fed back to the public who contribute to our research, commissioners, Healthwatch England and all other stakeholders. We are involved Healthwatch England's development of a national impact monitoring system and approach and attended the first meeting to begin discussions and share our ideas along with several other Healthwatch. We have agreed to attend further meetings to continue development of this work.

**Local Councils and Voluntary and Community Sector partners** – As mentioned previously, our relationship with Voluntary and Community and other local partners is crucial. During this quarter, our work has included:

- Our regular meeting with Isabel Hospice on behalf of hospices within the Integrated Care Board area

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- Attending the Voluntary, Community, Faith, & Social Enterprise Steering Group Meeting and providing information and advice for Steering Group activities
- Attending monthly Hertfordshire VCFSE group meetings chaired by Hertfordshire County Council.
- Helping to facilitate a VCFSE Conference Workshop
- Presented to the St Albans Patient Group on Healthwatch and challenges faced by patients and the NHS.

#### **Themes discussed and issues raised in the period include:**

- The Countess of Chester case and actions being taken locally to reassure local communities. The NHS Commissioners and Providers have now responded to the questions we posed to them, and this information will be published on our website.
- The Integrated Care System progress and challenges, and moves to ensure effectiveness and avoid duplication. Changes planned to Health and Care Partnerships and governance from April 2024, and how a commitment to patient coproduction and involvement is embedded were also covered.
- Feedback from signposting and research which continues to include access to services, delays to treatment, poor communication, ineffective, and rigid systems
- Health Inequalities and impacts
- Winter plans and demands on services and capacity across all services
- New hospital developments and continued opportunities for patient involvement.
- Support in Emergency Departments for people with mental health challenges
- Digital opportunities and challenges
- Dual diagnosis services and pressures including actions being taken to address serious concerns
- Ofsted report on Hertfordshire's SEND provision
- Delays to accessing ADHD and Autism services
- Workforce fatigue and morale and issues such as the impact of industrial action (where relevant)
- Recruitment of specialist staff
- Financial pressures and impacts.

#### **Care Quality Commission (CQC)**

We received requests for feedback from the Commission for:

- Lodge Surgery, St Albans
- Highfield Surgery, St Albans
- Redbourn Health Centre

**Holding to Account Log** – We continue to maintain a 'Holding to Account Log and have regular 'holding to account' reviews of the latest concerns and information and feedback from signposting and surveys.

**5. Budgets & Finance (Budget sheets; reasons for any significant under or overspend, as well as highlight any findings/issues which may impact on this contract)**

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The HCC Core funding has an increased budget figure, due to the 7% increase in the Healthwatch Hertfordshire contract. Also in addition to the increased budget figure are the contract variations (including research on drugs and alcohol and sexual health). This has been reflected at the end of the financial year.



Management  
Accounts - 31st Decer